

Preventing and responding to suicide

Resource kit for schools



MINISTRY OF EDUCATION

Te Tāhuhu o te Mātauranga

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Whakataukī

Ma te whakaatu, ka mōhio.

Ma te mōhio, ka mārama.

Ma te mārama, ka mātau.

Ma te mātau, ka ora.

By discussion comes understanding.

By understanding comes light.

By light comes wisdom.

By wisdom, comes well-being.

Tēnā koutou, tēnā koutou, tēnā rā tātou katoa.

Introduction

The majority of young people in New Zealand enjoy positive wellbeing most of the time. However, some students will experience emotional distress and attempt suicide.

- Only about 5 percent of 10 – 19-year-olds actually attempt suicide. Most of these attempts do not require hospital treatment or result in death.
- Suicide remains the second leading cause of death in 10 – 19-year-olds.
- Māori youth suicide rates are higher than those for non-Māori youth.
- While there has been an overall reduction in the rates of suicide in young people, the rates for young Māori have not declined to the same extent as non-Māori.

Schools have a challenging yet vital role to play in the wellbeing of young people.

This resource kit provides information for creating a positive, safe environment in schools. It is an update and synthesis of two previous guides for schools on suicide prevention:

- *Young People at Risk of Suicide: A guide for Schools (1998)*
- *Youth Suicide Prevention in Schools: A Practical Guide (2003)*

The advice provided in this resource kit is based on the best research evidence available.

The full evidence review and references are published in the *Updated evidence and guidance supporting suicide prevention activity in New Zealand Schools*.

See www.tepou.co.nz (search: suicide prevention for schools). This review combines the material in the two earlier evidence reviews and selectively updates the evidence relevant to New Zealand schools.

We also acknowledge the important contribution of the schools that participated in the consultation process and provided feedback on the draft document.

How to use *Preventing and responding to suicide: Resource kit for schools*

Use the sections that are most relevant to your role in your school, adding further information from other sections, as you need it. Depending on your role, you may wish to make copies of some sections (such as the assessment charts) to use for reference.

This guide has several interrelated components:

1 – Quick reference checklists and tools

- **Emergency checklist:** in the event of a suicide or serious attempt
- **Emergency checklist:** if there is a threat of imminent suicide
- **Assessment chart** (for use by school counsellors)
- **Management chart** (for use by school counsellors)

2 – Guidelines for prevention

- **A whole-school approach to promoting student wellbeing**
- **Tools to promote student wellbeing**
- **Teacher and counsellor development and support**
- **Classroom practices: dealing with the issue of suicide if it arises**

3 – Guidelines for responding to suicidal behaviours

- **Responding to students at risk of suicide**
- **Responding to a suicide and managing the consequences**
- **Responding to a suicide – templates:** statement for students, letter to parents, talking to young people about suicide loss, media responses, sample agenda for parent meeting, informing parents and caregivers about ‘choking games’.

4 – Prompts for developing policies and procedures to prevent suicidal behaviours and promote wellbeing

- **Prompts for school leaders:** four key guidelines for boards of trustees, principals and senior management
- **Prompts for school counsellors:** four key guidelines for school counsellors, deans, school social workers and other specially trained staff.

5 – Scenarios

- **Scenarios:** these give examples of possible situations and can be used to focus discussion for professional development

6 – Contacts and information

- **Programmes, information and support services**
- **Information about self-harm.**

Section 1 — *Quick reference checklists and tools*

-
- » Introduction
 - » Emergency checklist: in the event of a suicide or serious attempt
 - » Emergency checklist: if there is a threat of imminent suicide
 - » Assessment of young people at risk of suicide: for school counsellors
 - » Management of young people at risk of suicide: for school counsellors
-



Introduction

These are quick reference checklists designed to use in rapid response situations. Further information about how to prevent and respond to suicide is available in the other sections of this toolkit. We recommend you become familiar with the detailed content in these sections as well.

Emergency checklist: in the event of a suicide or serious attempt

- Inform the school principal.
- Check the accuracy of the information.
- Convene the Traumatic Incident Response Plan (TIRP) team and assign roles.
- Contact Ministry of Education Traumatic Incidents (TI) team, phone **0800 TI Team (0800 84 8326)**.
- Share facts (when, where, how, what has been confirmed) with TIRP team.
- Contact other schools that may be affected.
- Contact the family (agree what information can be discussed with students, community, if appropriate offer condolences and discuss funeral arrangements).
- Determine the need for additional support services, support rooms and relief staff.
- Assign phones for media, parents, outside phone calls.
- Determine how, when and what information to release to teachers (usually at a staff briefing).
- Determine how, when and what information to release to students (usually in class groups, with familiar teachers and peers).
- Write a statement for teachers to read out to students.
(See *Statement to students template in Section 3, part 3*)
- Prepare a media statement in case you are approached by the media.
(See *template in Section 3, part 3*)
- Write a letter for families and the wider community, include information on recognising risk, where to seek additional support and how to talk with a young person if they have questions about suicide.
(See *Letter to all parents template in Section 3, part 3*)
- Closely monitor school grounds and attendance over the next week.
- Set up systems to cover the next four to six weeks to identify students who may be at risk (including known students with previous adverse life events.) Eg systems for teachers, parents and students to use.
- Determine need for outside support from cultural or religious advisers, other schools, mental health services.

Emergency checklist: if there is a threat of imminent suicide

- Staff members on the spot supervise the student until handover to counsellor, family, whānau, or a health professional.
- Ensure the student's immediate safety: do not leave the student alone, remove all means of harm.
- If necessary, call **111 emergency services** for help.
- Consult with principal who will then inform appropriate staff.
- Principal will inform family, whānau, caregivers of the risk and the proposed safety plan.
- Counsellor makes immediate contact with mental health services or (after hours) Crisis Assessment Team and hands over responsibility to health professional (www.spinz.org.nz/page/42-in-crisis).
- When immediate threat is over, the counsellor informs the principal of actions taken.
- The school follows up with family, whānau and health services.

Assessment of young people at risk of suicide: for school counsellors

During an interview with the young person at risk, investigate each of the areas in the column on the left and categorise the response as low, moderate or high risk. In investigating any suicide plan (**1: Suicidal thinking – Plan details, availability of means, time, lethality of method, chance of intervention**) it is important to use direct questions, as the young person is likely to be reluctant to volunteer the information. Direct questioning will not aggravate the risk of suicide but failure to fully investigate, categorise the risk and respond appropriately may result in a suicide that could have been prevented. Finally, on the basis of the young person's responses, determine which of the three risk levels, low, moderate or high, best describes the situation and proceed with the management plan for that level of risk.

Areas to Consider	Low Risk	Moderate Risk	High Risk
1: Suicidal thinking			
Thoughts	<ul style="list-style-type: none"> Occasional suicidal thoughts 	<ul style="list-style-type: none"> More than one suicidal thought per day 	<ul style="list-style-type: none"> Frequent or persistent suicidal thoughts Suicidal thoughts associated with psychotic symptoms
Intent			<ul style="list-style-type: none"> Sees no reasons for living Believes nothing would change their mind or stop them The desire to die or not be here is very strong
Plan details, availability of means, time, lethality of method, chance of intervention	<ul style="list-style-type: none"> Vague Not available, will have to get the means No specific time or in the future Pills, slash wrists Other people are present most of the time or highly likely to discover/interrupt 	<ul style="list-style-type: none"> Some specifics Available, has close by Plans to act within a few hours Drugs and alcohol, car wreck Other people are available if called upon 	<ul style="list-style-type: none"> Well thought out; knows when, where, how Has the means in hand Plans to act immediately Gun, hanging, jumping, carbon monoxide No one nearby; isolated

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Areas to Consider	Low Risk	Moderate Risk	High Risk
Mood state	<ul style="list-style-type: none"> Mildly depressed; feels slightly down 	<ul style="list-style-type: none"> Moderately depressed; some moodiness, sadness, irritability, loneliness and decrease in energy 	<ul style="list-style-type: none"> Overwhelmed with hopelessness, sadness or anger Feelings of worthlessness; self-neglect Extreme mood changes
Hopelessness	<ul style="list-style-type: none"> Has some plan for future Thinks things might possibly get better 		<ul style="list-style-type: none"> Future bleak and empty Has conviction that things can never improve
Communication	<ul style="list-style-type: none"> Direct expression of thoughts and feelings 	<ul style="list-style-type: none"> Interpersonalised/oblique suicide goal (“They’ll be sorry”, “I’ll show them”, “I don’t deserve to live” or “I want to be with someone who has died”) 	<ul style="list-style-type: none"> Very indirect or non-verbal expression of internalised suicide goal (guilt, worthlessness)
2: Risk behaviours			
Previous suicide attempt/self-harm	<ul style="list-style-type: none"> None or one of low lethality 	<ul style="list-style-type: none"> Multiple of low lethality or one of medium lethality; history of repeated threats 	<ul style="list-style-type: none"> One of high lethality or multiple attempts of moderate lethality Several attempts over past weeks, of any lethality
Other risky behaviours	<ul style="list-style-type: none"> Does not or very rarely engages in risky behaviours 	<ul style="list-style-type: none"> Occasional risky behaviours in context of occasional substance use 	<ul style="list-style-type: none"> Multiple or frequent risky behaviours in context of substance use Very high risk behaviours, such as driving at excessive speed without a seatbelt, uncaring about potential consequences

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Areas to Consider	Low Risk	Moderate Risk	High Risk
3: Stressors/context	<ul style="list-style-type: none"> No significant stressors 	<ul style="list-style-type: none"> Moderate reaction to a loss or social context change Bereavement in wider social or school circle 	<ul style="list-style-type: none"> Severe reaction to loss or social context change Many recent social or personal crises Bereavement in closer social or school circle, especially if sudden
4: Self-management	<ul style="list-style-type: none"> Maintaining daily/social activities with little change in level of functioning Communicating openly about issues being faced and working through them Can draw on several problem-solving strategies Willing to seek and accept help/support Stable relationships, personality and school performance 	<ul style="list-style-type: none"> Some activities disrupted, with disturbance in sleep, eating, schoolwork Communicates from time to time, or partial communication One or two approaches to solving problems, some difficulty carrying them through Ambivalent about receiving help or support Recent increase in behaviours asserting independence by breaking rules or family or social norms Substance abuse 	<ul style="list-style-type: none"> Significant disturbances in daily functioning No communication about problems Unable to effectively approach problem-solving owing to severe narrowing of repertoire or inability to carry them through Significant self-neglect Repeated difficulty with peers, family and teachers Extreme or escalating behaviours, breaking rules or family or social norms
5: Positive resources	<ul style="list-style-type: none"> Significant others concerned and willing to help Other help available, in particular, a concerned and trusted adult 	<ul style="list-style-type: none"> Family, whānau or friends available but unwilling to help consistently 	<ul style="list-style-type: none"> Family, whānau or friends not available or are hostile, exhausted, injurious

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.



Management of young people at risk of suicide: for school counsellors

Action	Low Risk	Moderate Risk	High Risk
Immediate intervention	<ul style="list-style-type: none"> Establish an appropriate plan to monitor the young person's suicide risk Check on family or whānau and other support available and, as appropriate, involve them 	<ul style="list-style-type: none"> Take a team approach to ensure the safety of the student while at school Principal to inform the family, whānau or caregivers, as appropriate, and discuss strategies appropriate to the level of risk Establish appropriate regime to monitor the person's suicide risk Arrange for the young person to get access to the appropriate level of counselling/treatment 	<ul style="list-style-type: none"> Consult with the principal who will then inform the appropriate staff to minimise any immediate risk. Principal to inform the family, whānau or caregivers of the risk and proposed management as appropriate Counsellor to ensure the young person's immediate safety, arrange for any hand over of responsibility (including informing family or whānau of safety precautions) to family, whānau or caregivers or a health professional
Consultation	<ul style="list-style-type: none"> Consult as appropriate with school staff and family or whānau Counsellor to consult with supervisor as necessary Check if other services are involved and coordinate; clarify who is leading clinical management planning 	<ul style="list-style-type: none"> Counsellor to consult with health professionals (GP, mental health services) to discuss actions required For new cases, referral for assessment by GP or mental health services desirable Counsellor to consult with supervisor as necessary Check if other services are involved and coordinate; clarify who is leading management planning 	<ul style="list-style-type: none"> Continue contact with the young person and their family, whānau or caregivers to ensure the required level of service is being provided and to facilitate a smooth return to normal involvement in the school Consult with health professionals involved to ensure they know of the current level of risk, any behaviours seen at school and that the appropriate services are being accessed Counsellor to consult with supervisor, as necessary

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Action	Low Risk	Moderate Risk	High Risk
Referral/ clinical management	<ul style="list-style-type: none"> • Provide information to the young person (and the family, whānau or caregivers) on resources available to assist them • Provide ongoing clinical management as part of school counselling service 	<ul style="list-style-type: none"> • Referral to mental health services desirable for new cases • If referral will not be picked up, actively manage with self-management strategies, as appropriate, and weekly monitoring 	<ul style="list-style-type: none"> • Counsellor to make a referral to an appropriate health professional (GP, mental health services) for further assessment and primary management • Ensure communication about primary management with mental health services is clear so roles can be established
Follow up	<ul style="list-style-type: none"> • Regular review of the young person to identify any changes in risk • If there has been no improvement in four to six weeks then treat as if the risk were moderate and seek additional assistance 	<ul style="list-style-type: none"> • Check outcome of any referral with the health professional and family or whānau • Monitor risk and behaviours within the school environment and take action as appropriate • Ensure all staff involved with the young person report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death, suicide. Changes in mood, grief, withdrawal, physical symptoms, high-risk behaviours) 	<ul style="list-style-type: none"> • Check outcome of any referral with the health professional and family, whānau or caregivers • Ensure all staff involved with the young person report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death and suicide. Changes in mood, withdrawal, physical symptoms, high-risk behaviours) • Liaise with family, whānau or caregivers to ensure they have support and that the young person's environment is safe (ie, removal of means of suicide and close monitoring and support) • Prior to the student returning to school, establish the necessary monitoring and support systems

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.



MINISTRY OF EDUCATION

Te Tāhuhu o te Mātauranga

Section 2 – *Guidelines for prevention*

-
- » Introduction
 - » A whole-school approach to promoting student wellbeing
 - » Tools to promote student wellbeing
 - » Teacher and counsellor development and support
 - » Classroom practices: dealing with the issue of suicide if it arises
-

Introduction

Research identifies a number of factors that support young people's wellbeing. A 2000 study of 9,699 New Zealand secondary school students found that students who report having caring parents and other family members, fair teachers and feeling safe at school, have lower rates of suicide attempts¹. Personal attributes that increase the likelihood of positive wellbeing outcomes include:

- self-control
- healthy family functioning
- cultural engagement
- school connectedness.

In particular, close and caring family relationships are associated with reduced youth participation in a number of potentially risky behaviours, including suicidal behaviours.

Many schools in New Zealand are using the Ministry of Education's Positive Behaviour for Learning (PB4L) initiatives to build positive school cultures. This is an extremely important facet of suicide prevention.

See Tools for change and support page 20.

For some students, the presence of psychological distress or social stressors may have such a negative impact that not only is their ability to learn adversely affected but also their mental health. This may result in an increased risk for physical or psychological harm, including self-harming or suicidal behaviour².

- Suicidal behaviours include suicide, attempted suicide and suicidal ideation (thoughts).
- Suicide is any self-injurious act intended to end one's life and which results in death.
- Attempted suicide is any potentially self-injurious act intended to end one's life but which does not result in death.
- Suicidal ideation is thinking about engaging in suicidal behaviour, with or without a specific suicide plan.
- Self-harming is the direct deliberate act of harming one's body without the conscious intention to die.

It is important to note that while most people who think about suicide do not complete suicide, some do go on to make attempts on their own lives.

¹ Responding to people at risk of suicide – Suicide Prevention Information New Zealand (SPINZ), 2010, at www.spinz.org.nz.

² Adolescent Health Research Group. New Zealand Youth: A profile of their health and wellbeing. Auckland: University of Auckland; 2003.

A whole-school approach to promoting student wellbeing

The first line in preventing suicide is the promotion of student wellbeing and resilience within a positive school culture. This is a whole-school approach: everyone has a role to play.

- **The Board of Trustees** has a responsibility to ensure the school provides a safe and protective learning environment. It must also ensure that school personnel have access to the necessary resources, support and skills to implement a whole-school approach to student wellbeing.
- **Principal and Senior Leadership Team** are responsible for developing and implementing policies and procedures and providing leadership to ensure that the school implements practices that promote positive behaviour and enhance student wellbeing and competence. This includes being able to appropriately and safely respond to an at-risk student or to the suicide of a member of the school community. School leaders recognise that the promotion of wellbeing and suicide prevention are not just the responsibility of the guidance staff: all staff have a role to play.
- **Teachers and other staff** are all adults who come into contact with students and need to be aware of ways to recognise students who may be distressed and know how to obtain support.
- **The Ministry of Education** provides school Boards with indicators that help them to decide what to focus on in their mission, aims, objectives, directions and targets.

The indicators help schools measure their success. So far the indicators available cover raising student achievement and including students with special education needs. Wellbeing indicators are currently being developed.

Promoting resilience

Emotional wellbeing and good mental health is also strongly associated with resilience. Resilience means being able to cope and adapt despite setbacks and disappointments and is a key factor in determining the ability to move past adversity. Resilient young people are usually characterised by ability to:

- reflect on their own thoughts, feelings and motivations and to understand they have the ability to respond and change negative thoughts
- believe they can intervene effectively in their own lives even in adverse situations and to try new solutions
- engage and interact positively with others leading to meaningful relationships.

Resilience is a competence that can be developed by schools within the context of the Health and Physical Education Curriculum or the My FRIENDS Youth programme in a supportive classroom environment where students recognise people have different feelings, know they can respond to these feelings in different ways, accept a range of abilities, and show concern for one another.

Tools to promote student wellbeing

Schools must develop school-wide policies and practices that promote social behaviour, equality and fairness and that decrease bullying, anti-social behaviour and violence. The Positive Behaviour for Learning (PB4L) Action Plan supports schools to do this. (Go to www.minedu.govt.nz/theMinistry/EducationInitiatives/PositiveBehaviourForLearning.aspx).

Safe and healthy school environments strengthen and maximise student participation and connection to school and also contribute to student wellbeing.

Tools for change and support

The Ministry of Education (and other organisations) provide tools and information on the different supports available to help schools plan and implement change.

- The *Wellbeing@school* website includes a student survey and a school self-review tool to help gather information from students and teachers about how safe their school environment is. This information and the online resources and tools can help school boards and leadership teams to identify ways of reducing anti-social behaviours in the school. More information is available at www.wellbeingatschool.org.nz

- *Positive Behaviour for Learning School-Wide* is a framework that supports schools to create a culture where positive behaviour and learning thrive. A school environment that is less reactive, aversive and exclusionary has more engaging, responsive and productive relationships between staff, students and whānau supports learners' wellbeing. Contact your nearest Ministry of Education district office if you're interested in more information about this framework (Go to www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/AboutUs.aspx to find your nearest district office)
- *The New Zealand Health and Physical Education Curriculum* supports student wellbeing by raising the awareness of mental health issues among students through destigmatising mental illness, encouraging students to recognise mental health problems in themselves and their friends, facilitating processes for appropriate help-seeking for students and their peers, and teaching self-awareness, problem-solving and coping skills, and social skills. The mental health component can be found at http://www.tki.org.nz/r/hpe/kal/mental_health_e.php.
- The Ministry of Education is currently trialling the My FRIENDS Youth programme as part of the health curriculum to support student wellbeing. This programme was first developed in Australia and promotes important personal development concepts, such as self-esteem, problem-solving and self-expression and helps young people build positive relationships with peers and adults. It helps them cope with feelings of fear, worry and depression. Contact the nearest Ministry of Education district office for more information about My FRIENDS Youth.
- New Zealand Council for Educational Research's (NZCER's) student engagement survey, *Me and My School* measures, amongst other things, how connected students feel to their school, and how they view themselves as learners. Information from the survey can help schools understand how their students perceive their school's climate. Go to www.nzcer.org.nz/tests/me-and-my-school

Some suicide prevention programmes have raised safety concerns for students in New Zealand and overseas. Your school may be approached by an external organisation or individual who offers to provide a programme on suicide prevention for students or talk at your school assembly or to classes. The evidence review suggests that programmes or individuals who promote awareness about suicide or focus on suicide increase the risk of suicidal behaviours in students. **Suicide prevention programmes and awareness raising are not recommended for schools.**

See Section 5, Scenario 1: Suicide prevention programmes (page 77)

Peer support programmes and friendships

Some schools use peer support programmes as part of their approach to suicide prevention. Research has shown, however, that the responsibility some students feel for their peers in distress can be problematic and even dangerous for both the helper and the student in need of help. For these reasons, such programmes should not be used.

However, peers and friends are often the first to notice a young person is in distress or having difficulty coping. All students need to understand the importance of passing on their concerns to a teacher, counsellor or other adult who can arrange for appropriate support. Teachers can let students know this by conveying positive messages about friendship.

- Getting help for a friend is not a breach of loyalty.
- Some problems should not be borne alone and it's okay to seek the assistance of an adult.
- A good friend cares and supports but always seeks help from an adult in situations where self-harm, depression or suicide may occur.
- Free, confidential and text or web-based help and information is available for any young person worried about themselves or a friend at www.thelowdown.co.nz or by texting **5626**.
- Travellers is a small group programme for at risk students to build resilience and key life skills. Designed for students in their first year of secondary school (Year 9). Travellers enables young people to learn skills to cope with change, loss and transition and to build self-esteem and confidence. Find out more at www.skylight.org.nz/Travellers.

Teacher and counsellor development and support

Professional development

Recognising young people who seem to be distressed is dependent on the knowledge and skill of staff and referring them to a counsellor. The extent to which staff are able to identify at-risk young people will depend on a school environment where mental health problems are considered important in the life of a young person.

School staff should be encouraged to take part in regular and ongoing training, including:

- increasing knowledge of the symptoms of distress and risk of suicide
- increasing staff members' confidence and competence to refer and support distressed young people
- induction for new staff to include familiarisation with school policies and procedures relating to prevention, management of at-risk students and actions to be taken after an event
- increasing staff members' willingness and competence to work in these situations.

See Section 3, *Guidelines for responding to suicidal behaviours* page 25.

See Section 6, *Contacts and information* page 81.

Trained staff

The school needs to identify who is best placed within the school to support students who are at risk of suicide or who are deliberately harming themselves. This is usually the guidance counsellor but in some schools this may, for example, be the school social worker, school nurse, Dean or special education needs coordinator (SENCO). The person in this role, is referred to as the school counsellor in this guide.

Procedures for support

School leaders and the guidance counsellor need to ensure teachers and students know the range of support systems available through the school and in the community. Students identified as at risk should have access to qualified counsellors, either within the school or if this is not possible, in the community.

Schools need established procedures for:

- appropriately managing themes of suicide if and when they appear through work in the curriculum or elsewhere in the learning environment
- responding to distressed students
- notification processes for the principal, other affected staff and parents, whānau or caregivers when a student is assessed at moderate or high risk of suicide
- referral processes with external agencies for students assessed at high risk of suicide, including referral protocols and eligibility criteria for the agencies
- response processes in the event of a suicide.

These procedures should be reviewed annually and all staff made aware of the requirements through the staff orientation and professional development programmes.

Pastoral care and partnerships with family, whānau and external agencies

Speedy access to one-to-one pastoral support when a student is experiencing problems is important. The school counsellor needs to have established working relationships with external agencies that can provide advice or support to either students and their families and the school. Clear referral protocols and strong links with mental health services and other key agencies are essential. The school counsellor will need to know how to support the student within their family context and work with external agencies. A school counsellor should never work in isolation with a student at risk of suicide and should seek external support from mental health providers.

Classroom practices: dealing with the issue of suicide if it arises

Attention in class to the issue of suicide, while potentially interesting for many students, can be distressing for those with suicidal thoughts and may make the option seem more acceptable for these vulnerable students. Often, these students will not have told anyone about their distress.

Suicide and the selection of teaching materials

The majority of young people watch television or movies and will read books about suicide and with suicide themes. In addition, the internet has fast become a worldwide phenomenon for communicating, information gathering and entertainment for young people in particular. Care needs to be taken in considering the selection of novels, films or plays that have suicide themes and the way we discuss this in classroom contexts.

See Section 5, Scenario 2: Suicide themes page 77.

When selecting material, teachers (and librarians) should consider:

- Is suicide portrayed as romantic, tragic or heroic?
- Does the suicide result in positive attention from others?
- Is information provided that directly or indirectly refers to the method or place of suicide?
- Will young people be able to identify with the person who died by suicide?

If the material meets one or more of these criteria could the educational reasons for studying the text be achieved by studying another book?

Suicide and topics of student discussions or research

If suicide or a self-harming game or behaviour comes up as a topic of discussion or as part of a student's research, rather than giving attention to these topics, class teachers can use the opportunity to turn the talk into a positive or informative discussion. The focus should be on key health principles and things that promote wellbeing, such as sleep, good eating habits, physical exercise, giving to others and other ideas students and the teacher may suggest.

See Section 5, Scenario 3: Dangerous games and Scenario 4: Topics for discussion or study page 78.

- Talk in a factual manner about the risks involved in any game that harms or could result in death.
- Provide information on what you know to be true about any game or situation involving the death of young people. If you do not know, say so and work through school management to provide accurate information to the school community.
- Promote positive attitudes, coping strategies and healthy options.
- Promote ways young people can have fun together in non-risky ways.
- Promote help-seeking behaviour. Inform students about the types of support services available and how to access these.
- Remind students that challenging situations in our lives are often temporary and will pass.
- Teach about risk-taking behaviour, depression and mental illness as part of the Health and Physical Education Curriculum and emphasise the components that support wellbeing.
- Talk about the things that make people feel happy, such as giving to others, listening to music, playing sport or talking with friends.

If teachers have any concerns about discussions in class about suicide or dangerous games that could lead to death, they need to talk to the school counselling staff or deans. Schools should have policies to guide teachers in this area.

When appropriate, discussion can be shifted to related topics such as:

- youth health issues, including depression
- mental health and wellbeing
- mental illness and ways of seeking help, using local contacts
- dealing with grief and loss and recognising our feelings; changing our thoughts and focus
- how physical activity helps
- coping with change or loss of relationships and problem-solving.

If suicide is part of a topic studied or a student's research focus, teachers can limit the scope by suggesting related aspects, such as rates of suicide and depression, government policies, support programmes or suggestions on how to help a friend. It would obviously be irresponsible to allow studies that increase students' knowledge about the methods of suicide and their lethality.

Cultural views about wellbeing and mental health

Views about health, including mental health, are culturally based and mental health issues and emotional distress may manifest themselves in different ways in different cultural groups. Schools should be mindful of cultural variations in the way suicide and self-harm are viewed. When in doubt, seek relevant local advice about cultural beliefs about illness, death and the sanctity of life. Activities that promote wellbeing amongst particular groups are also important. Note that there may be variations in attitudes and beliefs about these within cultural groups.

Māori students' wellbeing and mental health

Suicide rates for Māori youth (35.5 per 100,000) are higher than those for non-Māori youth (17.7 per 100,000)³.

Schools are increasingly aware of the importance of recognising Māori identity, language and culture to improve the achievement of Māori students, in line with the Māori Education Strategy 2008 – 2012, *Ka Hikitia – Managing for Success*. This recognition applies equally to issues of health and wellbeing. Ensuring that students have a strong sense of cultural identity within a supportive community and in a school that values their culture, can help support the wellbeing of Māori students.

There is an increasing range of resources available to schools to support the building of support for Māori students and for developing the cultural competence of teachers.

For more information on resources available see:

www.minedu.govt.nz/theMinistry/PolicyAndStrategy/KaHikitia.aspx

www.bpac.org.nz/magazine/2010/june/suicide.asp

http://temangorua.tki.org.nz/tags/content?tags=identity_language_and_culture

<http://partnerships.ruia.educationalleaders.govt.nz/>

www.minedu.govt.nz/theMinistry/EducationInitiatives/Tataiako.aspx

Section 3 — *Guidelines for responding to suicidal behaviours*

Part 1 – Responding to students at risk of suicide

- » Recognising suicidal behaviours
- » Self-harm and suicide
- » Responding to students at risk: the role of the leadership team
- » Responding to students at risk: the role of the teacher
- » Responding to students at risk: the role of the school counsellor

Part 2 – Responding to a suicide and managing the consequences

- » Schools need to plan how they will respond to a suicide
 - » Developing a Suicide Response Plan
 - » Managing the aftermath of a death by suicide
-

Part 3 – Responding to a suicide: templates

- » Introduction
 - » Template for statement to students
 - » Template for a letter to all parents
 - » Template for talking to young people about suicide loss
 - » Templates for the media
 - Sample media statements
 - Key messages in response to media queries
 - » Sample agenda for parent meeting
 - » Template for informing parents and caregivers about ‘choking games’
-



Part 1



Responding to students at risk of suicide



Recognising suicidal behaviours

School based recognition of students in distress has been shown to be effective in providing assistance for young people who are at risk of suicidal behaviours.

All staff need to know how to recognise and support at-risk students. This involves:

- noticing self-harm and suicidal behaviours
- communicating and responding in age- and culturally-appropriate ways to support young people and their whānau who are experiencing suicidal behaviours
- identifying those who need further support as a result of suicidal behaviours and then seeking appropriate support and care for young people or staff.

Common signs of distress

Common signs of distress which school staff will notice and which should be checked by a counsellor include:

- **Unexpected reduction of academic performance**
The student shows out-of-character behaviour such as failure to complete assignments, apathetic in class, very much lower than expected grades, extreme disappointment at being rejected for a course, or demonstrates abrupt changes in attendance, such as increased absences, tardiness, or truancy.
- **Ideas and themes of depression, death and suicide**
The student's reading selections, written essays, conversation, or artwork contain themes of depression, death and suicide. The student suggests that he/she would not be missed if they were gone, collects and discusses information on suicide methods, begins giving away prized possessions (possibly with some elevation in mood), and has made previous direct or indirect suicide threats or attempts.
- **Change in mood**
The student's behaviour includes withdrawal, sudden tearfulness, and remarks which indicate profound unhappiness, despair, hopelessness, helplessness. The student may show anger at self, increased irritability, moodiness and aggressiveness, lack of interest in surroundings and activities and marked emotional instability. They may show a new involvement in high-risk activities.
- **Grief about a significant loss**
The student may have experienced stress due to the recent disintegration of their family, or a recent death or suicide in the family, or the loss of a friend

through death or suicide, or a break-up with a boyfriend or girlfriend.

- **Withdrawal from relationships**
The student shows changes in relationships with friends and classmates, loses interest in extracurricular activities, and may drop out of sports and other clubs. The student begins to spend long periods of time alone.
- **Physical symptoms with emotional cause**
The student may have eating disturbances or chronic physical complaints, such as headaches, stomach aches, fatigue, body aches, scratching or marking of the body, or other self-destructive acts. They may show reduced interest in personal hygiene and self-care.
- **High-risk behaviours**
There may be increased use of alcohol and drugs to the point of intoxication. The student engages in other risky behaviours (eg dangerous driving, playing with guns).

The threat of suicidal behaviour should be regarded seriously and investigated.

- When there are concerns about suicide risk the student should be assessed to determine the degree of risk.
- If doubts exist about the appropriate course of action, then advice and consultation with mental health professionals should be sought promptly.
- In most cases prompt and continued liaison with families of at-risk students should be instituted.
- Any student who is considered to be at risk of suicide should be treated as being at risk until it is clear that risk no longer exists.

Factors that increase the risk of suicidal behaviours

There is usually no single cause of suicidal behaviour: rather it can be viewed as a situation in which multiple adverse factors have combined. The following are all known to increase the risk of suicidal behaviour by young people:

- mental health problems, particularly depression
- substance abuse
- conduct disorders

- sexual abuse
- family or relationship breakdown
- suicide by family and friends.

Those who engage in serious suicidal behaviours are more likely to come from socially disadvantaged backgrounds characterised by low socio-economic status, limited educational achievement and material and economic disadvantage.

Be aware that disruptions and transitions are times that can adversely affect the wellbeing of children who already have a history of school suspensions, Child, Youth and Family (CYF) care and protection concerns, and/or are transitioning between families or schools.

Self-harm and suicide

Young people who self-harm do so for many reasons. Not all young people who self-harm do so because they wish to die. Non suicidal self-injury describes the direct, deliberate and socially unacceptable destruction of one's own body tissue done without conscious suicidal intent. In contrast, people attempt suicide to end their lives. Non suicidal self-injury is widespread among young people with latest figures showing 25% of females and 16% of males self-injuring. Young person engagement in self-injury is usually due to psychological distress and poor coping and problem-solving skills. Whether a young person intends to die or not, self-harming is likely to express a strong sense of despair and needs to be taken seriously. Students who are self-harming should be treated as at risk until further in depth assessment indicates otherwise. Professional support for students who self-harm should be accessed. Further information about self-harm and support for young people who are self-harming is available in *Section 6 – Information about self harm page 84*.

Asphyxia or choking games

At times students from a small number of schools have played or taken part in 'choking games' either in a group or individually. This has resulted in the death of young people or serious injury from the deprivation of oxygen to the brain. The young people involved in these activities or games are not necessarily students who are experiencing suicidal behaviours or self-harming. These are young people who are seeking to have a good time and alcohol can also be involved.

Children and teenagers engage in this behaviour in an attempt to starve their brains of oxygen in order to get what they perceive as a 'floaty' feeling that occurs when they pass out and then wake up. It appears that the children and teenagers think this is not dangerous.

This 'game' can start as an innocent risk-taking experience, but if blood flow to the brain is compromised, serious consequences including death can occur. The danger is increased if the child or young person is alone when they do it.

We recommend that all staff remain alert to the potential for students' involvement in these types of games. The signs that children and young people are engaging in this new type of behaviour can include:

- mention of the choking game (or the game by any other name – black out game, pass out game, scarf game, space monkey etc)
- marks or bruises on the neck
- bloodshot eyes
- wearing clothing that covers the neck, even in warm weather
- confusion or disorientation after being alone for a period of time
- the presence of unusual items such as dog leashes, ropes, scarves, bungee cords, and belts in their rooms or bags
- severe headaches, often frequent
- secretive behaviour, irritability, hostility
- bleeding under the skin of the face and eyelids
- questions about strangulation.

If you hear talk about choking as a 'game', talk with students about the risks. The 'floaty' feeling, or the pass out sensation is the beginning of brain damage – brain cells are dying and that can cause death or permanent brain damage. The key issue is to look out for signs and be able to recognise and respond to young people who may need help.

Risk behaviour for young children and people can change from day-to-day so monitoring attendance and supervision of children and young people in education settings is important. It is also important to send out messages to parents to inform them of this type of game if it is occurring in your community. See *Template for informing parents and caregivers about 'choking games' on page 58*.

There is a risk that talking about the 'choking game' may elicit interest and increase young people's involvement. However, there is also an argument that providing parents with appropriate information helps ensure that young people are aware of the risks when and if the issue arises.

Social networking sites such as Facebook and texting is highly effective and young people are likely to hear about such 'games' before their parents. The Ministry of Education, after consulting relevant experts including the Ministry of Health, and the Coronial Services Unit recommends you provide information to your parents and caregivers.

If you have any concerns about this issue or need further support you should ring the Ministry's Traumatic Incident helpline on **0800 TI Team (0800 848 326)**. If you are made aware of planned 'choking parties', 'games' or text messages involving choking you should also inform the police.

Responding to students at risk: the role of the leadership team

Once a staff member has identified a student who seems to have suicidal thoughts or behaviours, the teacher will need to know who to contact and how to refer a student.

Schools need to develop clear procedures to do this.

This includes:

- regular reminders and information about warning signs for school staff
- information sessions for staff on how to discuss warning signs with a student and how to respond directly to a student who has expressed suicidal thoughts or behaviours. This can be facilitated by the school leadership team or school guidance counsellor. Alternatively, refer to *Section 6 – Contacts and information* or find out if there is a local suicide prevention network that can assist
- Processes to refer students that identify:
 - when to refer
 - who to refer to
 - how to refer
 - what will happen next
 - what information staff can expect to receive.

Trained staff available

The school needs to identify school staff who are trained and can be available to respond to a referral and attend support and planning meetings with mental health services.

The staff member in this role would facilitate contact with the student, their family and mental health services. Mental health services can then provide a clinical risk assessment of the student and put a support plan in place in collaboration with the family and the school.

The school needs to ensure there are:

- agreed intake processes with appropriate mental health professionals and services
- agreed protocols between the agency and the school for sharing information and developing shared care plans for the student
- a system in place so students can easily access the counsellor either for themselves or for others they are concerned about.

If a staff member has identified that a student has signs of distress (see page 28) and judges there to be some risk (no matter how small) that they may harm themselves or have an intention to die, then the staff member must make a referral to the school counsellor or other designated person.

Responding to students at risk: the role of the teacher

Teachers (including sports and ancillary staff) are the adults most likely to be aware of students who have issues that may increase the risk of suicidal behaviour. These can include issues related to:

- mental health problems
- lack of parental involvement
- families experiencing distress or transitions
- bullying
- a history of Child, Youth and Family involvement
- sexuality
- school suspensions and/or exclusion.

Teachers who know about recognising suicidal behaviour are more likely to act on a concern about a student or a peer who expresses concern about a friend.

The school has a role to ensure all staff have information about the common warning signs of suicide and know that someone who is experiencing one or more of these warning signs is very likely to need support.

See Section 5, Scenario 5: Suicidal thoughts disclosed page 79.

Any disclosure about wanting to die or thoughts about or actual self-harm or harming others (including in the abstract) or disclosures from friends, requires serious attention and this information needs to be communicated to the school counsellor.

How teachers respond to a student at risk

Many young people will talk or confide in their teacher or seek their teacher's support. Some students feel more comfortable talking to a teacher they are familiar with and may never have approached or spoken to the school counsellor. Some students will also feel that talking with a school counsellor is not their cultural norm, or they may worry that other students may see them talking with the counsellor. Teachers should follow school policy on at-risk students.

Teachers are not expected to be counsellors. If a teacher has seen some warning signs of a student feeling suicidal, they can let the student know they are concerned about them and are willing to help. It is important that all

concerns are responded to. Once a teacher becomes aware of a concern, he or she must refer to the counsellor or other designated person, *no matter how uncertain they are of the seriousness of the risk.*

Suicide risk assessment should only be carried out by the counsellor or designated staff member. If no suitably trained person is available within the school, and the situation is concerning, then contact should be made with the family, expressing these concerns and suggesting the young person should be referred to a local youth service or their doctor. The school should follow up with the student to see what outside support has been established. If no support has been identified, then the school may need to contact the school nurse or doctor independently of the family.

Referring a student to the school counsellor

- If a teacher is concerned about a student's behaviour, or what they have been saying or writing about, the teacher needs to tell the student about their concerns and that they can assist them to talk with someone who will help them.
- If the student does not want to receive any help, the teacher should refer the student on to the school's support services (for example, to the school counsellor).
- Even after referring on, a teacher should continue to support the student, for example, by asking about how they're going and reminding them that there are supports available.
- Any actions taken by the teacher should be in the context and parameters of the safety plan for the individual student.

How teachers respond to a threat of imminent suicide

When there is imminent risk of suicide, it will be necessary for any adult present to supervise the student and arrange a clear transfer of responsibility to another professional or the family. This may mean informing parents or significant others even if the student does not agree.

If a teacher is in a situation where it is clear a student is about to take their own life and immediate help is not available, the teacher needs to:

- tell the student that you care and you want to help them
- listen to them and express empathy for what they are going through
- tell the person that thoughts of suicide are common and do not have to be acted on.

If the student has a method and a plan this means he or she is actively suicidal and should not be left alone.

- If the student has contacted you by phone, text, email or similar, establish where the student is and ask if anyone is with them or nearby.
- Get the student to think about people or things that have supported them in the past and find out if these supports are still available. If they are, encourage the student to access them.
- Call or have someone else **call emergency services 111**. Tell the operator there is a young person who is suicidal (give address or location). Provide other relevant information, such as whether the person has been drinking. Give your name and contact details.
- Call the student back or stay with them and remove access to means of suicide until emergency services arrive. Do not use guilt or threats to prevent suicide, such as telling them they will ruin other people's lives if they die by suicide as this may further exacerbate the situation.

Handing over responsibility

As soon as possible, teachers must involve the school counsellor who will inform the school principal. The counsellor will immediately contact the local mental health service or (after hours) the Crisis Assessment Team. The counsellor will also let the principal know that the crisis team has been contacted and that a referral is to be made to mental health services. The counsellor and principal should discuss what information will be shared with staff and when and how this will happen.

School management should follow up with mental health services to discuss the actions taken and the welfare of the student. Counselling staff should follow up the student on the next school day.

Teachers should seek help and support from their friends, work colleagues, family and others as needed. They may need to take time to look after their own support needs and to remember that despite their best efforts, some people will still attempt or carry out suicide.

Teachers and confidentiality

Teachers and others involved with a threatened suicide should never agree to keep a plan for suicide confidential. If there is a risk to a student's life, immediate action is needed and this may mean informing parents or others even if the student does not agree. Teachers can talk to the student about their respect for the student's right to privacy and to their future involvement in any decisions about who needs to know what has happened.

See Section 5, Scenario 6: Breaking confidences page 79.

Responding to students at risk: the role of the school counsellor

Counsellors respond to an imminent threat of suicide

When the school counsellor is contacted because a student is threatening imminent suicide, urgent actions need to be taken.

- Immediate contact should be made with the local mental health services. If after hours contact the Crisis Assessment Team.
- Advice on whether and how best to make a referral may be sought from a Duly Authorised Officer (DAO) at the local mental health service.
- Until a referral to a mental health service is actioned and contact is established, explicit instructions should be given to those providing the supervision about how to make an environment safe (for example, removal of the means of suicide, including firearms, pills, ropes and poisons) and to provide supportive supervision.

See also *Counsellors referring students at risk of suicide to other agencies*, page 36.

Assessing the level of risk in referred students

When a student has been referred, the school counsellor will need to assess the risk of suicide as soon as is practicable using *Assessment of young people at risk of suicide: for school counsellors* (page 12). After the assessment has been completed, and if the counsellor considers the young person is at risk of suicide (low, moderate or high), the principal or other designated staff should be informed. From this point the principal, in liaison with the counsellor, must consider if, when and to what degree any other staff should be informed. They will also decide if, when and how the parents are to be informed. The primary goal is the safety of the student.

Developing a safety plan for a student at risk

Counsellors or designated staff have the primary responsibility to develop a safety plan based on the assessed risk and to arrange appropriate assistance for the student while he or she is in the care of the school. This assistance is outlined as part of the safety plan. A different safety plan for each level will be formulated, based on the guidelines in *Management of young people at risk of suicide: for school counsellors* (page 15).

Changes in the level of risk

Students identified as at risk should be supported in the school environment and managed, together with mental health services and family/whānau, according to their safety plan. Most young people who are identified as having mental health or personal adjustment problems will not be preoccupied with thoughts of suicide – most suicidal ideas are fleeting, occur from time to time and in most cases are not actioned. However, for a small number, the risk of suicide is significant and should be addressed and can change from low to high reasonably quickly. This is not always obvious and it should be noted there are occasions when even the most experienced professionals fail to recognise a young person at risk of suicide.

Students who harm themselves

Students can harm themselves intentionally in many different ways. Research shows that the majority of young people who self-harm do so to manage intense, negative emotions. Self-harm is best understood as a coping strategy that students use to gain relief from feeling distressed and overwhelmed.

Many young people keep their self-harm a secret but some may use self-harm as a support-seeking strategy. Self-harm can be a way of students communicating to others that they are struggling and need support. Counsellors should respond to these needs and avoid escalating a situation by assuming it shows suicidal intent. Intent is difficult to ascertain and careful sensitive rapport building and questioning is needed to determine intent. All students who report or display self-harm where suicidal intent is likely should be treated as being in a state of potential emergency until the counsellor or other professionals are convinced otherwise.

Studies show that the onset for self-harm among children can be from age 12 to 15. See *Section 6 – Contacts and information* for further information about self-harm.

Establishing rapport with a student self harming or at risk of suicide

A key component to working with any student who presents in a state of distress is the conscious effort to establish rapport with them.

Rapport is the ongoing development of a sense of safety and respect from which a person can feel increasingly free to share their problems, while gaining increased confidence in the person they are talking to, to understand them.

Rapport facilitates the disclosure of information and intent and may serve as a protective factor by encouraging a sense of hopefulness and connectedness. The processes that are crucial to developing a strong alliance are empathy, active listening, trust and transparency.

Appropriate conversations with students at risk of suicide

Any initial conversation with a student should be appropriate to the level of any risk of suicide expressed by them or by the teacher who referred them. If there is only a suggestion of thoughts about suicide then the conversation should start with this and proceed if, and as, the student provides evidence that they are thinking of suicide as one 'solution' to their distress. It is usually most appropriate to inquire about current suicidal ideas in the context of a series of questions, rather than abruptly and directly asking about suicide.

It is common for young people with a depressive disorder to have thoughts about suicide. Many who are distressed will be relieved to be asked about their suicidal thoughts. Asking students about what they are thinking, along with careful and sensitive questioning, will not cause a student to become more suicidal. Care should also be taken to focus on the positive reasons why the student should not carry through with a suicide plan. In this way the immediate intervention begins with this conversation and this can lead to the development of a strong positive relationship between the student and the counsellor. However, some young people may not communicate their thoughts about suicide directly even if specifically asked.

Liaison with the family, whānau and caregivers

When a student has been referred because they are at risk of suicidal behaviour, counsellors need to resolve issues of confidentiality (including any possible conflicts) early in the assessment process. They will need to establish the limits of confidentiality for each student's situation.

While it is desirable to obtain the permission of the student to contact others, if there is a serious and imminent threat to the life or health of the student this is not essential (See Rule 11(2d) Health Information Privacy Code 1994, NZAC Code of Ethics) – <http://privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary.pdf>

Where the possibility of suicide is a concern, it is important to consider speaking with the family at the earliest opportunity. The appropriateness of involving a student's whānau, family members or significant others is determined by several factors.

- In some cases family or whānau members may be contributing to a person's suicidal risk (for example, in abuse situations) in which case the counsellor's responsibility is to do what they can to protect the student at risk of suicide.
- If the student has been subject to abuse (physical, sexual or emotional) then it may be necessary to make contact with Child, Youth and Family on **0508 Family – 0508 326 459** or the local police. There is an agreed protocol for the reporting and management of child abuse and neglect between Child, Youth and Family and Education agencies. These should be followed.
- Referrals to, and responses from, Child, Youth and Family should be documented.

School counsellors and student confidentiality

As school counsellors know, confidentiality is an important issue when working with young people. Many students will ask for others to promise secrecy before they make a disclosure. This should be avoided and every effort made to encourage them to share their concerns and plans without any promise of confidentiality. It is important the student at risk is made aware of the following limitation:

"What you say is confidential to me, unless I believe that you are at risk of harm to yourself, or others. In such a case I will take necessary steps to protect your safety, although wherever possible I will discuss these steps with you before I take them."

If the counsellor considers the student to be at risk of suicide, the primary goal is to maintain his or her safety. The next step is to decide whether the principal or other designated staff member should be informed. From there, the principal, in liaison with the counsellor, must decide if, when and to what extent any other staff should be informed.

When a student is unwilling for the counsellor to contact their family or whānau, it may be appropriate in the short term for another staff member to be available to the family to try and assist with issues of concern to them, while preserving confidentiality about information relating to the student.

If the student does not wish family or whānau to be contacted or notified and if this does not compromise the safety of the student, then confidentiality should be maintained.

Cultural considerations for students at risk of suicide

When counsellors are assessing a student's suicidal intent, it is important to determine the meaning and underlying motives of the behaviour. Cultural factors and beliefs may influence suicidal behaviour.

This section below has been taken from *Te Whakauruora Restoration of Health: Māori suicide Prevention Resource, 2009* and should be referred to when working with Māori learners and their whānau.

The term whakamomori is often used as a translation for suicide; it does not specifically mean suicide, but rather denotes a much broader background and meaning. For many in te ao Māori, whakamomori therefore is not the act of suicide, rather it describes feelings, thoughts, emotions and actions that can build up and lead to a suicide attempt.

Responding to Māori who may be experiencing whakamomori requires understanding that suicidal feelings, thoughts, emotions, and actions for some Māori are captured within a cultural and a spiritual context. Some expressions heard include:

"Grieving without a death"

"My wairua is being squeezed"

"Whakaihi – feeling mokemoke or lost and lonely and set apart from others"

"Ihiihi – feeling mātauku or very afraid"

"Puuihi – feeling whakamā, or full of shame"

"Whakamomori – a yearning to escape haunting thoughts, feelings, emotions and dreams"

Acknowledging the cultural and spiritual context of suicidal thoughts, feelings and/or actions can involve asking questions that explore and allow for cultural and spiritual expressions such as:

What has happened?

Why do you think you are you feeling this way?

What are you experiencing?

How long have you been feeling like this?

It is important to acknowledge that the pathway to suicide can be very different for Māori than for non-Māori; and furthermore, suicide among Māori can be viewed differently from iwi to iwi.

In the case of young Māori students, cultural experts such as kaumatua, whānau support workers and Māori mental health workers can provide valuable advice on these matters and may be able to resolve any conflict. This is especially so if they are already part of the school community. In New Zealand there are Treaty of Waitangi responsibilities that support the provision of culturally appropriate treatment options for Māori.

For many Asian cultures, suicide is seen as stigmatising and shaming, not only for the young person but also for their family. There are often social taboos on talking to people outside of the family about matters considered to be private or shameful. Suicidal intent for Chinese students can be influenced by a desire to:

- end personal suffering
- sacrifice their life
- make the life of significant others better (ie, not to be a burden)
- make a social statement, such as a desire to punish.

In cultures with a strong emphasis of familial identity or connection and prescriptive social roles and status in family structures, suicidal thoughts or attempts are often influenced by:

- a perception of failure to fulfil family and societal expectations
- a sense of shame on the young person and the family.

Those who have come to New Zealand as refugees and have experienced severe trauma have a heightened risk of self-harming behaviour and suicide. They may have a strong distrust of any services and be reluctant to disclose information or be referred to mental health services, owing to previous experiences, or they may feel the service is not linked to their beliefs about wellbeing or illness.

Cultural advice and guidance for counsellors

It is often helpful for the counsellor to seek guidance about issues and beliefs from the family, religious organisations and community leaders when dealing with a culture or religion that the counsellor is unfamiliar with. It may also be appropriate to seek the services of a local health service, cultural adviser or religious leader if the student values their involvement and trusts the particular person.

Where there is a significant difference between the cultural views held by the student and the counsellor, the counsellor should consult with a culturally appropriate service or specialist, in liaison with mental health services.

This is clearly the case where the student's primary culture and language is not that of the counsellor but could also include situations where spiritual or other values differ significantly.

It should also be recognised that some students may not wish to access services from professionals or agencies from their cultural group and may wish to use mainstream services, owing to concerns over confidentiality or involvement. Even when this occurs, it is useful for counsellors to seek advice from appropriate and qualified cultural experts.

Other groups of students who may be at risk

Counsellors need to take into account groups of students who statistically may have a higher risk of suicidal behaviour. Students who are or think they may be lesbian, gay, bisexual, transgender and intersex have been identified in some studies as being at higher risk of suicide. School counsellors should be aware of the possibility that students who are lonely and isolated may have issues about their sexuality that should be investigated and appropriate support given.

Counsellors referring students at risk of suicide to other agencies

It is important that the school counsellor is aware of the professionals, agencies and groups in their community that provide relevant services and support and develops relationships with them before their services are required. Schools should maintain an up-to-date list of local doctors and other relevant services in their area. The list should include after-hours details, such as psychiatric emergency teams, as these services may sometimes take over from routine services at 4.30 pm or earlier.

School counsellors are encouraged to foster a professional relationship with the local Child & Adolescent Mental Health Services (CAMHS). Regular (although not necessarily frequent) face-to-face meetings help to build relationships and familiarity may make phone consultations for brief advice both more likely to happen and more productive.

When making a referral to a healthcare professional or agency, these suggestions may be useful.

- As part of their policy in this area, schools can establish referral protocols with local agencies, including the eligibility criteria for the agency and the intake and assessment protocols. With established protocols, the agency can provide feedback to the school and develop shared care plans for referred students.
- Any referrals should be made to healthcare professionals who are experienced and trained to work with young people at risk of suicide and/or with depressive disorders. This includes clinical psychologists, psychiatrists, qualified psychotherapists and counsellors.
- In making a referral it is important to consider the ethnic and cultural background of the professional and how that may fit with the student, as well as any other factors that might influence the treatments they use.
- It is helpful when making a referral to indicate the needs of the student and their suspected problem areas, the expectations of the referral and the ongoing roles and responsibilities for support (especially crisis management).
- Any intervention (such as counselling) should generally be time-limited, focused on the student's current problems and aimed, firstly, at symptom resolution and secondly at the prevention of future risk of suicide.

- To ensure that adequate feedback is received from the healthcare worker, the school should specify that it wants a progress report by a specified date. This sharing of information should be done with the student's consent but also in accordance with accepted principles of confidentiality.
- There is a need to monitor the outcome whenever treatment is initiated. This is especially important if counselling is used as the only treatment and the person fails to show any improvement in four to six weeks. In such situations, the school should consult the professional, consider a re-assessment and review the management plan.

It is not always easy to access prompt and appropriate care from support agencies, particularly in rural areas. It is important that schools document their attempts to get help from support agencies and health professionals. Efforts should continue, despite frustration. Failure to get an adequate response should be addressed in writing to the agency concerned and, if necessary, to the professional bodies to which they are responsible.

Counsellors and follow-up of referred students

For some students, the risk of suicide will periodically return and ongoing monitoring will be needed. This is especially likely when life is stressful for the student. Such cases will be part of the usual workload of counsellors and the professionals who assist them.

In every case it is important to assist the student to reintegrate into the school in consultation with their family and the agencies involved. This can involve arranging for 'catch-up' material and helping teachers to relate appropriately to the student. As far as possible, all staff should be encouraged to support the student in as normal a manner as possible – such as supporting their inclusion in activities, particular group activities, appropriate greetings within the school environment and occasional inquiries about how things are going.

Support and involvement of teaching staff

If a staff member has made a referral, they need to be told whether or not the referral has been actioned. A meeting should take place with the teacher to discuss what information is available to discuss with others and what information should not be discussed.

Teaching staff will need some information to help them support the student. If the student is aware the teacher knows their situation, it may be appropriate for a teacher to provide support by asking the student: "How's it going?" Teachers can also provide support by:

- ensuring the student remains involved in classroom activities
- facilitating the student's involvement in group and cooperative learning activities
- decreasing discipline infractions
- increasing supervision and awareness of the student.

Some compensations and support may need to be made for students who have depression or another mental illness or who are on medication. Teachers can help a student with depression by involving them, taking care not to exclude them from school and social activities and through active listening.

Where a student experiences a mental illness, absences may be more frequent. It is best to engage and work with the family and mental health services to ensure the student remains within the school environment and that interventions have been put in place to increase attendance. Disruptions to social networks and resources for students can have a negative effect on their health and wellbeing.

Supporting a student who is at risk of suicide in their community

Most students at some risk of suicide are supported in their usual living arrangements with interventions that may involve medication, active supervision by caregivers, examination of their physical environment, cultural support, reduction of stresses and the strengthening of social supports, including school supports.

In any management of a student at risk of suicide in the community, the school counsellor needs to have clear information about:

- the current mental state of the student, the treatment and the level of suicide risk
- whether the student is under the supervision of mental health services or being managed by their doctor and a contact number, in case the health professional needs to be consulted about any new concerns
- whether the student needs 24-hour supervision and support, including supervision at school
- whether there is ongoing access to specialist mental health services (Specialist mental health follow up for students indicating ongoing serious risk of suicide should be a priority.)
- whether or not the school has the ability to respond to changes in the state of the student
- the safety of the person's physical environment and what supports are available there
- issues of confidentiality.

The family, whānau, other caregivers, school leaders and others directly involved should be aware that the Mental Health Act can be used as a resource to set boundaries for the person and that the police may be called in emergencies. When and how this might occur should be discussed in advance.

Safety at home for the student

When the student is in their usual living situation, the following safety factors will need to be discussed with the family, whānau or other primary caregivers:

- Are carers able to access appropriate support, including responding to an emergency?
- How will the carers deal with the potentially distressing and unsettling effect on other family and whānau members?
- How easy or difficult will it be to remove potentially harmful objects and substances (such as poisons, ropes, firearms, vehicles or medicines) from the environment? What help might be needed?

Health services will work with the student and their family to address underlying causes for the distress to reduce the likelihood of recurrence. The school counsellor may be involved in any treatment planning meetings for the student or the student may be referred back to the counsellor at some stage for ongoing counselling and monitoring at school.

Wherever possible, any joint responsibility should be accompanied by a written understanding on roles and responsibilities. If there is a specialist health service established to meet the student's cultural needs, the school counsellor should, in consultation with mental health services, support this involvement.



Part 2



Responding to a suicide and managing the consequences



Schools need to plan how they will respond to suicide

This section should be read in conjunction with *Managing Emergencies and Traumatic Incidents – The Guide* <http://www.minedu.govt.nz/theMinistry/EmergencyManagement/Preparedness/EmergenciesTraumaticIncidents/TheGuide.aspx>

In the event of a serious attempt or death by suicide, schools need to be prepared to limit the negative consequences for other students. In general, this is the same for any similar trauma but in cases of suicide, there is also a risk that other students may consider suicide as a possible 'solution' to their distress. This contagion effect (see page 43) is well documented in New Zealand and is a serious threat in any school where there has been a well publicised suicide.

Traumatic Incident Response Plan and suicide

As suicide is a rare event in schools, it is recommended that a Suicide Response Plan be developed as part of the

school's Traumatic Incident Response Plan (TIRP), rather than as a stand-alone policy. The aim of the Suicide Response Plan within the TIRP should be to manage the consequences of a serious attempt at, or completed, suicide.

The aim of a Suicide Response Plan is to maximise resilience and to minimise risk within individuals, school, family, whānau and community and to promote the healthy recovery of the affected school and community.

Developing a Suicide Response Plan

A Suicide Response Plan needs to be developed before a traumatic incident occurs – there will be no time to develop a plan when an incident occurs.

The Plan should involve all staff and make provision for inclusion of students, parents and support agencies from outside the school, as appropriate. The Plan should not depend upon any single person but be able to be implemented by the staff available at the time and promote the coordinated responsibility of a team of people who can support each other.

The Plan should include details about:

- coordination of management responses to the effects of the event
- managing any media interest
- communication with the family and community
- support for wellbeing of students, their families and teachers.

Ministry of Education resources

- For information about local workshops to help prepare policies, plans and procedures contact Special Education staff at your local Ministry of Education

Office or call **0800 TI TEAM (0800 84 8326)**. The workshops are supported by *Managing emergencies and traumatic incidents – The guide* and *Managing emergencies and traumatic incidents – The resources*

- *Managing emergencies and traumatic incidents – The guide* provides a comprehensive guide on the rationale for, and the development of a Traumatic Incident Response Plan. Go to www.minedu.govt.nz/theMinistry/EmergencyManagement/Preparedness/EmergenciesTraumaticIncidents/TheGuide.aspx
- *Managing emergencies and traumatic incidents – The resources* includes further information and resources to enable schools to plan for managing emergencies. Go to www.minedu.govt.nz/~media/MinEdu/Files/EducationSectors/PrimarySecondary/EmergencyManagement/TheResourcesNT.pdf
- The Ministry of Education also provides support to a school after an emergency or sudden death by working alongside a school's traumatic incident team or management team as they respond to an incident and implement the Traumatic Incident Response Plan

See Section 5, Scenario 7: Communicating news of a suicide, page 80.

Managing the aftermath of a death by suicide

In many ways, the steps schools need to take after a death by suicide are the same as would be required for any student death. The main exceptions relate to communications and to the attention needed for students who may themselves be vulnerable and could be at risk of suicidal behaviours themselves.

Communicating information about the suicide

The Coroner's Act 2006 states that no death can be determined as a suicide unless it has been ruled as such by a Coroner. This means that no comment or reference to suicide or probable suicide should be made without the prior approval of the relevant coroner. If a sudden death is commonly known to be a suicide, contact the Ministry of Education Traumatic Incidents Service on how best to proceed and communicate to the school and wider community. They will clarify with the local coroner what information about the death can be communicated to others to protect the safety of young people.

The Ministry of Education will also work with you and your community organisations to manage potential suicide contagion.

The school community will need to be informed about the death and common warning signs for those experiencing distress.

- *Managing emergencies and traumatic incidents – The resources* includes draft communication templates to assist this. www.minedu.govt.nz/~media/MinEdu/Files/EducationSectors/PrimarySecondary/EmergencyManagement/TheResourcesNT.pdf
- See the *Template for a statement to students and the Template for a letter to all parents in Part 3 of this section*.

While it is important to acknowledge that the death may have been suicide, speculation on the cause of death should be discouraged. Although some talk about suicide is to be expected, talk that includes graphic descriptions of the methods and place of death has been known to contribute to further deaths and should be avoided.

Liaison with the bereaved family

Some families and whānau may not wish for the death to be disclosed as a suicide. While family wishes should be respected, schools also have to take into account the

broader obligation for the care and safety of all of the school's students.

If the family does not wish the school to disclose any information about the death it may be helpful if a person who has a good relationship with the family contacts them and explains that students are already talking about the death.

The school may need to make a statement to the school community, such as "the family has requested that information about the cause of death not be shared at this time. We ask everyone to respect the family's privacy. We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised we want to take this opportunity to give you accurate information about suicide in general ..."

Funeral ceremonies

There was a time in New Zealand when only two traditions of death and dying, Māori and Pakeha, were widely observed. In recent years things have become more complex and there is greater awareness of cultural diversity of funerals. Culture, faith, philosophical outlook, all influence bereavement and determine customs and traditions surrounding ceremonies farewelling the dead. Schools need to be mindful of the role these factors play and seek cultural support and knowledge and liaise sensitively with the bereaved family about their wishes. Experiencing death is a human social and spiritual event. Young people seek meaning and understanding about the event through their experience of the bereavement processes. Schools also need to be mindful of the rights of young people not to attend funeral events.

There is also no requirement for any sort of funeral ceremony to be held after someone dies. Sometimes when a death is sudden and very traumatic the bereaved family may feel that holding a funeral would be too painful. This is the family's decision. In some cases schools may be asked to hold or organise the funeral. This issue needs to be handled with sensitivity but it is not the role of the school. Support can be accessed from the Ministry of Education Traumatic Incident Service. Further information can be accessed from: Death without warning www.skylight.org.nz. Alternative ceremonies, Burial or Cremation and Funerals www.fdanz.org.nz

Returning the deceased student's property

The school must ensure it collects all of the student's equipment and belongings and return them to the family at an appropriate time soon after the funeral.

Specific cultural activities

For some students there may be appropriate cultural or spiritual activities that should take place. For example, for Māori, a karakia to farewell the person or a blessing may be important. Teachers will need to acknowledge the student and where the student sat or what the student liked to do. Where possible, students should be involved in planning how to mark this.

Identifying students at risk

After a suicide school leaders and the guidance system in consultation with teachers will need to identify and monitor students at risk. Schools need to develop a reporting system so that teachers or parents who are concerned about a young person know who they can contact. All parents and teachers need to have information to be able to recognise children and young people in distress. Common signs of distress that should be checked by a counsellor, nurse or GP can be found under *Recognising suicidal behaviours in Section 3 on page 28*.

Students who have a history of school suspensions, Child, Youth and Family care and protection concerns, and/or are transitioning between families or schools are particularly at risk.

Noticing and engaging students who are absent

Students who are already aware of the death may decide not to attend school or may leave during school hours without explanation or permission. After a student suicide, it is important that the school knows where absent students are and if they have adult supervision. If students are not under adult supervision, parents should be notified and the students encouraged to attend school to participate in supportive activities. Absences should be closely monitored with class rolls taken at each class and any absences notified to the appropriate staff.

Memorial gatherings and other activities

As a part of their grieving, some students may gather at the place where the death occurred and may even erect a 'shrine' in memory of the person. These gatherings can be

intense and very emotional for those attending, especially for students who are already vulnerable. They need to be monitored by adults and parents made aware of them. Attendance at such gatherings should be time-limited and students discouraged from lingering.

Some adults may resist this type of activity but prohibiting this can also be problematic. For example, the bereaved family or friends may find this deeply stigmatising and it can generate intense negative reactions and may exacerbate an already difficult situation.

Coronial inquests, birthdays and other events can cause distress. Schools need to monitor affected young people at these times. Schools can play an important role in channelling this energy in a positive direction by proactively meeting with groups or those closest to the student to talk about the type and timing of any activities. This can provide an important opportunity for students to be heard and for the school to sensitively explain its rationale for permitting certain kinds of activities and not others. It can be helpful to provide constructive suggestions about positive activities, such as:

- raising funds for the family
- sponsoring a mental health awareness day.

Monitoring social media

Social media (Facebook, Twitter, and others) are important communication tools for young people. They can be used as part of the school's response to the suicide. By working in partnership with key students and teachers, the school can identify and monitor relevant social networking sites and use these strategically to share prevention-orientated safe messaging, offer support to students who may be struggling to cope and identify and respond to students who indicate through the sites they could be at risk.

Supporting peers in class and students who are distressed

Where possible, support for students should be managed within the classroom setting. Students are best supported by the adults they know and trust, their teachers and parents. Responses to any distressing events are also supported through the maintenance of routines, 'normalcy' and the spiritual and cultural processes associated with death.

Most students have managed the basic skills that allow them to handle strong emotions encountered day to day. But these skills may be challenged after a suicide. Moreover to young people, adolescence marks a time of increased difficulties with emotional regulation. Schools should provide students with appropriate opportunities to express their emotions and to identify strategies for managing them.

The school TIRP team can provide resources on warning signs and how to support students through this difficult time. They will ask teachers to carefully monitor class rolls, identify students who may be distressed and notify designated staff of any absences from class for follow up. They will also ask teachers to:

- monitor any distressed student carefully and notify relevant staff of any sudden or worrying changes in mood or behaviour
- remember to look out for their colleagues and other staff and be supportive
- encourage students to look out for each other and to notify identified staff if they are concerned about the welfare of any student. Teachers need to emphasise that getting help for a friend is not a breach of loyalty.

Using a support room

Sometimes a school may set up a separate room, commonly known as a support room, for students who are not able to cope in class. Although there is no evidence to support this practice, it is a pragmatic step some schools have to take to provide support for those who cannot remain in the classroom environment. If a room is made available, staff need to supervise it, provide support to upset students and redirect other students back to class, as appropriate. Suitable directed activities will be needed to help support students, such as information about suicide, information about support agencies or websites, tissues, a place where students can sit or write cards to the family etc.

It can be difficult in a support room environment to manage the emotions and responses of young people together, including what they may be talking about, who they are communicating with and to monitor their movement in and out of the support room and elsewhere in the school environment. A support room should have clearly stated rules about the length of time students can stay in the room and some criteria about who uses the room and when.

Particular emphasis should be placed on ensuring all absences from classes, and the time the student arrives and leaves the support room, are documented and checked against the attendance rolls. Follow-up any students who are absent for no identified reason.

Supporting the close friends

Sometimes it becomes apparent that the student who died communicated with friends before the death in a way that may affect the friends' wellbeing. This can include leaving notes, possessions, text messages and other activities. These students and their families may need additional support and contact. Parents may need guidance on talking about suicide with their children and how best to support them during this difficult time. They may also need reliable information relating to mental health and suicide prevention. Parents and students will need information on activities that support mental wellbeing.

See Section 5, Scenario 8: Managing student support page 80.

Sport groups and other school activity groups

The student who has died may have been a member of a sporting team or part of another school activity. After the death, members of these groups may need to be brought together to talk about it. The school should discuss with the group how any changes might be addressed, such as what to do at the next team practice or who will collect the person's equipment. Often this discussion will bring changes that will be helpful and allow individuals to acknowledge the death in appropriate and culturally acceptable ways. To facilitate this it is particularly important that the student management system is updated to ensure relevant information is disseminated to the correct people.

Suicide contagion

After a death by suicide, schools need to be aware of the possibility of suicide contagion: subsequent suicides or suicide attempts that are triggered by the first death. Subsequent suicides or attempts may involve students who knew the deceased student directly or indirectly, by word of mouth or from media reports. A common characteristic among such deaths is that there is a prior history of personal problems, personal difficulties or mental health issues that have made the person vulnerable to suicidal behaviour.

While the suicide of a student in a school will have a direct impact on the school community, schools should also be alert to the possible impact of the suicide of a recent past student, a student in another school or the well-publicised death of a young person in the community. Schools need to have a well developed system that identifies those who may be distressed (through parents, teachers) and monitors and responds to concerns.

In some cases there may be students who will consider ‘copying’ the means of suicide, which is the reason any discussion on the means of suicide is not encouraged. School management needs to ensure that any response activities do not, intentionally or unintentionally, glorify or sensationalise the death as this can lead to vulnerable students becoming fascinated with the idea of suicide.

Longer term follow-up for the school community

The aim of any response after a death is to assist the school community to return to a normal routine as quickly as possible. The timeframes for this will vary according to different needs and responses and may be unpredictable. In general, while acknowledging the impact a suicide has, schools need to use their whole-school approach to promoting wellbeing and to focus on positive strategies to increase resilience.

The guiding principle for a death by suicide is that it should be treated as other deaths in the school environment, for example, if there is tribute to deceased students in the school year book or at graduation or at school leaving time, brief statements acknowledging and naming these students who have died should be made. The focus in the school after a death should be on a return to learning routines and engagement in activities that promote mental health and wellbeing (for example keeping active, involvement in sport, cultural activities).



Part 3



Responding to a suicide: templates



Introduction

The templates in this section are designed to help schools manage the aftermath of a suicide.

Schools can adapt these templates according to their situation and needs.

The templates include:

- A statement to students
- A letter to all parents
- Talking to young people at school about suicide loss
- Templates for the media
- A sample agenda for parent meeting
- Informing parents and caregivers about ‘choking games’.

For more information following a death by suicide, schools can contact the Ministry of Education Traumatic Incidents (TI) team on **0800 TI TEAM (0800 84 8326)**.



Template for statement to students

A statement to the students is an important first step in communicating about a suspected suicide with young people. The language used in this example can be changed and adapted to suit a particular school or situation. The words in *italics* are intended as guides and prompts for teachers. This type of statement is best read immediately after accurate information is received and confirmed about a death, for example, at an assembly or class meeting the morning after an event.

We have had a difficult time deciding what to say to you today as one of our students, [student's name] has died and we are affected by this just as many of you are.

From what I know:

Briefly review the known facts, things that staff and students did to help and/or minimise the incident, actions that are going to be taken, arrangements that have/are being made and any other information that seems relevant and important.

Apart from what you have just been told is there other information that we should know about?

Can you tell me about this?

Ask for clarification or correction of the facts to allow young people to participate – but only if they want to. Take care to ensure clarification is age and culturally appropriate.

The cause of death has not yet been determined by the Coroner's office. We are aware there has been some talk about the possibility that this was a suicide death. Rumours may begin/have begun to circulate and we ask you not to spread rumours since they may turn out to be inaccurate and can be hurtful and unfair to [student's name] as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

It is hard to hear this sort of news and we need to respect one another's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting to and coping with this kind of news. It's okay if you want to cry or if you don't want to cry. Some of you may not have known [student's name] very well and may not be affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork and we can understand that and others may find that getting on with schoolwork or sport or other activities is helpful.

Any time you want to talk about what happened we are going to be here to listen. You'll also see we have lots of feelings too.

Another thing [I/we] know is that all of us will need each other for a time and will need to pull together as a family/whānau. To help us with this, [I/we] would like to make some suggestions.

Keeping busy can help you deal with your feelings and start to make things better. Today, we will [activities, options]. What other suggestions do you have that you would like to do?

Support the natural cohesion and resiliency of the class group through the structure of teaching and classroom activities during the day. Keep emphasising the potential role that class members can play in supporting one another. Care needs to be taken not to disrupt the natural supports that a classroom can provide.

A few of you might feel it's really difficult to be in the class today but this is the best place for you to be, with people and friends who you know. Things will get easier. If for any reason you need to leave the classroom, please let me know and I will talk to you about what and where you might go if you need extra help. Even if it is just to go to the bathroom, I still need to know where you are. Thanks for doing this.

By the end of the day your parents will be made aware of the death of [\[insert students name\]](#) or you will be given a letter to take home to your parents. You and your family/whānau should ask for more information or help if needed.

Mention parent/community meetings if they have been scheduled.

After you have given this note to your parents, try to do activities that you enjoy, such as playing sports, video games, listening to music, being with others, being with friends and family. Help at home with cleaning, repairs or chores to support your family/whānau and community. Tidy your room, do your homework activities. Share things with others. Make sure your family knows where you are and what you are doing. Although things are difficult now they will return to normal.



Template for a letter to all parents

Use a letter like this one to communicate about a suspected suicide. It provides families and whānau with warning signs of suicide and details about how parents and caregivers can seek support if they have concerns.

[Name of school]

Dear families and whānau

It is with great sadness that I have to tell you that one of our students, [insert name], has died. All of us want you to know that we are here to help you and your children in any way we can.

Identify the student but do not state the method of suicide or provide details about the death.

We are aware there has been some talk about the possibility that this was a suicide death. The cause of death has not yet been determined by the Coroner's office. Rumours may begin to circulate and we ask that you not spread rumours since they may turn out to be inaccurate and can be deeply hurtful and unfair to [insert name] as well as [his/her] family and friends. We'll do our best to give you accurate information.

We also want to take this opportunity to remind you that suicide, if it does occur, is a very complicated act. It is usually caused by a mental health difficulty, such as depression, or complex and ongoing problems that can prevent a person from thinking clearly about how to solve their problems. Sometimes these things are not identified or noticed; however, there are a number of ways people can help. Suicide should never, ever be an option.

To this end I would like to share with you some of the signals or warning signs suggesting the need for further support.

These warning signs include the following:

- hopelessness or helplessness
- social withdrawal and isolation
- loss of involvement in interests and activities
- increased risk-taking
- heavy use of alcohol or drugs
- abrupt changes in appearance
- sudden weight or appetite change
- sudden changes in personality or attitude
- inability to concentrate or think rationally
- sudden unexpected happiness
- sleeplessness or sleepiness
- increased irritability or crying easily
- abrupt changes in school attendance
- dwindling academic performance

- lack of interest and withdrawal
- giving away prized possessions
- making final arrangements
- talking or writing about death
- reading or writing and/or creating artwork about death.

Behaviours such as these suggest the need for assistance and support in coping with life's difficulties. Resources available that provide such assistance include the following ...

Identify local community and school resources that are available to help people cope with problems.

This death will create a void in our school, we need to ensure we support each other. During times such as this it is critical that we look to family, whānau, friends and our teachers for guidance and support. Time and talking with people you trust helps us through difficult times. Information about the funeral or tangi includes the following ...

Insert all available funeral or tangi information here.

With parental permission, we will allow students to attend the funeral or tangi as an excused absence. However, we will not be stopping school for this service.

If there is anything that school staff can do to assist you or your children to cope with this death please let us know by contacting your child's teacher or the school counsellor.

Insert the contact names, addresses and phone numbers.

I am sure that all of you join me in expressing our sympathy to [insert student's name] family, whānau and friends.

If appropriate, identify any actions being taken to assist and/or support the family or whānau of the deceased.

Yours sincerely,

School Principal



Template for talking to young people about suicide loss

This resource is for teachers and parents who may feel unprepared, uneasy and anxious when faced with questions about a sudden death. Before using this resource seek support from the Ministry of Education's Traumatic Incident Service. They will support your communication plans within the school and to the wider community to ensure young people's safety.

A teenager may be faced with the loss of a friend, peer or family member by suicide at some point. Talking to a teenager about suicide is one of the hardest things you may ever do. It is normal to feel uncomfortable. Everyone feels unprepared, uneasy, and anxious telling teenagers that someone they love or known has died from suicide. As parents and caregivers, we want to protect children from pain. Unfortunately, we cannot avoid talking about an event that will impact their life. As adults, we can be supportive in helping young people to experience life naturally, and we can lead them in positive directions. Research has shown discussion of suicide with young people does not lead to any increased thinking about suicide or to suicidal behaviours. Responsible discussion can allow young people to identify others who may exhibit suicidal thinking or behaviours and give them support.

Remember the following points.

Be open and honest and communicate at a child's and young person's level of understanding.

Suicide is a complicated form of death and requires honesty with young people but also restraint, depending on the level of understanding. Answer children's questions honestly. You often do not need to provide information beyond their questions.

One thing to keep in mind is that when adults hide the truth in an effort to protect teenagers, the young person often sees or hears information from other sources, such as on Facebook, texting, a clipping from the newspaper, a conversation they have overheard, or from a neighbour, a relative, or another child who lets the "cat out of the bag." One way to have better control over information is to tell young people the truth yourself. You also need to state that although the young person has heard these things the cause of death has yet to be determined, this is the job of the Coroners office. Rumours often circulate after a death and we ask you not to spread these rumours since they can be inaccurate, hurtful and unfair to [insert name] and their family.

Encourage talk about the deceased family member or friend in sensitive ways.

Consider what the young person may already know or may have experienced (if he or she witnessed the police in the home, for example). Understanding their personal experience can guide you in helping the young person open up about what happened and what he or she knows.

Give young people opportunities to ask questions. Ask them what they would like to do after talking together. They may want to talk more, stay close to a relative, do an activity, play a game, or get some emotional distance from the events. Follow the young person's lead. Observe their body language. Remember that everyone grieves differently and there is no right or wrong way to grieve. There are no right or wrong feelings to have. All feelings or reactions are normal *for them*. Some young people need to be involved and want a lot of information; other young people may not want to be involved and want very little information.

It is okay to ask them if they would like to talk about it more. Whenever possible, it is always best to be a good listener and let them talk and ask questions. Do your best to be available to talk about what happened, and let them choose their own way of coping and grieving.

It is also okay to not know what to say or do. Be honest with children and say, "*I don't know.*" Let them know that although you may not have answers to all of their questions right now, you will do your best to learn.

It is very important to draw attention to the person's life *before* the death. Suicide is the *cause of death*, but it is *not* who the person was to the young person while they were alive. Talk about memories and what that person meant while they were alive, because this is what will be left for the young person to remember in the years to come.

"What do I say when a child asks 'why' someone ended his or her own life?"

You could respond in any way that feels the most comforting for you both. Or you could say that the person who died *"had a lot of adult problems and adult stress, and did not reach out to others for help. It always is important to reach out for help when problems get very big. All problems get fixed over time."*

You could also say that the person *"made a mistake, or a wrong choice, because there is always another way out."* Another important response is that *"all problems are temporary, not permanent, and that problems can always be made better."* What is most important is that the young person knows that *"it is no one's fault,"* and there always are ways to make things better.

The young person should know that others may be judgmental, or say something hurtful, and at times like this it may be helpful for them to seek out reassuring and comforting people. Ask your child for suggestions and try to come up with some responses together that are the most comforting. This may ease the burden of your child feeling unprepared and being put on the spot. Being prepared will help them feel confident that they are not "lying" or attracting more attention to what happened, or disrespecting the person that has died. They are instead making their own choices about what to say to others about others, or what to share about their own life.

Discuss appropriate ways to handle problems that may occur.

Emphasise the importance of working through feelings and seeking help from others. Be aware of your young person's stressors and talk with him or her about them. Encourage young people to talk about and express their feelings. Provide a listening ear and be a support so they can talk with you about how they feel. Young people deal much better with tough circumstances when they have at least one person who listens and believes in them. Assist young people so they don't become overwhelmed with negative thoughts. Help them learn to manage negative thinking and challenge thoughts of hopelessness. Help them to stay involved with others in activities that are supervised and they enjoy.

Children and young people need to know that even if someone else commits suicide, they can choose to get help if needed. Emphasise that alcohol and drugs are not helpful. If needed, treatment or therapy can help a young person deal with negative thoughts.



Templates for the media

It is always best to be prepared to deal with media interest in any out-of-the ordinary event. Adapt the sample media statement for the circumstances and use this **if media approach your school**. Use the key messages for media when dealing directly with media. Ensure the school has a nominated media spokesperson, this is usually the principal. All staff need to be aware of this role and refer all media enquiries to the designated person.

Sample media statement

School personnel were informed by the [insert] that a [insert age]-year-old student at [insert school] school has died. The cause of death will be confirmed by the Coroner's office.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

Members of the school's crisis response team are supporting the school community and we have given information to students and parents. Parents have been provided with information about reactions following a sudden death and how adults can help young people cope. They have also been provided with information about wellbeing. Parents have been asked to contact the school for more information or support if they need it for students in distress.

Please strengthen and support the school's response by placing information about crisis and support services and personal self-care in any media articles.

I would ask you not to approach students as they leave school or their parents, as this is a distressing time for the school community.

Media Contact

Name:

Title:

School:

Phone:

Email Address:

Key messages in response to media inquiries

The school's designated media spokesperson can use information such as this to support statements or responses to media interest when there has been a suspected suicide of a school student.

- The majority of young people in our school enjoy positive wellbeing most of the time. Two national secondary school student surveys from the University of Auckland have also provided a reassuringly healthy picture of today's youth. However, there remains concern about the students who do experience emotional distress and suicidal behaviours. Although there has been an overall reduction in the rates of suicide in young people, it still remains a leading cause of death for young people in New Zealand.
- While a sizeable proportion of young people may contemplate suicide, only about 5% attempt suicide, with most attempts relatively minor and not requiring hospital treatment. About 40 to 45 young New Zealanders aged 10 – 19 years die as a result of suicide each year.
- The New Zealand Mental Health Survey shows that many types of distress are associated with suicidal behaviour. These can include a combination of depression, sexual abuse, substance abuse, family breakdown and suicide by family and friends.
- It is not unusual that immediately prior to the suicide attempt, the young person will have faced some severe stress or life crisis that will often but not invariably, revolve around the breakdown of an emotional or supportive relationship.
- The best way to prevent suicide is through early detection of problems such as anxiety and depression and providing support for these difficulties, including addictions.
- Please remember that research has shown that the way suicide is reported in the news media (including details of the method or location of the death) can contribute to 'copycat' suicides, particularly among youth.

Sample agenda for parent meeting

Meetings with parents can provide a helpful forum for disseminating information and answering questions. Meetings can be convened if there is considerable community distress, such as when one or more young people have died by suicide. The Crisis Response Team Leader, Team Coordinator, all Crisis Response Team members, the school principal, and Board of Trustees chairman should attend. Representatives from community resources such as mental health providers, crisis services, cultural representatives, and clergy may also be invited to be present and provide materials. This is a good time to acknowledge that suicide can be a difficult subject to talk about and make available resources from the Suicide Prevention Information New Zealand (SPINZ) website.

A word of caution: Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session that may become focused on scape-goating and blaming.

Ideally a meeting should ideally be broken into two parts. During the first part, presented by school staff, the focus should be on dissemination of general information to parents, without opening the meeting to discussion. During the second part, have parents meet in small groups with trained crisis counsellors for questions and discussion.

The following is a sample meeting agenda.

First Part: general information (45 to 50 minutes)

School Principal

- Welcomes all and expresses sympathy.
- Introduces themselves and members of the Crisis Response Team.
- Expresses confidence in the staff's ability to assist the students.
- Encourages parent and school collaboration during this difficult time.
- Points out that sometimes young people have the capacity to manage their emotions but after a sudden event like this they may need more support and the supervision of adults to help and support their varying responses. This can be done by talking about the death appropriately, supporting attendance if appropriate at cultural and religious events to acknowledge the death of the young person, and encouraging constructive activities on the behalf of others.
- Reassures attendees that there will be an opportunity for questions and discussion.
- States school's goal of responding to this death as it would any other death, regardless of cause, while remaining aware that young people may be vulnerable to risk of imitative suicidal behaviour.
- Outlines the purpose and structure of the meeting.
- Verifies the death (*see Template for a letter to all parents*).
- Discourages the spread of rumours.
- Informs parents about the school's response activities including media requests.
- Informs parents about student release policy for funerals.

Crisis Response Team Leader (or other appropriate Crisis Team member)

- Discusses how school will help students cope.
- Mentions that more information about bereavement after suicide is available at www.spinz.org.nz.

- Shares handout on warning signs and noting that over 90 percent of suicides are linked to underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not have been apparent to others (or that may have shown up as behavior problems or substance abuse).
- Reminds parents that help is available for any student who may be struggling with mental health issues or suicidal feelings.
- Provides contact information (names, telephone numbers, and email addresses) for mental health resources at school and in the community, such as:
 - school counsellors
 - community mental health agencies
 - crisis services
 - other support services.

Second Part: Small Group Meetings (1 hour)

- Ideally, there should be no more than 8 to 10 parents per group.
- Each group should be facilitated by at least two trained staff.
- Support staff should be available to direct parents to meeting rooms, distribute handouts, and make water and tissues available.
- If possible, staff should be available to meet with parents individually as needed.

Some additional considerations

- Since some parents may arrive with young children, provide onsite childcare.
- Provide separate discussion groups for students who may accompany parents.
- Media should not be permitted access to the small groups; arrange for the media spokesperson to meet with any media.
- In some cases (for example, when the death has received a great deal of attention) it may be necessary to arrange for security to assist with the flow of traffic and with media and crowd control.

Give accurate information about suicide

- Give information about suicide as a complicated behaviour not caused by a single event such as a bad grade, an argument with parents, or the break-up of a relationship. In most cases, suicide is caused by an underlying mental health issue like depression or substance abuse. Mental health issues affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health issue is nothing to be ashamed of, and help is available.
- Talking about suicide in a calm, straightforward manner does not put ideas into childrens' minds. Give some support or resources about this for parents.
- Address blaming and scapegoating. It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.
- Do not focus on the method or graphic details. Tell parents that talking in detail about the method can create images that are upsetting and can increase the risk of imitative behaviours by vulnerable youth.
- If asked, it is okay to give basic facts about the method, but don't give details or talk at length about it. The focus should be not on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

Address anger

Accept expressions of anger at the deceased and explain that these feelings are normal.

Address feelings of responsibility

Reassure those who feel responsible or think they could have done something to save the deceased.

If you are talking with students

Encourage help-seeking

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal. “It is okay to feel angry. These feelings are normal and it doesn’t mean that you didn’t care about [student’s name]. You can be angry at someone’s behaviour and still care deeply about that person.” “This death is not your fault.” “We can’t always predict someone else’s behavior.” “We can’t control someone else’s behavior.”

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?” “There are effective treatments and supports to help people who have mental health issues or substance abuse problems. Suicide is never an answer.” “This is an important time for all in our community to support and look out for one another. If you are concerned about a friend, you need to be sure to tell an adult you trust.”

Give practical coping strategies

Encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to well up, including:

- simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favourite calm and relaxing place
- engaging in favourite activities or hobbies such as music, talking with a friend, reading, or going to a movie
- exercising
- thinking about how they’ve coped with difficulties in the past and reminding themselves that they can use those same coping skills now
- writing a list of people they can turn to for support
- writing a list of things they’re looking forward to
- focusing on individual goals, such as returning to a shared class or spending time with mutual friends.

Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.

Students should also be encouraged to think about how they want to remember their friend. Ideas range from writing a personal note to the family, to attending the funeral service or tangi, to doing something kind for another person in honour of their friend. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

Template for informing parents and caregivers about 'choking games'

A statement to parents is an important step in communicating about any game involving experimentation with asphyxia. This experimentation is sometimes termed the 'choking game', 'black out game', 'pass out game', 'scarf game', or 'space monkey game'. Experimenting in this highly risky behaviour can cause death or serious brain damage, strokes and convulsions from the deprivation of oxygen to the brain. Only send out this communication if the school becomes aware of this type of activity occurring with young people in the community or at school. This communication will need to be amended to reflect the situation your school currently faces. **Before sending out this communication talk with local police and mental health services and the Ministry of Education Traumatic Incident service (0800 84 8326).**

There have been cases of accidental deaths caused by teenagers trying the 'choking game'.

In the 'game' a person chokes themselves or others in order to get a 'floaty' feeling. Young people have ended up in accident and emergency clinics having accidentally harmed themselves. They had no idea of the risks involved and the harm they cause to their brains.


At the moment it does not appear that this behaviour is widespread, but given the level of communication between children and young people, it could spread rapidly. Information about the game and parties is often circulated by text message or on social networking sites such as Facebook. Please be aware of this type of communication.

This 'game' is dangerous and can end in death. The danger is increased if the child is alone when they try it. Signs that children or young people are engaging in this type of behaviour can include:

- mention of the choking game (or game by other names)
- marks or bruises on the neck
- bloodshot eyes or other signs of eye stress
- wearing clothing that covers the neck, even in warm weather
- confusion or disorientation after being alone for a period of time
- the presence of unusual items such as dog leashes, ropes, scarves, bungee cords, and belts
- severe headaches, often frequent
- secretive behaviour, irritability, hostility, disorientation after spending time alone
- bleeding under the skin of the face and eyelids
- questions about the effects of strangulation.

This 'game' can start as an innocent risk-taking experience, but if the brain is starved of oxygen serious consequences, including death, can occur.

You may want to talk to your child about anything they have heard about choking as a 'game' and about the risks. You can start by asking them if they have had any worrying texts, emails or Facebook posts. If they have, ask your child about them. Ask them if they have heard about the 'choking game'. Talk to them about what you know and tell them that this is very dangerous and they could die. Tell them that the 'floaty feeling' or 'pass out' sensation is the beginning of brain damage – brain cells are dying and that can cause death or permanent brain damage. Ask them to tell you if they get any of these texts, emails or Facebook postings and then ask them to delete them instead of passing them on.



If your child has not heard anything about the 'game' you might wish to explain that there are some messages going around about a dangerous game and if they receive one they should talk to you about it, delete the message, and not pass it on.

Children and young people's behaviour can change from day-to-day so you should talk with them often. If you are concerned about your child, discuss your concerns with them and remain vigilant - check cell phone texts, keep bedroom doors open, check if groups of children are in a shed together etc – safety is more important than privacy.

If you are concerned about your child, or if you know or become aware of any activities, 'games', or messages involving choking please inform your school.

Section 4 – *Prompts for developing policies and procedures to prevent suicidal behaviours and promote wellbeing*

-
- » Introduction
 - » Prompts for school leaders
 - » Prompts for school counsellors
-



Introduction

The purpose of these prompts is to provide a reference for school leaders and counsellors in their work to promote the wellbeing of students, specifically, to prevent suicides and suicide attempts, and to respond appropriately to such events.

Each development and implementation table is supported by one or more action points. These action points are followed by question prompts that may be used as checklists, discussion starters or reminders.

Ensure relevant policies or procedures developed from this section are incorporated into the school's Traumatic Incident Response Plan (TIRP) plan and can be used to ensure it covers all the relevant areas. They will be also useful for schools that do not yet have a TIRP in place.

Prompts for school leaders

Successful development and implementation of plans to prevent suicide and respond to suicidal behaviours require vision and leadership from the board of trustees (Board) and Senior Leadership Team (SLT) to ensure shared understandings and beliefs about the approaches to be taken.

Table 1: School leaders develop and lead a whole-school approach to promoting student wellbeing, including the prevention of suicidal behaviours

Actions		Prompts
1.1	The Board ensures that the ethos and philosophy of the school is conducive to a safe and protective learning environment	<ul style="list-style-type: none"> Do Board policies support positive, pro-social behaviour, family and whānau partnerships, connectedness for students, and cultural and civic development? Is the Board aware of the indicators they can use to identify things they want to change to improve student wellbeing? (See for example, <i>Wellbeing@school</i> website and tools – www.wellbeingatschool.org.nz) Are Board members aware of the school's approach to promoting student wellbeing, including the prevention of and responses to suicidal behaviours? Has the Board ensured that school personnel have access to the necessary resources, support and skills to implement a comprehensive suicide prevention approach?
1.2	The principal and SLT ensure a whole-school approach to promoting student wellbeing is developed through school-wide policies, procedures and leadership.	<ul style="list-style-type: none"> Do school-wide policies and practices work to promote resilience, social behaviour, equality and fairness, and to decrease bullying, anti-social behaviour and violence? Are policies and procedures understood and used by all staff? Are the approaches and procedures led and supported by strong leadership? Have you received information about or participated in any relevant training or an approach such as Positive Behaviour for Learning (PB4L)? See http://pb4l.tki.org.nz/ or the My FRIENDS Youth programme for building resilience? (Contact your local Ministry of Education office for more information.)
1.3	The New Zealand Curriculum is actively used as a context for increasing an awareness of mental health issues among students.	<ul style="list-style-type: none"> Are the general and specific provisions within the New Zealand Curriculum understood and used as contexts to help develop resilience and to decrease suicidal behaviours? Do reviews of curriculum implementation include the use of the curriculum to support and promote student wellbeing?



Table 2: A major focus of a school's approach to preventing suicide should be to identify those at risk and then to seek appropriate support, care and management for them.

Actions		Prompts
2.1	School leaders ensure that counsellors, deans, and teachers are aware of risk factors, and know the procedures for identifying, assessing, and referring (where applicable) students who are at risk of suicidal behaviours.	<ul style="list-style-type: none">• Are procedures for identifying and assessing students at risk of suicidal behaviour reviewed annually?• Are the notification processes clear and well understood by all staff?• Are all staff trained about and reminded of the warning signs that a student may be at risk of suicide?
2.2	School leaders ensure that school counsellors, deans and teachers know when and how to seek support for students at risk.	<ul style="list-style-type: none">• Are there established procedures or protocols for staff to follow when seeking support for students at risk?• Do the counselling staff and deans responsible for pastoral care have the necessary training and skill to provide or seek external support (through referrals) for students at risk?• Are trained staff available to respond to a referral and attend support and planning meetings, for example, with mental health services?• Are the school's systems aligned with those of local mental health and other services to ensure smooth access and transitions?• Are policies about student confidentiality reviewed in relation to students at risk of suicide?• What procedures are in place to ensure that the school acts in partnership with families, whānau and any other key agencies, groups, or individuals when a student is referred for support?

Actions		Prompts
2.3	School leaders ensure that plans for the care and management of students at risk of suicide are developed and enacted.	<ul style="list-style-type: none"> • What protocols and procedures are in place for the management of students at risk of suicide? • Has the school established strong links with mental health agencies and other services? • What protocols are in place between the school and external agencies for sharing information and developing shared care plans for referred students? • Are school counsellors able to provide appropriate monitoring of students who are participating in specific support programmes (delivered in or out of school)? • Is the school counsellor able to support a student at risk within their family context in collaboration with other involved agencies? • Have teachers received necessary support, training, and /or advice to enable them to deal appropriately with a student at risk, in accordance with an agreed care plan for the student? • Have all staff been made aware that they should report suicide-related discussions or worrying behaviours to school management and counselling staff?



Table 3: Effective support for students at risk of suicide requires partnerships with family, whānau and caregivers, and with other professional support agencies

Actions		Prompts
3.1	School leaders promote strong, respectful partnerships between the school and its families, whānau, iwi and communities to help build resilience, prevent suicide, and provide support for students at risk of suicide.	<ul style="list-style-type: none"> • Do principals and boards take a lead role in developing and maintaining school-community relationships? • Do the values and practices of the school leaders and all staff support Māori succeeding as Māori? • How well-informed are school leaders about the knowledge, capabilities, skills, and beliefs held within the iwi and the community in relation to student wellbeing? • Has the school engaged cultural experts such as kaumatua, whānau support workers and Māori mental health workers to advise the school on culturally appropriate support and response to young Māori who are at risk of suicide? • How does the school work together with whānau and iwi to better support the emotional wellbeing of Māori students who may be at risk of suicide? • Where the school community has other cultural groups or populations (such as lesbian, gay, bisexual, transgender, intersex), has the school sought guidance about relevant issues or beliefs in order to better provide support to students who may be at risk of suicide?
3.2	Schools need to know about and establish relationships and referral protocols with local healthcare professionals and mental health agencies.	<ul style="list-style-type: none"> • Are school counsellors supported to form relationships with the professionals, agencies and groups in the community before their services are required? • <i>See table 2, 2.3 for actions and prompts about protocols and working relationships with agencies</i>

Table 4: Schools develop a post-suicide response plan (before a traumatic incident occurs) as a framework for school leaders and staff to respond in the aftermath of a suicide.

Actions		Prompts
4.1	Each school should develop or review a Traumatic Incident Response Plan (TIRP) that includes responding to a suicide.	<ul style="list-style-type: none"> Does the school have and use the Ministry of Education guides, <i>Managing emergencies and traumatic incidents – The resources</i> and <i>managing emergencies and traumatic incidents – the guide</i>? If the school already has a TIRP, has it been reviewed to include responding to a suicide or serious suicide attempt? If the school does not have a TIRP, who will instigate the process and oversee completion and ongoing review? When will this begin? Have all staff received training in use of the TIRP and in particular, what they need to do in case of a student suicide?
4.2	School leaders, including the school counsellor, must be prepared to respond urgently in the event of a suicide, attempted suicide, or threat of imminent suicide.	<ul style="list-style-type: none"> Is there a plan in place for urgent action if a student has carried out or is threatening imminent suicide? Has the plan been communicated to all staff? Are school leaders and relevant staff ready and prepared to act urgently when required?
4.3	Schools respond to the bereaved family, classmates and friends, and facilitate actions to support them.	<ul style="list-style-type: none"> Have school staff ascertained what (if anything) siblings, classmates, and friends have been told about the circumstances of the death, and taken the family's wishes into account? Has the school liaised with the family over details such as representation at the funeral, appropriate cultural or spiritual activities, memorial places, or other activities? Has the school arranged for the sensitive return of the student's property (books, equipment, artwork etc)? Have staff received advice from the counsellor or school leaders on managing support for classmates, team mates, and friends of the student? Are staff able to work in partnership with key students to identify and monitor social media sites (eg Facebook)? Are they able to use these partnerships to provide support and safe messages, and to identify and respond to students who may be at risk? Are all staff aware of the risk of "suicide contagion" and ways to minimise or deal with this? (<i>For further information see page 43</i>). Does the school have a plan for providing longer-term support and follow up, including awareness of dates or occasions (inquest, birthdays, anniversaries) that may require monitoring of some students?

Prompts for school counsellors

School counsellors have a key role in promoting student wellbeing as well as identifying, assessing, referring and supporting students who may be at risk of suicidal behaviour.

Table 1: School counsellors actively implement and support a whole-school approach to promoting student wellbeing, including the prevention of suicidal behaviours.

Actions		Prompts
1.1	School counsellors, along with the principal and senior leadership team (SLT) ensure a whole-school approach to promoting student wellbeing is developed through school-wide policies, procedures and leadership.	<ul style="list-style-type: none"> Do school-wide policies and practices work to promote resilience, social behaviour, equality and fairness and to decrease bullying, anti-social behaviour and violence? Are policies and procedures understood and used by all staff? Do you provide strong leadership for using the agreed approaches and procedures for promoting wellbeing? (See for example, <i>Wellbeing@school</i> website and tools at www.wellbeingatschool.org.nz.) Do teachers recognise that student wellbeing, including suicide prevention, is the responsibility of all staff, not just the guidance staff? Have you enacted an approach such as Positive Behaviour for Learning (PB4L)? See http://pb4l.tki.org.nz/. Have you considered using the My FRIENDS Youth programme for building resilience? If the school uses other external programmes, have you reviewed them for suitability and safety?
1.2	School counsellors provide teachers and others with advice and support about in-class studies, discussions and reading/viewing that may involve the topic of suicide or self-harm.	<ul style="list-style-type: none"> Are teachers aware of the risks involved in suicide discussions and how to avoid or handle these? Are you able to advise teachers on ways to handle topics, such as self-harming behaviours, suicidal behaviour or games involving potential death when teachers report or notice them in the classroom or elsewhere? Do you have resources and/or information you can provide to teachers that focus on topics that promote wellbeing and positive mental health rather than potentially dangerous topics, such as 'suicide awareness' units? Are you able to advise teachers on alternative materials (novels, plays, films) to those that may directly or indirectly influence students' behaviour? Are you able to support teachers to draw on the Health and Physical Education curriculum and the New Zealand Curriculum key competencies as ways of promoting resilience and wellbeing?

Actions		Prompts
1.3	School counsellors provide advice to parents about appropriate materials and approaches on request.	<ul style="list-style-type: none"> • Are you able to advise parents on ways to handle topics, such as self-harming behaviours, suicidal behaviour or games involving potential death when teachers report or notice them in the classroom or elsewhere? • Do you have resources and/or information you can provide to parents that focus on promoting wellbeing and positive mental health rather than suicide itself? • Are you able to advise parents how to talk about suicide with young people? <i>See programmes, information and support services page 83.</i>

Table 2: A major focus of a school's approach to preventing suicide should be to identify those at risk and then to seek appropriate support, care and management for them.

Actions		Prompts
2.1	School counsellors are aware of risk factors and know and communicate the procedures for identifying and assessing students who are at risk of suicidal behaviours.	<ul style="list-style-type: none"> • Do you or other qualified experts provide regular training (professional development) reminders and information to all staff to raise their awareness of the warning signs that a student may be at risk of suicide? • Are there established procedures for identifying and assessing students at risk of suicidal behaviour? <i>See page 12, Assessment of young people at risk of suicide: for school counsellors.</i> • Are the notification processes clear and well understood by all staff? • Are procedures and protocols reviewed annually? • What procedures are in place to ensure that the school acts in partnership with families and whānau (and any other key agencies, groups or individuals) when a student is assessed at moderate or high risk of suicide?

Actions		Prompts
2.2	School counsellors, deans and teachers know when and how to seek support for students at risk.	<ul style="list-style-type: none"> • Do you have established procedures or protocols for staff to follow when seeking your support for students at risk, for example, information about when to refer, who to refer to, how to refer, what will happen and what information they can expect to receive? • Do you and others responsible for pastoral care have the necessary training and skills to provide or seek external support (through referrals) for students at risk? • Are trained staff available to respond to a referral and attend support and planning meetings, for example, with mental health services? • Are you aware of (and hold information about) the range of support systems and services available through the school and in the community? • Are you and other referring staff aware of eligibility criteria for support services? • Do you have established procedures or protocols with local mental health and other services to ensure smooth access and transitions to these services? • Are policies about student confidentiality reviewed in relation to students at risk of suicide? • What provisions have been made to deal with possible conflicts of confidentiality, for example, where a student has been subject to abuse at home? • How do you ensure that you act in partnership with families and whānau (and any other key agencies, groups or individuals) when a student is referred for support?
2.3	School counsellors ensure that plans for the care and management of students at risk of suicide are developed and enacted.	<ul style="list-style-type: none"> • What protocols and procedures are in place for the management of students at risk of suicide? <i>See page 15, Management of young people at risk of suicide: for school counsellors.</i> • Has the school established strong links with mental health agencies and other services? • What protocols are in place between the school and external agencies for sharing information and developing shared care plans for referred students? • Are you or suitable trained staff able to provide appropriate monitoring of students who are participating in specific support programmes (delivered in or out of school)? • Are you able to support a student at risk within their family context in collaboration with other agencies involved? • Have teachers received the necessary support, training, and/or advice to enable them to deal appropriately with a student at risk, in accordance with an agreed care plan for the student? • Have all staff been made aware that they should report suicide-related discussions or worrying behaviours to school management and counselling staff? • Are you aware of the potential risks of programmes that promote awareness raising of suicide or peer support programmes that expect young people to support distressed peers.

Table 3: Effective support for students at risk of suicide requires partnerships with family, whānau and caregivers and with other professional support agencies.

Actions		Prompts
3.1	School counsellors participate in the development of strong, respectful partnerships between the school and its families, whānau, iwi and communities to help build resilience, prevent suicide and provide support for students at risk of suicide.	<ul style="list-style-type: none"> • What do you see as the counsellor's role in developing and maintaining school-community relationships to promote student wellbeing? • Do your values and practices support Māori succeeding as Māori? • How well informed are you about the knowledge, capabilities, skills and beliefs held within the iwi and community in relation to student wellbeing? • Have you engaged cultural experts such as kaumatua, whānau support workers and Māori mental health workers to advise on culturally appropriate support and response to young Māori who are at risk of suicide? • How do you work with whānau and iwi to better support the emotional wellbeing of Māori students who may be at risk of suicide? • Where the school community has other cultural groups (such as Pasifika, Asian) or populations (such as refugee, lesbian, gay, bisexual, transgender, intersex) have you sought guidance about relevant issues or beliefs to better provide support to students who may be at risk of suicide?
3.2	School counsellors need to know about and establish relationships and referral protocols with local healthcare professionals and mental health agencies. <i>See also table 2.</i>	<ul style="list-style-type: none"> • Have you built strong relationships with professionals, agencies and groups in the community before their services are required? • <i>See table 2, 2.3 for actions and prompts about protocols and working relationships with agencies.</i>



Table 4: School counsellors are directly involved in developing a post-suicide response plan (before a traumatic incident occurs) as a framework for school leaders and staff to respond in the aftermath of a suicide.

Actions		Prompts
4.1	Ensure the school has a Traumatic Incident Response Plan (TIRP) that includes responding to a suicide.	<ul style="list-style-type: none"> • If the school already has a TIRP, has it been reviewed to include responding to a suicide or serious suicide attempt? • Have you taken part in annual workshops held by the Ministry of Education that support schools to develop TIRPs? • Do you know about and use the resources provided by the Ministry of Education, <i>Managing emergencies and traumatic incidents – The resources document</i>?
4.2	School counsellors, along with other school leaders, must be prepared to respond urgently in the event of a suicide, attempted suicide, or threat of imminent suicide.	<ul style="list-style-type: none"> • Is there a plan in place for urgent action if a student has carried out or is threatening imminent suicide? • Has the plan been communicated to all staff? (<i>See Emergency Checklists on pages 10 and 11</i>) • Are school leaders and relevant staff ready and prepared to act urgently when required?
4.3	School counsellors respond to the bereaved family, classmates and friends and facilitate actions to support them.	<ul style="list-style-type: none"> • Have school staff ascertained what (if anything) siblings, classmates and friends have been told about the circumstances of the death and taken the family's wishes into account? • Has the school liaised with the family over details, such as representation at the funeral, appropriate cultural or spiritual activities, memorial places or other activities? • Has the school arranged for the sensitive return of the student's property (books, equipment, artwork etc)? • Have you provided staff with advice on managing support for siblings and other relatives at school, classmates, team mates and friends of the student? • Are staff able to work in partnership with key students to identify and monitor social media sites (eg, Facebook, Twitter)? Are they able to use these partnerships to provide support and safe messages, and to identify and respond to students who may be at risk? • Are all staff aware of the risk of 'suicide contagion' and ways to minimise or deal with this? (<i>For further information see page 43</i>) • Is there a plan for providing longer-term support and follow up, including awareness of dates or occasions (inquest, birthdays, anniversaries) that may require monitoring of some students?

Section 5 – *Scenarios*

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- » Scenarios for discussion
 - » Scenario 1: Suicide prevention programmes
 - » Scenario 2: Suicide themes
 - » Scenario 3: Dangerous games
 - » Scenario 4: Topics for discussion or study
 - » Scenario 5: Suicidal thoughts disclosed
 - » Scenario 6: Breaking confidences
 - » Scenario 7: Communicating news of a suicide
 - » Scenario 8: Managing student support
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Scenarios for discussion

This section contains eight different scenarios to illustrate situations that schools may experience. The scenarios are fictional and do not reflect any one actual event in a school. Schools can use them as a basis for discussion as they develop and review policies and procedures. Each scenario is accompanied by a set of points to consider in discussion.

Scenario 1: Suicide prevention programmes

The school receives a letter by a voluntary organisation that is currently touring schools presenting a one-hour presentation on suicide awareness. The presentation includes a dramatic piece about the impact a young person's suicide has on his friends. The stated intentions of the programme are to help young people realise the tragedy of suicide, teach them about the warning signs of someone in distress and encourage friends to tell a trusted adult if they are concerned about a friend.

Consider:

- This kind of activity is potentially dangerous for any young person who is at risk of suicide.
- Communicate this clearly to the organisation and via community networks.

Scenario 2: Suicide themes

A parent contacts the English Head of Department expressing concern that her Year 11 daughter is studying a young adult novel containing suicide themes in her English class. She has attended a talk on suicide and has heard that talking about suicide in schools can increase suicides. She wants to know what the justification is for the school including the novel in the prescribed texts.

Consider:

- Can the educational reasons for including this text be achieved through a text that does not discuss suicide?
- Is suicide romanticised or glorified in the novel?
- Is the method of suicide described?
- How central is suicide to the theme of the story?
- Does the story discuss help-seeking behaviour or other interventions in a positive way?

Scenario 3: Dangerous games

A letter has been sent home from another secondary school in the area describing a dangerous choking game students have been playing. Some students have been sent texts about the game and some students have received texts saying five students have died playing the game. During a health class, some students start joking about playing this game, while they wait for a class activity. Other students start laughing about kids they have heard about who have been drinking and playing the game over the weekend. This starts a discussion among the students and the teacher about the choking game and suicide.

Consider:

- Teachers will need to talk in a factual manner with students about the dangers of this type of game and tell school management.
- School management will need to put out a strong message to students and parents about the circulating text and warn them about the harm involved in playing the choking game.
- School management can seek support from the Ministry of Education Traumatic Incident service for guidance. The Ministry of Education can provide advice for communicating to students and the wider community and can support liaison between schools, community groups and other government agencies.

Scenario 4: Topics for discussion or study

A student selected suicide as the focus of a research study. A health organisation calls the principal concerned that two students have asked the organisation for details on the number of young people referred for help with mental health concerns and have asked for information on young people in their community who have died as a result of suicide over the last five years. When the students were questioned about this they said it was for an assignment for school and they had their teacher's and parents' permission to investigate this issue.

Consider:

- Have you discussed the proposed research with the student?
- Have you set parameters and framed the research as part of wider investigation of wellbeing, mental health issues, resilience or problem-solving?
- Can you monitor the progress of the research and any effects on the students or their peers?
- Have you discussed the project with a colleague?

Scenario 5: Suicidal thoughts disclosed

A recently graduated teacher approaches a senior teacher concerned about the suicidal thoughts disclosed in an English assignment written by one of the students. The teacher is not sure whether to take the writings seriously.

Consider:

- Have you discussed the assignment with the student?
- If not, do you feel confident to do so?
- Who can assist you?
- Who should you tell?
- How you can intervene in a positive way. For example can you ensure the student is included and connected in class and school?

Scenario 6: Breaking confidences

A student phones a popular teacher in the middle of the night. The student sounds drunk and is threatening suicide. The student does not want anyone else to know, particularly his parents, and wants the teacher to promise not to tell anyone.

You must:

- Follow the steps in the emergency procedures, contact emergency services and do whatever you can to ensure the young person is not left alone until they arrive.

Consider:

- What are the ethical and privacy considerations?
- How will you manage the young person's safety in the school environment?
- What will the principal need to communicate to teachers?

Scenario 7: Communicating news of a suicide

A student you taught died by suicide on a Sunday night and news of the death has quickly spread among the student population through texting and social networking websites. You hear about this via a text from a student.

You must:

- Ensure the school principal receives information about the death. The school principal will set up a response team and check and confirm that the information you have received is accurate. It is important from this time onwards that all communication about the death is led by the school response team or TIRP team.

Consider:

- You need to make time for yourself and be aware of your grief response to the death. Attend all staff meetings and stay up-to-date on events. If needed, make use of support services provided by the school. Share your thoughts and feelings with someone you trust.

- Use the information and resources supplied by the school TIRP team.
- Pay attention to classroom discussions about the death, especially 'rumours' about how the student died or methods used.
- Direct the discussion to remembering the student and that the student's life is more about the way they lived than how they died.
- Remain alert to talk among the students of any 'blaming' for the death or accusations of students not caring, if they are not demonstrably upset.
- Challenge blaming behaviour as not being helpful and emphasise that no person is to blame for the death.
- Remind students that people grieve differently and that 'not crying' does not equate to not caring.
- Be careful that discussions do not glorify or romanticise the death or make the dead person a hero.

Scenario 8: Managing student support

John (a student) died by suicide and his body was found by the dragonboat coach in a boatshed on Sunday afternoon. Students had practice scheduled for Tuesday night and news and location of the body spread quickly. When students arrived at school they found items and notes from the deceased. Many members of the dragonboat team became upset when they heard the news via texting.

Consider:

- Did the school TIRP team meet Sunday night and start to respond to the news and effects of the death for the school community?
- Did school staff take particular care to meet individually with close friends to determine the nature of notes and other messages to students and to assure students that the death was not their fault?
- Did the school have copies of *After the Suicide of Someone You Know: Information and Support for young people?* (Phone **0800 299 100** or **04 939 6767** or email **rs@skylight-trust.org.nz** to order copies).
- Have appropriate school staff spoken with students identified as close friends, as well as members of the dragonboat teams?
- Did you discuss blame and that it is common to try to answer the question 'why' after a suicide death?

Section 6 – *Contacts and information*

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- » Programmes, information and support services
 - » Information about self-harm
 - » Acknowledgements
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Programmes, information and support services

- **The Lowdown** is a free, confidential support service for young people who are worried about themselves or a friend. Funded by the Ministry of Health as part of the National Depression Initiative, it can be accessed through the website at www.thelowdown.co.nz or via text **5626**.
- **LifeLine** is a telephone counselling service operating 24/7, every day of the year. Calls to LifeLine from anywhere in New Zealand are **free** by calling **0800 543 354**. LifeLine counsellors are fully trained volunteers and located in any of nine centres throughout the country. Find out more about Lifeline at: www.lifeline.co.nz
- **0800 What's Up** is a free, national phone counselling service for five to 18 year olds. To talk to a counsellor, call 0800 WHATSUP or 0800 942 8787 free from 1pm to 11pm, seven days a week. Find out more about 0800 What's Up at: www.whatsup.co.nz
- **Youthline** is a New Zealand telephone counseling helpline run by youth, for youth. It can be contacted 24/7 on Helpline: 0800 37 66 33 (free phone from landline) or Free Text: 234. Find out more about Youthline at: www.youthline.co.nz/index.php
- **Healthline – 0800 611 116** is available 24 hours a day, seven days a week. Phone calls are free from within New Zealand. Healthline nurses are specialists in assessing and advising over the phone. Find out more about Healthline at www.health.govt.nz/your-health/services-and-support/health-care-services/healthline
- **Kidsline – 0800 54 37 54** is a telephone counselling service for children up to 14 years of age. Kidsline operates from 4pm to 6pm Monday through to Friday. When children ring they will speak to a Kidsline Buddy – a specially trained teenage telephone counsellor. Find out more about Kidsline at: www.kidsline.org.nz
- **Skylight** offers a wide range of services to support people facing difficult change, loss, trauma and grief. Training and support for friends or family members, community volunteers and professionals is available. For details, go to www.skylight.org.nz
- **Travellers** is a programme for schools developed and delivered by Skylight. It is a small-group programme to build resilience and key life skills. Designed for students in their first year of secondary school (Year 9) Travellers enables young people to learn skills to cope with change, loss and transition and to build self-esteem and confidence. Find out more on www.skylight.org.nz/Travellers
- **My FRIENDS Youth** is a programme currently being trialled by the Ministry of Education. It was developed in Australia and has been adapted for New Zealand. Teachers will deliver it as part of the health curriculum. My FRIENDS Youth works to build students' self-esteem and resilience to help them cope with depression and anxiety. It reduces the incidence of serious psychological disorders, emotional distress and impairment in social functioning by teaching young people how to cope with, and manage, anxiety both now and in later life. Contact your local Ministry of Education district office for more information.
- **Questions Persuade and Refer (QPR)** is an evidence-based suicide prevention-training model provided by Clinical Advisory Services Aotearoa (CASA). Offered at three levels, QPR New Zealand has programmes appropriate for all. These can be found at www.qpr.org.nz/
- **Lifeline Aotearoa** (www.livingworks.org.nz/) provides ASIST (applied suicide intervention skills training) and safeTALK (Tell, Ask, Listen, Keep safe) training to help those who come in contact with people at risk of suicide. safeTALK is a half-day programme that teaches participants how to provide practical help to persons with thoughts of suicide. ASIST teaches suicide intervention skills. This two-day programme increases awareness of signs, explores common myths and beliefs about suicide that can prevent other people responding to people in distress. This programme teaches people how to respond to someone thinking of suicide and increases both confidence and competence to intervene. Call **09 909 9211**, or visit the website for more information.

- The **Mental Health Foundation** stocks a number of other resources on mental health and depression, which you may find useful, including free Lowdown promotional materials for young people (posters, brochures and pocket cards). These can be accessed by calling the Foundation's resource centre on **09 300 7030**, or via **www.mentalhealth.org.nz/shop/**
- **Suicide Prevention Information New Zealand (SPINZ)** is funded by the Ministry of Health providing a national information service to promote safe and effective suicide prevention activities through the provision of evidence-based information. SPINZ (**www.spinz.org.nz**) is part of the Mental Health Foundation.
- **Rainbow Youth** **www.rainbowyouth.org.nz** is an Auckland-based organisation that provides support, information, advocacy and education for LGBTI (lesbian, gay, bisexual, transgender and intersex) young people and their families.
- **Safety in our schools Ko Te Haumaru I o Tatou Kura**: an action kit for Aotearoa New Zealand schools to address sexual orientation prejudice (**www.spinz.org.nz/file/downloads/pdf/file_209.pdf**).
- **After a suicide of Someone you Know: Information and Support for Young People** is a resource produced by Skylight and SPINZ. It is a resource that provides young people with information about grief reactions, questions that are commonly asked and how to cope with grief and loss. These can be accessed through the resources section on **www.spinz.co.nz**
- **After a suicide** provides practical information for people bereaved by suicide. This resource can be accessed on **www.health.govt.nz**

Information about self-harm

There is now considerable evidence to support distinguishing between self-harms and suicidal behaviours. People can self-harm to decrease distress, which enables them to continue functioning. In contrast, people attempt or complete suicide to end their lives. Self-harm is also identified as a risk factor for suicide and should always be taken seriously. Students self-harming should be treated as at-risk until further in depth assessment indicates otherwise.

- This publication includes information about causes and warning signs of self-harm and how to support students and their families experiencing self-harm behaviours.
See **http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/sen/shoebox/Documents/PDF%20Documents/Self%20Harm%20bookletfinal%20version_25_08_09_LR.pdf**
- This resource provides schools and teachers with general advice about self-harm and provides information on developing a school wide self-harm policy.
See **<http://www.scar-tissue.net/schoolsipolicy.pdf>**



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