Prevention of Youth Suicide Guidance Toolkit for Schools

Spring 2015

(This resource may also be used by any professional working with children and young people)
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Where to go for help and advice

When a young person is at risk of immediate harm

Take to A&E / dial 999 OR

Family Operations Hub
(previously Initial Response Team)

Mon – Thurs: 08.45 – 17.30
Fri: 08.45 – 16.30
OUT OF HOURS
Phone: 0845 606 1212

When a young person has emotional wellbeing and mental health issues or is at risk of self-harm and you want to seek advice from CAMHS

CAMHS GATEWAY
Consultation and advice on emotional wellbeing issues, signposting and access to Child and Adolescent Mental Health Services (ECC Tier 2 services and NHS Tier 3 services)

Clinician on duty Mon – Fri 14.00 – 17.00

South Essex: 01277 355956
North East Essex: 0845 556 4210
Mid Essex: 0845 556 4212
West Essex: 0845 556 4215

OUT OF HOURS CRISIS Phone: 01206 334600

If a young person is already open to CAMHS then by contacting the gateway the professional will be directed to the young person’s care co-ordinator at any time of the office day. If it is urgent by phoning the gateway you will be put through to a duty clinician anytime between 9.00-5.00pm

General information and advice

Family Operations Hub (previously EARLY HELP AND ADVICE HUB)

Information, advice and guidance to support a child / family (at Level’s 2 & 3*)

Mon – Thurs: 08.45 – 17.30
Fri: 08.45 – 16.30
Phone: 0845 603 7627

*For more information about levels of services see ‘Effective Support For Children and Families in Essex’
**Introduction**

This toolkit has been produced to support schools in promoting positive emotional well-being and mental health, but also to offer advice and guidance should they experience a death in their community due to suicide. However, it may be used by any professional working with children and young people as a source of information and support. In addition, the advice contained within it to support pupils will be relevant to a range of issues.

In November 2013 the Essex Safeguarding Children Board held a conference on preventing youth suicide. Following this, and in response to feedback from professionals and young people on the day, the Safeguarding Adviser for Schools was commissioned to produce materials to support schools with issues of suicide and self-harm. This toolkit has been produced by a multi-agency group and has undergone consultation with young people, schools and other professionals (see **Acknowledgements** section).

The government’s strategy document ‘**Preventing suicide in England, a cross-government outcomes strategy to save lives**’ (HMG, 2012) set out its objectives to reduce the suicide rate in the general population in England; and to provide better support for those bereaved or affected by suicide. It identified groups for whom a tailored approach to their mental health was necessary if their suicide risk was to be reduced. These included:

- children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system;
- survivors of abuse or violence, including sexual abuse;
- people living with long-term physical health conditions;
- people with untreated depression;
- people who are especially vulnerable due to social and economic circumstances;
- people who misuse drugs or alcohol;
- lesbian, gay, bisexual and transgender people; and
- Black, Asian and minority ethnic groups and asylum seekers

The document specified that children and young people had an important place in the strategy, as did schools, social care, the youth justice system and charities. It highlighted problems such as bullying, low body image and lack of self-esteem as risk factors. It stated that an inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides.

The strategy was reviewed and HMG produced its document ‘**Preventing suicide in England: One year on, first annual report on the cross-government outcomes strategy to save lives**’ (HMG, 2014). This document set out that schools and colleges in conjunction with commissioners of mental health services had a key role to play in promoting good mental health for all children and young people and in intervening early when problems become apparent.

Recent guidance from the DfE ‘**Mental Health and Behaviour in Schools**’ (DfE, 2014) states that schools will often be able to support children, intervening before mental health
problems develop. It talks about how schools can promote the mental health of its pupils (this is explored further in the Green Section of this pack).

Local Context

The Essex Effective Support Windscreen

![Essex Effective Support Windscreen Diagram]

Safeguarding and promoting the welfare of children is the responsibility of everyone in Essex who works or has contact with children and their families....Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

(from ‘Effective Support for Children and Families in Essex, ESCB, 2013)

The Essex Safeguarding Children Board (ESCB) has adopted the government strategy for the prevention of suicide and has produced an action plan to set out how Essex will implement it. This guidance toolkit is part of that plan and has been produced to support schools and the wider school community.

Suicide within a school community can be incredibly sad, often unexpected and at times challenging as schools try to operate within a sense of shock. Loss due to suicide may leave the school feeling uncertain about how to respond or what to do next.

Schools may be supported with some of these issues through:
- A clear understanding of their approach and contribution to the prevention of suicide and how to promote positive mental health (Universal Needs – Green Section of this Guidance Pack)

- A clear structure and system for supporting young people who have social, emotional and mental health difficulties (Additional Needs – Amber Section of this Guidance Pack)

- Pragmatic guidance about how to implement the school ‘Critical Incident Management Plan’ (CIMP) so they can support their pupils, staff and wider school community should such an event occur (Intensive / Specialist Needs – Red Section of this Guidance Pack)

- Access to reliable information about suicide and what supports young people and families with bereavement and loss

Positive mental health is the concern of the whole community and schools play a key part in this. When considering prevention of suicide, schools should consider the ways in which they can promote the development of good mental health and emotional well-being for all its pupils and staff.
Prevention of Youth Suicide Resource - Outline of Contents

**Complex Needs:** how to support a pupil who has tried to take their life. How to respond should a sudden death or suicide occur in the school community
- See Contact Details on page 2 for immediate action if you have serious / immediate concerns for safety
- Risk assessment plans & joint agency working
- Implementation of a School / Critical Incident Management Plan
- Seeking support from the Local Authority

**Additional Needs:** how schools can support pupils experiencing social, emotional or mental health difficulties and those who would benefit from further support to develop their resilience:
- Clarity between self-harming and suicidal behaviours
- Warning signs that a person may be considering suicide
- Supporting a young person you have concerns about (see diagram * also)
- Risk and Protective Factors
- Liaison with family and other agencies
- The Essex One Planning Environment / Support Plans
- Provision Guidance; interventions and Commissioning

**Universal Needs:** Whole School / Service approaches to promoting positive emotional wellbeing and mental health in schools:
- Ethos and culture to foster development of resilience
- Opportunities for connections / relationship development and pastoral systems
- Links to whole school policies and opportunities within the curriculum
- Use of the Essex Provision Guidance
- Supporting the emotional development of all young people, especially their ability to ‘emotionally regulate’ their emotions (understand, communicate and manage feelings)
- Planning for a ‘critical incident’
UNIVERSAL NEEDS - GREEN

This section outlines the various ways in which schools contribute to the prevention of youth suicide by developing the emotional wellbeing and mental health of everyone within the school community.

**Promoting positive mental health and resilience in school**

There should be a whole school approach to positive mental health and emotional wellbeing. This should include promoting the emotional wellbeing and resilience of all students and staff, as well as specific support for those with difficulties. In order to achieve this, schools need to have a clear vision, objectives and plan. This should include the whole school community having a shared understanding of what constitutes good mental health. Governors and senior school leaders are crucial in building and sustaining a culture and ethos of an emotionally healthy school life. Poor mental health undermines educational attainment and schools with healthy cultures are more likely to create effective learning environments.

Resilience is the ability to adapt to situations of stress and adversity and to recover from these experiences. It is fluid and dependent on various external factors which are present at any one time. Resilience can be fostered and grown through the connectedness that is experienced within relationships we have with others around us. Resilience develops through gradual exposure to difficulties at a manageable level of intensity.

There are risk factors that increase a person’s vulnerability and protective factors that can promote or strengthen resiliency. The more risk factors present in a person’s life, the more protective factors or supportive interventions need to be in place to counter balance and promote further growth of resilience. *(The Amber section of this pack provides more detail on such factors)*.

The International Resilience Project (2006) researched young people’s experiences from various countries across the world. Among the themes that evolved from this research were thoughts about what resources young people had within themselves and how strong the culture and community were around them to support the development of these internal resources.

Some young people and adults in schools may feel more disconnected, or unsafe in their school environment due to factors such as:

- feeling lonely
- having negative or stressful experiences such as being bullied
- finding social interactions very stressful and difficult to navigate
- managing emotions arising from experiences such as bereavement and loss; parental ill health; domestic violence in the home.

These factors may prevent a pupil from easily building relationships in school and therefore strengthening their resilience. School communities present many opportunities to develop resilience in their pupils and staff and school structures should form a ‘safe base’ from which the school can introduce emotional and mental wellbeing into the curriculum, assemblies and existing school systems. There should be a strong, nurturing pastoral system *(Weare, 2003)*. Teachers, learning mentors, teaching assistants, learning support
assistants and school nurses, to name a few, are important resources to support students who may have difficulties.

Essentially, everyone in the school should be enabled to understand and manage the variety of emotions that arise in everyday life which effect attitudes and behaviour. Schools can facilitate this through:

- Opportunities to build social relationships throughout the school day and beyond: through teacher and pupil interaction; friendships; clubs and interest groups; pastoral care / form tutor and other key adult relationships.
- PSHE programme and use of SEAL materials (Social, Emotional Aspects of Learning)
- Peer involvement such as peer mentoring, peer mediation and peer counselling
- Nurture groups
- Circle time
- Support groups
- Circle of friends
- Healthy Schools Programme – Healthy Schools toolkit.
- Across the school day there should be opportunities to develop and promote interactions and relationships between pupils; between adults; between adults and pupils and between the school and community. A sense of connectedness is crucial for the development of emotional wellbeing and resilience

It is important for schools to take into account the views of their children and young people and to incorporate these into policy and practice (see Appendix N). Schools should ensure, wherever possible, that they involve their pupils in the design and review of provisions for supporting emotional wellbeing and positive mental health (such as; policies, protocols, interventions).

**Being a ‘bereavement aware’ school**

Schools should aim to become a ‘bereavement aware’ environment, where loss is acknowledged and discussed in all kinds of ways with staff, parents and pupils; including planned approaches (laid out within a Bereavement Policy) and wherever the opportunity arises. Schools that consider how to be more ‘bereavement aware’ will take time to plan proactively what things might help their school think more about loss and bereavement and in turn will raise the confidence and skills of teachers and parents to discuss issues about loss and death. When adults and pupils take up opportunities to discuss and think about death, loss and bereavement in everyday situations they develop a common language and emotional literacy among the school community so that if and when a loss is experienced, there is a basis for support and discussion already in place.

Whole school development work might include the development of a bereavement policy and training for staff on issues relating to loss and bereavement. An example of a Bereavement Policy (developed by Primary Schools and Child Bereavement UK) is provided here:
There are various providers of training for school staff including the Essex Educational Psychology Service; Child and Adolescent Mental Health Service (CAMHS) teams and charities such as Child Bereavement UK (http://www.childbereavementuk.org).

Research at Child Bereavement UK suggests that schools who work towards increasing their awareness and inclusion of issues of loss and bereavement within their curriculum and wherever the opportunity presents have a good foundation for exploring feelings and supporting staff, pupils and the wider school community if the school experiences a bereavement of someone within their school community.

**Links to other policies**

Prevention of suicide is already well-supported by many policies in school. These may include the following (although names of policies may vary from school to school):

- Child Protection
- Anti-bullying
- Behaviour
- Code of Conduct (staff and pupil)
- SEN / Local Offer
- Social Media (including mobile phone use) / E-safety
- Health & Safety
- Security of Premises
- School / Critical Incident Management Plan (sometimes referred to as School Emergency Management Plan or a School Incident Management Plan)

**School / Critical Incident Management Plan**

A critical incident is one which has the potential to cause disruption and distress to a school when members of the school community are affected by a significant loss, event or ongoing situation. Examples could include:

- The sudden death of a member of staff or a pupil attending the school.
- Coping with the terminal illness of a member of the school community.
- A serious accident involving pupils or staff inside or away from school.

Schools should have a plan in place to outline how they will respond should a critical incident occur within the school community (*the RED / Intensive section contains further information on what to include in this*). Schools may, as part of the plan, identify a Critical Management Team – a group of staff members who are made familiar with the plan and may have specific roles within the plan itself. Support is available for schools when there has been a Critical Incident. The Educational Psychology Service has produced a leaflet for schools outlining support available and which may be displayed in the school for information (*see Resources section*).
**ADDITIONAL NEEDS - AMBER**

This section outlines how schools can support pupils experiencing social, emotional or mental health difficulties and those who would benefit from further support to develop their resilience.

Self-harm is often thought to be directly linked with suicide. However, this is not the case. The two sometimes get grouped together because both are responses to distress and people who begin with self-harm may later commit suicide. The main difference is one of intent. Generally, people who self-harm do not wish to kill themselves; whereas suicide is a way of ending life. Self-harming behaviours may be a way of coping and trying to live with difficulties in life, rather than making a plan to end their life. The act of self-harm is not believed to lead on to suicidal behaviour, but the pain and complex life issues that may lead a person to self-harm may also be the same reasons for another person to take their life by suicide. Research suggests that people who have shared plans to, made attempts to, or carried out plans to end their life are likely to have previously also self-harmed, (NICE, 2004).

It is very important that self-harming behaviour is acknowledged as a way of indicating emotional distress and is taken seriously and responded to in a supportive way. Early intervention can help a young person to manage distress in alternative ways. Many of the suggestions within this guidance pack will also be helpful when supporting a young person who is self-harming, such as the use of the support plans, advice for adults building relationships with the young person, the importance of listening to the young person and being person-centred in your planning and actions.

**Warning signs that a young person may be considering suicide**

The following could be signals or indications that a young person is thinking about suicide. It might be helpful to consider these as ‘invitations’ – behaviours inviting others to notice, hear or see things about how someone is feeling.

- Speaking about wanting to die; plans to or threats to end their lives; use of ‘hopeless’ language (e.g. ‘there is no point’ ‘I am at the end’)
- Speaking about being a burden on others
- Saying goodbyes to family and friends, tying up loose ends / putting affairs in order
- Giving away prized possessions or meaningful items
- Preoccupation / focus on death via medias such as art, poetry, music or writing about suicide / death on blogs / internet / in diary
- Changes in mood – particularly if the young person is showing feelings of calm and contentedness following a period of distress or depression (as they may be feeling ‘at peace’ with a decision to follow through with a plan of suicide)
- Actively seeking out supplies or artefacts to assist with a suicide e.g. stockpiling medication, searching online for methods
- Suicide notes or plans
- Increasing use of alcohol or drugs
- Sudden changes in behaviour that may be linked to emotionally difficult situations
- Withdrawing or isolating themselves
- Expressing feelings of loneliness
- Loss of interest in hobbies or things that please oneself

**Risk and protective factors**

There are sets of risk and protective factors that may be present in someone’s life and these factors interact to form feelings, thoughts and actions. The more risk factors present in a person’s life, the more protective factors are needed to counterbalance the areas of risk. These factors exist on an individual level, within families and within wider communities.

<table>
<thead>
<tr>
<th>RISK FACTORS FOR VULNERABILITY</th>
<th>PROTECTIVE FACTORS FOR EMOTIONAL WELLBEING</th>
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</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td><strong>INDIVIDUAL</strong></td>
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<tr>
<td>Prenatal trauma / Premature birth / Birth Trauma / low birth weight</td>
<td>Easy temperament, personality traits Being female</td>
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<tr>
<td>Physical illness especially if chronic or neurological</td>
<td>Positive self-image &amp; Self-confidence, Independent, autonomous</td>
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<tr>
<td>Learning difficulties &amp; disabilities</td>
<td>Internal types of self-motivation / attributions / self-efficacy &amp; locus of control (e.g. aware that they have an impact on the world around them)</td>
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<tr>
<td>Communication difficulties</td>
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<td>Developmental delay</td>
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<tr>
<td>Being separated from parents</td>
<td>Able to relate to and trust others</td>
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<tr>
<td>Difficult temperament</td>
<td>Good communication &amp; social skills (e.g. responsibility; empathy; co-operation, assertiveness, interpersonal skills)</td>
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<td>Low self esteem</td>
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<tr>
<td>Learned helplessness</td>
<td>Able to regulate strong feelings and impulses and can delay gratification</td>
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<tr>
<td>External types of self-motivation / attributions / self-efficacy</td>
<td>Hope / positive beliefs – curious and creative</td>
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<td>Find it difficult to trust others</td>
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<td><strong>Experiences of sexual or physical abuse</strong></td>
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<td>Failing academic performance / impending exams / exam results</td>
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<tr>
<td><strong>FAMILY</strong></td>
<td><strong>FAMILY</strong></td>
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<tr>
<td>Lack of secure attachment experiences</td>
<td>Provides secure attachment experiences (attunes to children and attempts to meet their needs)</td>
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<tr>
<td>Family structures – single parent / separated families (e.g. army / blended families / divorce or separation (ending of relationships))</td>
<td>Relationships provide care/support / create love and trust / offer encouragement in and out of family</td>
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<tr>
<td>Parent / caregiver with mental health difficulties (e.g. depression, drug / alcohol abuse)</td>
<td>Warmth, cohesion – family is a ‘group’ Presence of a caring adult</td>
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<tr>
<td>Domestic Violence</td>
<td>Absence of stress / conflict</td>
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<tr>
<td>Abuse</td>
<td>Authoritative / emotional / coaching style of parenting</td>
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<tr>
<td>Poverty</td>
<td>Emotionally available &amp; emotionally stable parent</td>
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<td>Unemployment / job loss / problems at work</td>
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<tr>
<td>Bereavement – death of a close family member or friend</td>
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<td>Family history of suicide or violence</td>
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<td>Impending legal action</td>
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<td>Recent imprisonment or upcoming release</td>
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<td>Separating families (e.g. children from parents whilst in hospital)</td>
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<td>Lack of extended family and friends</td>
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<td>Birth experience – hospital approaches</td>
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<td>Gang culture</td>
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<tr>
<td>Ethos / Attitudes / beliefs</td>
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<tr>
<td>Lack of community cohesion</td>
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<td>Violence</td>
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<td>Drugs</td>
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<td>Unsafe living area</td>
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<tr>
<td>Unemployment / poverty areas</td>
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<tr>
<td>Lack of a sense of power or input / involvement in community</td>
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<tr>
<td>Exam time in schools and colleges; exam results events</td>
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| Extended network of family and friends |
| CONNECTEDNESS |
| Peer relationships / positive peer influence |
| Social organisations that offer array of services and activities to residents / opportunities for positive activity |
| Consistent expression of social norms and expectations / what constitutes acceptable behaviour |
| Sense of cohesion / community neighbourhoods and neighbours |
| Sense of pride / culture / identity / of a place |
| Opportunities for young people to participate in community life as a valued members |

**Particular risk factors linked to suicide have been indicated in bold.** *(Source of bold content: www.befrienders.org)*

**What to do if you are concerned about a young person leaving invitations or showing warning signs, or where the risk of suicide has been identified**

The risk of suicide is raised where someone has been identified as potentially suicidal because they have directly or indirectly expressed suicidal thoughts, or demonstrated other clues or warning signs.

- Take all threats of self-harm or suicide seriously. Reassure the young person that sharing their thoughts and feelings is ok and that they will be listened to.
- Decide with the young person who needs to have this information shared with them and take immediate action *(at all times acting in accordance with safeguarding procedures)*
- Someone close to the young person could talk with him/her in a quiet, private setting to clarify the situation and provide appropriate support
• If there is a designated member of staff trained in suicide prevention, they should be contacted to meet with the young person and carry out a basic screening that includes specific inquiry as to the existence of a suicide plan

• Parents / carers must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (if there is reason to suspect that a young person has been or is likely to be abused or neglected, this must be referred in accordance with safeguarding procedures)

• The individual who notifies the parent / carer should be someone who has the experience / expertise and / or a special relationship with the young person and parents / carers. The same person should follow-up with the parents / carers within a few days to determine what action has been taken and to discuss support for the young person

• Document actions taken as required by your protocols

Interventions to support individuals or groups of vulnerable young people

Effective prevention of suicide can be hindered by the stigma attached to it. This stigma may prevent young people from seeking help as they may fear they will be judged, dismissed as attention seeking or that people will think there is something wrong with them or that they are weird.

Stigma surrounding suicide may also prevent adults such as parents, carers, teachers and other professionals from talking with young people about suicide for fear it may increase the likelihood of suicidal behaviour. They may also lack confidence about what to say and what to do next.

Schools have a key role to play in challenging and tackling stigma, the result of which can lessen the amount of shame felt by those who are touched by or impacted on by suicide. Tackling stigma can begin with planned and regular experiences of mental health and wellbeing education in schools. This may be through PSHE but also through other opportunities within the curriculum to be most effective. In order for the impact of this to be maximised, continued support and training for teaching and support staff (including all members of staff interacting with pupils) is paramount. Training should aim to raise the confidence of staff to have conversations with pupils about emotional wellbeing, mental health and issues such as self-harm and suicide. MindED provide staff training in issues of mental health (https://www.minded.org.uk/).

Young people and the digital world

Two main issues are pertinent to young people and the internet with regards to their emotional wellbeing and mental health.

1. The risks and possible complications of using the internet when feeling vulnerable are well documented. Concerns are around social interaction and friendship building, access to inappropriate sites and communities who may either encourage suicidal thoughts or access to methods of self-harm. Cyber bullying can increase a person’s unhappiness, loneliness and isolation.
2. Alternatively, the internet can play a very proactive part in enabling a young person or adult to access support via groups such as the Samaritans; Young Minds or ChildLine. Counselling and listening services are increasingly being accessed via email or online services, particularly at times best suited or needed such as weekends and at night times. Supportive information can be accessed any time of day.

Young people are growing up in a world with technology that can both help and hinder their emotional wellbeing and mental health. Adults should be vigilant and aware of young people’s use and interaction with the internet and actively seek information about this part of their lives when gathering information and getting to know them as a person.

**Liaison with family / carers**

A member of staff (preferably one who already has a relationship with the family or has the availability to build this) will need to act as a liaison between home and school. It is important to be transparent with the young person about talking with family members and, where possible, agree with the young person what information is shared and how this will be done and who it will be shared with. Supportive materials such as leaflets and helpline telephone contacts could be readily available when staff speak with parents and more freely via display in school or on their website. (See Resources Section for some suggested websites for materials).

Some young people may exhibit signs of depression or express suicidal thoughts as a result of honour based abuse (for example, forced marriage). In these cases, it is important to understand that involving the family and the community may increase the risk of significant harm to the child or young person. The family may deny that the child or young person is being forced to marry and they may expedite any travel arrangements and bring forward the marriage. Any such concerns should be discussed in the first instance with the Initial Response Team Consultation Line.

**Liaison with other agencies**

There may be professionals or agencies already involved with the young person and/or their family. Or it may be felt appropriate to refer on to another agency to request support for the young person, their family and/or the school. Referrals to Child and Adolescent Mental Health Services (CAMHS) are co-ordinated through a Gateway within each quadrant area of Essex. Guidance on what services are on offer and how to refer to CAMHS can be found in the resources section of this pack.

It is important that all services and support strategies are co-ordinated. General Practitioners (GPs) are often involved in assessing or making referrals to mental health support services for their young people. Schools collaborating and working in partnership with any other services involved will be beneficial to the young person and forms one of the underpinning principles of Person Centred Planning in that a ‘team’ is formed ‘around the child or young person and their family’. This enables ‘One Planning’ to be undertaken whereby all professionals contribute and align their own professional work within ‘One Plan’ which can regularly be reviewed.
The Essex One Planning Environment and Essex Provision Guidance

Any plans for a young person requiring additional support around their mental health should be made in accordance with the Essex One Plan and Provision Guidance.

One Plan is the Essex Approach to ensure genuine involvement of parents, carers, children and young people in decision making, through a process of person centred planning. A major principle underlying this process is that planning should start with the individual, taking account of their wishes and aspirations, the outcomes they seek and the support they need to achieve them. (SEN Code of Practice, DfE 2014)

The Essex Provision Guidance provides an evidence-based reference for schools and other practitioners with advice on how to meet the needs of children with special and additional educational needs. The Provision Guidance draws on good practice in schools, and evidence-based, applied psychological theory and research. It is organised on the categories of need specified in the new Code of Practice for Special Educational Needs (DfE, 2014). It can be used to consider what is already available for the student and what other provisions could be put in place to support the development of their Social, Emotional and Mental Health needs. The Provision Guidance also contains information about various areas of emotional development which may be of interest to staff wishing to develop their knowledge further.

(For further information on Essex One Planning and Provision Guidance, see the Resources section).
This section explains how to support a student who may have taken action to seriously harm themselves and how to implement a School / Critical Incident Management Plan (S/CIMP) should a sudden death or suicide occur in the school community. It includes information about what support can be accessed from the Local Authority.

*Please refer to the Contact Details on page 3 if you have concerns of serious risk or immediate harm to a child or young person.*

When speaking to CAMHS Gateway, if a young person is already open to them, the professional can be directed to the young person’s care co-ordinator. For urgent contacts, a duty clinician is available between 9.00am – 5.00pm. (Less urgent contacts are responded to between 2.00 – 5.00pm by a duty clinician). Please ensure you have relevant and appropriate information to hand when making a referral as CAMHS cannot respond effectively without this.

Where there are significant concerns about a young person or where serious incidents have already occurred, it would be helpful to compile a Risk Management Plan *(see Appendix B)*. Appendix C outlines some helpful procedures to follow when a student returns to school following an incident of self-harm.

**School / Critical Incident Management Plan (S / CIMP)**

Schools should have a plan in place to outline how they will respond should a critical incident occur within the school community. This may be referred to as the School / Critical Incident Management Plan (S/CIMP). Schools may, as part of that plan, identify a Critical Management Team – a group of staff members who are made familiar with the Management Plan and may have specific roles within the plan itself. This plan should be reviewed regularly, by a key team of staff members to ensure that it is current and relevant.

**Critical incidents in school communities**

A critical incident is one which has the potential to cause disruption and distress to a school when members of the school community are affected by a significant loss, event or ongoing situation.

Examples include:

- The sudden death of a member of staff or a pupil attending the school.
- Coping with the terminal illness of a member of the school community.
- A serious accident involving pupils or staff inside or away from school.

If such an event affects your school please contact the Schools Communication Team via the telephone numbers listed below:

<table>
<thead>
<tr>
<th>Schools Communication Team</th>
<th>01245 434745</th>
<th>Office hours (9.00am – 5.00pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Duty Service (EDS)</td>
<td>0845 606 1212 07717 867525</td>
<td>Out of hours, weekends and public holidays</td>
</tr>
</tbody>
</table>
The Schools Communication Team will be able to link you to various services within the Local Authority; including the Critical Incident Team (Educational Psychology Service).

The Educational Psychology Service has experienced Educational Psychologists who can respond rapidly to a critical incident. Senior Specialist Educational Psychologists are trained to co-ordinate response work with other professionals from CAMHS or community groups to provide support to schools.

The following can be provided:

- Initial consultation with the School Senior Management Team (either by phone or in person).
- Advice on an appropriate plan of action and implementation of a plan.
- Advice to school staff and parents on appropriate ways of understanding and managing children and young people’s reactions to loss and bereavement.
- Support to staff and parents from the Educational Psychology Service
References Green Section:

‘Preventing suicide in England, A cross-government outcomes strategy to save lives’ (HMG, 2012)


‘Mental Health and Behaviour in Schools’ (DfE, June 2014)


References Amber Section:


SEND Code of Practice: 0-25 years (DfE, 2014)


References Red Section:

Step by Step: How to prepare and respond to suicide in schools. The Samaritans (2013)
Resources:

<table>
<thead>
<tr>
<th>CAHMS Gateway Guidance</th>
<th>CAMHS Gateway Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Bereavement UK</td>
<td><a href="http://www.childbereavementuk.org/">http://www.childbereavementuk.org/</a></td>
</tr>
<tr>
<td>Children and young people’s feedback on the Essex Emotional Wellbeing Mental Health Service Model (April 2014)</td>
<td>CYP EWMHS model feedback FINAL Repc</td>
</tr>
<tr>
<td>Commissioning Counselling: Information for Schools (CAMHS Stakeholder Partnership, 2014)</td>
<td>Commissioning Counselling</td>
</tr>
<tr>
<td>Cruse Bereavement Care</td>
<td><a href="http://www.cruse-essex.org.uk/">http://www.cruse-essex.org.uk/</a></td>
</tr>
<tr>
<td>Effective Support in Essex for Families and Children in Essex (ESCB)</td>
<td>Effective Support in Essex for Families and Children in Essex</td>
</tr>
<tr>
<td>Guidance to Schools on Critical Incidents (Essex Schools Infolink)</td>
<td>Critical Incidents</td>
</tr>
<tr>
<td>Essex One Planning Environment (Essex Schools Infolink)</td>
<td>Essex One Planning Environment</td>
</tr>
<tr>
<td>Essex Provision Guidance (Essex Schools Infolink)</td>
<td>Essex Provision Guidance</td>
</tr>
<tr>
<td>Essex Educational Psychology Service (Essex Schools Infolink)</td>
<td>Essex Educational Psychology Service</td>
</tr>
<tr>
<td>Essex Educational Psychology Service Critical Incident Leaflet</td>
<td>EP Critical Incident Support.pdf</td>
</tr>
<tr>
<td>Essex Safeguarding Children Board (ESCB)</td>
<td><a href="http://www.escb.co.uk/">http://www.escb.co.uk/</a></td>
</tr>
<tr>
<td>Essex Schools Health Education Unit Summary Report ‘Supporting the Wellbeing of Children and Young People in Essex 2014’</td>
<td>SHEU Report 2014</td>
</tr>
<tr>
<td>Essex Schools Safeguarding page (Essex Schools Infolink)</td>
<td>Essex Schools Safeguarding</td>
</tr>
<tr>
<td>Help is at Hand (NHS, 2010) – document to support those bereaved by suicide</td>
<td>help is at hand.pdf</td>
</tr>
<tr>
<td>HopelineUK — confidential youth suicide prevention phoneline</td>
<td>0800 068 41 41</td>
</tr>
<tr>
<td>Kidscape</td>
<td><a href="http://www.kidscape.org.uk">www.kidscape.org.uk</a></td>
</tr>
<tr>
<td>Mental Health and Behaviour in Schools (DfE, 2014)</td>
<td>Mental Health and Behaviour in Schools</td>
</tr>
</tbody>
</table>
Mental Health First Aid (MHFA) - educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem

MindED – Mental Health and Emotional Wellbeing Online training portal for professionals working with children and young people

NHS 111

NHS Choices

NICE (National Institute of Clinical Excellence)

NSPCC

Nurture Dogs

Papyrus – charity to prevent youth suicide

Resilience and Results (Children and Young People’s Mental Health Coalition, 2012)

This document contains many other resources and links to other relevant organisations

Samaritans

SET Procedures (ESCB, 2011)

Winston’s Wish – childhood bereavement charity

Working together to safeguard children (DfE 2013)

http://mhfaengland.org/

https://www.minded.org.uk/

http://www.nice.org.uk/Guidance/PH12 - Primary

http://www.nice.org.uk/guidance/PH20 - Secondary

On the edge: ChildLine spotlight: suicide

http://www.nurture-dogs.co.uk/

https://www.papyrus-uk.org/

www.samaritans.org

SET Procedures 2011

www.winstonswish.org.uk

Acknowledgements:

This guidance has been produced by a multi-agency group involving the Child and Adolescent Mental Health Service, Commissioning Support Service, Essex Educational Psychology Service, Essex Involvement Team and the Standards and Excellence Service (Education). In addition, schools and other partners have been consulted and have contributed to the toolkit.