

Suicide Prevention and Postvention Protocol for Portsmouth Schools and Colleges

Support for the school or college community in the case of a death by (suspected) suicide or an attempted suicide.

Postvention support information and guidance for children and young people (CYP).

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Introduction

The **suicide*, or attempted suicide**, of a student can leave a school faced with grieving, confused students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why.

In this situation, schools and colleges need **reliable information, practical tools, and pragmatic guidance** to help them protect their students, to communicate with the public, and to return to your primary mission of education.

When a suicide, or attempted suicide, occurs which is connected to a school/college (member of staff or a parent for example), the ripple effect can also be very distressing.

Using the tools, guidance and other support agencies we can link people with the support that is available to them.

This Schools and Colleges Postvention Protocol focuses on how to respond in the immediate aftermath of a student suicide, or an attempted suicide.

Ideally, schools should have a crisis response and postvention plan in place before a suicide occurs. This will enable staff to respond in an organised and effective manner.

However, whether or not a school has such a plan, this protocol contains information schools can use to initiate a **coordinated response**.

Note: when suicide is referenced in this protocol, it means a suicide or suspected suicide, as the final verdict on cause of death often comes after a period of time and not in the immediate aftermath of the death.



Purpose of the protocol

The aim of this protocol is to provide a **framework for school leaders to support all staff**, teaching and non-teaching, to give **guidance on how to deal sensitively and compassionately** with the difficult and upsetting circumstances of a suicide, or an attempted suicide. In particular to:

- Provide guidance and support when there has been a suicide within the school/college community, or when a child or young person is bereaved by a suicide death within their family.
- Set out clear and compassionate expectations about the way the school/college will respond to the death, and provide a nurturing, safe and supportive environment for all.
- Provide guidance on developing a suicide prevention plan to support the school and its community.
- Identify key support staff within the school and local authority, and resources and further support services to help the whole school community work together following a suicide.
- Support schools where staff suspect, or are advised that, a student has made a suicide attempt. The protocol outlines what a school/college response to a suicide attempt should be and provides guidelines and detailed descriptions of key components involved in caring for students at risk.

Guidelines for Staff and Governors

Putting a Postvention¹ Plan in place at your school/college.

Ideally, in a school/college setting, there will be a written plan, developed in advance of a (suspected) suicide. This plan may be slightly different for each school/college, depending on the school structure, and skills and support available. Below are the key recognised steps based on the American Foundation for Suicide Prevention/Suicide Prevention Resource Centre (2011)² and the **Samaritans' Help When We Needed It Most (2017) booklet**.³

Crisis Response

Steps that should be taken immediately after the school learns a student has died by suicide.

Step 1: Mobilisation and Co-ordination

When a school/college **receives the news one of its students has died by suicide**, the first step is to make sure this news is true. In this age of social media and smartphones, it is easy for unaccurate rumours to spread.

- School staff should immediately confirm the death of a student.
- Upon confirmation, the school should immediately implement a coordinated crisis response to achieve the following:
 - Convene a postvention team: decide what is to be done and by whom
 - Effectively manage the situation
 - Provide opportunities for grief support
 - Maintain an environment focused on normal educational activities
 - Help students cope with their feelings
 - Minimise the risk of suicide contagion

The Samaritans has Postvention Advisors available to guide and support you through the process - contact: **0808 168 2528**; or email **stepbystep@samaritans.org**.

Portsmouth **Educational Psychology Service** and the **Mental Health Support Teams (MHST)** are also available to provide support to your response team (for all references and contact details please see Appendix 3).

Step 2: Establish the facts and make contact with the family (immediate/within 24 hours)

A member of the **Postvention team** should firstly check with the authorities to be sure of the facts surrounding the death. You may already have been contacted by a colleague (e.g. Police, Safeguarding Team) leading the Joint Agency Response (JAR) process which is triggered in all cases of an unexpected child death.)

The **nominated lead** (headteacher/school counsellor/school nurse, for example) should contact the family as soon as possible. This will help support the family and manage communications. Rumours can be inaccurate and deeply hurtful and unfair to the missing/deceased person and their family and friends.

Advice from those who have been in this position suggest that, if possible, it is useful if the key **link to the family** remains the same for the duration of the postvention period.

Information about the death should not be disclosed to students until the family has been consulted.

Although the fact that a student has died may be disclosed immediately, official information about the cause of **death should not be disclosed to students until the family has been consulted**. The need to share information should be carefully balanced with honouring the family's request. Therefore, the school may choose to initially release a more general, factual statement without using the student's name if the family does not give permission (e.g. "We have learned that one of our students died over the weekend.").

There may be cases where the death has been declared a suicide, but the family does not want this communicated, perhaps due to stigma, privacy concerns, fear of risking contagion, or because they simply do not (yet) believe or accept that it was a suicide.

If this situation occurs, someone from the school, or mental health team, who has a good **relationship with the family** should be designated to contact them to explain that students are already talking about the death among themselves, and that having adults in the school community **talk with students about suicide and its causes can help keep students safe**.

If the family refuses to permit disclosure, schools can state:

"The family has requested information about the cause of death not be shared at this time."

But staff can also use the opportunity to talk with students about the phenomenon of suicide, for example:

"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, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."

Ensure that the **ongoing support** of the school/college is offered to the family. Also ensure the family does not receive any general administrative letters/texts (e.g. school trip information, parent consultation events).

You could ensure **any schools or colleges where siblings attend** are contacted at an early point so they can also use this protocol framework.

Step 3: Media interest (due to social media “chatter” the media are likely to pick up on things very quickly)

A suicide of someone connected to a school/college can attract much **media and social media attention**. It is therefore important to designate a media spokesperson and prepare a media statement.

Ensure all staff are made aware that only the **media spokesperson** is authorised to speak to the media. Advise those who answer external telephone calls to the school that they should not engage in answering any media enquiries/questions, but should:

- Make a note of which media outlet is represented (could be national media) and the reporter’s contact details (mobile and email address)
- Make a note of the questions asked
- Pass the information given to the Headteacher/Principal as a matter of urgency

Samaritans’ advice is not to give out any details of the suicide method or any suicide note, or to provide any “explanation” of the suspected suicide such as “was stressed about exam results” etc.

Samaritans’ media team can help support schools/colleges (and the family) in dealing with the media during a crisis - you can contact them directly on **07943 809162** or through **www.samaritans.org/how-we-can-help/schools/step-step/**

If the school has a FaceBook or Twitter account we strongly advise taking advice from the Samaritans media team on what or whether to post; they are highly skilled, knowledgeable and supportive in this area.

Media Relations recommendation

- Designate a media spokesperson to field media enquiries using the tool Key Messages for Media Spokesperson
- Prepare a media statement.
- Advise staff that only the media spokesperson is authorised to speak to the media.
- Advise students to avoid interviews with the media.
- Refer media outlets to Recommendations for Reporting on Suicide.
- Liaise with your local authority corporate communications team, who can advise and possibly help field calls in the event of national media attention.

Social Media

Oversee the school's use of social media as part of the crisis response

Schools can **use social media strategically** to disseminate information, share prevention-oriented messaging, offer support to students who may be struggling, and identify and respond to students who could be at risk.

Following a suicide death, students may immediately **turn to social media** for a variety of reasons, including:

- Getting and sharing news about the death (both accurate and rumoured)
- Expressing their feelings about what has happened
- Giving and receiving emotional support
- Calling for impromptu gatherings (both safe and unsafe)
- Creating online memorials (both moving and risky) and posting messages (both appropriate and hostile) about the deceased

The deceased person's social media page often becomes a place where friends and family talk about the suicide and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate important and accurate information to the school community
- Identify students who may need additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages which emphasize suicide prevention
- Minimise the risk of suicide contagion that could occur through glorifying suicide or describing details of the means used.



Step 4: Contact other agencies who may have been in contact with the individual

You will be asked to follow the Joint Agency Response (JAR) process which will help to:

- Establish, where possible, a cause or causes of death (in conjunction with the coroner)
- Identify any potential contributory factors
- Provide support to the family, includes bereavement support
- Learn lessons in order to reduce the risks of future child deaths
- Support for the professionals involved

You will be asked to meet with other agencies/organisations who may have a part to play in the JAR process – health professionals, e.g. school nurses, CAMHS, social workers, police, school counsellor, etc. This helps with any learning from the time immediately after the event:

- Are there key risks to other individuals?
- What could help mitigate against these risks?
- What were the issues relating to this individual?
- Could anything have been done to prevent this incident?
- The purpose of this discussion is not to pass on blame or to pass judgement on service provision, but rather to learn and help prevent any future suicide events.

Part of the JAR process is to make notes of these discussions to record any facts and remember any learning. It is always more difficult to recall exact timings/issues several months later. It is important that you act on any immediate/pressing issues.

As part of the JAR process, consideration should be given about who is best placed to be the family's keyworker under this process. This could be the teacher, or Headteacher, if they have the best relationship with the family and if they felt able to do this as part of their role, however there is no expectation of this.

Step 5: Communicate with staff (within one day)

As soon as possible, **organise a meeting for all staff** to attend to **ensure the facts** about the death **and next steps** are clearly communicated.

In any communication about suicide, it is important to **follow the guidelines on safe messaging about suicide**. It is particularly important to avoid idealising the person and glorifying suicide. Talk about the person in a balanced manner. Do not be afraid to include the struggles that were known, especially in individual conversations about the death. If the student's struggles are not mentioned, it may cause **confusion** as well as give the impression that suicide is an effective way of addressing one's distress, especially among the other students.

For example:

"As we are aware, it seems [NAME] ended [HIS/HER/THEIR] own life, we'll never know the all the thoughts and feelings [NAME] had which lead to [HIM/HER/THEM] taking [HIS/HER/THEIR] own life, but we are aware [NAME] struggled with..."

After a death by suspected suicide, it is important to help students understand the mental health problems, suicidal actions, and the **importance of seeking help** when in distress or crisis. This is particularly true for young students who may not fully understand the cause of death.

In a suicidal state people falsely believe the only way they can feel better is by ending their life. Highlight the fact that when depressed or emotionally distressed, people are not thinking clearly and often do not make good decisions; **suicide is a permanent solution to a temporary problem**.

Suicide is hard for friends and relatives to understand as it's not logical, it's an act triggered by mental illness and a false belief that an unbearable mental state will never change.

It's critical to **stress the importance of always sharing suicidal thoughts or concerns**, whether your own or those shared by others, with a trusted adult. Suicidal thoughts or concerns should never be kept secret and by talking openly about suicide, teachers and support staff can **model this important principle** to children and young people.

Here is some guidance for staff on helpful things to say to children and young people following a suspected suicide:

"We are all shocked and saddened by [NAME]'s death and although it's still under investigation there's been a lot of talk about suicide in the news/on social media so let's talk about suicide in general as it's an important topic."

"Some of you were aware of [NAME]'s struggles with depression, and might feel regret or even guilt, that you weren't able to do something to prevent [HIS/HER/THEIR] death. It's a huge shock to us all that [NAME] is no longer with us and it's natural to look back and wonder if you could have done anything to have averted this tragedy. This is a natural human response to a sudden and unexpected death and it's okay to talk about those feelings."

"When someone we love dies by suicide, we have many different feelings, including feeling very sad. You might also feel angry, confused, or guilty you weren't able to do anything to stop [NAME] harming [HIMSELF/HERSELF/THEM]SELVES]. Feeling sad after a death, though, does not mean that you are depressed. It is important to talk to someone about how you are feeling so that you get some help to feel better and to answer any questions or worries you may have about what happened."

"Everyone feels sad sometimes. However, some people have a mental illness called depression. When people are depressed, they stop feeling happy about anything at all. They do not make good choices or decisions. They can feel so depressed that sometimes they think the only way to stop their unbearable mental pain is to die; they can't think of any other way to stop feeling so unbearably sad or depressed."

"It is not a sign of weakness to ask for help; on the contrary, it's a sign of strength. For someone in a mental health crisis, sharing how you feel can get you the help you need. It is vital to ask for help if you experience suicidal thoughts. Some people really struggle to reach out for help when they are feeling desperate, and I want you to know that you can always ask a trusted adult for help."

"Although there is a lot of talk about [NAME]'s mental struggles and the way his/her/their life ended, s/he/they were so much more than those things. You will have lots of memories of [NAME] that have nothing to do with [HIS/HER/THEIR] depressive illness and the end of his/her/their life. Take time to remember the times you spent together and share those memories with each other."

Any discussion of suicide with a child or young person should include the advice to talk to a trusted adult if they experience any suicidal thoughts or have concern for someone else, and provision of details for age-appropriate suicide prevention resources such as websites and helplines.

Remember suicide is relatively common – staff may have experienced losses due to suicide of family members or friends. Given the high incidence of suicidal attempts and suicidal ideation and depression, some staff may have struggled themselves with suicidal ideation or depression. Signpost them to support available to them. See Appendix 3.

Papyrus

Papyrus, the national charity dedicated to the prevention of young suicide, operates HOPELINEUK for young people under 35 and anyone concerned that a young person might be considering suicide.

Young people under 35 having thoughts of suicide or anyone concerned for a young person can contact HOPELINEUK for confidential support and practical advice.

- **Call: 0800 068 4141**
- **Text: 07860039967**
- **Email: pat@papyrus-uk.org**

Opening hours 9am to midnight every day of the year including weekends and bank holidays. (Papyrus information correct at time of writing in September 2021).

Ensure members of staff are made aware of how to identify and support both students and staff experiencing mental or emotional distress. Ensure all staff are informed about where to find information and schools resources on mental health support available to them. **Tips for Talking about Suicide** is available in further sections of this protocol.

Step 6: Communicate with students (within one day)

As soon as possible after the staff communication event, break the news to the students. Samaritans' advice is that this is best done in small groups, or classes, not in assemblies or over the tannoy system. It is better to be factual but to avoid detail about the act itself. Do not disclose details about the method used, whether there was a suicide note, or its contents, for example.

A **briefing note for staff** (Sample: Appendix 1) to use with the small groups/class can be useful to ensure consistency of message. Consider providing immediate counselling or emotional support to students (and staff) in a separate room. **Samaritans' postvention team** may be able to assist with this support. You can contact the **MHST (Mental Health Schools Teams)** (Appendix 3) or the **Educational Psychology Service** who will be able to provide an opportunity to listen and support those who may be struggling.

It may be appropriate to send out a letter to parents/carers of all pupils/students, to inform them of the incident and to make them aware of possible risks, together with information about support available (Sample: Appendix 2). **The Samaritans' Step by Step** (Appendix 3) service can also advise and assist with this.

Step 7: Funeral

Depending on the wishes of the family, the school/college may wish to send representative/s to attend the funeral service. **Samaritans' recommendation** is that parents or guardians accompany students who wish to attend and that those who don't attend have normal classes to go to. There should be no reason why there would be a greater attendance at a funeral service under these circumstances than for any other tragic death at the school.

Step 8: Memorials

The school/college will want to think carefully about memorials for the individual who has died; to strike an appropriate balance between supporting distressed individuals and fulfilling the central purpose of providing education and learning. Some establishments have used a miniature artificial tree (and labels with string) to be left in a suitable place, offering a chance for individuals to leave a thought/memory/prayer for the individual on the branches of the tree. These messages can be passed to the bereaved family in a memory box when it is dismantled. It is important to set an appropriate time limit to the memorial and to strive to treat all deaths in the same way.

You may also suggest specific types of **safe creative memorialisation** for students, such as:

- Put together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organisations (e.g. an Out of the Darkness Walk) or hold a fundraising event to support a local mental health and wellbeing group/organisation
- Sponsor a mental health awareness day.
- Purchase books on mental health for the school or local library.
- Work to develop and implement a curriculum focused on emotional development and help-seeking behaviours.
- Raise funds to help the family defray their funeral expenses.
- Make a book or notecards available in the school office for several weeks, in which students can write messages to the family, share memories of the deceased, or offer condolences. The book or notecards can then be presented to the family on behalf of the school community.

Sending a card to the parents/family one year after the incident can also be a supportive gesture and one that may be well appreciated.

Online memorial pages (monitor and respond)

Social media sites, including the deceased's wall or personal profile pages, should be **monitored** to whatever extent possible for the following:

- Rumours
- Information about upcoming or impromptu gatherings
- Derogatory messages about the deceased
- Messages that bully or victimise current students
- Comments indicating students who may themselves be at risk

Responses should emphasise **safe messaging and dispel rumours**, reinforce the connection between mental illness and suicide, and offer resources for mental health care. In some cases, it may be appropriate to go beyond replying online, for example, to notify parents and local police about the need for security at late-night student gatherings.

It may also be necessary in some cases to **take action against so-called 'trolls'**, who seek out memorial pages on social media sites and post deliberately offensive messages and pictures. Most services (e.g. Facebook, Twitter, Instagram) have a report mechanism, or comparable feature, that enables users to notify the site of the offensive material and request that it be removed. The administrator of the memorial page may also be able to block particular individuals from accessing the site.

On occasion, schools may become aware of posted messages indicating that **another student may be at risk of suicide**. Messages of greatest concern are those suggesting hopelessness or referring to plans to join the deceased student.

In these instances, it may be necessary to alert the student's family and refer the student for immediate mental health support services. (See Appendix 3) for more information.

Step 9: Evaluation and follow-up

Consider **gathering the thoughts of the postvention team**, to evaluate the response, record key learning and adapt procedures accordingly.

Guidelines

Helping students cope

In the **aftermath of a suicide**, students and others in the school community may feel emotionally overwhelmed. This can make it difficult for the school to return to its primary function of educating students and can also increase the risk of prolonged stress responses and even suicide contagion.

A school's approach to supporting students after a suicide loss is most effective when it provides different levels of support depending on the students' needs. It is critical that an opportunity to meet in smaller groups be given to students in need of more in-depth support, augmenting the support given to all students. Please see Appendix 3 and Appendix 4 to identify the level and availability of mental health support available to you now.

Children or young people may not yet have learned how to **recognise complex feelings or physical indicators of distress**, such as stomach upset, restlessness, or insomnia. It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as in group and individual sessions. Schools can also help students balance the timing and intensity of their emotional expression.

Staff can use the information in the tool below, **Guidelines: Tips for talking about suicide** to help students understand and manage their emotions.

Suicide is the leading cause of death in young people, and yet, suicides can be prevented. Although suicide prevention training is available, no formal training is strictly necessary to provide crucial early support for someone.

Asking a **direct question** about thoughts of suicide can be difficult. Staff may feel worried about over-responding, but in truth, it is much better to over-respond than under-respond in the case of a potential suicide.

For many people, telling those close to them that they are experiencing thoughts of suicide can be incredibly difficult. How do we know if someone is thinking about suicide?

We cannot be certain without asking directly.

There are often **'signs' we can look out for** which indicate someone could be considering ending their life and it is time to ask.

Youth warning signs	What to do
<p>Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk of suicide:</p> <ul style="list-style-type: none"> • Talking about or making plans for suicide • Expressing hopelessness about the future • Displaying severe overwhelming emotional pain or distress 	<p>If you notice any of these signs in a student, take these recommended steps right away:</p> <ul style="list-style-type: none"> • Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact • Make sure the student is escorted to the schools mental health professional • Provide any additional information to the schools mental health contact that will assist with the assessment of the student
<p>Showing worrisome behavioural cues or marked changes in behaviour, particularly in the presence of the warning signs above. Specifically, this includes significant:</p> <ul style="list-style-type: none"> • Withdrawal from or change in social connection or situations • Changes in sleep (increased or decreased) • Anger or hostility that seems out of character or out of context • Recent increased agitation or irritability 	<ul style="list-style-type: none"> • Ask if the student is okay or if he or she is having thoughts of suicide • Express your concern about what you are observing in his or her behaviour • Listen attentively and nonjudgmentally • Reflect what the student shares and let the student know he or she has been heard • Tell the student that he or she is not alone • Let the student know there are treatments available that can help • If you or the student are concerned, guide him or her to additional professional help, or to call the Samaritans free anytime, from any phone on 116 123. They are available 24 hours a day, 365 days a year. • A charity dedicated to preventing male suicide, CALM has a free and anonymous helpline 0800 58 58 58 or use their web chat, 5pm-12am every day. • HOPELineUK is a confidential support and advice service for anyone under the age of 35 who may be having thoughts of suicide. Call 0800 068 41 41, text 07786209697 or email pat@papyrus-uk.org

Tips for talking about suicide

Suicide is a difficult topic for most people to talk about. The toolbox suggests ways to talk about key issues that may come up when someone dies by suicide:

Give accurate information about suicide	By saying
<p>Suicide is a complicated behaviour.</p> <p>It is not caused by a single event. In many cases, mental health conditions such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into peoples mind.</p>	<p>"The cause of [NAME]'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."</p> <p>"The effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."</p> <p>"Mental health problems are not something to be ashamed of. They are a type of health issue."</p>
Address blaming and scapegoating	By saying
<p>It is common to try and answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>"Blaming others or the person who died does not consider the fact the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."</p>
Do not focus on the method	By saying
<p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behaviour by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>"Let's talk about how {NAME}'s death has affected you and ways you can handle it."</p> <p>"How can you deal with your loss and grief?"</p>

Address anger	By saying
Accept expressions of anger at the deceased and explain that these feelings are normal.	"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behaviour and still care deeply about that person."
Address feelings of responsibility	By saying
<p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."</p> <p>"We cannot always predict someone else's behaviour."</p>
Promote Help-seeking	By saying
Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.	<p>"Seeking help is a sign of strength, not weakness."</p> <p>"We are always here to help you through any problem, no matter what. Who are the people you would go to if you to a friend were feeling worried or depressed or had thoughts of suicided?"</p> <p>"If you are concerned about yourself or a friend, talk with a trusted adult."</p>

In addition:

It might be helpful to invite **ELSA**s (where appropriate) or the **Education Psychology Service** to visit classrooms to:

- Give all students accurate age-appropriate information about suicide
- Prepare students for the kinds of reactions that can be expected after hearing about a peer's suicide death
- Provide them with safe coping strategies they can use to help them in the coming days and weeks
- Answer questions students may have and dispel any rumours

If the deceased student participated in sports, clubs, or other school activities, the first practice, game, rehearsal, or meeting after the death may be difficult for the other students. These events can provide further opportunities for the adults in the school community to help the students appropriately acknowledge the loss.

You will find contact details in Appendix 3 and Appendix 4.

When a parent/carer, sibling or significant person in a child or young person's life has died by (suspected) suicide

It is not known how many children and young people are bereaved by suicide in the UK but with 6,507 suicide deaths in the UK in 2018 (ONS), we know it's a significant number. Childhood bereavement charity **Winston's Wish** estimates that more than 9,000 children lose a parent to suicide every year in the UK, which equates to 25 every day. Those who witness the suicide, or find the body, can experience recurrent intrusive flashbacks and this can have a major impact on their ability to concentrate on schoolwork.

The suicide or attempted suicide of a parent/carer, sibling or other significant person can have a devastating impact on the life of a young person. Such **a loss poses significant risks to their own mental health**, increased risk-taking behaviour such as substance misuse and self-harm, and an increased risk of suicide. With timely support these risks can be mitigated. Schools and colleges can play an important role in providing that support, and those with existing relationships of trust are well placed to listen, provide reassurance, and help the young person access specialist support.

Here are some recommendations from Churchill Fellow Anna Wardley for professionals supporting children and young people after suicide bereavement:

1. Suicide grief is different, signpost to specialist support

Bereavement by suicide is **distinct from other types of death**, especially for young people due to the complex feelings of guilt, shame, abandonment, and the potential impact on self-worth when a primary caregiver dies by suicide. This can lead to complicated grief resulting in a long-term impact on mental wellbeing.

Focus on active listening, supporting the bereaved family and monitoring the young person for changes in behaviour. Signpost those impacted by suicide bereavement to specialist support. You can do this via the national helplines operated by **Winston's Wish** or **Child Bereavement UK**. (See Appendix 4)

2. Be accepting of all emotions

Suicide can result in a wide range of emotions in children and young people including:

- ambivalence towards the person who has died
- relief that the person died after suffering in lead-up
- guilt for being responsible
- shame for feeling relief
- anger towards the person who has died and/or surviving relatives
- regret at things left unsaid and not having opportunity to say goodbye

3. Support the whole family, not only the young person

Find out what the young person already knows and what they understand about the death, taking into account their developmental level. It's important to have empathy for everyone involved including the person who died. Find out what support is already in place and refer to support organisations such as **Winston's Wish** or **Child Bereavement UK** and publications such as **Help is at Hand** published by **Support After Suicide** and age-appropriate resources for the young person. (See Appendix 4)

4. Ask open questions and give space to listen

Practice active listening, ask open questions and make no assumptions about how the young person feels. Rather than saying: 'You must be so sad that your mum has died', opt for: 'how are you feeling?' Find out if the young person has someone to talk to about how they are feeling. You could ask: 'Can you talk to your dad about how you are feeling? Is there anybody else you can talk to?'

5. Promote truthfulness

Encourage the family to be honest about the deceased's cause of death and share with them the risks associated with non-disclosure of a suicide:

- deepens stigma and reinforces isolation
- eliminates opportunity for children to ask questions
- no access to postvention services and specialist support
- other survivors of suicide cannot offer kinship
- breaks down trust with surviving family members
- damage to relationships when truth inevitably emerges

6. Talk openly about suicide and mental health

Don't be afraid to talk about suicide, mental health and depression. It allows young people to express their feelings and ask questions in a safe environment. They will take a lead from you so create a **safe space** for them to talk about their feelings.

Be compassionate and provide reassurance. Tell the young person that s/he is loved, it is not his/her fault and that everyone is there to provide support.

7. Be aware that young people express grief differently to adults

Children and young people, unlike adults who stay with their grief, often jump in and out of their grief – this is sometimes referred to as '**puddle jumping**'. This is a **natural way** to protect themselves from being overwhelmed by powerful feelings.

8. Provide outlets for grieving and age-appropriate resources

Provide opportunities to express grief including through non-verbal means (art, music, etc) as well as a quiet space for 'time out' whenever required. A range of age-appropriate resources including books and DVDs are available to support children and their carers after suicide including several free online resources. See appendix 4.

Have a plan in place for supporting children after suicide and make sure everyone is aware of the role they will take.

9. Use non-judgmental and straightforward language, avoid euphemisms and the c-word

For example, 'he took too many tablets on purpose, and they stopped his heart working' or 'she died because she put something tight round her neck as she didn't want to live anymore'.

Avoid using expressions like 'he took the easy way out' or 'she was so selfish to do that to you'. Remember that you are criticising someone who the young person loves deeply.

It can confuse a child if you say, 'he's in a better place now' or 'she's gone away' or 'she's gone to sleep'. To help younger children understand that death is irreversible it is better to say the person has died or that the person's body has stopped working.

Avoid saying that the person 'committed' suicide. Research supports the use of 'die by' suicide or that the person has 'taken or ended his/her own life' as the verb 'commit' is often used in relation to crimes and sins, and its use is thought to reinforce stigma around suicide.

10. Avoid presenting suicide as a choice

Referring to the suicide of a parent/carer as a 'choice' can reinforce a young person's feelings of rejection and abandonment, as it frames it as a conscious decision to die.

The 'choice' to die by suicide is often not a choice in our normal understanding of the word. For someone in a suicidal state, it can feel like the only way to stop the unbearable pain of living.

Finally, one of the most **important roles for schools** and colleges is by providing the child or young person bereaved by suicide with a **familiar routine** and opportunities for normality. After a traumatic experience a young person can often **find comfort in their regular routine** at school or college and the 'normality' it provides away from the home. This can include taking part in sports clubs, being around **trusted adults, having fun with friends** and feeling loved.

When staff suspect or are advised that a student has made a suicide attempt

A suicide attempt is an act carried out by a person with the intention of ending their own life. There are 10 key actions that should guide the school response if this has happened at school.

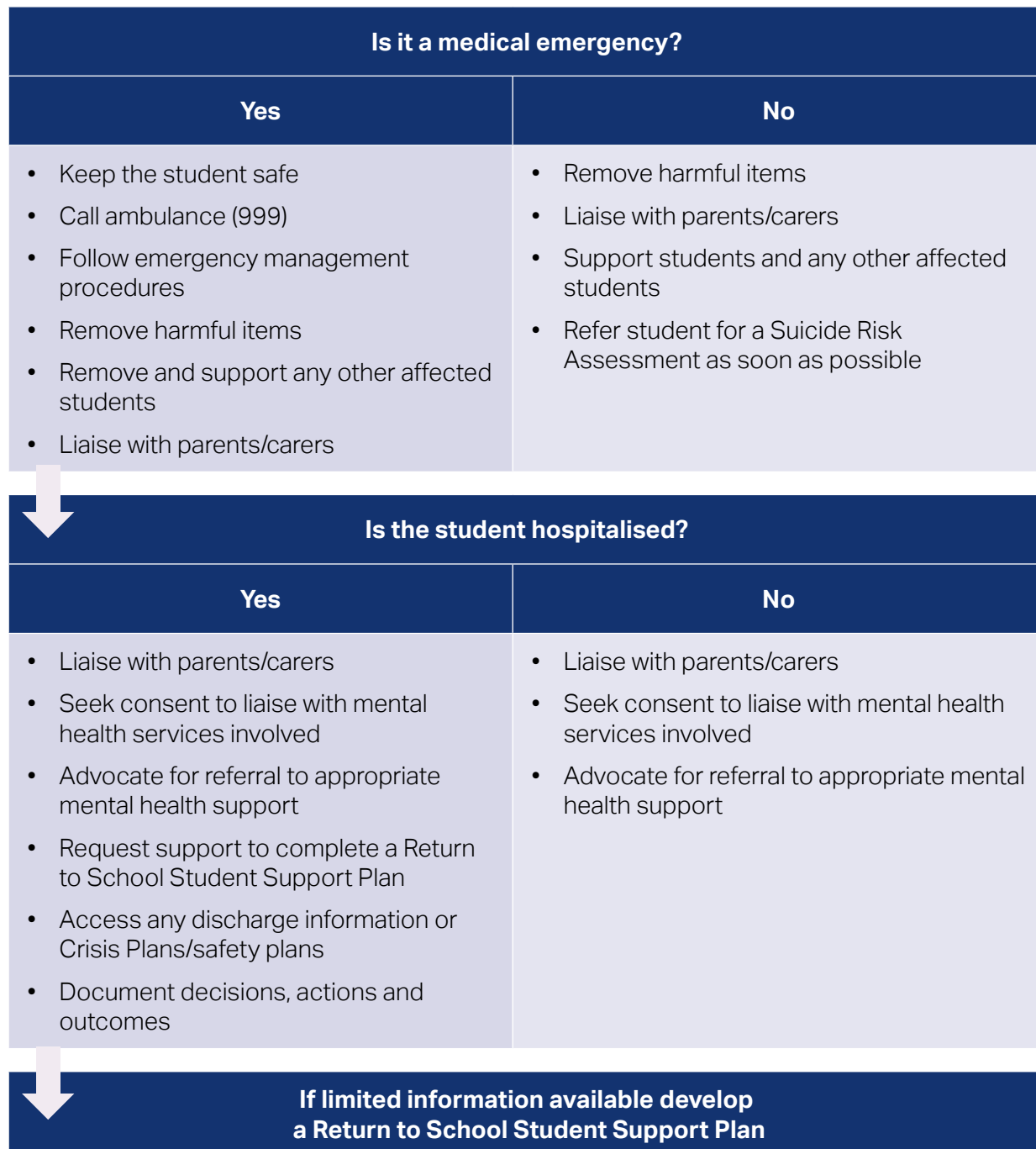
10 key actions:

1. Remain calm, non-judgemental, and caring.
2. Always communicate with the parents/carers of the student and any professionals involved in the care of the student.
3. The safety of the student and others is of vital concern when a suicide attempt occurs at school. Keep the student safe and supported, and take them to a safe, private place if they can be moved.
4. Call an ambulance if a student: – has taken a drug or medicine overdose or consumed poison – is seriously injured – is unconscious, confused, or disoriented – has bleeding that is rapid or pulsing.
5. Call the Police (999) if a student is disclosing intent to harm self or threatening to harm others or is so distressed that they are unmanageable in the school environment.
6. Respect the confidentiality of the student and consider the wishes of the student and their family when communicating about any suicide attempt.
7. Consider the impact of the event on others. Ask student wellbeing or school leadership to check safety and wellbeing of other students, classmates, bystanders and witnesses who may be impacted. Contact parents and carers of other students impacted and at risk, and advocate for support and suicide risk assessment being provided for these students.
8. Refer students appropriately based on assessment of support needs. Become familiar with the range of mental health and youth support agencies, programs and professions accessible by your school.
9. Inform and liaise with relevant authorities and agencies. Follow Emergency Management critical incident reporting protocols for your school, sector and region. Have student wellbeing or leadership follow up and liaise with hospital or mental health services, or any support service or program, about support planning, communications, and information sharing.
10. Consider the impact of social media on other students. Determine whether information about the attempt is on social media and if this is impacting on other students. The fact sheet *Managing social media following a suicide* provides tips on how best to manage this (available www.headspace.org.au/school-support) (Appendix 3)

The school's response to a suicide attempt is a process aimed at ensuring the immediate and ongoing safety, care, and support of a student at risk of suicide, as well as others affected by the situation.

Suicide attempt at school

Where school staff suspect that an incident may be a suicide attempt an assessment of risk should be carried out as soon as possible. This assessment will inform any further response required by the school to support the student:



A suicide risk assessment is used to determine how best to plan for the safety and care of a student at risk of suicide. A suicide risk assessment is a crucial step in the school response to a suicide attempt. It should only be undertaken by a trained professional (e.g. a mental health professional or a school staff member with suitable training). You may be able to refer students to **Education psychologists**. Other referral options for suicide risk assessments and advice are through **CAMHS**. (See Appendix 3)

Suicide attempt outside school

Did the student receive medical care or mental health support?	
Yes	No
<ul style="list-style-type: none"> • Liaise with parents/carers • Advocate for referral to appropriate mental health support 	<ul style="list-style-type: none"> • Liaise with parents/carers • Seek consent to liaise with mental health services involved • Liaise with any mental health service involved • Request support to complete a Return to School Student Support Plan • Document decisions, actions and outcomes

↓

If limited information available develop a Safety Plan

If a suicide attempt occurred outside of the school a student may return soon after this, or they may be away for a period of time. Either way once the school is aware of the attempt the school response should be initiated to ensure the student has the required support in place.

This **process** can also inform the school about the **current level of risk, any key risk factors** and importantly, what other support the student has available for **ongoing care**.

The key components of a school response to an attempted suicide:

- A Safety Plan can help the school to establish a safe and supportive learning environment for the young person.
- The development of the plan is a collaborative process between the young person, their parent/caregiver, the school, and any other key health agency involved the care of the young person.
- It outlines what situations the young person might find difficult, and how these can be managed in order for them to feel safe and supported.
- Key school staff involved with the young person should be given relevant information about how to assist the young person in class time or while on school grounds.
- They do not need access to the complete plan to do this – however should be provided with the information that affects how they approach or support the young person.

Regularly monitor student progress

Students should be **monitored regularly** with their **Safety Plans reviewed** and updated. This is good practice for when a student returns to the school community.

Self and staff care

Suicidal behaviour, by its very nature, can be distressing and often traumatising for school communities. Suicidal behaviour can affect school staff in profound and unpredictable ways, both professionally and personally.

It is essential that **school staff look after themselves and each other**. School leaders need to be aware that some staff members may have personal experiences and vulnerabilities which need to be considered in a school's response.

Consultation, review, debriefing, employee assistance and referral to support services are all important **support options** that could be considered. Knowing what support is available to you is key. There is a section in Appendix 3 of support services, both local and national.



Appendix 1: Sample Death Notification Statement for students

These statements are examples that can be modified by the principal or postvention team as needed.

Option 1: When the death has been ruled a suicide

(In the immediate aftermath, prior to the inquest, if the school/college sends out a communication like this straight after the event, it should refer to the death as a suspected suicide).

"I am so sorry to tell you all that one of our students, [NAME], has died. I'm also very sad to tell you that the cause of death is a suspected suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumours may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this."

(Appendix 3 and Appendix 4 for specific bereavement support support).

Option 2: When the cause of death is unconfirmed

"I am so sorry to tell you all that one of our students, [NAME], has died. The cause of death has not yet been determined.

We are aware there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling.

Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this."

(Appendix 3 and Appendix 4 for specific bereavement support. HIAH and Bereavement Support Service, due to go-live January 2022).

Option 3: When the family has requested the cause of death not be disclosed

"I am so sorry to tell you all that one of our students, [NAME], has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. If you'd like to talk to one of them, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this."

(Appendix 3 and Appendix 4 for specific bereavement support etc).

Appendix 2: sample Death Notification Statement for parents

This death notification statement is to be sent by the most efficient and effective method(s) for the school, including e-mail, text, printed copy sent home with students, or regular mail. It can also be posted on the school's website and social media accounts. If there is a resource about talking to students and children about suicide, it should be shared. It should be translated for parents who may know little or no English.

Option 1: When the death has been ruled a suicide

"I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends.

All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. Suicide is a very complicated act. Although we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. Suicide should not be a. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer. If you or your child needs help right away, in a medical emergency call 999. Outside of an emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544 for free, weekdays 9.30am–4pm.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents and others in the community at [DATE/TIME/LOCATION]. Members of our Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION].

Sincerely,

[PRINCIPAL'S NAME]"

Option 2: When the cause of death is unconfirmed

"I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends. All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.

The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumours may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. We will do our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. If you or your child needs help right away, in a medical emergency, call 999. Outside of an emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544 for free, weekdays 9.30am–4pm.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION].

Sincerely,

[PRINCIPAL'S NAME]"

Appendix 3: Getting help - mental health, wellbeing and postvention support

Please note, not all of these services provide suicide or traumatic bereavement support, please see Appendix 4 for comprehensive list of support and resources available for suicide-specific bereavement support.

The Samaritans Postvention Advisors

Call: 0808 168 2528

Email: stepbystep@samaritans.org

Portsmouth Educational Psychology Service

Go online: portsmouthlocaloffer.org/contact-us/

Email: SharedMailbox.EducationalPsychologyService@portsmouthcc.gov.uk

Portsmouth Mental Health Support Teams (MHST)

Deliver evidence-based early interventions for children and young people with mild to moderate mental health problems. This includes 1:1 high/low intensity CBT, work with parents and group work. Schools should make contact with MHST for consultation and support for MHST referral where appropriate.

Email: MHSTCamhsPortsmouth@solent.nhs.uk

The Samaritans 'Step by Step'

Service that provides practical support to help schools prepare for and recover from a suspected or attempted suicide: Step by Step | Samaritans

Managing social media following a suicide: Factsheet by Headspace

Go online: headspace.org.au/assets/School-Support/Managing-social-media-following-a-suicide.pdf

Child and Adolescent Mental Health Service (CAMHS)

If families or professionals are concerned that a young person is experiencing moderate to severe mental health issues which are ongoing and impacting daily life, they should contact CAMHS Single Point of Access for consultation and advice. CAMHS offer face-to-face, web based, and telephone support on a needs-led basis.

Available: Monday–Friday 9am–5pm

Call: 0300 123 6632

Help is at Hand guidebook

Gives support after suicide for adults and young adults - available to download or order free copies.

Go online: supportaftersuicide.org.uk/resource/help-is-at-hand/

Talking Change

Provides a range of therapies and treatments for those aged 16 and over dealing with common mental health difficulties. These can be in a 1-2-1 or group settings. You can refer yourself.

Call: 0300 123 39 34

Available: Monday to Thursday 8am–8pm, Friday 8am–5pm and Saturday 9am–1pm

Help to identify the level and availability of mental health support available now.

THRIVING	
Population health and well-being promotion and universal prevention	
Getting Advice and Signposting (Community / Education led)	<ul style="list-style-type: none"> • KOOTH • CAMHS SPA • Early Help & Prevention • School Pastoral Support • Emotional Literacy Support Assistants • Educational Psychology Service • Multi Agency Behaviour Support • Mental Health Support Teams • Little Blue Book of Sunshine • PCC Website Guidance
Getting Help (Health and VCS led)	<ul style="list-style-type: none"> • KOOTH • CAMHS SPA • Talking Change • Early Help & Prevention • School Pastoral Support • Educational Psychology Service • Multi Agency Behaviour Support • Mental Health Support Teams • 111
Getting Risk Support (Multi-agency Led)	<ul style="list-style-type: none"> • CAMHS (Team around the Worker approach) • Psychiatric Liaison • On-call Psychiatry 24/7 • Closer to Home Team • Tier 4 Hospitals
Getting More Help (CAMHS Led)	<ul style="list-style-type: none"> • Specialist CAMHS • CAMHS LAC,LD and YOT

Kooth

Provides an online emotional health and wellbeing service for ages 11–18

(up to age 25 for care leavers and those with an Education Health and Care Plan).

You can find **advice and guidance**, including advice from other young people who have experienced similar things. You can also speak to a counsellor via instant messaging. You don't need a referral; you can just visit Kooth.com and register anonymously.

The site is available 24/7, with counselling available 12pm–10pm on weekdays and 6pm–10pm on weekends.

The Little Blue Book of Sunshine

A guide for young people which **promotes self-help plus local and national support services**.

The Little Blue Book of Sunshine has tips on how to deal with problems such as anxiety, stress, body image, relationships, and anger, explaining what young people can do right now to feel better, and who to turn to if things feel too much. It is available for free from Google Play Books and Apple Books.

Appendix 4: Getting Help – CYP suicide bereavement support organisations and resources

A range of resources and support is available across the UK to support children, and those caring for them, after suicide bereavement.

Cruse Bereavement Support

Cruse offers a free and confidential service to anyone affected and bereaved by suicide, or suspected suicide in Portsmouth, Southampton, Hampshire and the Isle of Wight.

This includes individual support for children, young people and their families and support for schools.

Website: crusenow.org.uk

Email: crusenowiow@cruse.org.uk

Call: 0330 555 0129

Winston's Wish

The **UK's Childhood bereavement charity**, provides support after the death of a parent or sibling to those bereaved by suicide. Professional therapeutic help is offered in individual, group, and residential settings as well as through a national helpline, interactive website and several publications. They are able to provide bereaved children and their families with a range of support services, and offer training and consultancy to those working with children.

Helpline: 08088 020 021

Email: ask@winstonswish.org

Live chat via website: www.winstonswish.org

Child Bereavement UK

Supports children and young people up to the age of 25 and their families after bereavement – including by suicide. They provide confidential support, information and guidance to families and professionals.

How to access support from Child Bereavement UK:

Helpline: 0800 02 888 40

Email: support@childbereavementuk.org

Live chat via website: www.childbereavementuk.org/

Here is a selection of resources currently available:

Beyond the Rough Rock

Published by **Winston's Wish**, the Childhood bereavement charity, is a useful resource for those supporting children and young people after suicide bereavement.

Available via WH Smith, Blackwell's, and via shop.winstonswish.org/

Red Chocolate Elephants

A **book and accompanying DVD** compiled by Australian suicide bereavement expert Dr Diana Sands for primary-aged children after suicide loss. It is intended to be read with an adult. Available in the UK via Child Bereavement UK: www.childbereavementuk.org/shop/

Help is at Hand and Finding the Words

Two **free booklets** published by Support After Suicide, providing useful information and advice for families bereaved through suicide or other unexplained death. They are also helpful for those supporting them.

Available via their website at www.supportaftersuicide.org.uk/resource

A book just for me

A grief journal for children under 12 (with accompanying notes for parents) and **My grief journal** – for grieving teens are free, downloadable resources for children and teens bereaved by suicide, produced by StandBy Support After Suicide in Australia. These **books**, along with various **other online resources focused on supporting CYP** after suicide, can be downloaded via: www.standbysupport.com.au/resources/

Luna's Red Hat by Emmi Smid (Jessica Kingsley Publishers)

An **illustrated storybook** to help young children cope with loss and suicide. It is **suitable for children aged 6+** and is written for anyone working with or caring for children bereaved by suicide, including bereavement counsellors, social workers and school staff, as well as parents, carers, and other family members. Available via Amazon.

Rafi's Red Racing Car by Louise Moir (Jessica Kingsley Publishers)

An **illustrated book** for children aged 3 to 8 to help them come to terms with the loss of

a family member to suicide. The book includes a guide for adults on how to help a grieving child to heal after suicide bereavement. Available via Blackwell's.

Why did daddy end his life? Why did he have to die? By Samantha Pekh (Balboa Press)

A suicide bereavement book for children and parents. Written by a Canadian psychologist for **children aged 5 to 12**, this illustrated story provides a fictional character for children to relate to. The story guides children through the difficult emotions they may feel but often find difficult to express. The supplementary **guide for parents and caregivers** answers common questions and provides specific examples of how to talk to children about suicide. Available via Amazon.

Dougy Center in the USA

A world-leading **organisation supporting children** after bereavement and has some specialist resources related to suicide. A range of **books and DVDs** can be ordered online, including their **Activity Workbook: After a Suicide Death**, and several **free resources and podcasts** are available for download via: www.dougy.org

References

1. Postvention "is the term given to activities and programmes that are intended to assist those who have been bereaved by suicide to cope with what has happened. Suicide prevention and postvention are closely related in that postvention can also prevent further deaths." (p.3, New Zealand Ministry of Youth Development, 'Guidance for community organisations involved in suicide postvention', 2005) – taken from Help when we Needed it Most (Samaritans, 2017)
2. <http://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6381/42179103528.pdf>
3. http://www.samaritans.org/sites/default/files/kcfinder/files/HWWNIM_Feb17_Final_web.pdf



You can get this information in large print, Braille, audio or in another language by calling 023 9283 4472

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