Bedelsford School

Suicide Prevention Strategy

Developed by:	Bedelsford School Senior Leadership
Reviewed by:	
Date of last review:	Summer 2023
Date of next review:	Summer 2024

Statement of Purpose

Bedelsford School wants to make sure that pupils and students at our school are as suicide-safe as possible and ensure that our parents and carers, staff, governors and trustees, and other key partners are aware of the school's commitment to be suicide-safe.

Introduction

Bedelsford School is committed to providing outstanding educational opportunities for all our pupils and students. The safety and welfare of our pupils and students is of the utmost importance. All adults working at Bedelsford School will support the prevention of suicide in our settings by helping to create a safe physical learning environment, and by responding positively to the emotional support needs of the pupils and students.

Bedelsford School follows the Child Protection, Adult Protection & Safeguarding Policy and Procedures and the Student Mental Wealth, Health & Wellbeing Policy as agreed by the OHC&AT Board of Trustees.

This document should therefore be read in conjunction with both of the above named policies and procedures. A full list of related policies and procedures can be found in the Child Protection, Adult Protection & Safeguarding Policy.

Developing a suicide safer environment

It is important to ensure that the physical environment of school is as safe as possible. The removal of potential ligature points, restricting access to places which facilitate jumping or access to deep water, and removal of harmful substances from public areas, are all examples of how to reduce access to potential means of suicide.

Stigma

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking, and a barrier to offering help. Bedelsford School is committed to tackling suicide stigma.

Suicide prevention

Suicidal thoughts or suicidal ideation is thinking about suicide and maybe talking about it. This could involve a momentary thought through to a detailed plan on how to take their own life. When somebody presents with suicide ideation it is important to ascertain whether they have a plan to end their life and whether they want to die.

Research tells us that many people who died by suicide have told somebody that they want to die or hinted at the fact that their life is not worth living. Because of this

it is extremely important to take anybody who talks about feeling suicidal seriously and try to support them to remain safe.

At Bedelsford School we promote use of Total Mode of Communication (e.g. PCS, Makaton, Touch Cues, igaze, switches) for students to communicate their worries and concerns. Established use of ‘What is wrong books’ provides students with easy access to variety of pages that relate to variety of topics.

Through regular inspections of the school premises (daily site walks), Bedelsford School setting is continually assessed and kept in a good state of repairs. Senior Leaders engage in suicide prevention walks, where school’s outside perimeter environment is carefully monitored (e.g. safety of the river, local building works, zebra crossings).

When students’ mental health and wellbeing concerns are recognised, they are reported through our CPOMS platform. At Bedelsford School, as a preventative measure to support students, there is an extensive art therapy provision, as well as ELSA support.

Depending on students’ immediate medical needs, medication (such as auto injectors,) is stored either within classroom setting (lockable, purpose purchased cupboards) and/or in School Nurses Office (specialist, lockable store). At Bedelsford School all processes of signing medication off are carefully monitored and overseen by school nursing team.

Low Risk	Medium Risk	High Risk
Reference to suicide through a comment, no attempt to self-harm, and when supported to discuss how they feel, the person confirms that they do not plan to end their life but appears to be low in their mood.	Reference to suicide following repeated suicide ideation. Previous or current self-harm. Expression of intent for further harm. Known issues such as bullying, domestic abuse, abuse.	The person is physically self-harming with intent to end their own life. The person is seeking objects to end their life. Heard talking of suicide and has a plan. Known issues, unresolved. Has made previous attempts to end their life and is in similar distress.
❖ Listen without judgement ❖ Inform that you will need to talk to other people who can provide help ❖ Inform family if safe to do so ❖ Inform MASH or CSPA, although it may not meet threshold, share information/make a joint decision ❖ Record the information on the safeguarding system ❖ Implement work in school /college; which part of the safeguarding and wellbeing offer is appropriate for implementation?	❖ Listen without judgement ❖ Inform that you will need to talk to other people who can provide help ❖ Make a referral to social care ❖ CAMHS referral ❖ Speak to family if appropriate, suggest a visit to the GP. ❖ Refer to The Pathway for Assisting Life (If trained to do so) whilst awaiting further assistance ❖ Refer to FAFMH guidance if trained. ❖ If untrained formally to support, it is still helpful to listen, and have curious conversations such as: Are you thinking about suicide? Do you have a plan? Who can help keep you safe? Where can you get additional support? Stay with the person until further assistance arrives. This might be a trained member of staff, parents or other service providers.	❖ If immediate risk is ascertained, call 999 ❖ Listen without judgement if the person is able to talk ❖ Reassure that help is available ❖ Call family ❖ Inform CAMHS ❖ Administer physical first aid if necessary ❖ Refer to The Pathway for Assisting Life whilst awaiting further assistance (If trained to do so) ❖ Refer to FAFMH guidance if trained. ❖ **All** staff in an emergency situation where suicide is likely to be the person's intention can have curious conversations i.e. Are you thinking about suicide? Do you have a plan? Who can help keep you safe? Where can you get additional support? Stay with the person until further assistance arrives. (This might be emergency services)

Assessing Risk

The risk chart is for guidance, it is not exhaustive; it is necessary to assess the situation according to the needs of the person, and to be certain that action is taken to safeguard.

Record the incident on the safeguarding system as soon as it is safe to do so

Safety Plan

It is necessary for OHC&AT schools and the College to develop and implement a safety plan with the person and other partners, following incidents of suicide ideation and attempted suicide.

The plan includes what support is needed for the child or young person to attend school or college safely; who to speak to in school when needing emotional support; who school should contact in case of emergency, including family, medics and other professionals.

It might also detail situations that the child or young person finds difficult and how these situations will be managed in school or the College. Teachers/lecturers involved with the young person should be given relevant information from the plan to help guide them in assisting the young person during class time.

Support to return to school

School staff can play a crucial role in supporting a young person and assisting with the successful transition back to school/college following an incident of suicide attempt/ideation or severe self-harm. A successful transition may impact on decreasing the risk of ongoing suicidal behaviour of the child or young person.

A collaborative approach to supporting the child/young person at school/college is necessary; engagement with an external mental health service such as CAMHS or General Practitioner (GP) prior to returning to school/college should result in collaborative work with the school/college. Parents and carers should also work with the school/college in making the return as stress-free as possible for the person.

Return to school on a part-time basis may be necessary until the child/young person is well enough to attend full-time. Returning to school/college should be negotiated after discussion with the child young person involved, parents/carers, medical practitioners and any others involved in support.

Debrief and Supervision

An act of significant self-harm or attempted suicide by a child/young person can have a significant effect on a school community, causing distress and anxiety for fellow students, school staff and parents.

A debrief should be provided regarding a traumatic incident witnessed or supported by staff. This should take place as soon as possible when the incident is safely dealt with and the person affected is safe.

A debrief can happen by a line manager or a colleague, it should be logged and dated; the emotional state of the person receiving debrief should be recorded. In some cases, the person may require clinical supervision or referral to the Employee Assistance Programme (EAP).

Support for peers

Support for students/pupils should be offered following witnessing or hearing of a traumatic incident involving a peer. The Mental Health Lead and or a trained Mental Health First Aider should support with this and this should be with the consent of the student/pupil and family if appropriate. Those supporting students/pupils affected by an incident involving a peer, should be mindful that referrals should be made with consent, if clinical support is necessary.

Home Safety Guidance for families when children and young people use self-harm or suicidal language or behaviour

Whenever a child or young person uses self-harm or suicidal language or behaviour, it is essential that they are supported to access support and assessment from mental health services; this can be via CAMHS, the GP or A&E in an emergency.

If a child is at immediate risk of danger, we recommend that family contacts emergency services.

Other services to support are:

- Mental Health Crisis Helpline: 0800 915 4644 (this is a 24-hour support for people in Surrey and North East Hampshire, but equivalent services exist in other areas).
- Papyrus is a suicide prevention charity; their Hopeline UK (0800 068 4141) is for those having thoughts of suicide or those who are concerned for a young person.
- Samaritans supports people who need to talk and are available 24 hours a day on 116 123.

Why is it important to assess the home for risks?

The risk of serious injury or dying by suicide can be decreased if families can reduce access to ways children and young people can harm themselves. Following these steps can help to improve safety in your home.

It is important to bear in mind that these items could be anywhere in the home like the garage, basement, or tool shed as well as the bedrooms of siblings; we recommend assessing risk by rooms / areas.

If your child or young person visits or stays with friends, you might need to consider talking to the parents / adults in their home about possible hazards there.

<u>Medications</u>

Parents and caregivers should be in charge of the medications that are kept in the home.

- Keep all medications, both prescribed and non-prescribed (over the counter), in a locked / inaccessible box.

- An adult carer or a parent should hand out and control all prescribed and over the counter medications to children and young people at risk of self- harm or suicide.
- Keep track of all bottles of medication as well as the number of pills in each container, including those prescribed as over the counter medications (such as pain relief, allergy pills, vitamins, and supplements, etc) for every person and any pets in the home.
- Dispose of all expired and no longer used prescribed medications by taking them to your local pharmacy.

Alcohol and other substances

- Keep track of bottles of alcohol and lock them away. It is not enough to put these items "out of reach."
- Lock all toxic household cleaners, pesticides, pet / animal related products and industrial chemicals (such as solvents, glues, petrol / fuel) away.

Sharps / ropes / implements

- Keep your vehicle keys out of reach.
- Consider limiting ropes, electrical wire, and long cords within the home or lock them away, including ensuring that blind cords are secured with restrictors / safety clips.
- In locations where there are lots of electrical cables, consider a cable tidy to make them less accessible.
- Secure and lock high level windows and access to rooftops.
- Consider the type and location of sharps including knives, scissors, razors, safety pins, blades from pencil sharpeners, nails and needles.

The influence of online activity

Parents and caregivers should monitor the online activities of their children/young people, watching for:

- Researching methods of suicide
- Purchasing of any materials or items that could be used for self-harm
- Spending time in chatrooms or social media sites dedicated to self-harm or suicide
- Receiving texts or direct messages from peers about suicide, calls for help or peer bullying.

Responsibilities of school staff

Mental Health Lead	DSL	Deputy DSL	Mental Health First Aiders
Taisa Martinucci	Zoe Jones	Emmet Murphy	Taisa Martinucci Becky Clowes Himadri Yadev Roxanne McNamara-Francis Rodrigo Rodrigues