8 OCT 2020

LEGISLATIVE COUNCIL
Question On Notice

See tabled paper.

Tuesday, 8 September 2020

3155. Hon Alison Xamon to the Minister for Education and Training

I refer to public school students who die by suicide, and I ask:
(a) are there any policies or guidelines for schools to follow in the event of the suicide of a student;
(b) if yes to (a):
  (i) will the Minister please table these documents; and
  (ii) what specific guidance is provided to schools about:
    (A) advising friends and classmates; and
    (B) sharing, circulating or publishing information about funerals or memorials;
(c) if no to (a), why not?

Answer

(a) Yes. There are guidelines for schools to follow in the event of the suspected suicide of a student, which are contained in the postvention section of the *Schools Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury.*

(b)(i) Yes. [Refer to Tabled Paper No.]

(b)(ii)(A) Information regarding advising friends and classmates is contained in the *Schools Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury* – section 3.1.5 – Vulnerable groups and individuals. As well as recognising the impact on young people at the school who knew the student, schools are asked to identify, monitor and follow up individuals who may be at increased risk of a traumatic reaction, including those who are close friends.

(b)(ii)(B) Information relevant to memorials and communicating information can be found in the *Schools Response and Planning Guidelines for Students With Suicidal Behaviour and Non-Suicidal Self-Injury* in section 3.1.6 – Permanent memorials and Section 3.1.2 – Language and Communication.

Guidance in Section 3.1.6 refers to the potential of a permanent memorial such as a plaque for providing a constant reminder of loss and the potential for contagion in discussion of the suicide. The guidance emphasises the importance of schools establishing consistent ways of responding to the death of a member of the school community.

Guidance in Section 3.1.2 – Language and Communication – advises that communications should be made carefully and with consideration of the wishes of the family of the deceased. Advice is also provided on where schools can access resources for further information on how to write or speak about suicide when communicating with the school community.

Guidance in Section 3.1.3 – School-based responses – advises that when planning school responses, consideration should be given to: family consultation regarding information provided to students and parent community, and liaising with agency and interagency supports.

The Emergency and Critical Incident Management Plan Template, section 3.1 – The Following Days and Longer Term Recovery provides a checklist of considerations for schools, including considerations for funeral attendance, with attention to the wishes of the family.

(c) Not applicable.

MINISTER FOR EDUCATION AND TRAINING

School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-injury

Government of **Western Australia**
Department of **Education**

AISWA
Association of Independent Schools of Western Australia

CATHOLIC EDUCATION
WESTERN AUSTRALIA

Acknowledgements

The Department of Education would like to acknowledge the work of the Response to Suicide and Self-Harm in School Program Advisory Group in the production of this publication.

With thanks to:
Mental Health Commission of Western Australia
Ministerial Council for Suicide Prevention
Association of Independent Schools WA
Catholic Education WA
Child and Adolescent Mental Health Service
Youth Focus

Updated September 2018

Department of Education
151 Royal Street
EAST PERTH WA 6004

Contents

SECTION 1
School response to suicidal behaviour and non-suicidal self-injury

"Every life lost to suicide is one too many; we must all work together to prevent these tragic events."

Suicide Prevention 2020: Together we can save lives
Mental Health Commission, Government of Western Australia

1.1 Introduction

Maximising the social and emotional outcomes for students by providing engaging, safe and supportive learning environments is a priority for all school staff. Many children and young people will navigate their school years with minimal concerns regarding their own mental health and wellbeing.

Primary and secondary school staff need to be mindful, however, that some children and young people will experience emotional and/or psychological distress during their school years, and that some children are exposed to trauma and cumulative harm.

These factors, amongst others, could lead to an increase in the risk of mental health problems and, in some cases, suicidal behaviour and/or non-suicidal self-injury (NSSI). It is therefore of significant concern when suicide and self-harming behaviour is seen in students and it is important to take action.

Schools and school staff can promote the mental health and wellbeing of students and members of their communities.

The World Health Organization defines mental health as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community[1].'

A whole-school approach to mental health and wellbeing may include implementing frameworks and processes such as the National Safe Schools Framework or the beyondblue Mental Health in Education program incorporating Kidsmatter and Mindmatters. It may involve organising social and emotional programs such as Friendly Schools Plus, Promoting Alternative Thinking Strategies (PATHS) and Aussie Optimism and promoting programs to reduce the stigma of suffering from poor mental health and encouraging help seeking such as Youth Mental Health First Aid for staff and teen Mental Health First Aid for students. These initiatives raise awareness, promote positive relationships, reduce stigma, develop helpful coping strategies and instill values such as care for self and others.

As children and young people spend a significant amount of time at school, teachers and support staff are able to observe and identify changes in behaviour and notice other signs that may indicate concerns for student mental health and wellbeing. They play an important role in identifying as well as supporting individual students who are distressed and may be at risk of suicidal behaviour and/or NSSI.

Schools can also play a critical role in supporting a student in their recovery following disclosure of suicidal behaviour or NSSI.

These guidelines are designed to support school staff to identify and respond to suicidal behaviour and/or NSSI in students.

This document should be used in conjunction with existing school-based policies and in consultation with professionals who have specialist knowledge in the area of mental health.

These guidelines complement, but do not replace, skills and knowledge gained through attending mental health awareness training such as Youth Mental Health First Aid and Gatekeeper Suicide Prevention workshops.

1. World Health Organization (2016). *Mental health: strengthening our response* (fact sheet - Updated April 2016). Retrieved from World Health Organization website: http://www.who.int/mediacentre/factsheets/fs220/en/

1.2 Indicators of concern

Most people considering suicide give signs that they are not coping. Ignoring or interpreting these signs as attention seeking can be detrimental to the person as they may have difficulty expressing their needs openly to those who can assist. A number of young people, however, may show no observable signs.

School staff may observe behaviours or sudden changes in a student that may indicate they are stressed or distressed. If staff have concerns regarding a student it is important to consult with appropriate school staff to ascertain if further actions need to be taken to support the individual.

Some examples of common indicators of concern are:

- changes in activity and mood
- poor emotional regulation
- history of trauma
- decrease in academic performance
- difficulty concentrating and/or making decisions
- disclosure of persistent thoughts about death and/or suicide
- negative view of self and/or world
- significant tiredness and/or loss of energy
- significant grief and loss issues
- alcohol and/or other drug use
- peer conflict or withdrawal
- risk-taking behaviours
- persistent or sudden absence from school
- sudden weight loss or gain
- change in appearance (no care for clothes, hair, makeup, etc)
- unexplained injuries such as cuts, burns, bruises
- wearing long sleeves or covering up (not due to religious or cultural reasons)
- changes in eating and/or sleeping.

This is not an exhaustive list and any changes could be a cause for concern.

1.3 Definitions

Suicidal behaviour includes suicidal ideation, suicide attempts and suicide.

- **Suicidal ideation** refers to an individual's thoughts about ending their life.
- **An attempt** refers to an individual harming themselves with the intent to die but not resulting in death.
- **Suicide** is a deliberate act to end one's life resulting in death. This is usually termed 'death by suicide' or 'suicided'.

Of the people who think about suicide, a proportion will go on to attempt suicide; a much smaller number will take their own life.

In Australia, suicide was the leading cause of death for children aged between 5 and 17 years in 2015.[2]

2. Australian Bureau of Statistics (2016). *Causes of Death, Australia, 2015 (Cat no. 3303.0)*. Retrieved from AusStats: http://www.abs.gov.au/ausstats

Non-Suicidal Self-Injury (NSSI) is considered to be a deliberate act to harm oneself without the intent to die and is aimed at reducing uncomfortable or distressing emotions. The behaviour is often repetitive in nature.

NSSI is often referred to as self-harm. Common methods of NSSI can include cutting, scratching and/or picking skin, burning, pulling hair and hitting objects or oneself. Injuries from NSSI can vary from very mild to severe.

Recent research indicates that NSSI is a significant issue, with 17.2% of adolescents reporting that they have engaged in NSSI at some point.[3]

It is difficult to determine without thorough assessment whether an individual's behaviour is a result of suicidal behaviour or NSSI. To add to the complexity, NSSI and suicidal behaviour can occur at the same time.

1.4 Direct or indirect disclosures of suicidal behaviour or NSSI

Any suspicion or evidence of suicidal behaviour or NSSI should be taken seriously and followed up appropriately.

This may include a trained professional completing a risk assessment. A **risk assessment** requires the assessor to question and explore the thoughts, feelings and actions of an individual to gain an understanding of their current situation, ascertain suicide risk at the present time, actions to maintain safety and to plan ongoing support needs.

At no time can staff maintain absolute confidentiality with a student who has disclosed suicidal behaviour or NSSI.

A student's suicidal behaviour or NSSI may come to the attention of school staff through either direct or indirect means.

A **direct disclosure** is when a student informs a school staff member of any feelings, thoughts or actions associated with suicidal behaviour or NSSI. This may include verbal disclosure or disclosure through a curriculum task such as an English essay or a piece of artwork where there has been an expression of suicidal behaviour or NSSI.

An **indirect disclosure** is when information or concerns for a student are brought to the attention of a staff member by a third person such as another student, school or community member.

1.5 Guidelines for staff

1.5.1 Establishing roles and responsibilities

Clearly identifying the roles and responsibilities of staff in detecting and responding to suicidal behaviour and NSSI is an important part of school response and planning.

It is useful for all school staff to have an awareness and understanding of the mental health issues facing young people and the processes in place in the school and system to manage and care for a student reporting suicidal behaviour or NSSI.

Preparing in advance and clearly establishing communication pathways to include identified school staff, responsibility for case coordination and school wide staff education about suicidal behaviour and NSSI enhances coordinated school responses.[4]

The term **'nominated staff member'** is used for the school-based staff member/s who need to be informed. The nominated staff member will vary from school to school and may include, for example, the principal, deputy principal, student services or other support staff, class teacher or a combination of these. The nominated staff member should be the most available and appropriate staff member for a student. It is often not suitable to identify school staff members who are not routinely on site.

3. Swannell, S., Martin, G., Page, A., Hasking, P., & St John, N. (2014). Prevalence of Non-Suicidal Self-Injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior, 44(3)*. DOI: 10.1111/sltb.12070
4. Hasking, P., Heath, N. (2016). Position paper for guiding response to non-suicidal self-injury in schools. *School Psychology International 37(6)*. DOI: 10.1177/0143034316678656

Training in Gatekeeper Suicide Prevention and/or Youth Mental Health First Aid is encouraged for all staff, particularly nominated staff members. Nominated staff members should also have links with the school psychologist and/or other professionals or para-professionals trained in suicide risk assessment for consultation and referral where required.

1.5.2 Responding to disclosures

If a student discloses suicidal behaviour or NSSI, calm, caring and non-judgemental responses are most effective. The staff member should listen and reassure the student that talking about their feelings is positive and helpful. It is not helpful and may be harmful to express overly emotional responses such as pity, anger and disgust or by taking punitive action. It is critical that the student is linked to appropriate support and safety is maintained.

Example of teacher's response following a disclosure

- **Secure** an appropriate place to discuss concern.
- **Summarise** the information the student has disclosed - "I appreciate it is difficult to let me know these thoughts and feelings. So what you're telling me is…. Have I got that right?"
- **Link** the student to appropriate support - "We need to support you and understand better what's going on, so I'm going to discuss this more with (appropriate staff member)."
- **Negotiate** with the student remembering that staff are not able to maintain absolute confidentiality with a student who has disclosed suicidal behaviour or NSSI and that it is important that the concern is reported and followed up by an appropriate staff member - "There are a few people we can go to….who would you rather?" "How does that sound?"
- **Document** the disclosure using the student's own words where possible.

1.5.3 Direct disclosures

Student directly discloses suicidal behaviour or NSSI to staff member.

The staff member listens and responds to the student in a calm, caring and non-judgemental way. If the student discloses during a lesson/in front of peers, the teacher is advised to protectively interrupt and follow-up with the student individually. This should happen without delay and may include directing them gently away from peers, following up at an appropriate gap in teaching or at the end of the current lesson. The staff member is to inform the student that the information cannot be kept confidential so they can be supported.

If the disclosure indicates that the student is at **imminent** risk, the staff member keeps the student safe and informs the principal (or nominee) **immediately**. The staff member does not leave the student unsupervised. The principal (or nominee) contacts the parent/guardian and if necessary contacts emergency services (000) and follows emergency management procedures.

In all other cases, the staff member supports the student's safety by:

- accessing emergency assistance or taking the student to receive first aid if injured
- linking the student to the 'nominated staff member' – judge whether to take the student immediately or following current class/activity. This needs to occur as soon as practical following the disclosure.

Where there is an existing plan in place to increase safety for a student (commonly referred to as a Risk Management Plan or RMP), the staff member follows actions as outlined.

The staff member identifies and supports peers who may have been impacted by the disclosure.

The staff member documents their actions and confirms that the school's documentation processes are followed.

1.5.4 Indirect disclosures

Staff member is informed of concern regarding student suicidal behaviour or NSSI by a third party (may be information from another student, school or community member).

The staff member advises that the information cannot be kept confidential as the student will need to be supported.

The staff member checks in with the individual who made the indirect disclosure, offers support and provides them with emergency contact details (see Appendix 2 - Emergency and consultation contacts for parents/guardians/student support). The staff member reassures the individual that they have taken the right action by informing a staff member of the concern.

If disclosure indicates that the identified student is at **imminent** risk, the staff member takes steps to locate and keep the student safe and informs the principal (or nominee) **immediately**. The principal (or nominee) contacts the parent/guardian and if necessary contacts emergency services (000) and follows emergency management procedures.

In all other cases, the staff member supports the student's safety by:

- checking the student is at school and in class by following normal school processes
- informing the nominated staff member as soon as practical following the disclosure.

Where there is a RMP in place, the staff member follows actions as outlined.

The staff member documents their actions and confirms that the school's documentation processes are followed.

Calm, caring and non-judgemental responses are most effective when a student discloses suicidal behaviour or NSSI.

1.6 Procedures for nominated staff members following a disclosure

Following a report of a direct or indirect disclosure the nominated staff member may take the following actions, where there is not already an existing Risk Management Plan (RMP) in place:

- Follow-up with the disclosure as soon as practical.
- Gather further information from the student and/or others as necessary. Any contact with the student is completed respectfully and discreetly. The nominated staff member discusses with the student the limits to their confidentiality in a supportive manner and the likely actions to be taken (such as informing the parent/guardian).
- Consult with appropriate staff to determine actions to be taken. This may include discussion with a colleague in administration and/or student services as well as a professional who has specialist knowledge in the area of suicide risk assessment (such as the school psychologist, school counsellor, nurse or chaplain) or consult with CAMHS by calling *Urgent mental health telephone support for children and families* (see Appendix 1 - Emergency and consultation contacts for staff).
- Contact the parent/guardian about the concern. Identify appropriate contacts through current enrolment information after checking the system for family information such as court orders. When contact with the parent/guardian occurs emphasise the importance of a supportive response to their child's disclosure.
- Offer assessment for the student to the parent/guardian if possible. Note: where there is a direct disclosure to a staff member trained in risk assessment, the staff member may have completed the assessment prior to contacting the parent/guardian.
- Should a trained staff member not be available and the concern following consultation is thought to require additional intervention,

recommend further external assessment. Depending on the nature of disclosure this may include consultation with *Urgent mental health telephone support for children and families* service, hospital emergency department, doctor or mental health service (see Appendix 1 - Emergency and consultation contacts for staff).

- Arrange ongoing monitoring of the student and provide the parent/guardian with emergency response numbers (see Appendix 2 - Emergency and consultation contacts for parents/guardians/student support).
- Should the parent/guardian not be contactable via telephone, utilise other emergency contacts on the school system. If it is not possible to make contact with a suitable person, consult with relevant staff before taking further action. Depending on the urgency of the situation and the nature of the disclosure, this may include contacting the Department of Communities, Child Protection and Family Support (CPFS); consulting with *Urgent mental health telephone support for children and families*; conducting a home visit; and/or contacting police.
- Confirm that the school's actions are documented.

1.7 Where a risk assessment is completed at school

The nominated staff member links the student with a staff member trained in suicide risk assessment (eg student services personnel, school psychologist, school counsellor, chaplain, school based nurse).

The staff member conducting the risk assessment discusses the limits of confidentiality before the assessment. It is important that the student is aware that information is shared for the purpose of keeping them safe by engaging appropriate supports. Where possible, the nominated staff member should check in with the student and keep them informed of actions taken. Avenues for guidance and support in completing a risk assessment can be identified by individual schools.

In public schools, this support is available through their school psychologist and Lead School Psychologist.

The staff member conducting the risk assessment provides the student with emergency contact details such as e-headpace, Kids Helpline 1800 55 1800, Lifeline 13 11 14 (see Appendix 2 - Emergency and consultation contacts for parents/guardians/student support) and checks they are aware of responsible adults who can support them at the school, in the community and at home.

The staff member who conducted the risk assessment notifies the parent/guardian of concerns and recommendations including:

- ongoing monitoring of the student
- providing emergency response numbers
- linking the student with appropriate services through referral (see resource list)
- consulting with *Urgent mental health telephone support for children and families* on 1800 048 636
- recommending the student is taken to a hospital emergency department for assessment.

The staff member who conducted the risk assessment checks in with the student to discuss actions taken and determines if further support is required.

If the student is being taken for further assessment (eg to hospital) the staff member who conducted the risk assessment contacts the agency and provides relevant information. The staff member also documents relevant information and provides this to the agency in writing, fax or email. Where possible, the staff member obtains consent from the parent/guardian before this occurs.

1.8 Limited parent/guardian support

Reiterate concerns to the parent/guardian and the need for ongoing monitoring of the student and provide the parent/guardian with local emergency response numbers.

Consult with the principal (or nominee). Below is a list of actions the principal may take.

- Consult with appropriate staff such as school psychologist, school counsellor, school based nurse. Public schools are also able to contact Lead School Psychologists, the Child Protection Support Team and/or regional office). Contact the parent/guardian directly to reiterate school's concerns and recommendations for follow up.
- Send a formal letter to the parent/guardian documenting concerns and recommendations including information on support services and emergency response numbers.
- Inform the parent/guardian that Department of Communities, Child Protection and Family Support (CPFS) will be advised depending on the nature of the case
- Contact CPFS depending on the nature of the case.

Confirm that the school's actions are documented.

1.9 Concerns about contacting parent/guardian following disclosure

- Consult with the principal (or nominee).
- Consult with appropriate staff for advice to determine actions to be taken (eg school psychologist, school counsellor, school based nurse. Public schools are also able to contact Lead School Psychologists, the Child Protection Support Team and/or regional office).
- Consult with and/or refer to CPFS if there is reason to believe that notifying the parent/guardian will put the student at greater risk.
- Take actions based on advice received through consultation.

1.10 In all cases

Actions to be taken by nominated staff member in collaboration with support and administration staff.

- Update the principal (or nominee) on actions and outcome as required.
- Follow-up with and offer support to any students and staff impacted by disclosure/incident.
- Make staff aware of the potential impact of social media use and monitor this where possible.
- Where the student is already a client of an external service provider, inform them of the incident/disclosure. Where possible, obtain consent from the parent/guardian if this has not occurred already.
- Liaise with parent/guardian and check that agreed actions such as an external risk assessment or referral has occurred, where appropriate.
- Develop a risk management plan (RMP) in consultation with relevant staff (school staff, family, student, external agency) or review an existing RMP; and inform or update relevant teachers so they can manage the safety of the student when they return to class.
- Distribute the RMP to contact staff.
- Where necessary, organise a return to school meeting and include relevant school staff, parent/guardian, external support agencies and student (as appropriate).
- Review the RMP on an ongoing basis and when there is any significant incident or perceived change in risk that may impact on management of risk at the school level.
- Confirm that the school's actions are documented.
- Public schools consider whether an Online Incident Notification (OIN) needs to be lodged.
- Consider self-care and determine whether an opportunity to debrief with a colleague or access to professional support is needed.

1.11 Additional considerations for schools

Schools exist in a range of contexts with students engaging in many different activities on and off the school site throughout the day. The specific needs of a young person at risk of suicidal behaviour and non-suicidal self-injury (NSSI) must be considered within an understanding of their unique environment and individual differences when responding to and planning for cases of suicidal behaviour and NSSI. Following are some additional considerations for schools:

1.11.1 Students with chronic suicidal behaviour and/or non-suicidal self-injury

- Engage in a case management process which gives consent to ongoing collaboration with the parent/guardian and any interagency partners. Include regular reviews.
- Establish information channels which can alert the parent/guardian and any interagency partners to changes in presentation and significant incidences that impact on management of risk.
- Coordinate actions through sharing student centered plans including risk management plans.
- Identify and support peers and/or staff that may be impacted on an ongoing basis.
- Consider potential social media activity and respond as necessary.
- Consider the heightened vulnerability of students with chronic suicidal behaviour and/or NSSI if there is a student death by suspected suicide at the school or in the community.
- Be aware that parents/guardians may also need to access ongoing support.

1.11.2 Aboriginal and Torres Strait Islander students

The term 'Aboriginal' respectfully refers to Aboriginal and Torres Strait Islander people.

Suicide is the leading cause of death in young Aboriginal people. Suicide rates are four times higher than non-Aboriginal people in the 15 to 19 years age group.[5]

- Understand that the high rate of Aboriginal youth suicide is attributed to complex and interrelated factors including historical and political factors, economic and educational disadvantage, social determinants including racism, disproportionate exposure to grief and loss, loss of traditional cultures and languages, as well as the impact of intergenerational trauma. These factors result in Aboriginal people having consistently higher levels of psychological distress than other Australians.[6]
- Understand the importance of increasing protective factors such as health and wellbeing, social and emotional competencies and emotional regulation[7], connection to culture and land in the prevention of and recovery from suicidal behavior and NSSI for Aboriginal and Torres Strait Islander students.[8]
- Understand that, for Aboriginal children and young people, culture plays a key role in their development, identity and sense of belonging, and promotes wellbeing and resilience. Nurturing a strong sense of cultural identity in Aboriginal children and young people and providing opportunities to practice their culture can assist in developing positive health and wellbeing.[9]

5. Dudgeon, P., et al. (2016). *Solutions that work: What the evidence and the people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.* University of Western Australia, Perth.
6. Dudgeon, P., et al. (2016).
7. Education and Health Standing Committee (2016). *Learnings from the message stick. The report of the Inquiry into Aboriginal youth suicide in remote areas.* Parliament of Western Australia, Perth.
8. Dudgeon, P., et al. (2016).
9. Commissioner for Children and Young People Western Australia (August 2015). *"Listen to us": Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery.* Retrieved from: https://www.ccyp.wa.gov.au/our-work/resources/aboriginal-and-torres-strait-islander/

- Understand the importance and value of incorporating culturally responsive behaviours, practices and attitudes when engaging with Aboriginal students, their parents, families and in the management of student suicidal behavior and NSSI.
- Public schools can consider using the Aboriginal Cultural Standards Framework[10] and the Department's online Aboriginal Cultural Appreciation training to guide the incorporation of culturally responsive practices into their everyday work and strengthen knowledge and understanding of Aboriginal histories, languages and cultures.
- Understand that for many Aboriginal students, Standard Australian English is an additional language/dialect. Consider the need to seek the support of an Aboriginal person, and/or significant adult familiar with the student's language and cultural background, as part of the communications, engagement and referral process.
- Develop familiarity with the Aboriginal and Torres Strait Islander Suicide Prevention and Evaluation Project (ATSISPEP) Program Evaluation Framework[11] in selecting appropriate programs and strategies in the prevention of suicide and postvention following a death by suicide.

1.11.3 Culturally and Linguistically Diverse students

- Understand the importance of familiarity with culturally responsive practices when engaging with culturally and linguistically diverse students and their parents, families and communities in the management of student suicidal behaviour and NSSI.
- Consider the need to seek the support of a person who is connected with the student's language and cultural background as part of the communication, engagement and referral process.
- Consider using the translating and interpreting service where the student has a language background other than English.
- Consider cultural competency training for staff to assist in working effectively and to develop an understanding of cultural diversity.
- Consider utilising the online *Diverse WA Cultural Competency Training* (accessible to public school personnel via the portal) for staff to strengthen their knowledge and understandings.

1.11.4 Lesbian Gay Bisexual Trans Intersex Queer and other sexuality

Young people identifying as LGBTIQ can experience increased vulnerability due to discrimination and exclusion. This can take the form of peer rejection, bullying, lack of family support, physical and verbal abuse, school issues and homelessness.[12] Many LGBTIQ people have also been affected by suicide deaths, attempts and ideation of friends, family and the wider community.[13]

- Understand that young people with same-sex attraction attempt suicide at six times the rate of their heterosexual counterparts[14] and young people who identify as transgender at 20 times the rate[15].
- Understand that same sex attracted, gender diverse and gender questioning young people experience high levels of homophobic verbal and physical abuse most commonly (80%) in schools.[16]

10. Department of Education Western Australia (2015). *Aboriginal Cultural Standards Framework.* Retrieved from http://www.det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/strategic-documents/aboriginal-cultural-standards-framework-.en?cat-id=3457058
11. Dudgeon, P., et al. (2016). *Solutions that work: What the evidence and the people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.* University of Western Australia, Perth.
12. Rosenstreich, G. (2013). *LGBTI People Mental Health and Suicide.* Revised 2nd Edition. National LGBTI Health Alliance. Sydney. Retrieved from beyondblue: https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2
13. National LGBTI Health Alliance (2016). *Snapshot of mental health and suicide prevention statistics for LGBTI people.* Retrieved from http://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf
14. Rosenstreich, G. (2013).
15. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.* Telethon Kids Institute, Perth, Australia.
16. Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing themselves in 3: the third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people.* Australian Research Centre in Sex, Health and Society, La Trobe University.

1.11.5 Children exposed to cumulative harm

- Understand that trauma, especially early childhood trauma, and harm accumulate risk in children for future mental ill health and suicidal ideation and behaviours, and NSSI.
- Understand that those children who have been exposed to trauma previously in their lives may require special consideration in risk management planning as they may become distressed and unable to regulate their emotions more readily, or present their distress differently.
- Identify, through trauma informed practice, the difference in response to triggers or stressors in the environment and time it takes to regulate emotions for young people exposed to trauma and take this into account when establishing a Risk Management Plan (RMP).

1.11.6 Children in care of the Chief Executive Officer of Dept of Communities, Child Protection & Family Support

- Understand when a child is in the care of the Chief Executive Officer of Department of Communities, Child Protection and Family Support (CEO of CPFS), they are the legal guardian. Children in the care of the CEO of CPFS are often vulnerable and at greater risk of poor educational outcomes than their peers.
- Inform the student's CPFS case worker when there is a concern for a student in the care of CEO of CPFS regarding suicidal behaviour and/or NSSI. The school and CPFS should collaborate in the development of a risk management plan.
- Inform the student's foster carer when there is a concern for a student in the care of CEO of CPFS regarding suicidal behaviour and/or NSSI. This may occur prior to, concurrently, or after the contact with the case worker depending on individual circumstances.

1.11.7 Students with a disability

- Understand that young people with a disability are more likely to have mental health problems compared to those without a disability.[17]
- Seek consultation, where possible, with a professional who has specialist knowledge of the specific disability before intervention.
- Consider the functional needs of the student when discussing a disclosure and/or when providing support.
- Utilise information regarding the disclosure from the parent/guardian and/or other relevant adults such as the teacher in addition to information from the student when deciding on supporting actions.

1.11.8 Primary schools

- Understand that suicidal behaviour and NSSI can occur in primary school aged children.
- Consider the developmental needs of the student when discussing a disclosure and/or when providing support.
- Utilise information regarding the disclosure from the parent/guardian and/or other relevant adults such as the teacher in addition to information from the student when deciding on supporting actions.

1.11.9 Students 18 years and over

- Identify services to support students over 18 years old (eg adult mental health services).
- Identify and maintain current emergency contact details for students over 18 years old.
- Understand that emergency contacts may not be the student's parent/guardian.
- Understand that interventions might require negotiation but that duty of care held by the school continues in this age group.

17. Dix, K., Shearer, J., Slee, P. & Butcher, C. (2010). *KidsMatter for students with a disability: evaluation report.* Ministerial Advisory Committee: Students with Disabilities, The Centre for Analysis of Educational Futures, Flinders University.

1.11.10 Rural and remote schools

- Identify emergency response numbers and after-hours mental health services in the local area. In some remote communities, mental health services work out of community clinics.
- Identify and utilise interagency partnerships to develop coordinated actions in regions where mental health services are unavailable or unreachable.

1.11.11 Excursions and camps

- Recognise the importance of participation in co-curricular activities for young people with mental health issues including suicidal behaviour and NSSI.
- Develop a plan for managing disclosures of suicidal behaviour and/or NSSI when off-site.
- Include strategies from an existing RMP for use in the management of an individual student during offsite events.
- Following a disclosure at an offsite event, consider access to means to harm and adequacy of supervision when a student remains at this event.

1.11.12 TAFE and workplace learning

- Recognise the importance of participation in offsite education opportunities for young people with mental health issues including suicidal behaviour and NSSI.
- Students on a RMP at school require consideration and further planning to extend the RMP beyond the school setting.
- Have clear, pre-organised contact pathways for the external education provider to contact parent, guardians or mental health provider if required.
- Share information as required with the external education provider, to ensure safety of the student.

1.11.13 Residential colleges

- Use the guidelines to develop a plan for managing disclosures of suicidal behaviour and/or NSSI that addresses issues that may arise outside school hours.
- Identify emergency response numbers and after-hours mental health services in the local area.
- Establish clear enrolment processes which include transition planning and support for identified at risk students.
- Establish clear communication processes between the residential campus, school and the student's family and possible supporting actions in the case of a student mental health crisis.
- Consider the impact of distance from family, peers and community, adaptation to a new living environment, peers and staff and changed responsibilities and expectations which come with boarding at a residential college facility when deciding on supporting actions.

1.11.14 Disclosure by staff member/parent/guardian/community member

- Maintain accurate and current emergency contacts for all staff.
- Understand that disclosures by a staff member, parent, guardian or community member requires action.
- Contact emergency contacts if necessary.
- Identify and provide appropriate support services including Employee Assistance Provider details if it is a staff member.
- Liaise with school administration teams if concerned about employee practices or safety.

Any evidence of suicidal behaviour or NSSI needs to be taken seriously and followed up appropriately.

1.12 Addressing the issue/topic of suicide in schools

1.12.1 Reference to suicide in schools and classrooms

- The topic of suicide is best addressed in the context of whole school mental health and wellbeing education. Programs that aim to improve general mental health and wellbeing at the individual and organisational level, promote help seeking behaviour and reduce stigma associated with all mental health issues are useful in addressing the issue of suicide and suicidal behaviour in schools.
- Programs specifically addressing suicide or 'stand-alone' programs are considered less effective than programs which recognise and work within a mental health promotion framework at a system and school level.
- Whilst it is important to inform and educate audiences through guiding safe and effective conversations about suicide,[18] we are not always aware of individuals affected by suicide and those for whom focused attention to the issue of suicide could be distressing.
- Conversations and presentations regarding suicide in any public forum, including schools and school groups, require careful monitoring for impact on young people with underlying and unidentified vulnerabilities.
- Presentations to student groups in schools require careful consideration within the usual context of whole school curriculum planning.
- It may not always be appropriate for presentations which may trigger a discussion about suicide to occur in schools given contextual factors such as a recent death believed to be by suicide, recent exposure to suicide attempts or non-suicidal self-injury. When considering any program for students, including on the topic of suicide, it is useful to consider the evidence supporting the program and whether the program does achieve its purported outcomes.
- Understand that conversations about suicide may arise in the context of the broader curriculum of mental health and wellbeing including references to suicide in literature, classroom discussions, novels, films, suicide prevention specific programs or similar.[19] When this occurs, avoid normalising or glamorising suicide, emphasise that there are better options than suicide, empower young people to seek appropriate help and avoid increasing knowledge about methods of suicide and their lethality.

1.12.2 Screening tools/measures whole group/school

- The recommended approach for identifying vulnerable individuals is individual psychosocial assessment[20], such as the Gatekeeper risk assessment framework or similar, which can be undertaken by a range of school based personnel. To complement this approach, information and support in accessing school based and community services should be provided to encourage help seeking and facilitate access to services for students who may not be otherwise identified.
- The use of screening tools and measures is sometimes considered by schools as a means of identifying young people at risk of suicide who have not sought help or are not already receiving services.
- However, these measures can only provide a snapshot of an individual's wellbeing. Suicide risk is not static, it can change over time and is sensitive to dynamic factors such as stressors and precipitating events.

18. Conversations Matter (2017). *Core principles for guiding community conversations.* Retrieved from http://www.conversationsmatter.com.au/professional-resource/core-principles
19. Conversations Matter (2017). *Group discussions about suicide prevention.* Retrieved from http://www.conversationsmatter.com.au/resources-community/group-discussions-about-suicide-prevention
20. headspace. *Suicide intervention in schools – an evidence summary.* Retrieved from https://headspace.org.au/assets/School-Support/Suicide-intervention-in-schools.pdf

- Difficulties using screening tools and measures include; falsely identifying that a student is at risk when they might not be and conversely not identifying a student who does need help.[21] These measures also do not account for the fact that unforeseeable events can dramatically change an individual's risk.
- It is important to always consult with an appropriate mental health professional if considering the use of any tool or measure of this kind.

1.13 Self-care

It is important for staff to be aware of their own professional and personal needs and to seek support as required. This is necessary for staff welfare and for staff to be able to appropriately support students. Staff may seek professional support within their own networks, or personal support through the current Employee Assistance Program. Other resources are available such as headspace School Support's self-care for staff information sheet headspace.org.au/assets/School-Support/Self-care-for-school-staff.pdf

1.14 Emergency contacts and resource list

See Appendix 1 - Emergency and consultation contacts for staff

See Appendix 2 - Emergency and consultation contacts for parents/guardians/student support

1.15 School response to student suicidal behaviour and non-suicidal self-injury flow chart

See Appendix 3 - School response to student suicidal behaviour and non-suicidal self-injury flow chart

21. Pisani, A.R., Murrie, D.C. & Silverman, M.M. (2016). Reformulating Suicide Risk Formulation: From Prediction to Prevention. A*cad Psychiatry 40(4)*: 623-9

SECTION 2
School risk management plan guidelines: Student suicidal behaviour and non-suicidal self-injury

A school Risk Management Plan (RMP) identifies foreseeable circumstances where a student may be at risk of harm and outlines strategies to reduce this risk.

2.1 Developing a Risk Management Plan

Following a student disclosure of suicidal behaviour or non-suicidal self-injury (NSSI) it is critical for school staff to implement strategies to monitor and manage potential risk while the student is at school.

A school Risk Management Plan (RMP) identifies foreseeable circumstances where a student may be at risk of harm and outlines strategies to reduce this risk. Following the strategies in a plan based on information gathered as part of a comprehensive risk assessment, is a strong step in assisting to improve safety and promote recovery.

In developing a RMP, consider the following guidelines:

1. In all circumstances **student safety and wellbeing is the priority**, with a plan developed as soon as is practical. An interim plan can be implemented while a more comprehensive RMP is developed. Staff can be informed of important actions using a risk management memo if required.
2. **Parental consent** is recommended before implementing a RMP. However, maintaining the safety of the student is the priority.
3. The plan is to be **individualised**, as required, and will be more or less detailed depending on the student's circumstances.
4. Some circumstances may require a **complex plan**, for instance when multiple agencies are involved, an ongoing history, or where there is imminent risk. In other situations a less detailed plan will be more appropriate.
5. The plan is developed in **collaboration** with all relevant parties where possible (eg parent/guardian, relevant school staff, residential staff, relevant interagency staff and the student if appropriate).
6. **Relevant teachers are informed of student risk** and suggested strategies through the RMP.
7. All strategies to access appropriate support during the school day to be discussed with the student. The **use of an exit card (or similar)** is to be considered with caution and only following assessment of associated risks such as maintaining supervision.
8. The **nominated staff member** should be the most available and appropriate staff member for a student. It is often not suitable to identify school staff members who are not routinely on site.
9. The **RMP or memo is distributed** to relevant school staff, parent/guardian and any interagency staff working with the student.
10. **The plan is kept in a secure and confidential place.**
11. The plan is **reviewed regularly** and when there is any **significant incident** that may impact on the management of risk at the school level.
12. The plan **ceases** when all relevant parties agree that it is no longer required.

Examples on the following pages should be used as a guide only to the areas that may be covered by a RMP and adjusted to individual needs. Areas can be added or removed depending on the complexity and needs of the student and the school.

2.2 Risk Management Plan templates

See Appendix 4 - Risk Management Plan template

See Appendix 5 - Risk Management Memo template

2.3 Risk Management Plan example

Confidential

School name:

Student details	
Student name:	Year:
DOB:	Principal:
Parent/Guardian: Ph:	Teacher/Year Coordinator:
Parent/Guardian: Ph:	Deputy/Manager:
Date of implementation:	Review date:

Nominated staff member/s	
Title (Mr, Mrs, Miss, Ms):	Contact:
Title:	Contact:

Supporting staff	
Title:	Contact:
Title:	Contact:

Support contacts		
Emergency: 000	Urgent mental health telephone support for children and families (Urgent MHTS): 1800 048 636	External agency:

Situation/Environment	School-based strategies to reduce risk at school	Home-based strategies to reduce risk at school
Absences Student does not arrive at class although is expected to be at school.	Roll marked at beginning of each class. 1. If student is absent from class but supposed to be at school, teacher notifies administration/student services who informs nominated staff member. 2. Nominated staff member (or nominee) immediately takes steps to ascertain student's whereabouts (eg checks bathrooms). 3. If student is unable to be located, nominated staff member contact parent/guardian.	• Parent/guardian notifies school (phone number) **before school starts** if child will not be attending that day. • Parent/guardian considers risk associated with travel to and from school and considers alternatives if required.
Class Student does not feel able to remain in class (feels distressed or has unsafe thoughts).	• Encourage student to use strategies on their safety plan (if available) and/or other self-regulation strategies (eg relaxation/breathing techniques). • If student is distressed and unable to stay in class, student moves to a prearranged area with accompaniment and suitable supervision. • Use relevant strategies such as: 1. Encouraging student to use strategies on safety plan and/or other self-regulation strategies; and return to class when ready. 2. Link in with appropriate support staff. 3. Contacting parent/guardian if student is unable to stay at school. • If student leaves class for a drink or the toilet, teachers to follow-up if student is not back in reasonable time (eg 5 minutes). Check to see if student is okay. Notify nominated staff member if not located. • Staff to report concerns about student's mood to nominated staff member immediately and they will follow up with student and determine required actions. • School to maintain records of classes missed.	• If necessary, parent/guardian to collect child from school and seek further assistance where required (eg Urgent MHTS, hospital, doctor). • If there is an existing Safety Plan, consent from parent/guardian and child to share strategies with relevant school staff requested.

Academic Student does not focus in class/does not do homework.	• Treat the student as normally as possible as part of the class group, encourage them to do the work but do not hassle as it is to be expected that they may have other things on their mind and have difficulty concentrating. • As long as student is not distracting other students. Allow student some space to recover emotionally before focusing on academics. • Adjust academic and homework requirements as needed.	• If necessary, parent/ guardian to collect child from school and seek further assistance where required (eg Urgent MHTS hospital, doctor). • Academic adjustments to be made in consultation with parent/guardian.
Break times Student is distressed or feels unsafe at recess and lunch times	• Student to remain with friends. If unable to or having unsafe thoughts, student to access support at administration/student services as agreed. • Support staff or nominated staff member to assist student to establish where they feel most comfortable (not on own, link in with peers).	• If necessary, parent/ guardian to collect child from school and seek further assistance where required (eg Urgent MHTS, hospital, doctor).
Peers Information shared with peers is unhelpful.	• Discuss with student the adult supports available to assist when feeling distressed or having unsafe thoughts. • Discuss with student the risk of sharing confidential information with peers • School staff to monitor and report any unhelpful gossip or rumours to nominated staff member. • Support peers to use protective interrupting and redirect support seeking to appropriate adults.	• Parent/guardian to notify nominated staff member if they become aware of any issues with peers.
NSSI and/or suicidal behaviour (add or delete as required) Student is at risk of harm.	• School staff to monitor and inform nominated staff member immediately if there are concerns. • Nominated staff member to use relevant strategies such as: 1. Respectfully enquiring whether self-injury has occurred or if student plans to self-injure. 2. Assessing risk where needed. 3. If self-injury has occurred assist the student to apply appropriate first aid. If necessary, seek medical assistance. 4. Encouraging student to use strategies on safety plan and/or other self-regulation strategies. 5. Contacting parent/guardian to inform them of concerns where needed.	• Parent/guardian to monitor and notify nominated staff member of any concerns. • If necessary, parent/ guardian to collect student from school and seek further assistance where required (eg Urgent MHTS, hospital, doctor).
Ongoing communication School + Home + External agency.	• Ongoing communication between home, school and external agency regarding any issue relevant to assisting student to stay safely at school. • Copy of this risk management plan provided to student's teachers, relevant school staff, parent/ guardian and external agency. • External agency contacts: #	• Parent/guardian to inform nominated staff member of any concerns that may impact on school. • Parent/guardian to inform nominated staff member or school nurse if child starts medication that may increase risk at school. • Parent to update external agencies of progress/ concerns as required.
Other (eg student is in highly distressed state)	• School-based strategies	• Home-based strategies

SIGNATURES: Record of endorsement

_____ (Parent/Guardian) _____ (Student, where appropriate)

_____ (Administration) _____ (Student Services)

_____ (Teacher/s) _____ (Other Staff)

Date:

Note: Circumstances where endorsement received via telephone or signature not obtained:

_____

_____

2.4 Risk Management Memo example

Confidential Risk Management Memo

Date:

RE: Student name

Year group

Dear Staff

Recently there have been some significant concerns raised about **X's** health and wellbeing. **X** will be accessing support for this (*and a Risk Management Plan is being developed – if applicable*).

To ensure **X** remains safe at school, please monitor him/her in class and let **me** know of any concerns or changes in his/her behaviour or mood as soon as possible.

If **X** is not in class and is not marked absent, please inform **Administration/Student Services** immediately.

While **X** is aware that his/her teachers are being informed, please maintain confidentiality and do not discuss this with him/her.

If you have any questions or would like to discuss this further please contact me.

Thank you for your support.

Kind regards

Nominated staff member

SECTION 3
Postvention

Postvention refers to the steps taken after a death by suicide has occurred.

3.1 Postvention

Postvention refers to the steps taken after a death by suicide has occurred and forms part of an overall response to suicide, comprising prevention, intervention and postvention measures.[22] The aim is to enable appropriate support and response to those affected by suicide. It forms part of a whole school approach and focuses on mental health and wellbeing, whilst seeking to address trauma and restore the school to a functional equilibrium.

Postvention is long term and multi-faceted. Following the death of a member of the school community believed to be suicide, schools should act in accordance with previously developed emergency plans. A plan facilitates preparedness and allows the assessment of foreseeable risks and the implementation of measures to eliminate or reduce the incidence or severity of critical incidents.

All school staff should be aware of the plan and know their roles and responsibilities in an emergency. Schools can consult with their support networks, including interagency colleagues, to manage the impact of a suspected suicide. In public schools, this can include school psychologists, Lead School Psychologists and Coordinators of Regional Operations at regional education offices.

3.1.1 Establishing facts

Information of a suspected student suicide may come from a variety of sources. Once information has been received about a suspected suicide it is vital to verify information before any communication is made with the school community.

While the process of verification may take time, it is important that information is obtained from at least two reliable sources. These may include:

- the police
- the parents and/or family of the young person
- an external agency or service
- the School Psychology Service.

The Department of Education School Psychology Service leads the verification and communication process through which key agencies, services, regions and schools are notified to ensure the best possible coordination of services.

3.1.2 Language and communication

All communications in the area of postvention with the school community should be made carefully with appropriate consultation. Public schools are advised to consult with their regional office and the Department of Education's media unit in addition to school psychologist and Lead School Psychologist. The term suspected suicide or believed to be suicide is used once confirmation has been received that this is the case. The wishes of the family of the deceased is also taken into consideration when identifying the correct terminology to use in communications.

Contagion is when one suicide can lead to further suicides or suicidal behaviour in the population that has been exposed to suicide. The risk of contagion can be minimised by accurate and respectful reporting of information, not glorifying suicide nor discussing certain details such as the location and method.

Schools can use Mindframe[23] or headspace[24] resources for further information on how to write or speak about suicide when communicating with the school community.

22. Andriessen, K. (2009). Can Postvention be prevention? *Crisis, 30,* 43-7.
23. Mindframe National Media Initiative (2017). Talking to the media about suicide. Retrieved from www.mindframe-media.info/for-mental-health-and-suicide-prevention
24. headspace (2012). *Suicide postvention toolkit – a guide for secondary schools.* Retrieved from https://www.headspace.org.au/assets/School-Support/Compressed-Postvention-Toolkit-May-2012-FA2-LR.pdf

3.1.3 School-based responses

School responses need to be situation specific and customised to the presenting context. Effective school responses may involve[25]:

- providing information to the school community
- providing resources for those impacted
- returning the school to a normal academic routine when ready
- facilitating natural coping responses
- identifying the ongoing needs of the school community.

When planning school responses consideration should be given to:

- respecting family needs and privacy and ensuring the family is consulted regarding information provided to students and parent community
- liaising with and utilising agency and interagency supports
- conducting staff meetings/briefings
- considering cultural issues
- using support rooms
- arranging operational debriefs when appropriate.

Refer to *Postvention resources and services* for further information on school-based responses.

Given the subsequent shock and grief experienced, anyone affected may have difficulty accessing their usual coping strategies.

3.1.4 Common responses following a traumatic event or suicide

Given the subsequent shock and grief experienced, anyone affected may have difficulty accessing their usual coping strategies. Reactions that may be witnessed or experienced include:

Staff

- a desire to talk about the death and find out more about the circumstances
- uncertainty and confusion in how to support other students
- anger at student for taking their life
- feeling responsible
- guilt
- being reminded of previous losses
- inability to comprehend the behaviour
- fear of further suicides.

Parents

- a desire to learn more about the death and any circumstances that may have relevance for their own child
- a desire to know about warning signs and indicators and how they can help protect their own child
- disinterest due to a genuine indifference or desire to deny that such events occur
- anger toward their child having an emotional reaction and unwillingness to acknowledge or accept their feelings
- criticism toward the school for openly acknowledging the death and their handling of the incident
- attribution of blame to develop some understanding of how such an event could occur.

25. Erbacher,T.A., Singer,J.B. & Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention and Postvention.* School-Based Practice in Action Series. Routledge NY.

Students

- many students who knew the student will be impacted, especially those who display current risk factors and have poor coping mechanisms
- students with pre-existing mental health issues may relate to the perceived pain of the deceased
- a desire to talk about the death and find out more about the circumstances
- repetitive dreams about the event
- guilt (at not having prevented the death or helped their peer/friend)
- depression and preoccupation with attributing blame to others (eg peers, parents, teachers);
- fear that their friends may do the same
- increased susceptibility to media portrayal of violence, tragedy, etc
- tendency for rumours and speculation.

3.1.5 Vulnerable groups and individuals

Though it can be difficult to determine which students will suffer emotionally in response to a traumatic event, it is important to identify, monitor and follow-up students who may be at risk.[26]

The following factors are important to consider in identifying those students who are most likely to present with symptoms of trauma. Students with one of more of these features are at particularly increased risk:[27]

- students who witnessed the event or discovered the deceased
- close friends, neighbours and family members who knew the deceased well or were in contact shortly before the event
- students with poor coping or problem-solving strategies, history of mental illness, suicidal ideation, trauma, loss or a lack of social supports
- students who felt their own life may have been at risk.

3.1.6 Permanent memorials

As with any death in a school community, community members may feel that some form of memorial is an appropriate and respectful way to honour a student who has died by suicide.

It is recommended that schools have a consistent policy to treat all deaths in the same way and encourage living memorials such as donations to charitable organisations or research foundations in place of permanent memorials such as plaques, statues, trees and gardens.[28]

Permanent memorials following any cause of death, such as plaques and statues, can be constant and unnecessary reminders of loss for existing and new community members. Memorials such as trees and gardens can also be problematic as they are at risk of dying, which may cause unnecessary distress.

3.1.7 Social media

One of the ways schools can support their students following a suspected suicide is to be aware of the potential impact of social media. Use of technology means that information can be distributed quickly and to a wide audience at all hours of the day. Social media transcends geographical, cultural, social and economic boundaries.

Even with the implementation of proactive strategies by the school, students' use of social media following suspected student suicide may cause disturbance in the school community. Therefore, it is vital for schools to monitor as far as practical, and be in a position to respond to information on their own websites following the report of suspected student suicide.

However, the potential benefits of social media use are also important to consider: The freedom to communicate through social media may assist grieving students to seek help, promote social support networks, and provide proactive ways to share accurate information and promote mental health and wellbeing.

26. Erbacher,T.A., Singer,J.B. & Poland, S. (2015). *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention and Postvention.* School-Based Practice in Action Series. Routledge NY.
27. Erbacher,T.A. et al (2015).
28. Erbacher,T.A. et al (2015).

The following are important actions for schools to take in the area of social media in the event of a suspected student suicide:

Use social media to engage with the school community (friends, family and staff)

- Where possible, link with and work alongside friends and family to facilitate respectful positive help-seeking and access to support services.
- Identify the administrator of any online memorial page created by friends and/or family and encourage the provision of clear guidance around respectful use, monitoring, help-seeking and general mental health and wellbeing promotion.

Monitor

- Identify potential concerns including inaccuracies and rumours regarding the suspected suicide; disrespectful comments about the deceased or current students; posts indicating that other students may be at risk; and information about student-organised gatherings.

Respond

- Work with students and parents about the respectful use of social media, and the importance of reporting concerning messages that may indicate or create risk.
- Raise awareness and provide suitable avenues for responding to trolling or other offensive content.

Distribute help-seeking information to the school community using the school's own media platforms

- Share information about support services including at school, in the community and online.
- Share material promoting positive mental health and wellbeing and suicide prevention (eg ReachOut.com, e-headspace, beyondblue, Kids Helpline, Lifeline).
- Encourage students, parents and guardians to post help-seeking advice, access to professional help and general preventative information on their social media pages.
- Seek advice appropriate to the school if contact is made by journalists for comments or confirmation of details about suspected student suicide. Public schools should seek advice from the Department of Education's media unit.

3.2 Postvention resources and services

3.2.1 Information and resources for school-based response

Conversationsmatter
Resources for discussing suicide.
www.conversationsmatter.com.au

Hasking, P, Heath, N (2016). *Position paper for guiding response to non-suicidal self-injury in schools*. School Psychology International. 37(6) doi: 10.1177/0143034316678656

Headspace School Support Suicide Postvention Toolkit and Factsheets
headspace.org.au/schools

Mindframe National Media Initiative
For mental health and suicide prevention.
www.mindframe-media.info/for-mental-health-and-suicide-prevention

State Government Victoria Department of Education and Early Childhood Development: Guidelines to assist in responding to attempted suicide or suicide by a student
www.education.vic.gov.au/Documents/school/principals/health/suicideguidelines.pdf

After a Suicide: A Toolkit for Schools
Resources for American Foundation for Suicide Prevention and Suicide Prevention. Resource Centre (2011) Newton, MA: Education Development Centre, Inc.
www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf

3.2.2 Information and resources for responding to social media

Social media advice – for families
A combined headspace and Facebook resource.
headspace National Youth Mental Health Foundation Ltd
headspace.org.au/friends-and-family/social-media-advice-for-families/

Office of the eSafety Commissioner
Commonwealth of Australia
www.esafety.gov.au

Facebook memorial page guidelines
www.facebook.com/help/150486848354038

#chatsafe: A young person's guide for communicating safely online about suicide
www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Guidelines/chatsafe-A-young-person-s-guide-for-communicatin

3.2.3 Services

Anglicare Active Response Bereavement Outreach (ARBOR)
www.anglicarewa.org.au/relationships/suicide-prevention-postvention/arbor/default.aspx

Coroner's counselling service
Providing counselling and support to facilitate communication between the next of kin.
www.coronerscourt.wa.gov.au/c/coronial_counselling_service.aspx

Anglicare's Children & Young People Responsive Suicide Support (Cypress)
www.anglicarewa.org.au/relationships/suicide-prevention-postvention/cypress.aspx

headspace School Support
Assists schools to prepare for, respond to and recover from a suicide impacted death.
Ph: 0427 128 271 or (national) 1800 688 248
headspace.org.au/schools

SECTION 4
Young people with significant risk of suicidal behaviour - linking CAMHS and schools

Young people experiencing significant suicidal behaviour typically have complex needs requiring coordinated support from multiple agencies.

4.1 Information for school administrators and CAMHS clinicians

This guide is intended to assist with the support and care of school-aged young people with significant risk of suicidal behaviour as they re-engage with school after contact with emergency or inpatient care.

The guide was developed through the Response to Suicide and Self-Harm in Schools Program which has representatives from the Child and Adolescent Mental Health Service (CAMHS), Youth Focus, Department of Education, Catholic Education Western Australia and Association of Independent Schools of Western Australia. Consultation was undertaken with Department of Education and CAMHS staff in the country and metropolitan area as well as acute CAMHS clients.

Young people experiencing significant suicidal behaviour typically have complex needs requiring coordinated support from multiple agencies. A young person may be at heightened risk of suicidal behaviour while they transition from emergency or inpatient settings to supports and services in the community. Returning to home and school from an acute setting is an important step in recovery from a mental health crisis. The systemic cooperation required for this transition needs to be responsive and flexible and include[29] [30]:

- responding to risk
- sharing information
- coordinating actions (case management)
- developing student (client) centred plans.

4.2 Responding to risk

Risk assessment practices focus on exploring the thoughts, feelings and actions of an individual to gain an understanding of the current situation and plan immediate and ongoing support needs.

The term ‘significant risk of suicidal behaviour’ suggests a mental health crisis or urgency which may require immediate action, medical assessment and/or constant supervision.

Risks cannot be eliminated, only minimised and suicide risk assessments are an ongoing process as risk of suicide is dynamic and can change rapidly. Risk assessments are limited to a ‘snapshot’ of presenting issues which are sensitive to triggers in the environment as well as current individual presentation[31].

Information gained in a risk assessment determines actions to support the young person immediately as well as in the longer term and provides information to inform a Risk Management Plan in community CAMHS and schools.

Underlying risk assessment frameworks is the crucial assumption that suicide is largely preventable. It may not be possible to prevent every suicide but there is an expectation that assessing risk, sharing information, coordinating actions and planning around the young person significantly reduces this risk.

29. Ombudsman WA (2014). I*nvestigation into ways that State government departments and authorities can prevent or reduce suicide by young people.* Ombudsman Western Australia.
30. Professor Bryant Stokes, AM. (2012). *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia.* Government of Western Australia Department of Health, Mental Health Commission.
31. Mental Health Division (2008). *Clinical Risk Assessment and Management (CRAM) in West Australian Mental Health Services: Policy and Standards.* Government of Western Australia Department of Health, Mental Health Division.

4.3 Sharing information

Respecting student (client) confidentiality is an important professional consideration for everyone involved in the care of a young person experiencing a mental health crisis. Informed consent allows students, parents, guardians, schools, staff and clinicians to share information for the purposes of making decisions and developing plans with an understanding of who has access to this information.

4.3.1 Sharing information without consent

There are times when informed consent is not able to be obtained or is withheld. In general, there is sufficient reason to share information without consent when maintaining confidentiality puts the wellbeing of a young person at further risk and disclosure minimises the threat of serious harm. Both the *Children and Community Services Act*[32] and *Mental Health Act*[33] allow for information to be exchanged for the purpose of establishing and maintaining the safety of a young person.

In these specific cases, the information shared is directly related to planning for safety and is connected to continuous communication. The decision to share information is recorded.[34] If there is disagreement about information sharing despite goodwill and efforts to appreciate the particular circumstances of each organisation, providers should seek the advice of appropriate staff to liaise with their counterpart in the other agency or organisation.

4.4 Coordinating actions

Case coordination achieves seamless service delivery through collaboration between school staff, family and agency staff. This wrap-around approach promotes successful engagement of students with mental health support needs.

Case management actively involves students and parents/guardians in decision making processes and assist clinicians and school staff in their work with students with mental health support needs. CAMHS has an appointed case manager for each student engaged with them. Principals can identify an in-school coordinator. These people are key contacts for communication between agencies including planning for review and readjustment.

Having different people around me who I know I can go to for different things that happen for me really makes me feel safe.

Sometimes in other schools in the past, when I went to see one person about a problem, they didn't know the answer or where to find out about it for me.

Having people working together for me gives me a sense of calmness when things go wrong and knowing who I can turn to and get things happening gives me a lot of confidence in the system around me.

I am learning a lot about how to cope in different areas of my life from different people around me. Having someone gather together these people so that I can access them is something I really appreciate.

Year 12 student
Cyril Jackson Senior Campus

32. Government of Western Australia (2004). *Children and Community Services Act 2004.* Western Australian State Law Publications.
33. Government of Western Australia (2014). *Mental Health Act 2014.* Western Australian State Law Publications.
34. Ombudsman South Australia (2014). *Information sharing guidelines for promoting safety and wellbeing.* State of South Australia.

4.5 Developing student (client) centred plans

Student (client) centred planning places the young person at the centre of actions and discussions involving their ongoing care. Processes and strategies to address student needs are realistically planned with available quality resources in mind.

CAMHS and school staff use a variety of tools to record and document plans including:

Risk Management Plan

A school and CAMHS Risk Management Plan identifies foreseeable circumstances where a student may be at risk of harm and outlines strategies to reduce this risk.

Case management actively involves students and parents/guardians in decision making processes and assist clinicians and school staff in their work with students with mental health support needs.

APPENDICES

If staff have concerns about a student, it is important to consult with appropriate school staff to ascertain if further actions need to be taken to support the student.

Appendix 1

Emergency and consultation contacts for staff

Emergency and consultation contacts for staff	Contact numbers
School contacts	
School contact	
Nominated staff member/s	
AISWA schools	
Coordinator AISWA School Psychology Service	9441 1674 / 0419 608 579
School Psychologist	
CEWA schools	
Coordinator CEWA Psychology Team	6380 5422 / 0477 900 475
School Psychologist	
Public school contacts	
School Psychologist	
Lead School Psychologist	
School Psychologist - Suicide Prevention	9402 6433 / 0477 757 125
Regional Education Office	
Department of Education Child Protection	9402 6124
Media unit	9264 5821
Local contacts	
Department of Communities, Child Protection & Family Support local office	
Department of Communities, Child Protection & Family Support Central Intake Team (Metropolitan area)	1800 273 889
Local Child and Adolescent Mental Health Service	
Local medical service	
Local hospital	
Employee Assistance Provider	

Emergency and agency contacts	Contact numbers
Urgent mental health telephone support for children and families (Under 18 years - 24 hours - 7 days)	1800 048 636
Mental Health Emergency Response Line (MHERL Metropolitan)	1300 555 788
Mental Health Emergency Response Line (MHERL Peel)	1800 676 222
Rural Link	1800 552 002
Police (non life-threatening assistance)	131 444
Poisons Information Service	13 11 26
Alcohol and Drug Information Service	9442 5000
Sexual Assault Resource Centre	9340 1828

Telephone 000 for emergencies

Under 16 years old, present to Perth Children's Hospital emergency department, 24 hours.
Over 16 years old, present to any local hospital emergency department, 24 hours.
People of any age in country areas, attend local hospital emergency department, 24 hours.

Appendix 2

Emergency and consultation contacts for parent/guardian/student support

Emergency and consultation contacts for parent/guardian/ student support	Contact numbers
Urgent mental health telephone support for children and families (Under 18 years - 24 hours - 7 days)	1800 048 636
Crisis Care (24 hours)	9223 1111
Crisis Care (Country free call)	1800 199 008
Family Help Line	9223 1100
Gay and Lesbian Counselling Service	9420 7201
Kids Help Line	1800 551 800
Lifeline	13 11 14
Mental Health Emergency Response Line (MHERL Metropolitan)	1300 555 788
Mental Health Emergency Response Line (MHERL Peel)	1800 676 822
Parenting WA Line	6279 1200
Rural Link	1800 552 002
Local hospital	
Other local CAMHS	
Other	

Websites
www.headspace.org.au
www.reachout.com.au
www.sane.org
www.beyondblue.org.au

Telephone 000 for emergencies

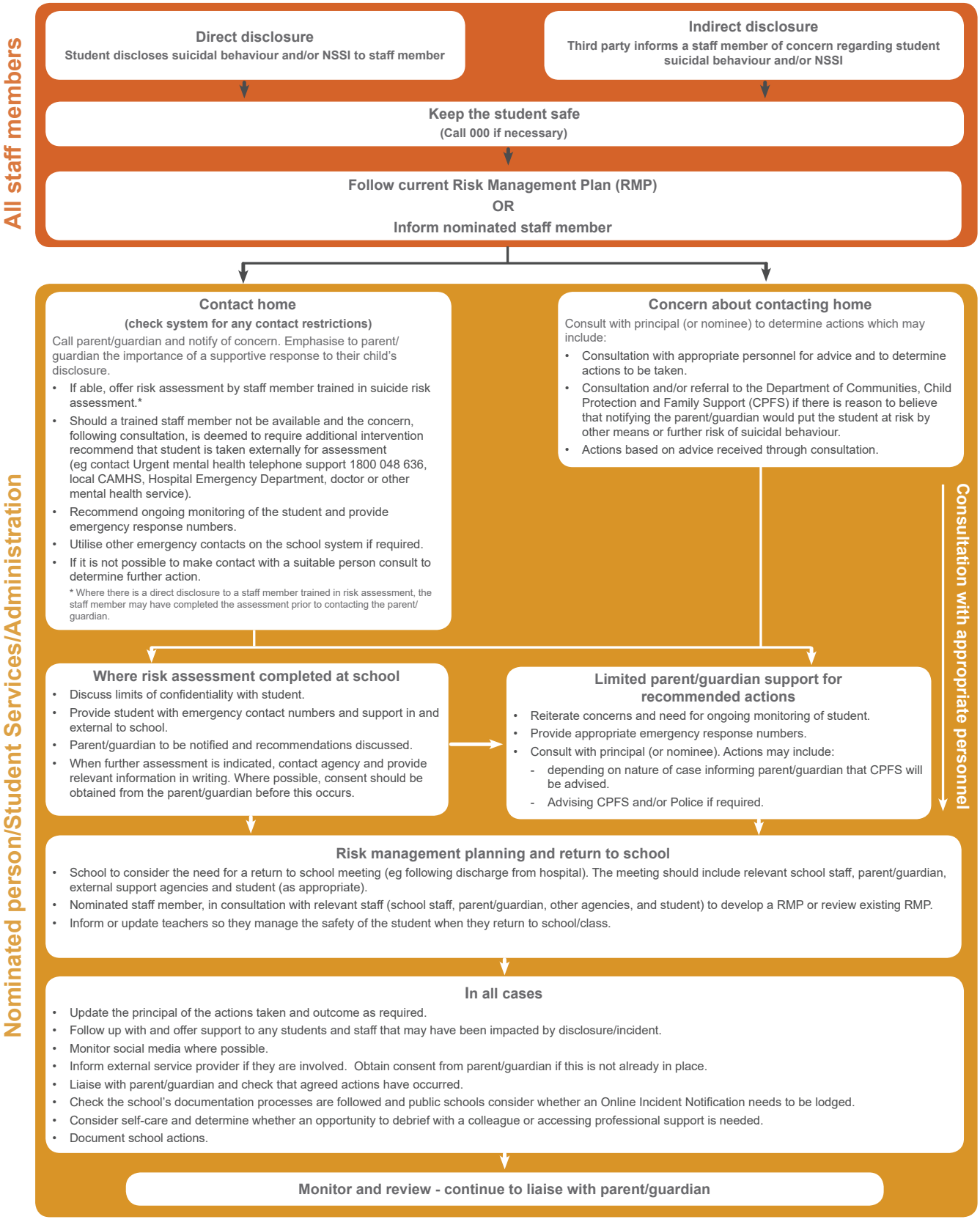
Under 16 years old, present to Perth Children's Hospital emergency department, 24 hours.

Over 16 years old, present to any local hospital emergency department, 24 hours.

People of any age in country areas, attend local hospital emergency department, 24 hours.

Appendix 3

School response to student suicidal behaviour and non-suicidal self-injury flow chart



Appendix 4

Risk Management Plan template

Confidential

School name:

Student details	
Student name:	Year:
DOB:	Principal:
Parent/Guardian: Ph:	Teacher/Year Coordinator:
Parent/Guardian: Ph:	Deputy/Manager:
Date of implementation:	Review date:

Nominated staff member/s	
Title (Mr, Mrs, Miss, Ms):	Contact:
Title:	Contact:

Supporting staff	
Title:	Contact:
Title:	Contact:

Support contacts

Emergency: 000	Urgent mental health telephone support for children and families (Urgent MHTS): 1800 048 636	External agency:

Situation/Environment	School-based strategies to reduce risk at school	Home-based strategies to reduce risk at school

SIGNATURES: Record of endorsement

_____ (Parent/Guardian) _____ (Student, where appropriate)

_____ (Administration) _____ (Student Services)

_____ (Teacher/s) _____ (Other Staff)

Date:

Note circumstances where endorsement received via telephone or signature not obtained:

_____

_____

Appendix 5

Risk Management Memo template

Confidential Risk Management Memo

Date

RE: Student name

Year group

Dear Staff

Recently there have been some significant concerns raised about X's health and wellbeing. X will be accessing support for this (and a Risk Management Plan is being developed – if applicable).

To ensure X remains safe at school, please monitor him/her in class and let me know of any concerns or changes in his/her behaviour or mood as soon as possible.

If X is not in class and is not marked absent, please inform Administration/Student Services immediately.

While X is aware that his/her teachers are being informed, please maintain confidentiality and do not discuss this with him/her.

If you have any questions or would like to discuss this further please contact me.

Thank you for your support.

Kind regards

Nominated staff member