

Suspected suicide postvention protocol: Guidance for further and higher education settings in Nottingham and Nottinghamshire

Based on:

Nottinghamshire County Council Educational Psychology Service. [Suicide Postvention Guidance for Schools - Responding to a Pupil Suicide.](#)

Samaritans guidance [Help when we needed it most.](#) How to prepare for and respond to suspected suicide in settings, colleges and other settings in the UK.

Developed jointly by (in alphabetical order):

- Bilborough College
- Confetti
- Nottingham City Council
- Nottingham Trent University
- Nottinghamshire County Council
- RNN Group
- University of Nottingham
- West Notts College

Endorsed by:

Nottingham and Nottinghamshire Suicide Prevention Strategic Steering Group

Background

This resource is for members of senior leadership teams in further education and higher education settings in Nottingham and Nottinghamshire. It is intended as guidance, and is not prescriptive. It should be interpreted and used in the context of the individual circumstances of your setting and its own policies and protocols.

This resource is a postvention protocol. 'Postvention' is a term used to describe support offered after a death by suspected suicide. This postvention protocol aims to prevent further harm to others by identifying people at risk and by managing the setting's responses, so that the suspected suicide is neither glamorised nor made secret.

Postvention provides

- effective responses following a suspected suicide
- effective and timely emotional and practical support for bereaved or affected people
- information and support for people who are concerned about someone who may be at risk of suicide

Language

This resource describes postvention in response to a death that is thought to be by suicide. Only a coroner can formally determine the cause of a death as suicide. For that reason, we use 'unexpected death' and "suspected suicide" in this document.

For the same reason, in communications with staff, students and the wider community, we recommend that you describe the death as an 'unexpected death'.

Introduction

When a suspected suicide occurs, the effect on families, friends and communities is immediate and traumatic. The impact on an education setting community is no different; it often happens unexpectedly and leaves a setting with many questions about what to do next. All members of a school or college community might struggle to understand or cope with what has happened and it can be difficult and demanding for everyone to know how to respond. In these circumstances, settings need clear, practical and reliable information, which they can rely on for guidance and direction.

When it appears that a student has taken their own life, it can increase the risk of suicide in other vulnerable young people. It is therefore vital that settings support students and staff as they deal with the trauma that follows a suspected suicide.

This resource aims to support and assist settings in responding to the suspected suicide of a student - a process known as suicide postvention. It is a practical guide that offers suggestions about managing such a traumatic event at different stages:

- straight after the suspected suicide (section A)
- in the first 24 hours (section B)
- in the first week (section C)
- then in the longer term (section D)

Wellbeing, mental health support and suicide bereavement support services are available for all members of your community if they need it, including staff and students. Pages 22 and 23 include information about national and local support services and resources, including bereavement support services.

A Critical Incident Team (CIT) is referred to throughout the document. Ideally, settings should have established this team prior to any crisis and clear policies and procedures around the team's function should already be in place. However, what is more important is that the setting provides a team response once a suspected suicide has occurred and that responsibility does not sit with just one individual. It is also important that settings have policies and structures in place to support the implementation of the tasks laid out in this toolkit. Settings can be supported by the local authority as well as local mental health and suicide bereavement support services during this difficult and stressful time. A coordinated response will help settings support students and staff affected by such a traumatic event.

Ensure you have clear plans and systems in place for staff training. All staff should complete [Free online training from Zero Suicide Alliance](#) as a minimum requirement. Members of your Critical Incident Team should complete further enhanced training. [Free training](#) for professionals in Nottingham and Nottinghamshire includes sessions covering suicide prevention and intervention, and suicide bereavement.

Ensuring settings have clear and concise documentation is also important in the management of a suspected suicide. Each step of the management process – including identification of at-risk students and referrals for extra support – should be documented. This will assist in the critical incident review, which should take place following the suspected suicide.

Child Death Overview Panel

When a child under 18 years dies, for whatever reason, a process is automatically started to review every aspect of what has happened. This is the responsibility of the Child Death Overview Panel. Their inquiry runs alongside the inquest, and its aim is to protect other children and young people. The Child Death Overview Panel reports to the Local Safeguarding Children Board, and all work with the Coroner to share information.

Postvention checklist

This section provides an overview of what needs to be done when responding to a suspected suicide in your education setting. As you progress through the tasks, you can tick off each section. Please read the toolkit document completely, and then re-read each section as they become relevant to your situation. This will give you the information you need to manage this difficult situation successfully.

Immediate response (see Section A)

- If the incident has happened within the setting, ensure the immediate safety of staff and students (e.g. provide first aid, call an ambulance and inform the police).
- If the incident has happened away from the setting, find out as many of the facts and circumstances as possible.
- Confirm facts with the family and/or police.
- Ensure those affected (students/parents/staff) are not left alone.

The first 24 hours (see Section B)

Convene the Critical Incident Team (CIT) and plan the following steps:

- Contact your local Educational Psychology Service and Public Health team to confirm that a critical incident has occurred and arrange a consultation if required.
- Identify and plan support for students who are at risk.
- Set up a student support room in the setting.
- Inform staff. Give them a script explaining what has happened, so that all staff are giving students the same consistent message.
- Inform students via an agreed script so that everyone receives the same information.
- Do not describe the suspected method of suicide.
- Inform the wider community via a letter.
- Contact the media liaison advisor at the local authority. The public health team can assist you with this. Refer all subsequent media enquiries to that department.

The first week (see Section C)

- Restore the setting to its regular routine.
- Liaise with the bereaved/affected family.
- Plan the setting's involvement in the funeral.
- Organise regular staff meetings to ensure they are provided with up to date information.
- Monitor students and, in collaboration with the relevant mental health agency, begin assessments of students identified as being at risk. Make adjustments for students, as necessary (such as offering quiet places or time with familiar trusted adults).
- Monitor staff wellbeing and provide opportunities for debriefing/individual support.
- Keep parents informed via notices.
- Collect all the belongings of the deceased student for the police and family.
- Continue documenting all the setting's actions.
- Be prepared to attend a health or local authority convened multi-agency meeting as part of the local child death procedures and or suicide prevention strategy procedures.

The longer term (see Section D)

- Continue to monitor staff and student wellbeing.
- Attend local authority convened multi-agency meetings to contribute to a review of the child death and or suicide prevention strategy procedures.
- Plan for relevant events that will be held by the setting (award nights, graduation).
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review.
- Continue documentation of all the setting's actions.
- Keep parents, staff and students informed.
- Plan for anniversaries, birthdays and other significant events.
- Implement the recommendations of the critical incident review.
- Include your setting's postvention plan in its staff induction process and staff.

Section A - The Immediate Response

It is likely to be many months before an inquest is held, and in many cases the death is not officially recorded as suicide. It is important to note that there may be a great deal of speculation within the educational community, and that settings often have to act on the basis that the death is being treated or suspected to be by suicide.

If the incident has happened in the setting, ensure the immediate safety of all staff and students:

- Ensure no other students or staff are in immediate danger
- Administer first aid where necessary
- Call 999 for emergency services
- Alert the Critical Incident Team for assistance
- Move witnesses to safe locations. They must be supported and supervised
- Isolate the site of the death from student and unauthorised staff access.

If not a setting-based event, find out the facts:

- Do not ignore 'rumours' about suicide from students, parents or staff
- Reports of a suspected suicide that do not come from immediate family members should be verified through the police, hospital staff or, with extreme sensitivity, the family.

If a suspected suicide report is made or confirmed by the family, ask them if others can be informed. It is appropriate to seek the family's feelings about informing the setting of the incident straight away. If the family asks for advice, it is appropriate to talk about:

- The recommendations of these guidelines
- The damaging impact of misinformation
- The needs of other affected parents/carers to know, so they can support their own children's grief
- The option of their child only being named to their peer group and referring anonymously to the incident with the rest of the setting population.

Ensure that affected students, parents and staff are not left alone. Exposure to suspected suicide is a traumatic experience. They should be comforted and supported by others until family members can take over that care. Your emergency response plan should identify safe and secure places where this kind of crisis support can be provided.

Youth suicide can lead to other vulnerable young people being at an increased risk of harm. It is important that you alert other settings to any immediate connections between the deceased student and members of their own setting community e.g. friends and siblings. Settings should also be informed of the possible influence of information about the suspected suicide being exchanged between the student populations. Given the instant and global communication networks that young people use, settings need as much advance notice as possible, so that sensitive enquiries can be made between settings and extra monitoring can be put in place for identified vulnerable students.

Section B – The First 24 Hours

Convene the Critical Incident Team (CIT)

Ideally, your setting should have already selected the staff members who will be in your Critical Incident Team. New members can be added as necessary.

If your setting does not have this team in place already, you should put it together as soon as possible and have it meet at the earliest opportunity so the group are familiar with the procedures to be followed rather than trying to make sense of the paperwork during a critical incident.

Critical Incident Teams should be made up of five or six people including senior staff. You should also consider including communications, IT or computer staff to deal with communications and social media. Other staff members who can work effectively under pressure with compassion and empathy may also be an asset.

The team should have a nominated leader. The team should know who to contact at the local authority and for consultation. After a suspected suicide, many actions need to be coordinated in a very short space of time. However, unlike other kinds of emergencies, suicide postvention may need to continue for many months. Therefore, it is essential for the CIT to ensure:

- the wellbeing of all members of the setting community is monitored and protected
- all responsibilities are undertaken efficiently
- accurate and consistent advice is provided to students, staff and parents
- no single member of staff assumes the full burden of responsibility.

Once the immediate safety needs of staff and students have been met, the CIT must meet to establish the setting's postvention plan. It should delegate the following responsibilities to its team members:

- Liaising with family
- Identifying vulnerable students, staff and close friends for personal contact and follow up
- Preparing written information for students, staff and parents
- Liaising with mental health professionals
- Liaising with police
- Protecting the student's belongings
- Liaising with department support staff
- Liaising with members of staff who knew the student well to collate information
- Managing all incoming and outgoing information (for example sympathy cards or newspaper notices)
- Managing media contact via the local authority
- Documenting all actions
- If the incident has happened within the setting, making appropriate environmental changes.

Make contact with the Local Authority

Having the support of the Educational Psychology Service and Public Health is invaluable in assisting a setting to manage its postvention responsibilities. The focus of the two teams within the local authority will be to support the setting as an organisation.

Nottinghamshire County public health: phrts@nottsc.gov.uk

Nottingham City public health: rtsss@nottinghamcity.gov.uk

Nottingham County Educational Psychology Service: Eps.Admin@nottsc.gov.uk

Nottingham City Educational Psychology Service: AdminSENDSupport@nottinghamcity.gov.uk
0115 876 5829

Identify and plan support for students at risk

You will observe a range of responses by different individuals. There is evidence to suggest people who have previously experienced bereavement or undergone a personal crisis; people with mental health problems and people who experience some risk factors (see below) are at greater risk of suicidal ideation and attempts.

Staff members who know the students best should be alert to any students who are extremely upset or disturbed by the death. These young people should be offered appropriate support from the Tomorrow Project without delay (please see page 22 for more information for support services, including the Tomorrow Project).

Research shows the people more vulnerable to increased risk of suicidal feelings and attempts after a suspected suicide are those:

- With a geographical connection e.g. place of death, lived with the person who died or in the same classes.
- With social proximity
- With digital proximity
- Who identify or feel close to the person who died
- With physical health problems, mental health problems, a history of self-harm, previous suicidal ideation, excessive alcohol or drug use and those previously bereaved.

If you are worried about a young person, the Critical Incident Team should plan how and when you will talk to them to support them, and help them access wider support, as needed. See page 22 for information on relevant support services and resources.

Keep in mind that vulnerable people may not seek out support or refer themselves to services. They may not be obvious to identify even though they could greatly benefit from support. It will be useful to have different support options available that can be accessed in different ways and are made widely known to all. Some may want to have the support of their peers and some may want to learn about how others have been able to cope with the news. It may be helpful to provide a space for students to talk in groups, with staff support, about what has happened and how they can support one another; how to look out for anyone who may be in distress and to allocate time for them to express their feelings. Remember staff should also be given the opportunity to discuss and share their own grief. The Tomorrow Project advisors can support you with this (see page 22).

Set up a support room for students

A support room provides a safe, supervised location where students' grief and needs can be expressed, responded to and monitored. An appropriately empathetic but 'containing' staff member must supervise the room at all times. The support room should be quiet and out of the way. Keep a sign-in sheet, so you can monitor which students are using the room and may be at increased risk. Allow students access to this room for several days after the incident. It should offer a containing environment which supports the return to normality.

Keep staff well-informed

It is vital that staff are informed of all available information regarding the suspected suicide. Ideally, staff should meet at the beginning and end of the working day following the suspected suicide. This allows for on-going communication about decisions made by the Critical Incident Team, while also providing space for staff feedback and support.

A lead member of the Critical Incident Team should brief staff about:

- The facts of the situation, including any parent wishes about information being shared/ withheld. Only a Coroner can determine the cause of death as suicide, it should be referred to as an unexpected death at this stage. There will be many unknowns, particularly in the early stages of your response. Avoid and discourage speculation about the cause or circumstances of death.
- The members of the CIT and their roles, particularly identifying the person other staff members should come to if they receive any new or relevant information
- The response plan for the day, in particular changes to responsibilities or routines, such as more staff on yard duty and interim measures to track movement
- How phone enquiries are to be managed
- The importance of not asking students for information relating to the suspected suicide, but passing on what they are told or observe to the appropriate members of staff.
- Forwarding items of the student's work to a nominated CIT member, including art, assignments, and journals (these should be available to the police if required or then returned to the family)
- The principles of postvention – to prevent further harm to others by identifying people at risk and by managing the setting's responses, so that the apparent suicide is neither glamorised nor made secret
- Contact being made with staff who were absent at that time or who are on leave

Relevant information about roles and special procedures should also be displayed in the staff room.

The team leader should ensure all adults who will have contact with students in the following 24 hours are briefed. Staff should be provided with:

- a script which they should follow to inform students.
- information on how to offer support, how to manage discussion about suicide, signs to watch out for and information on grief feelings. This will include information in this protocol, and advice and information shared by the local educational psychology and public health teams.
- sources of support they can access for themselves
- the option of not being involved in supporting students or reading the statement, if they feel this will put their own wellbeing at risk. Individual staff members who are considered particularly vulnerable should be spoken to ahead of the meeting. It is important to encourage all staff to access support whenever they need it.

Ask staff which students they consider will need particular support and which students are of concern. Also ask them about relevant information they may have, such as connections with other students, particular events that need to be monitored or changed, and possessions of the deceased student that need to be collected for the family.

All staff briefings in the postvention period should be used to pass on information, as well as to seek it out. This contributes to a sense of collegiality and shared responsibility, which helps protect the wellbeing of staff.

Inform students, but do not provide details of the method or location of the suspected suicide

The Critical Incident Team should prepare a statement for staff to share with students. This is an important way of supporting staff who find the task of informing students stressful. It also ensures that accurate and consistent information is provided to students, which helps counter the rumours and misinformation that inevitably arise in a crisis. Students need to look out for each other at times like these, and this statement should promote this important notion. Friends closest to the student should be spoken to individually, or in small groups. Depending on their responses, they should be offered the use of the support room.

Consider your inclusion policies and practice when you plan how to communicate this information. For example, ensure you have appropriate adaptations and supports in place for students who need support with processing or understanding spoken or written information.

Inform the wider community

How you let the wider community know of the death will vary, depending on your setting's location and its links to the local community. However, information of this nature spreads quickly, via social media and word of mouth, and can have a profound effect on young people not connected to the setting. For this reason, it may be important for the CIT to liaise with local sports groups and other agencies that involve young people.

Help the media report on the incident in an appropriate manner

Managing media liaison appropriately is a crucial part of reducing the risk of contagion by helping the media report on the unexpected death in the most appropriate manner. Give one member of the CIT the role of media liaison. That person should liaise with

- the public health department at the Local Authority (for contact details, see page 9).

- your media team, if relevant

The Critical Incident Team should consider whether you should liaise with the communications and media departments in your organisation to inform of them of the unexpected death, and media guidelines on reporting suspected suicides, such as [Samaritans media guidelines](#).

Section C: The First Week

Ensure regular setting routine

As far as possible and appropriate, setting routines should return to normal after approximately three days. The use of the support room should reduce as time passes. Settings will need to use their discretion to decide when this is 'closed' and routine support processes resume.

The return to regular daily routines and activities is an important contribution to the recovery of all affected members in the setting community. Returning to typical routines does not mean that vigilance and awareness of student and staff wellbeing are lessened. This may need to continue for a number of months, or longer for some individuals.

Liaise with the bereaved family

One member of the Critical Incident Team should have the responsibility of liaising with the family at this time. This role should be done with sensitivity and compassion, given the grief the family will be experiencing. There may be a great variation in the accessibility of the family and their capacity and willingness to communicate. A number of factors may influence this:

- the family's existing relationship with the setting
- the family's cultural or religious practices regarding death and suicide
- the level of support the family has
- whether there are siblings also attending the setting

This early liaison with the family is important for a number of reasons, including to:

- offer the condolences of the setting
- offer support and liaison with the setting, including giving them information about the setting's postvention plans
- alert the family of potential or advised media contact
- determine the family's wishes on the setting's representation at the funeral/service
- discuss and arrange support of siblings if they also attend the setting

Plan the setting's involvement in the funeral

After discussion with the family, it is important to consider and plan how the setting and students will be involved with the funeral. In order to monitor and support students and staff, the setting should know who attends the funeral. Ideally, attendance at the funeral should be limited to close friends and staff, and this should only happen after liaison with the family. It is important to consider the need for increased support of those people who attend the funeral or who may play a role in the proceedings.

Students and/or family members may wish to hold a memorial service in the setting. Generally, memorials involving large numbers of students are not recommended. Settings could consider using their support room for reflective activities that involve smaller groups of students. It's possible for staff to use large routine assembly opportunities to acknowledge the grief felt by friends and family. However, it's critical that the messages are delivered in a way that ensures the death is not inadvertently 'glamorised'.

Convene regular staff meetings

Staff should meet regularly during this first week. This allows for regular debriefing, which ensures all staff feel supported and up to date with relevant information. In turn, this helps create calm and restores order to a distressed community. At each meeting, staff should share any information, concerns or observations which they consider important. The CIT can also use these meetings to provide feedback and information about what has occurred during the last day. It is important a CIT representative attends the staff meetings so they can hear information about students who staff feel may be at risk. The CIT may also be required to support staff.

Monitor students and staff and begin assessments of those identified as being at risk

Identify individuals who are immediately or already considered at risk. This may include:

- siblings of the student concerned
- individuals with a history of suicide attempt
- students who are (or have been) accessing mental health services for depression/suicide ideation/self-harm
- individuals known to be struggling with grief or trauma related to other events (such as deaths, accidents, catastrophes, family breakdown or emotional, physical or sexual abuse)

Identify other young people who may be profoundly affected

This can be done with the help of staff, student, parent and family networks. This group may include:

- friends, boyfriends, girlfriends and intimate partners who attend other settings
- friends/acquaintances who communicated with the student in any fashion in the hours before the incident
- students who are expressing guilt about 'messages' that they were given by the student, but did not act on or share with an adult

Identify other students of concern

This can be done via referrals from staff, students or parents

- information sent home to parents should encourage parents and students to contact the setting if they are worried about any young people they know
- staff will be encouraged to discuss any students they are concerned about with welfare/mental health staff and this may result in the young person being referred for support or monitoring

Develop response and support plans for all identified students

As part of these plans, the CIT should:

- contact the young person
- develop a written plan outlining the support the student will receive from the setting, their family and any external support agencies (this should be given to all the parties involved)

Monitor staff wellbeing

Staff wellbeing must be monitored and responded to at regular intervals. Encourage staff to put their own wellbeing first and to ask for support or a change in role if they need it. The good mental health of staff will assist the setting in returning to regular routines and help make students feel well supported and cared for.

Staff may experience their own feelings of guilt and grief about the death. Regular meetings and opportunities for them to debrief are important. Consider referring them to the appropriate professional support.

Once normal routines have been re-established, the CIT should consider all avenues of support that can assist the setting in maintaining this condition. Settings can help manage the extra load placed on staff at this time by considering their systems e.g. deploying cover staff. All outside support staff must be briefed on the setting's emergency response plan and must follow it.

Protect the student's belongings for the police and family

The protection of a student's belongings is an important act of respect for a grieving family and important to any subsequent investigation. When other students take/distribute these belongings, they may unwittingly cause distress for the deceased student's family and potentially compromise the work of police or the coroner. An inventory should be made of the student's items and they should be stored securely in the setting until they are collected by the family.

Ensure good documentation

All the actions of the CIT must be clearly documented, ideally by one team member. This will help the setting provide the details of its postvention actions to an authorised agency, if need be. It also means the information needed for the critical incident review process is ready. Having one team member manage this documentation ensures actions are not lost. It also protects the setting from stress if there is an urgent request for information from outside agencies.

Section D – The Longer Term

Continue to monitor staff and student wellbeing

In the first month, the CIT should be looking for obvious signs of staff or student distress and responding to them in the ways outlined earlier. This should be done in partnership with mental health professionals. The CIT may consider that the needs of staff and students and the impact on CIT members themselves warrants extra longer term support, and this should be negotiated with the relevant agencies. It is important to consider who can relieve setting leaders from the day-to-day administrative responsibilities whilst they direct their attention to specific postvention tasks.

If other crises in the setting community occur following a suspected suicide, it is possible that this will impact on those who have been affected by the suspected suicide. If further losses occur then it should be anticipated that many staff and students will return to their earlier levels of grief and therefore require their earlier levels of support and monitoring.

Consider and plan for future events of relevance

Following a suspected suicide, the setting may be faced with some dilemmas around how to manage events or documents that would have involved the deceased student. Decisions will need to be made about how to manage these situations. Settings can, and should, celebrate the young person's achievements in the normal way without fear that they are sensationalising the suspected suicide. However, very careful liaison with the family should occur regarding their wishes, and these should be respected.

Conduct a critical incident review

Another role of the CIT is to conduct a critical incident review. The purpose of a review is to evaluate the processes and procedures employed by the setting in response to a critical incident; that is, an event outside the normal range of experience of the people involved. During this review it is helpful to allow all staff an opportunity to contribute their views on how the setting community has managed its postvention responsibilities. The timing of the critical incident review will be influenced by individual circumstances and factors such as timing of vacation periods. Use your professional judgement on when the review should be. Timing should allow all involved to remember the decisions and actions taken, while allowing time for the incident response to be completed and giving some time for reflection.

It is important to perform a critical incident review so that ideas on how to improve your setting's emergency response or practices can be shared, considered and incorporated into setting policy and planning. It is also important to acknowledge the efforts of the setting community and highlight what has worked well. All members of the CIT usually participate in the critical incident review. This could be supported by the Educational Psychology Service as part of the service's critical incident response, and by Public Health as part of suicide prevention activity.

Prior to the critical incident review, it is helpful for CIT members to consider a number of issues and whether these could be improved:

- identification and support of students at risk of suicide
- staff and student understanding about what to do when they have concerns about a young person's safety
- communication within the setting
- communication with parents
- support for staff

- communication with and support from local authority and mental health agencies.

Ensure good documentation

It is important that you continue documentation of any decisions or actions in the postvention phase. The amount of documentation will decrease over time, but good practice would be to ensure that documentation occurs for approximately 12 months.

Continue support and monitoring of staff and students

By this time, students who are at increased risk will have been identified and should be receiving ongoing support and monitoring, in partnership with pertinent agencies and parents/carers. The management of this group of students should be conducted as part of the setting's ongoing and multi-layered systems of student support. However, specific attention should be given to identify students whose social support networks may change through a holiday period, an exam period and when they leave the setting. It is also important to be mindful that despite some high-risk students having been identified and supported by this stage, it does not mean that other students will not continue to be identified as high risk. These students should be referred for assessment by mental health staff.

Close friends of a deceased student can put pressure on each other by insisting on a particular way of 'remembering' their friend and forgetting that people manage grief in very different ways. Staff can help these students by reinforcing (at appropriate times) that there is no right way to remember or grieve the loss of a friend and that they must be kind to each other and respect their differences.

The setting leadership and CIT should again consider the need for additional personnel support in the setting. This applies particularly if the setting has been managing more than one critical event. Setting leaders should also take advice from the CIT about whether changed roles/appointments should be offered to identified staff.

Keep parents/carers, students and staff informed of relevant information

Giving parents/carers, staff and students regular and relevant communication is just as important in the long term as it is in the short term. Advice about anniversaries involving the deceased student, media coverage or any other forms of potential stress will continue to help protect the wellbeing of the setting community and reinforce a consistent and supportive approach from the CIT. People's desire to see something positive emerge from a tragedy like suicide is very strong. The results and recommendations of the critical incident review can help the community achieve some of this sense of moving forward.

Plan for important anniversaries

As with deaths from any cause, the anniversary of a death or the birthday of someone deceased are occasions that can take friends and family members back to their original levels of mourning. Being aware of (and prepared for) this possibility is a significant long term postvention responsibility.

Students may wish to do something to recognise different anniversaries. If this is the case, discourage large group memorials. These occasions are best handled in very small groups, where a staff member can be close by, if not actually present.

A limited group of staff, students and parents/carers may also need to be kept informed of police processes, inquests and legal proceedings. These events have the potential to create high levels of stress. Again, settings need to be alert and responsive to people's needs.

Implement recommendations from the critical incident review

It is important that settings begin to plan and implement any recommendations that were agreed to as part of the critical incident review. Implementing the results of the critical incident review helps people appreciate the positive work that the setting has undertaken.

Include prevention and postvention plan in staff inductions

All new staff (teaching and non-teaching) and volunteers should be made aware of your setting's postvention plan. In particular, teaching staff must be made familiar with the setting's support processes for identified students, as well as your referral pathways for reporting concerns.

Nominate a member of the CIT to whom new staff can direct queries regarding the setting's postvention work.

All staff should complete [Free online training from Zero Suicide Alliance](#) as a minimum requirement. Members of the CIT should complete enhanced training. [Free training](#) for professionals in Nottingham and Nottinghamshire includes sessions covering suicide prevention and intervention, and suicide bereavement.

Other Information to Consider

Memorials

Settings often wish to have a memorial for a student who has died. Being compassionate while maintaining the setting's primary focus of education can be a tricky balancing act. In the case of suspected suicide, settings must consider how to appropriately memorialise the student without increasing the risk of harm to other students. It is very important that settings try to treat all deaths in the same way. Having one approach for memorialising a student who died of cancer or in a car accident and a different approach for a student who died by suspected suicide reinforces stigma and may affect the student's family and friends.

It is important to memorialise the student in a way that doesn't inadvertently glamorise or romanticise either the student or the death. Wherever possible, settings should meet with the student's friends and family to work out a meaningful and safe way of acknowledging the loss.

Funerals and memorial services

It is important to remember to keep the regular routine intact as much as possible. This benefits the whole setting, including those who may not have known the deceased. Settings may appear to provide an obvious setting for a funeral or memorial service because of their connection to the community and their ability to accommodate a large crowd. However, it is advised that such services not be held on setting grounds. This enables the setting to focus instead on maintaining its regular schedule, structure and routine.

If the family does hold the service during teaching hours, it is recommended that the setting remain open. Students should be permitted to leave to attend the service. Senior staff should attend the funeral, and also consider the possibility that the presence of pastoral staff may also be beneficial.

Spontaneous memorials

In the immediate aftermath of a suspected suicide, it is not unusual for students to create a spontaneous memorial. For example, they may leave items like flowers, cards and poems in a place closely associated with the student. They may do the same at the site where the student died. In these circumstances, the setting must balance the students' need to grieve with making sure that death is not glamorised. In all cases, settings should have a consistent policy, so that suspected suicide deaths are handled in the same manner as any other deaths. A combination of time limits and straightforward communication can help to restore equilibrium and avoid glamorising the death in ways that may increase the risk to other students. Although it may be necessary in some cases to set limits for students, it is important to do so with compassion and sensitivity. For example, settings may wish to make posters and markers available so that students can gather and write messages. Set these posters up in an area that may be avoided by those who do not wish to participate. Do not put them in places like the front entrance. After a few days, the posters can be removed and offered to the family.

When a memorial is spontaneously created on setting grounds, monitor it for messages that are inappropriate (hostile or inflammatory) or indicate students who may be at risk. Settings can leave such memorials in place until after the funeral or for up to approximately five days (whichever occurs soonest). After this time, the tribute objects may be offered to the family. When a spontaneous memorial occurs off setting grounds, the setting's ability to exert influence is limited. However, it can encourage a responsible approach among the students. The setting should explain that it is recommended that memorials be time limited (again, until

after the funeral or a few days), at which point the memorial should be disassembled and the items offered to the family.

Graduation

If there is a tradition of including a tribute to deceased students who would have graduated with the class, then students who have died by suicide or suspected suicide should also be included. For example, settings may wish to include a brief statement acknowledging and naming those students from the graduating class who have died. Final decisions about what to include in such tributes should be made by a senior leader with the support of the CIT.

Permanent memorials and scholarships

Some settings or communities wish to establish a permanent memorial. This can be a physical item such as a tree, bench or plaque or something commemorative, like a scholarship. Permanent memorials can prove to be upsetting reminders to students, and can therefore disrupt the setting's goal of maintaining normal routines and emotional regulation for its students. Whenever possible, it is recommended that plans are made in consultation with the family and that permanent memorials be established off setting grounds. The setting should bear in mind that once it plants a tree, puts up a plaque, installs a park bench or establishes a named scholarship for one deceased student, it should be prepared to do so for others. This may become quite difficult to sustain over time.

Liaise with students

Some settings may resist any kind of memorialisation, for fear of glamorising suicide and risking harm to other students. But simply prohibiting any and all memorialisation is problematic in its own right. This may be perceived as stigmatising to the student's family and friends. It can also generate intense negative reactions, which can make an already difficult situation even worse. It is important to channel the energy and passion of the students (and the greater community) in a positive direction. It can be helpful for settings to be proactive. Suggest a meeting with the student's close friends to talk about the type and timing of any memorials. This can provide an important opportunity for the students to be heard and for the setting to sensitively explain why certain activities are allowed and others are not.

Media

The media can sometimes be interested in suspected suicide. However, the reporting of suspected suicide needs to be done with care, as media coverage can increase the risk of suicide to others. [Samaritans media guidelines](#) may be useful for your media department, if relevant. Ensure you are supported by the local authority media liaison team.

Social media

The term 'social media' commonly refers to websites that facilitate communication and networking between people. These include Instagram, Facebook, and Twitter. Social networking can also occur via mobile phone text messaging. Messages posted on these social media platforms can have a large impact because they can quickly reach an enormous number of people. This new and evolving form of communication can cause anxiety for parents/carers and setting staff. In the emotion-charged atmosphere that follows a suspected suicide, settings may be inclined to try to control this kind of student interaction. This is almost impossible, given that most communication takes place outside of setting hours and away from the setting itself. Settings can, however, utilise their own social media to promote information about positive mental health and distribute other important information to students

and the broader community. Staff may also discuss safe social media use with students informally or through the pastoral curriculum.

Involve students

Working in partnership with students can enhance the credibility and effectiveness of your social media efforts. A member of the CIT should contact friends of the deceased and work collaboratively with them.

Monitor and respond

Where possible, social media sites (including the deceased's Facebook wall or personal profile pages) should be monitored for rumours, derogatory messages about the deceased and comments indicating other students who may be at risk.

Support for staff

Just as students are offered support to help them manage their grief, it is also important to consider the support needs of the setting staff. Senior setting staff need to be aware that staff may need time to help them cope with the emotional distress. They may also need extra support to manage their job. Staff should be made aware that they can request permission to be excused from performing some tasks that may be required of them if they do not feel able to do this (e.g. informing students, staffing the student support room). As with students, it is also important that support options be available to staff – at the time of the crisis and also longer term.

Accessing support

[Harmless](#) and the [Tomorrow Project](#) are available for anyone within Nottingham and Nottinghamshire bereaved by suicide, experiencing suicidal crisis or self-harm or supporting a loved one in suicidal crisis or self-harming.

For bereavement support and suicide crisis:

- Email: crisis@tomorrowproject.org.uk,
- Call and leave a voicemail: 0115 880 0282
- Call/text: 07594 008356

For self-harm:

- Email: nottingham@harmless.org.uk
- Call: 0115 8800 280.

[Nottinghamshire Crisis Line](#) is available to everybody of any age in mental health crisis. It can be accessed at any time, anywhere across Nottingham and Nottinghamshire. Available 24 hours a day, seven-days a week, it's the number to call if you are experiencing a mental health crisis and need immediate help.

- Call: 0808 196 3779 <https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis>

[Text Notts](#) - By texting the word 'NOTTS' to 85258, residents can access Shout's free, confidential text messaging support at any time of day or night. The conversation, which takes place entirely by text message, aims to help the texter reach a calmer place with a plan to move forward. It will also signpost them to further support available locally. This may be the first time they've reached out for help with their mental health and can be the first step towards accessing the further support they require locally."

[Samaritans](#) – for everyone, call 24-hour helpline 116 123.

[NottAlone](#) is the key source of local mental health advice and help for young people in Nottingham and Nottinghamshire. It includes a page focusing on advice and support around [suicidal thoughts](#)

[Papyrus](#) is a national charity dedicated to prevention of young suicide. Its HOPELINE247 is for people aged under 35 years experiencing thoughts of suicide or people concerned that a young person could be thinking about suicide.

- Call: 0800 068 4141
- Text: 07860 039967
- Email: pat@papyrus-uk.org

[Campaign Against Living Miserably \(CALM\)](#) offers a helpline

- call 0800 58 58 58 from 5pm to midnight everyday or visit the webchat page.

[Support after suicide partnership- 'Help is at hand'](#) is a resource for people bereaved through suicide or other unexplained death, and for those helping them.

[Survivors of Bereavement by Suicide \(SOBS\)](#) offers support for those bereaved or affected by suicide through a helpline answered by trained volunteers who have been bereaved by suicide and a network of local support groups.

- Helpline: 0300 111 5065 Everyday 9.00am – 9.00pm
- Email: sobs.support@hotmail.com

[Cruse Bereavement Support](#) supports people after the death of someone close. They offer services specifically for children and young people. They offer confidential face-to-face, telephone, email and website support

- Helpline: 0844 477 9400 (see website for daily opening hours)
- Email: helpline@cruse.org.uk.

[Stay alive app](#) – NHS and social care staff have free access to the Stay Alive app which aims to provide help to people with existing mental health concerns, suicidal thoughts, and those struggling in self isolation. It provides information to help colleagues stay safe, including advice for people concerned about someone else who may be considering suicide.