

Suicide Prevention Resources

Responding after a suicide attempt

A suicide attempt by a young person can have a significant impact on a school community, causing distress and anxiety for their peers, school staff and families.

There are a range of actions your school can take to support young people at risk as well as your learning community. Incorporating these actions into your school's existing wellbeing policies and emergency management protocols ensures a coordinated and thoughtful response to suicide attempts.

Self-harm can also lead to great distress — for the young person who self-harms and your learning community.

Self-harming behaviour isn't a suicide attempt but it's still serious and risky behaviour that can have long-term consequences — it should always be taken seriously and responded to appropriately. It's important to be familiar with this type of behaviour (see our Self-harm Fact Sheet) and how best to respond.

The school's response

A school's response to a suicide attempt is a deliberate process.

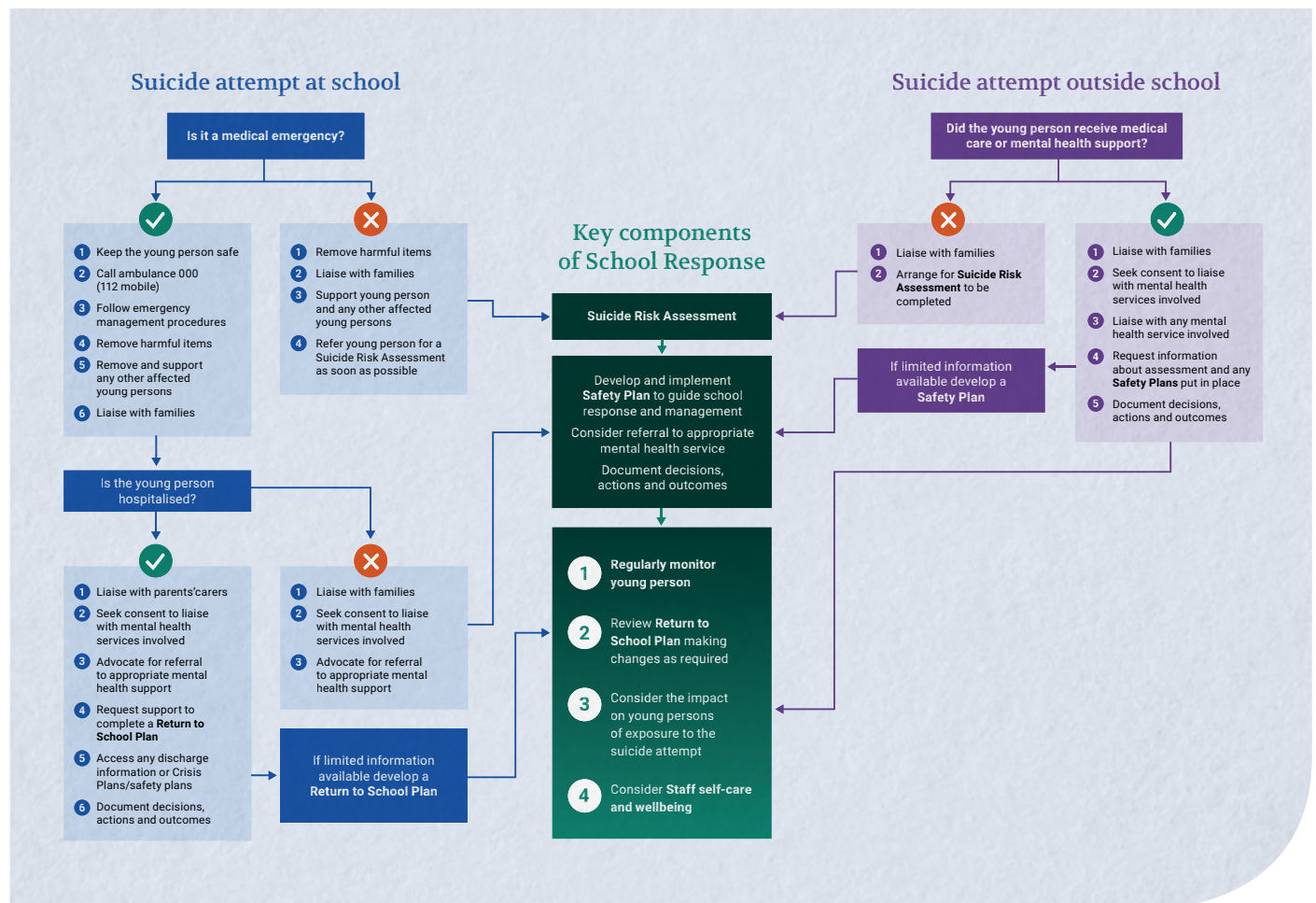
It's aimed at ensuring the immediate and ongoing safety, care and support of a young person at risk of suicide, as well as others who may be affected by the situation.

These key actions should guide the school response:

- Remain calm, non-judgmental and caring.
- Keep the young person safe and supported. Take them to a safe, private place if they can be moved. Remove any means of suicide available to them in the immediate vicinity, such as medications or weapons.
- A risk assessment should be undertaken by a trained professional (for example, a mental health professional or a school staff member with suitable training) as soon as possible to assess the likelihood and severity of the young person's suicidal intentions.
- Refer the young person appropriately, based on assessment of their support needs. If the young person is at imminent risk of suicide, seek professional support from your local mental health service or emergency department. Stay with the young person (or arrange for supervision) until they can be seen and assessed.
- Call an ambulance if the young person has taken a drug or medicine overdose or consumed poison, is seriously injured, unconscious, confused or disoriented, or has bleeding that is rapid or pulsing.
- Call the police if a young person is disclosing intent to harm themselves or threatening to harm others and is so distressed that they're unmanageable in the school environment.
- Communicate with the family of the young person and any professionals involved in the care of the young person.
- Consider the impact of the event on others directly or indirectly exposed, for example via social media. After a suicide attempt some members of the school community may be at increased risk of suicide. Those at increased risk should be identified, monitored, supported and referred as soon as possible for a suicide risk assessment.
- Arrange for appropriately trained staff to talk with those impacted to determine what other supports they might need. Contact the families of those impacted and advocate for support and that a suicide risk assessment be provided where needed.
- Implement your school's critical incident response plan, or a similar plan for your sector or region. Have student wellbeing or leadership follow up and liaise with hospital or mental health services, or any support service or program, about support planning, communications and information sharing.
- Respect the confidentiality of the young person. Consider the wishes of the young person and their family when communicating about a suicide attempt.

Responding to suicide attempts flowchart

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



The importance of a Safety Plan

A Safety Plan is an intervention designed to prevent suicide

It can be a useful tool when a young person is ambivalent about living or dying, whether these thoughts are vague or intense in nature, as it can help to contain distress and reduce the immediate risk of suicidal behaviour.

A Safety Plan involves the young person — ideally with support from a health professional or their local supports — identifying coping and help-seeking strategies that are tailored for their needs, situation and personal relationships. It prompts the young person to work through these steps — beginning with strategies they can employ themselves, such as relaxation exercises or participating in enjoyable activities, moving on to who they can contact for support — until they feel safe.

Safety planning should be undertaken by staff who are skilled and experienced in this process. The Safety Plan should be completed as part of a broader conversation with the student about their mental health, suicide risks and need for further support. It's important to reinforce with the young person that if they feel at imminent risk and are unable to remain safe — even for a short period of time — they should seek immediate support from their family, friends or emergency services.

[BeyondNow](#) enables people to develop a list of warning signs, coping strategies, reasons for living and ways to stay safe in a convenient and confidential free app. It can be easily accessed during times of distress and crisis, and can also be used in collaboration with health professionals or shared with family and close friends.

The Safety Plan

1. **Recognising warning signs and personal triggering events.** Being aware of changes in thoughts, moods and behaviour that may signal a developing crisis allows the person to act earlier, helping to reduce further risk.
2. **Creating a safe environment.** Identifying ways of keeping the young person's immediate environment safe can be achieved by reducing or eliminating their access to potentially lethal means. This can also include being aware of and avoiding stressful or upsetting situations.
3. **Identifying reasons to live.** Developing a list of positive things in life that bring joy and meaning or that the young person can look forward to can help to change the young person's focus.
4. **Identifying things I can do by myself (internal coping strategies).** Identifying activities and internal coping strategies that a young person can do without contacting anyone else can help to regulate emotions, reduce distress, change the focus of thinking, and distract from suicidal ideation, potentially preventing a further escalation into crisis.
5. **Connecting with people and places.** Just being around other people can provide distraction from suicidal thoughts. This can include spending time with family and friends or going to a busy park or shopping centre.
6. **Reaching out to trusted friends and family in a crisis.** The young person should think carefully about who would be helpful in a crisis. Avoid listing people who could possibly exacerbate the situation.
7. **Professional help.** Health professional or support services that can be contacted during a suicidal crisis.

Some young people may not wish to complete a step or steps in the Safety Plan. Their plan is unique to them and is all about keeping safe, so if certain steps aren't helpful or create an additional source of burden, stress or conflict, these can be left out. A Safety Plan should also be modified over time to ensure its effectiveness. The young person might review their Safety Plan with the wellbeing team, their health professional or another significant support person.

The Return to School Support Plan

Returning to school can be a protective factor for young people and can be helpful in their recovery, especially when the school has worked to create a supportive and protective environment.

The young person may feel anxious about returning to school and will need additional support and understanding. With these considerations in mind, school staff can play a crucial role in supporting the young person and assisting with a successful transition back to school.

A Return to School Support Plan aims to ensure the best possible reintegration, safety, care and support for a young person who's returning to school after a suicide attempt. It should include strategies that aim to keep the young person safe, supported and connected with staff and peers. It outlines situations the young person might find difficult and how these can be managed for them to feel safe and supported.

An up-to-date risk assessment should also be available when completing the plan, as this will guide the level of support and care provided to the young person. If your school doesn't have access to a recent risk assessment, one should be completed by an appropriately trained staff member prior to the Return to School Support Plan being completed.

The Return to School Support Plan is ideally negotiated with the young person, their family, school wellbeing staff and any mental health professionals involved in the young person's care before the young person returns to school. If this hasn't occurred, school wellbeing staff should complete the Return to School Support Plan as a priority when the young person does return.

The process for this planning may include:

- scheduling a Return to School Meeting with the young person, their family, their health care professionals, key school staff and school wellbeing staff to discuss the young person's needs and develop a Return to School Support Plan
- documenting decisions, actions and outcomes
- making regular contact with the young person and their family to discuss their progress and any concerns or developments.

Key components of the Return to School Support Plan

Identify a key support person at school.

Ideally, this person is a wellbeing staff member who has some mental health training and understands the needs of young people at risk. However, the young person should be encouraged to choose someone who they trust and feel comfortable with. Encourage them to choose staff who are easy to approach, have time to offer support and who understand how they can help. If the young person chooses a staff member who's not well placed to be a support person, find other ways for this trusted staff member to be involved in the Return to School Support Plan. The key support person should act as the school liaison with the family and external mental health service providers. They'll also be the key contact the young person goes to if they need additional support or assistance during school hours.

Negotiate the details of the Return to School Support Plan.

It's imperative the young person has ownership of their Return to School Support Plan and that all sections are written with their involvement. Staff should guide discussion and suggestions around strategies but shouldn't complete the Return to School Support Plan on the young person's behalf. Active involvement in the development of the Return to School Support Plan by the young person will ensure the information is meaningful and helpful, and therefore more likely to be used when required. If the young person is involved in decisions about their return to school, it's also likely to influence their re-engagement and therefore successful reintegration into school.

If you believe the young person's suggestions are unrealistic or unmanageable discuss this openly with them, giving clear reasons and alternatives. The school's duty of care needs to be considered, so it may also be necessary to talk about the limits of what the school's able to offer.

It may be appropriate to consider:

- a gradual return to school until the young person feels well enough to attend full-time
- a partial study load until the young person feels well enough to manage a full workload
- assistance to prioritise catching up on missed school work. The young person's length of absence from school will determine how much school work they've missed. This may feel quite overwhelming for them. Depending on the time missed, it may be worth considering an exemption for missed work, assignments or exams.

Negotiate how the young person can return with the least amount of stress.

Returning to school should be negotiated after discussion with the young person, their family and other support staff. It may be more manageable for the young person to be on a partial study load initially. Discussions may also need to focus on how to catch up missed work, assignments or exams.

Develop a collaborative approach to support the young person at school.

It's not the sole responsibility of the school to support a young person at risk of suicide, but it can play a key role. When possible, it's preferable that the young person engages with an external mental health service or general practitioner (GP) prior to returning to school. Ideally, families should also play a central role in supporting the young person in their return to school. Regardless of the individuals involved, there needs to be a collaborative approach to information sharing and delineating responsibility.

Identify who'll monitor or check in with the young person when they're at school.

School staff may become aware of the need for additional support for the young person. This might be from a mental health service, community health service or general health service. In these circumstances, staff should facilitate a referral to the required service in collaboration with the young person and their family.

Clarify information sharing, confidentiality and consent.

A school can only obtain information about a young person's admission or treatment from a hospital, mental health or health service, community agency or support program with the consent of the young person or their family. This can mean you may be unable to obtain even basic information, such as whether a young person has become a client of a service, without the service having sought and obtained prior consent for the school to receive this information. Consent is usually given in writing and, ideally, signed by the young person and an appropriate family member.

Service procedures can vary, so seeking clarification from the service about its consent procedures is vital if the information a school requires isn't being provided.

Schools can request a service seeks permission from families or young people so information can be shared with the school. A school, through its wellbeing team, can also implement its own consent or permission procedure. The school can obtain consent from families or the young person for information to be shared with the school, prior to the referral of a young person. Schools can also play a proactive role in negotiating information-sharing protocols with agencies and programs used by young people as part of student wellbeing practice.

Identify strategies that help the young person feel better.

When exploring the strategies that help the young person feel better, use a positive and proactive approach by focusing the discussion on strategies that are healthy and appropriate for a school setting. Young people may want to include unhelpful strategies like leaving school or cutting themselves. If this occurs, explain that while these strategies may feel OK in the short-term, they aren't healthy in the long-term. Offer some helpful suggestions when required but encourage the young person to identify what works for them. These will often be the same strategies as what they've identified their Safety Plan.

Explore when more support is needed.

It's important to be clear and honest with the young person about the potential need to involve other people or services if you're concerned about them. It might be helpful to offer examples. For instance, say, "If I see you becoming more withdrawn, I'll be concerned about you and will need to talk to the wellbeing staff". Reassure the young person that this is part of your obligation to them and that it's to ensure that they receive the best possible support.

Decide who has access to the Return to School Support Plan.

Key school staff involved with the young person should be given relevant information about how to assist the young person in class time or while on school grounds. They don't need access to detailed clinical information or the complete Return to School Support Plan to do this, but they should be provided with the information that affects how they approach or support the young person.

It's not appropriate for all school staff to receive a copy of the Return to School Support Plan as it contains confidential information. It's important the young person understands who'll have access to the Return to School Support Plan, how communication within the school will be managed regarding their support and also why this can be of benefit to them. The family should also receive a copy of the Return to School Support Plan.

After the young person returns to school

Returning to school after a suicide attempt can be a difficult time for young people.

They may feel anxious about what other people are thinking, nervous about how they'll cope or they may be worried about catching up on the work they've missed. Once they've returned, the priority is to ensure they feel supported and able to routine to their normal routine.

Other key actions after a young person returns to school include:

- implement the Safety Plan or develop and implement a Safety Plan
- refer the young person to appropriate support services as required
- regularly review and update the Safety Plan according to the young person's health and wellbeing
- document decisions, actions and outcomes
- ensure staff involved in responding to and supporting the young person have the opportunity for debriefing and support.

Tips to help you support your young person



Monitoring a young person

A key component of the staff's role after a young person returns to school is to monitor their wellbeing.

As there are often multiple staff involved in a young person's learning, it can be helpful for all staff to understand what to look out for when supporting a young person. Changes in mood, levels of participation and thinking patterns may indicate that the young person needs extra support.

Changes in mood include:

- being irritable or angry with friends or family for no apparent reason
- feeling tense, restless, stressed or worried
- crying for no apparent reason or feeling sad or down for long periods of time.

Changes in levels of participation include:

- not enjoying or not wanting to be involved in things they'd normally enjoy
- being involved in risky behaviour they would normally avoid
- unusual sleeping or eating habits.

Changes in thinking patterns include:

- having a lot of negative thoughts
- expressing distorted thoughts about themselves and the world (for example, everything seeming bad and pointless).

If staff become aware of changes in a young person, it's important that action is taken. They might be able to have a conversation with the young person or they might refer their concerns to the wellbeing team.

It's important to:

- recognise the young person's distress or concerning behaviour
- ask them about it (for example, "I've noticed you seem to be sad a lot at the moment")
- acknowledge their feelings (for example, "That seems like a really hard place to be in. I can understand why you're upset about that")
- get appropriate support and encourage healthy coping strategies (for example, "Do you need some help to handle this?")
- check in a short time afterwards to see how the young person's feeling.

Risk factors and warning signs

Risk factors are issues in a young person's life that increase the likelihood (risk) of them acting on suicidal thoughts.

Risk factors are often longer-term challenges that a young person may deal with over a period of time. Experiencing risk factors doesn't necessarily mean a young person will think about or attempt to take their own life.

However, the more challenges a young person has in their life, the greater their risk of suicide.

Warning signs are the behaviours and noticeable changes that may indicate a young person is thinking about or planning suicide. The greater the number of risk factors and warning signs, the more likely the young person is at risk of attempting suicide. While we can never be sure who or why someone will attempt to end their own life, knowing the risk factors and warning signs means we can identify and assist young people who are most vulnerable.

Wellbeing staff can use their knowledge of risk factors and warning signs to assist with monitoring a young person's return to school and subsequent level of risk. Where issues of concern are raised, the wellbeing team can facilitate the completion of a risk assessment to more thoroughly review the level of risk and supports the young person may need to remain safe and supported.

Discussing the attempted suicide in the classroom

Always keep in mind the young person's right to privacy, confidentiality and respect.

Discussing the suicide attempt with other young people will depend on:

- whether the young person communicated any information about their suicide attempt to the school community
- whether the young person posted any suggestive or explicit messages on social media about their suicide attempt.

In cases where a young person has been open about their suicide attempt, either through direct verbal communication or on social media, it's important to consult with the young person and their family and agree how to discuss this within the school. If other young people know about the details of the suicide attempt, it's important to have a general discussion in the classroom about the importance of dispelling rumours, encouraging help-seeking behaviours and reminding young people to respect the rights of others.

If the young person has been actively informing others about their suicide attempt, a conversation between the young person, their family, the key school contact and other support staff needs to occur. It may be helpful to explain the importance of not discussing the suicide attempt at length with peers, as the information may be distressing and harmful to others. Appropriate alternative avenues for the young person to discuss their suicide attempt should be explored.

Staff wellbeing





Suicidal behaviour can be distressing and often traumatising for school communities.

It can affect staff in profound and unpredictable ways, both professionally and personally. It's essential school staff look after themselves and each other. School leaders need to be aware that some staff members may have personal experiences and vulnerabilities that need to be considered in the school's response. Consultation, review, debriefing, employee assistance and referral to support services are all important support options to consider.



Other resources

Be You has a range of resources to help you manage issues related to suicide. Please see:

-  Self-harm
-  Suicide: how prepared is your school?
-  Suicide prevention
-  Staff wellbeing

My Return to School Support Plan

I have completed this Return to School Support Plan with my school support person(s).

This plan will help me to feel safe and supported when I return to school.

This support plan will only be seen by the people who need to know this information to assist me at school. Their names are listed below.

Name: _____ Date: _____

My school support person(s) is/are: _____

Details of checking in with my school support person.

Place: _____ When: _____

My Return to School Support Plan includes the following changes to my attendance or workload.

I will attend school on the following days: Mon Tue Wed Thur Fri

I will attend the following classes: _____

When we start to feel upset, often there are early signs that we need to pay attention to, to stop things getting worse. It's helpful if others are aware of these early signs so they can also provide support.

When I start to get upset, I notice these things about myself: _____

When I start to get upset, others notice these things about me: _____

At school, these things can make me feel upset: _____

Things I can do to make myself feel better when I'm at school: _____

Things that other people (staff and friends) can do to help me feel better when I'm at school: _____

Places in the school where I can go to where I feel safe and supported: _____

If my school support person(s) becomes more worried about me, we have agreed that they will contact the following people so that I get more support (for example, parents, GP, counsellor, mental health service): _____

This plan will be reviewed regularly so that it remains helpful.

Review date: _____ / _____ / 20

My signature: _____

School support persons' signature: _____

Parent signature: _____

Have parents been advised of the Return to School Support Plan and given a copy? Y / N

Who else has access to the Return to School Support Plan? _____

With delivery partners



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