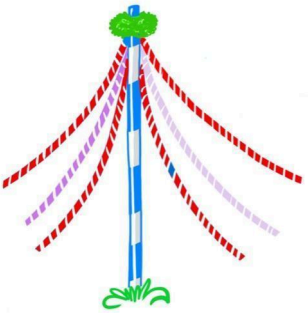
Maypole School



POLICY TO SUPPORT CHILDREN & YOUNG PEOPLE WHO MAY HAVE THOUGHTS OF SUICIDE

2026-2027

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Authorised by:	Adrienne Cherrywood	05 Sep 22
Publication Date:		05 Sep 22
Reviewed:	Adrienne Cherrywood	11 Aug 23
Reviewed:	Adrienne Cherrywood	15 Aug 24
Reviewed:	Adrienne Cherrywood	29 Aug 25
Reviewed:	Adrienne Cherrywood	6 Aug 26
Next Review due:		Aug 27

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1. INTRODUCTION

Although the UK still has a relatively low rate of suicide by children and young people compared with other countries, suicide now accounts for 14% of all deaths in 10 to 19-year-olds, and 21% of 20 to 34-year-olds. It is one of the leading causes of death in young people.

Boys and young men account for roughly 75% of youth suicide deaths, though girls often report higher rates of suicidal ideation, self-harm, and non-fatal attempts

Surveys indicate that roughly 1 in 5 teenagers experience serious thoughts of suicide or a probable mental health condition in any given year.

Over a third of young people who die by suicide have had no prior contact with formal mental health services, meaning risks often go unrecognized.

A significant personal loss (such as bereavement, family separation, or the breakdown of a close friendship or routine) precedes over 60% of child and adolescent suicides

Up to a quarter of young victims experienced face-to-face or cyberbullying, and heavy or problematic social media use correlates with higher vulnerabilities to self-harm

Hanging or strangulation is recorded as the most common method in youth suicide deaths, followed by self-poisoning and multiple injuries (such as jumping or falls).

On average, 200 + teenagers die by suicide every day.

We acknowledge that suicidal thoughts are common among young people. We recognise that talking about suicide does not create or worsen the risk. In our setting, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This includes avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish.

2. AIM

The aim of this policy is to state how Maypole school will support pupils who have suicidal thoughts.

3. RISK FACTORS

Children and young people who die by suicide have often experienced the death of a family member or friend. They may also have experienced a stressful event associated with a feeling of loss e.g. loss of a pet, changing courses at college, experience of bullying or assault. The risk of suicide amongst young people also increases around exam time, when pressure to succeed is high.

Given that all Maypole School pupils will have been diagnosed as having significant social, emotional and mental health difficulties and other complex needs prior to arriving at the school, as reflected in their EHCPs, many pupils will have a history of self-harming or suicidal thought in the past.

4. WARNING SIGNS

Indicators of suicidal thought

A young person with thoughts of suicide usually gives what are referred to as “invitations”, commonly known as signs or indicators. This is where the person is inviting help and tells someone (as clearly as possible either by words, behaviours, or actions) that they are having thoughts of suicide.

Self- harm, even when injuries seem minor, is one of the most important indicators of suicide risk and should always be taken seriously. Self-harm is common in young people taking their own life, occurring in around half of under-20s.

Other warning signs include:

- Change in behaviour
- Giving away possessions
- Words like ‘I wish I wasn’t here’
- Words like ‘It doesn’t matter anymore’
- Overwhelming feelings of anger or ‘being worthless’
- A sense of hopelessness or loneliness.

What to do in the event of suicidal thought

School staff should have detailed knowledge of their pupils and look out for key indicators of suicidal thoughts.

If a member of staff has concerns about a pupil’s emotional wellbeing, they should record this on a Cause for Concern form and pass their concerns to the Principal, the Executive Headteacher or the Designated Safeguarding Leads (DSL).

Some pupils who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger. Schoolchildren who are experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also at risk of death or harm. **No matter how small your concern, please do record it and pass it on.**

5. STAFF ACTIONS WHEN WORKING WITH PUPILS WITH THOUGHTS OF SUICIDE

Advice for staff who are speaking with pupils around suicide

- **Be a good listener**. Encourage the child to continue to talk, and paraphrase back what you’re hearing so they understand you’re listening. Empathise with the feelings being expressed.
- **Praise them for communicating**. Praise them for communicating about their worries, to encourage continued communication – and explain this helps us to help them. After speaking with them, check how they feel about having spoken about these issues.

- **Direct questions to assess the risk**. It is also an important part of our safeguarding role to assess and attempt to minimise risk with the pupil. So you need to ask if they are feeling suicidal at the moment, and whether have they ever actually attempted suicide, and whether they think they might actually act out on the thoughts at the moment or in the future? It is important to be direct with these questions.
- **Explore strategies for regulating emotions**. Then explore what they can do when they have these thoughts / feelings – encourage them to let someone know, and identify people that they could tell. Explore strategies for regulating emotions such as relaxation, physical activity, music, art etc. Where appropriate, also explore mild pain-inflicting strategies (e.g. flicking elastic band on wrist) for those inclined to safe harm as well.
- After the conversation, explain that this is information that can't be kept secret and that we will come up with a plan of action, together with the pupil, to help keep them safe.

Keeping the pupil safe: Suicide Safety Plan

The school will ensure that the pupil concerned is kept as safe as is reasonably possible, by reducing access to means.

A Suicide Safety Plan should be created, in conjunction with the young person with suicidal thoughts. It looks at how to keep the young person safe in that moment / time of suicidal thought, and how to rid themself of thoughts of suicide.

The plan should include consideration as to how the young person can be helped to follow the plan.

No stigma

There will be no stigma attached to a pupil having thoughts of suicide.

Keeping the Designated Safeguarding Lead informed

Any member of staff who is aware of a pupil having thoughts of suicide should consult with the DSL, Executive Headteacher or the Principal. Following the report, the Senior Leader will decide on the appropriate course of action. Staff should continue to keep the Senior Leader informed of any and all significant changes.

Further actions that may be necessary / appropriate

Further actions may include:

- Staff will provide pupils with opportunities to speak openly about their worries with people who are able to support them, be it colleagues trained in Applied Suicide Intervention Skills Training, or arranging an appointment with a counsellor or therapist or other talking therapy service or other agencies.
- Contacting parents/carers, and letting the pupil know when we have done this
- Arranging professional assistance eg doctor, nurse, social care

- Referral to CAMHS
- It may be appropriate to arrange an Emergency Review, with the SEN team and all professionals involved with the young person.

6. SUPPORTING STAFF WORKING WITH YOUNG PEOPLE WITH THOUGHTS OF SUICIDE

Potential pressures and stress for staff

We recognise that suicide is an emotive subject and that it can be difficult and stressful for staff members who work with young people, if the pupil is talking about taking their own life.

We also acknowledge that young people will often gravitate towards a chosen member of staff who they trust and feel comfortable with. Although colleagues have chosen to work with young people with SEMH needs, this level of disclosure and trust can be challenging to manage, and the subject of suicide or self-harm can bring personal issues to the fore.

Support for staff

As a team, we will always therefore try to identify and support any colleagues who we feel need additional support. This will be done through regular team debriefs, one to one meetings with the line manager or other trusted colleague, directed time sessions with one of the school therapists or with an external Educational Psychologist, and / or by referral to external agencies for more significant support.

Specialist training

Selected staff will attend training courses such as Applied Suicide Intervention Skills Training (ASIST), or other equivalent training, which will help staff teams to minimise the risks of suicidal thought. This will not make this inherently difficult task easy, but it will increase staff's confidence that they are using the right strategies, and doing everything possible to help.

7. IN THE EVENT OF A SUICIDE ON OR OFF SITE

If a suicide (or attempted suicide) is carried out at school, a member of staff will call the emergency services at the first opportunity.

In the event that a suicide plan is carried out successfully, the school will liaise with the Governing Body & Executive Leadership team to formulate a care plan for all staff and pupils at the school.

The LA should be notified in the event of an incident or suicide taking place.