

Preventing and responding to suicide

Resource kit for schools

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This publication was updated in 2019. It will continue to undergo further reviews and development to align with *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019-2029*. This resource was first developed by the Ministry of Education Professional Practice Unit, based on a review undertaken by Professor Sunny Collings and Barry Taylor, University of Otago Wellington, of the 1997 guidelines for schools. The review was commissioned by Te Pou under contract to the Ministry of Health.



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Whakataukī

Ma te whakaatu, ka mōhio.

Ma te mōhio, ka mārama.

Ma te mārama, ka mātau.

Ma te mātau, ka ora.

By discussion comes understanding.

By understanding comes light.

By light comes wisdom.

By wisdom, comes wellbeing.

Tēnā koutou, tēnā koutou, tēnā rā tātou katoa.

Introduction

The majority of students in New Zealand enjoy positive wellbeing most of the time. However, some students will experience emotional distress and may attempt suicide.

- About 1 percent of secondary school students attempt suicide and require treatment by a doctor or nurse. Most of these attempts do not require further hospital treatment or result in death (Youth 12' Prevalence Tables, 2013).
- Suicide was the leading cause of death in adolescents in the period 2002 to 2016 and accounted for thirty-six percent of all deaths in those aged 15 to 24 years. (Child and Youth Mortality Review Committee 13th data report 2012–2016).
- Māori youth suicide rates are higher than those for non-Māori youth – forty-nine percent of deaths by suicide of students aged 10 to 19 years in 2017 and 2018 were students who identified as Māori (according to provisional statistics from the coroner).
- While there has been an overall reduction in the rates of suicide in young people since 1998, the rates for young Māori have not declined to the same extent as non-Māori.

“We need to keep talking about how to recognise the signs that someone may want to take their own life. If someone expresses thoughts and feelings about suicide, take them seriously.”

Suicides are preventable

Schools have a vital, albeit challenging role to play in the wellbeing of students and the prevention of suicide. Creating a positive, culturally inclusive learning environment that is free of discrimination, enables

students to feel physically and emotionally safe, which supports their wellbeing and academic achievement. Schools can provide social support to vulnerable students and provide appropriate referrals for those in need of assistance, so that help-seeking is no longer taboo and safe dialogue is encouraged. Developing these environments helps enhance the wellbeing and resilience of all students.

This resource kit provides information for creating positive, safe environments in schools. It is an update and synthesis of two previous guides for schools on suicide prevention:

- *Young People at Risk of Suicide: A guide for Schools (1998).*
- *Youth Suicide Prevention in Schools: A Practical Guide (2003).*

The advice provided in this resource kit is based on the best research evidence available.

Some elements of this kit have been updated since 2013, as an interim measure. Now that *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019-2029* has been actioned, we will continue to update this kit to reflect the resources and supports developed through the Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand in consultation with the Ministry of Health, the Office of the Children’s Commissioner and other key stakeholders.

The full evidence review and references are published in the *Updated evidence and guidance supporting suicide prevention activity in New Zealand Schools*.

See www.tepou.co.nz (in the Resource centre search: suicide prevention for schools). This review combines material from two earlier evidence reviews and selectively updates the evidence relevant to New Zealand schools.

How to use *Preventing and responding to suicide: Resource kit for schools*

Use the sections that are most relevant to your role in your school, adding further information from other sections as you need it. Depending on your role, you may wish to make copies of some sections (such as the assessment charts) to use for reference.

This guide has several interrelated components:

1 – Quick reference checklists and tools

- **Emergency checklist:** in the event of a suicide or serious attempt.
- **Emergency checklist:** if there is a threat of imminent suicide.
- **Assessment chart** (for use by school counsellors).
- **Management chart** (for use by school counsellors).

2 – Guidelines for prevention

- **A whole-school approach to promoting student wellbeing.**
- **Tools to promote student wellbeing.**
- **Teacher and counsellor development and support.**
- **Classroom practices:** dealing with the issue of suicide if it arises.

3 – Guidelines for responding to suicidal behaviours

- **Responding to students at risk of suicide.**
- **Responding to a suicide and managing the consequences.**
- **Responding to a suicide – templates:** statement for students, letter to families and whānau, talking to students about suicide loss, media responses, sample agenda for family and whānau meeting, informing families and whānau about ‘choking games’.

4 – Prompts for developing policies and procedures to prevent suicidal behaviours and promote wellbeing

- **Prompts for school leaders:** four key guidelines for boards of trustees, principals and senior management.
- **Prompts for school counsellors:** four key guidelines for school counsellors, deans, school social workers and other specially trained staff.

5 – Scenarios

- **Scenarios:** examples of possible situations which can be used to focus discussion for professional development.

6 – Contacts and information

- **Support services.**
- **Information about self-harm.**

Section 1 – *Quick reference checklists and tools*

-
- » Introduction
 - » Emergency checklist: in the event of a suicide or serious attempt
 - » Emergency checklist: if there is a threat of imminent suicide
 - » Assessment of students at risk of suicide: for school counsellors
 - » Management of students at risk of suicide: for school counsellors
-

Introduction

These quick reference checklists are designed for use in rapid-response situations. Further information about how to prevent and respond to suicide is available in the other sections of this toolkit. We recommend you become familiar with the detailed content in those sections as well.

Emergency checklist: in the event of a suicide or serious attempt

- Inform the school principal.
- Check the accuracy of the information.
- Convene the Traumatic Incident Response Plan (TIRP) team and assign roles.
- Contact Ministry of Education Traumatic Incidents (TI) team, phone **0800 TI Team (0800 84 8326)**.
- Share facts (when, where, how, what has been confirmed) with TIRP team.
- Determine the roles of each person in your school and confirm with them that they understand what is expected.
- Contact other schools that may be affected.
- Contact the family and whānau (agree what information can be discussed with students, community, if appropriate offer condolences and discuss funeral arrangements).
- Determine the need for additional support services, support rooms and relief staff.
- Assign phones for media, families and whānau, outside phone calls.
- Determine how, when and what information to release to teachers (usually at a staff briefing).
- Determine how, when and what information to release to students (usually in class groups, with familiar teachers and peers).
- Write a statement for teachers to read out to students.
(See *Statement to students template in Section 3, part 3*)
- Prepare a media statement in case you are approached by the media.
(See *template in Section 3, part 3*)
- Write a letter for families and whānau and the wider community, including information on recognising risk, where to seek additional support and how to talk with a student if they have questions about suicide. (See *Letter to families and whānau template in Section 3, part 3*)
- Closely monitor school grounds and attendance over the next week.
- Set up systems for teachers, families and whānau and students to use over the next four to six weeks, to identify students who may be at risk (including known students with previous adverse life events).
- Determine the need for outside support from cultural or religious advisers, other schools, and mental health services.

Emergency checklist: if there is a threat of imminent suicide

- Staff members who are present with the student support the student until they are able hand over to a counsellor, family or whānau member or a health professional.
- Ensure the student's immediate safety: do not leave the student alone and remove all possible means of harm.
- If necessary, call **111 emergency services** for help.
- Consult with the principal who will then inform appropriate staff.
- The principal informs the student's family and whānau of the risk and the proposed safety plan.
- The school counsellor makes immediate contact with the local Crisis Assessment Team, and hands over responsibility to an appropriate health professional. You can contact the Mental Health Crisis Assessment Team in your area at any time. Further information be found on the Ministry of Health's website (www.health.govt.nz) by searching 'crisis assessment teams'.
- When the immediate threat is over, the counsellor informs the principal of actions taken.
- The school follows up with family, whānau and health services.

Assessment of students at risk of suicide: for school counsellors

During an interview with the student at risk, investigate each of the areas in the column on the left and categorise the response as low, moderate or high risk. In investigating any suicide plan (**1: Suicidal thinking – Plan details, availability of means, time, lethality of method, chance of intervention**) it is important to use direct questions, as the student is likely to be reluctant to volunteer the information. Direct questioning will not aggravate the risk of suicide but failure to fully investigate, categorise the risk and respond appropriately may result in a suicide that could have been prevented. Finally, on the basis of the student’s responses, determine which of the three risk levels, low, moderate or high, best describes the situation and proceed with the management plan for that level of risk.

Areas to Consider	Low Risk	Moderate Risk	High Risk
1: Suicidal thinking			
Thoughts	<ul style="list-style-type: none"> Occasional suicidal thoughts 	<ul style="list-style-type: none"> Suicidal thoughts on most days 	<ul style="list-style-type: none"> Frequent or persistent suicidal thoughts each day
Intent	<ul style="list-style-type: none"> Cannot see answers to their current issues 	<ul style="list-style-type: none"> Sees suicide as the only option Sees no reasons for living 	<ul style="list-style-type: none"> Believes nothing would change their mind or stop them The desire to die or not be here is very strong
Plan details, availability of means, time, chance of intervention	<ul style="list-style-type: none"> Vague Means aren't available, will have to get the means No specific time, or in the future Other people are present most of the time or highly likely to discover/interrupt 	<ul style="list-style-type: none"> Some specifics Available means, has close by Plans to act within a few hours Other people are available if called upon 	<ul style="list-style-type: none"> Well thought out; knows when, where, how Has the means in hand Plans to act immediately No one nearby; isolated
Mood state	<ul style="list-style-type: none"> Mildly depressed; feels slightly down 	<ul style="list-style-type: none"> Moderately depressed; some moodiness, sadness, irritability, loneliness and decrease in energy Presence of additional mental health concerns, such as PTSD, Anxiety, ADHD etc 	<ul style="list-style-type: none"> Overwhelmed with hopelessness, sadness or anger Feelings of worthlessness; self-neglect Extreme mood changes A newly presenting calm, contentedness which may be due to decision about suicide

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Areas to Consider	Low Risk	Moderate Risk	High Risk
Hopelessness	<ul style="list-style-type: none"> Has some plan for future Thinks things might possibly get better 	<ul style="list-style-type: none"> A sense of being ‘trapped’ Defeat and humiliation 	<ul style="list-style-type: none"> Future bleak and empty Has conviction that things can never improve
Communication	<ul style="list-style-type: none"> Sharing direct expression of thoughts and feelings of distress 	<ul style="list-style-type: none"> Keeping information to themselves, reluctant to share their current thinking or distress, such as <i>“I’ll be fine”</i>, <i>“Just leave me alone”</i>, <i>“I don’t need anyone”</i> 	<ul style="list-style-type: none"> Unwilling to discuss their emotional distress at all Becomes angry when concern is shown
2: Risk behaviours			
Previous suicide attempt	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> One or more attempts 	<ul style="list-style-type: none"> One of high lethality or multiple attempts of moderate lethality Several attempts over past weeks, of any lethality
Previous or current self-harm	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Multiple or ongoing self-harm Self-harm used to control or manage distressed emotions Lack of alternative options to manage distressed emotions 	<ul style="list-style-type: none"> Multiple or ongoing self-harm, with increasing range of methods or lethality Self-harm used to control or manage distressed emotions Lack of alternative options to manage distressed emotions Known history of adverse childhood experiences (but not appropriate to assess at this time if not known)
Other risky behaviours	<ul style="list-style-type: none"> Does not or very rarely engages in risky behaviours 	<ul style="list-style-type: none"> Occasional risky behaviours such as occasional illegal substance use Increased use of alcohol or drugs as methods of coping with emotional distress Difficulty with emotional self-regulation 	<ul style="list-style-type: none"> Multiple or frequent risky behaviours such as illegal substance use Increasing high-risk behaviours, such as driving at excessive speed without a seatbelt, uncaring about potential consequences Increasing impulsivity

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Areas to Consider	Low Risk	Moderate Risk	High Risk
3: Stressors/context	<ul style="list-style-type: none"> No significant stressors 	<ul style="list-style-type: none"> Experiencing occasional bullying or discrimination Moderate reaction to a loss or social context change Bereavement in wider family, whānau, social or school circle Recent school disciplinary action 	<ul style="list-style-type: none"> Experiencing ongoing bullying or discrimination Severe reaction to loss or social context change Many recent social or personal crises Bereavement in closer family, whānau, social or school circle, especially if sudden Recent school disciplinary action, especially stand-down or exclusion
4: Self-management	<ul style="list-style-type: none"> Maintaining daily/social activities with little change in level of functioning Communicating openly about issues being faced and working through them Can draw on several problem-solving strategies Willing to seek and accept help/support Stable relationships and school academic performance 	<ul style="list-style-type: none"> Some activities disrupted, with disturbance in sleep, eating, schoolwork Communicates from time to time, or partial communication One or two approaches to solving problems, some difficulty carrying them through Ambivalent about receiving help or support Challenging authority such as parents, teachers, family, whānau or community in a way which is detrimental Substance abuse to manage emotions 	<ul style="list-style-type: none"> Significant disturbances in daily functioning No communication about problems Unable to effectively approach problem-solving Significant self-neglect Repeated difficulty with peers, family and whānau, and teachers Challenging authority such as parents, teachers, family, whānau or community in a way which is detrimental
5: Positive resources	<ul style="list-style-type: none"> Multiple strong family, whānau and community connections Significant others concerned and willing to help Other help available, in particular, a concerned and trusted adult 	<ul style="list-style-type: none"> Lack of family, whānau and community connections Family, whānau or friends available but unwilling to help consistently, or need education to do so 	<ul style="list-style-type: none"> Poor or harmful family, whānau and community connections Family, whānau or friends not available or are hostile, exhausted, injurious Family, whānau or friends are abusive

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Management of students at risk of suicide: for school counsellors

Action	Low Risk	Moderate Risk	High Risk
Immediate intervention	<ul style="list-style-type: none"> Establish an appropriate plan to monitor the student's suicide risk Check on family or whānau and other support available and, as appropriate, involve them 	<ul style="list-style-type: none"> Take a team approach to ensure the safety of the student while at school Principal to inform the family and whānau, as appropriate, and discuss strategies appropriate to the level of risk Establish appropriate regime to monitor the student's suicide risk Arrange for the student to get access to the appropriate level of counselling/treatment 	<ul style="list-style-type: none"> Consult with the principal who will then inform the appropriate staff to minimise any immediate risk. Principal to inform the family and whānau of the risk and proposed management as appropriate Counsellor to ensure the student's immediate safety, arrange for any handover of responsibility (including informing family and whānau of safety precautions) to family, whānau or a health professional
Consultation	<ul style="list-style-type: none"> Consult as appropriate with school staff and family or whānau Counsellor to consult with supervisor as necessary Check if other services are involved and coordinate; clarify who is leading clinical management planning 	<ul style="list-style-type: none"> Counsellor to consult with health professionals (GP, Crisis Assessment Team or if appropriate, mental health services) to discuss actions required For new cases, immediate referral for assessment by GP or mental health services is desirable Counsellor to consult with supervisor as necessary Check if other services are involved and coordinate; clarify who is leading management planning 	<ul style="list-style-type: none"> Continue contact with the student and their family and whānau to ensure the required level of service is being provided and to facilitate a smooth return to normal involvement in the school Consult with health professionals involved to ensure they know of the current level of risk, any behaviours seen at school and that the appropriate services are being accessed Counsellor to consult with supervisor, as necessary

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Action	Low Risk	Moderate Risk	High Risk
Referral/ clinical management	<ul style="list-style-type: none"> • Provide information to the student (and the family and whānau) on resources available to assist them • Provide ongoing clinical management as part of school counselling service 	<ul style="list-style-type: none"> • Referral to GP with confirmed appointment within 24-48 hours • Actively manage with self-management strategies, as appropriate, and weekly monitoring • Educate family and whānau on signs of distress and appropriate emergency contacts 	<ul style="list-style-type: none"> • Counsellor to make a referral to an appropriate health professional - GP or Crisis Assessment Teams (or mental health services if student is already engaged with services) for further assessment and primary management • Ensure communication about primary management with mental health services is clear so roles can be established • Educate family and whānau on signs of distress and appropriate emergency contacts
Follow-up	<ul style="list-style-type: none"> • Regular review of the student to identify any changes in risk • If there has been no improvement in four to six weeks, then treat as if the risk were moderate and seek additional assistance • Ensure student has connection and access to an adult of their choosing to support them if needed 	<ul style="list-style-type: none"> • Check outcome of any referral with the health professional and family and whānau • Monitor risk and behaviours within the school environment and take action as appropriate • Appropriately and safely manage student experiences of bullying or discrimination • Ensure all staff involved with the student report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death, suicide, changes in mood, grief, withdrawal, physical symptoms, high-risk behaviours) • Ensure student has connection and access to an adult of their choosing to support them if needed 	<ul style="list-style-type: none"> • Check outcome of any referral with the health professional and family and whānau • Ensure all staff involved with the student report all incidents that cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death and suicide, changes in mood, withdrawal, physical symptoms, high-risk behaviours) • Appropriately and safely manage student experiences of bullying or discrimination • Liaise with family and whānau to ensure they have support and that the student's environment is safe (ie, removal of means of suicide and close monitoring and support) • Prior to the student returning to school, establish the necessary monitoring and support systems • Ensure student has connection and access to an adult of their choosing to support them if needed

Adapted from Ministry of Education 1997 *Young people at risk of suicide – a guide for schools*.

Section 2 – *Guidelines for prevention*

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- » Introduction
 - » A whole-school approach to promoting student wellbeing
 - » Tools to promote student wellbeing
 - » Teacher and counsellor development and support
 - » Classroom practices: dealing with the issue of suicide if it arises
-

Introduction

Research identifies a number of factors that support students' wellbeing. A 2000 study of 9,699 New Zealand secondary school students found that students who report having caring parents and other family members, 'fair' teachers, and feeling safe at school, have lower rates of suicide attempts¹. Personal attributes that increase the likelihood of positive wellbeing outcomes include:

- good self-regulation skills
- healthy family and whānau functioning
- cultural engagement
- strong sense of positive identity
- family, whānau, school and community connectedness.

In particular, close and caring family and whānau relationships are associated with reduced youth participation in a number of potentially risky behaviours, including suicidal behaviours.

Many schools in New Zealand are using the Ministry of Education's Positive Behaviour for Learning (PB4L) framework and initiatives to build positive school cultures that enable students to feel safe and supported. Building positive, inclusive cultures is an extremely important role for schools in helping to prevent suicide.

See *Tools for change and support* page 19.

For some students, the presence of psychological distress or social stressors may have such a negative impact that not only is their ability to learn adversely affected but also their mental health. This may result in an increased risk for physical or psychological harm, including self-harming or suicidal behaviour².

- Suicidal behaviours include suicide, attempted suicide and suicidal ideation (thoughts).
- Suicide is any self-injurious act intended to end one's life and which results in death.
- Attempted suicide is any potentially self-injurious act intended to end one's life but which does not result in death.
- Suicidal ideation is thinking about engaging in suicidal behaviour, with or without a specific suicide plan.
- Self-harming is the direct, deliberate act of hurting or injuring your body, but without necessarily wanting to die. It's a way some people cope with intense or very difficult emotions, or overwhelming situations and life events.
- Self-harm does not always dictate suicidal thinking or an intent to die, however the ongoing presence of self-harm is considered a risk factor for suicide.

It is important to note that while most people who think about suicide do not complete suicide, some do go on to make attempts on their own lives.

Additionally, the presence of suicidal thinking does not indicate the presence of a mental illness. Suicidal thinking is however a clear sign of emotional distress and the need for compassionate, non-judgemental support.

¹ Responding to people at risk of suicide – Suicide Prevention Information New Zealand (SPINZ), 2010, at www.spinz.org.nz.

² Adolescent Health Research Group. New Zealand Youth: A profile of their health and wellbeing. Auckland: University of Auckland; 2003.

A whole-school approach to promoting student wellbeing

The first line in preventing suicide is the promotion of student wellbeing and resilience within a positive school culture. This is a whole-school approach – everyone has a role to play.

- **The Board of Trustees** has a responsibility to ensure the school provides a safe and protective learning environment. It must also ensure that school personnel have access to the necessary resources, support and skills to implement a whole-school approach to student wellbeing.
- **Principal and Senior Leadership Team** are responsible for developing and implementing policies and procedures, and providing leadership to ensure that the school implements practices that promote positive behaviour and enhance student wellbeing and competence. This includes being able to appropriately and safely respond to an at-risk student or to the suicide of a member of the school community. School leaders recognise that the promotion of wellbeing and suicide prevention are not just the responsibility of the guidance staff – all staff have a role to play.
- **Teachers and other staff** are all adults who come into contact with students and need to be aware of ways to recognise students who may be distressed and know how to obtain support.

Promoting resilience

Emotional wellbeing and good mental health are also strongly associated with resilience. Resilience means being able to cope and adapt despite setbacks and disappointments, and is a key factor in determining the ability to move past adversity. Resilient students are usually characterised by their ability to:

- reflect on their own thoughts, feelings and motivations, and to understand they have the ability to respond and change negative thoughts
- believe they can intervene effectively in their own lives, even in adverse situations, and to try new solutions
- engage and interact positively with others, leading to meaningful relationships.

Resilience is a competence that can be developed by schools within the context of the learning environment. There is a focus on learner wellbeing in our curricula. Quality education supports and increases the wellbeing of students. Education equips learners with the knowledge, skills, competencies and experiences they need to progress through life and succeed in ways that are meaningful to them. Effective evidence-based teaching practices, strong partnerships between family, whānau and community, and quality environments that recognise, respect and value every learner's language culture and identity, all contribute significantly to wellbeing.

Tools to promote student wellbeing

Schools can develop school-wide policies and practices that promote social behaviour, equality and fairness, and that decrease bullying, anti-social behaviour and violence. Positive Behaviour for Learning (PB4L) supports schools to do this. (Go to <https://www.education.govt.nz/school/student-support/special-education/pb4l/>).

Safe and healthy school environments strengthen and maximise student participation and connection to school, and also contribute to student wellbeing.

Tools for change and support

The Ministry of Education and other organisations provide tools and information on the different supports available to help schools plan and implement change.

- The *Wellbeing@school* website, which schools can use free of charge, includes a student survey and a school self-review tool to help gather information from students and teachers about how safe their school environment is. This information and the online resources and tools can help school boards and leadership teams to identify ways of reducing anti-social behaviours in the school. More information is available at www.wellbeingatschool.org.nz
- The Education Review Office provides schools with indicators to help them to evaluate and measure their success in areas of interest. For example, education and learning outcomes, student engagement and participation, family and community engagement, and resourcing. (Go to <https://www.ero.govt.nz/publications/school-evaluation-indicators/purpose-of-indicators/#indicators-in-education>.)
- *Wellbeing for success*: a resource for schools has also been developed to help schools evaluate and improve student wellbeing. (Go to <https://www.ero.govt.nz/publications/wellbeing-for-success-a-resource-for-schools/>.)

- *Positive Behaviour for Learning School-Wide* is a framework that supports schools to create a culture where positive behaviour and learning thrive. A school environment that is less reactive, aversive and exclusionary has more engaging, responsive and productive relationships between staff, students, families and whānau, and supports learners' wellbeing. Contact your nearest Ministry of Education district office if you're interested in more information about this framework (Go to <https://www.education.govt.nz/our-work/contact-us/regional-ministry-contacts/learning-support-services/>)
- *The New Zealand Health and Physical Education Curriculum* supports student wellbeing by raising the awareness of mental health issues among students by destigmatising mental illness, encouraging students to recognise mental health problems in themselves and their friends, facilitating processes for appropriate help-seeking for students and their peers, and teaching self-awareness, problem-solving and coping skills, and social skills. The mental health component can be found at <http://health.tki.org.nz/Teaching-in-HPE/Health-and-PE-in-the-NZC/Health-and-PE-in-the-NZC-1999/Key-areas-of-learning/Mental-health>
- New Zealand Council for Educational Research's (NZCER's) student engagement survey, *Me and My School* measures, amongst other things, how connected students feel to their school, and how they view themselves as learners. Information from the survey can help schools understand how their students perceive their school's climate. Go to <https://www.nzcer.org.nz/tests/me-and-my-school>

Some suicide prevention programmes have raised safety concerns for students in New Zealand and overseas. Your school may be approached by an organisation or individual who offers to provide a programme on suicide prevention for students, or talk at your school assembly or to classes. The evidence review suggests that programmes or individuals who promote awareness about suicide or focus on suicide can increase the risk of suicidal behaviours in students. **Contact your local regional Ministry of Education office to discuss any suicide prevention programmes. Your local office can offer support and guidance for your school on the safety and/or appropriateness of these type of programmes.**

See Section 5, Scenario 1: Suicide prevention programmes (page 70)

Peer support, peer support programmes, and friendships

Peer-based support can provide an opportunity to engage with students who are at risk, offering a non-judgmental, understanding and supportive environment amongst like-minded peers, to help them cope with stressful life events and improve resilience. Creating a supportive school climate that supports help-seeking and meets differing youth needs and interests in youth friendly spaces has been shown to reduce suicide risk.

Peers will often discuss personal issues amongst themselves rather than with family and whānau or other adults. Environments that encourage students to seek help from their peers can empower them to improve their health and wellbeing.

Peers and friends are often the first to notice when someone is in distress or having difficulty coping. All students need to understand the importance of passing on their concerns to a teacher, counsellor or other adult who can arrange for appropriate support. Teachers can let students know this by conveying positive messages about friendship:

- Getting help for a friend is not a breach of loyalty.
- Some problems should not be borne alone and it's okay to seek help from an adult.
- A good friend cares and supports, but always seeks help from an adult in situations where self-harm, depression or suicide may occur.
- Free, confidential and text or web-based help and information is available for anyone worried about themselves or a friend by texting **5626**.
- Travellers is a small group programme for at-risk students to build resilience and key life skills. It is designed for students in their first year of secondary school (Year 9). Travellers enables students to learn skills to cope with change, loss and transition, and to build self-esteem and confidence. Find out more at <https://www.skylight.org.nz/build-resilience/travellers>

Teacher and counsellor development and support

Professional development

Recognising students who seem to be distressed is dependent on the knowledge and skill of staff and referring them to a counsellor. The extent to which staff are able to identify at-risk students will depend on a school environment where mental health problems are considered important in the life of a student.

School staff should be encouraged to take part in regular and ongoing training, including:

- increasing knowledge of the symptoms of distress and risk of suicide
- increasing staff members' confidence and competence to refer and support distressed students
- induction for new staff to include familiarisation with school policies and procedures relating to prevention, management of at-risk students and actions to be taken after an event
- increasing staff members' willingness and competence to work in these situations.

See Section 3, *Guidelines for responding to suicidal behaviours* page 24. See Section 6, *Contacts and information* page 74.

Trained staff

The school needs to identify who is best placed within the school to support students who are at risk of suicide or who are deliberately harming themselves. This is usually the guidance counsellor but in some schools this may, for example, be the school social worker, school nurse, Dean or special education needs coordinator (SENCO). The person in this role, is referred to as the school counsellor in this guide.

Procedures for support

School leaders and the guidance counsellor need to ensure teachers and students know the range of support systems available through the school and in the community. Students identified as at risk should have access to qualified counsellors, either within the school or if this is not possible, in the community.

Schools need established procedures for:

- appropriately managing themes of suicide if and when they appear through work in the curriculum or elsewhere in the learning environment
- responding to distressed students
- notification processes for the principal, other affected staff, and family and whānau when a student is assessed at moderate or high risk of suicide
- referral processes with external agencies for students assessed at high risk of suicide, including referral protocols and eligibility criteria for the agencies
- response processes in the event of a suicide.

These procedures should be reviewed annually and all staff made aware of the requirements through the staff orientation and professional development programmes.

Pastoral care and partnerships with family, whānau and external agencies

Speedy access to one-to-one pastoral support when a student is experiencing problems is important. The school counsellor needs to have established working relationships with external agencies that can provide advice or support to either students and their families and whānau and the school.

Clear referral protocols and strong links with mental health services and other key agencies are essential. The school counsellor will need to know how to support the student within their family and whānau context and work with external agencies. A school counsellor should never work in isolation with a student at risk of suicide and should seek external support from mental health providers.

Each school should develop its own plan for the provision of pastoral care, guidance and counselling in a way that is consistent with its culture. The guideline *Te Pakiaka Tangata Strengthening Student Wellbeing for Success* outlines practice principles, ethics and values to support schools to provide safe, high quality pastoral care, guidance and counselling for secondary school students.

Classroom practices: dealing with the issue of suicide if it arises

Attention in class to the issue of suicide, while potentially interesting for many students, can be distressing for those with suicidal thoughts and may make the option seem more acceptable for these vulnerable students. Often, these students will not have told anyone about their distress.

Suicide and the selection of teaching materials

The majority of students watch television or movies and will read books about suicide and with suicide themes. In addition, the internet has fast become a worldwide phenomenon for communicating, information gathering and entertainment for students in particular. Care needs to be taken in considering the selection of novels, films or plays that have suicide themes and the way we discuss this in classroom contexts.

See Section 5, Scenario 2: Suicide themes page 70.

When selecting material, teachers (and librarians) should consider:

- Is suicide portrayed as romantic, tragic or heroic?
- Does the suicide result in positive attention from others?
- Is information provided that directly or indirectly refers to the method or place of suicide?
- Will students be able to identify with the person who died by suicide?

If the material meets one or more of these criteria could the educational reasons for studying the text be achieved by studying another book?

Suicide and topics of student discussions or research

If suicide or a self-harming game or behaviour comes up as a topic of discussion or as part of a student's research, taking opportunities to engage with students when they raise these issues helps build their understanding, confidence and resilience. For guidance about how to have these conversations see *Talking with students, if students*

raise the issue of suicide (Go to <http://education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/Talking-with-students-if-students-raise-the-issue-of-suicide.pdf>) and discussing '13 Reasons Why' with students (Go to <http://education.govt.nz/assets/Documents/School/Traumatic-incidents-and-emergencies/13-Reasons-Why-season-three.pdf>)

See Section 5, Scenario 3: Dangerous games and Scenario 4: Topics for discussion or study page 71.

- Talk in a factual manner about the risks involved in any game that harms or could result in death.
- Provide information on what you know to be true about any game or situation involving the death of young people. If you do not know, say so and work through school management to provide accurate information to the school community.
- Promote positive attitudes, coping strategies and healthy options.
- Promote ways students can have fun together in non-risky ways.
- Promote help-seeking behaviour. Inform students about the types of support services available and how to access these.
- Remind students that challenging situations in our lives are often temporary and will pass.
- Teach about risk-taking behaviour, depression and mental illness as part of the Health and Physical Education Curriculum and emphasise the components that support wellbeing.
- Talk about the things that make people feel happy, such as giving to others, listening to music, playing sport or talking with friends.

If teachers have any concerns about discussions in class about suicide or dangerous games that could lead to death, they need to talk to the school counselling staff or deans. Schools should have policies to guide teachers in this area.

When appropriate, discussion can be shifted to related topics such as:

- youth health issues, including depression
- mental health and wellbeing
- mental illness and ways of seeking help, using local contacts
- dealing with grief and loss and recognising our feelings; changing our thoughts and focus
- how physical activity helps
- coping with change or loss of relationships and problem-solving.

If suicide is part of a topic studied or a student's research focus, teachers can limit the scope by suggesting related aspects, such as rates of suicide and depression, government policies, support programmes or suggestions on how to help a friend. It would obviously be irresponsible to allow studies that increase students' knowledge about the methods of suicide and their lethality.

Cultural views about wellbeing and mental health

Views about health, including mental health, are culturally based and mental health issues and emotional distress may manifest themselves in different ways in different cultural groups. Schools should be mindful of cultural variations in the way suicide and self-harm are viewed. When in doubt, seek relevant local advice about cultural beliefs about illness, death and the sanctity of life. Activities that promote wellbeing amongst particular groups are also important. Note that there may be variations in attitudes and beliefs about these within cultural groups.

Māori students' wellbeing and mental health

Suicide rates for Māori youth (35.5 per 100,000) are higher than those for non-Māori youth (17.7 per 100,000)³.

Schools are increasingly aware of the importance of recognising Māori identity, language and culture to improve the achievement of Māori students, in line with the Māori Education Strategy 2013 – 2017, *Ka Hikitia – Accelerating Success*

This recognition applies equally to issues of health and wellbeing. Ensuring that students have a strong sense of cultural identity within a supportive community and in a school that values their culture, can help support the wellbeing of Māori students.

There is an increasing range of resources available to schools to support the building of support for Māori students and for developing the cultural competence of teachers.

For more information on resources available see:

<https://www.education.govt.nz/assets/Documents/Ministry/Strategies-and-policies/Ka-Hikitia/KaHikitiaAcceleratingSuccessEnglish.pdf>

www.temangoroa.tki.org.nz

<https://teachingcouncil.nz/content/t%C4%81taiako-cultural-competencies-teachers-m%C4%81ori-learners-0>

Section 3 – *Guidelines for responding to suicidal behaviours*

Part 1 – Responding to students at risk of suicide

- » Recognising suicidal behaviours
- » Self-harm and suicide
- » Responding to students at risk: role of the leadership team
- » Responding to students at risk: role of the teacher
- » Responding to students at risk: role of the school counsellor

Part 2 – Responding to a suicide and managing the consequences

- » Schools need to plan how they will respond to a suicide
 - » Developing a Suicide Response Plan
 - » Managing the aftermath of a death by suicide
-

Part 3 – Responding to a suicide: templates

- » Introduction
 - » Template for statement to students
 - » Template for a letter to families and whānau
 - » Template for talking to students about suicide loss
 - » Templates for the media
 - Sample media statements
 - Key messages in response to media queries
 - » Sample agenda for families and whānau meeting
 - » Template for informing families and whānau about ‘choking games’
-



Part 1



Responding to students at risk of suicide



Recognising suicidal behaviours

School-based recognition of students in distress has been shown to be effective in providing assistance for students who are at risk of suicidal behaviours.

All staff need to know how to recognise and support at-risk students. This involves:

- noticing self-harm and suicidal behaviours
- communicating and responding in age- and culturally-appropriate ways to support students and their family and whānau who are experiencing suicidal behaviours
- identifying those who need further support as a result of suicidal behaviours and then seeking appropriate support and care for students or staff.

Common signs of distress

Common signs of distress which school staff will notice and which should be checked by a counsellor include:

- **Unexpected reduction of academic performance**
The student shows out-of-character behaviour such as failure to complete assignments, apathetic in class, very much lower than expected grades, extreme disappointment at being rejected for a course, or demonstrates abrupt changes in attendance, such as increased absences, tardiness, or truancy.
- **Ideas and themes of depression, death and suicide**
The student's reading selections, written essays, conversation, or artwork contain themes of depression, death and suicide. The student suggests that he/she would not be missed if they were gone, collects and discusses information on suicide methods, begins giving away prized possessions (possibly with some elevation in mood), and has made previous direct or indirect suicide threats or attempts.
- **Change in mood**
The student's behaviour includes withdrawal, sudden tearfulness, and remarks which indicate profound unhappiness, despair, hopelessness, helplessness. The student may show anger at self, increased irritability, moodiness and aggressiveness, lack of interest in surroundings and activities and marked emotional instability. They may show a new involvement in high-risk activities.
- **Grief about a significant loss**
The student may have experienced stress due to the recent disintegration of their family or whānau, or a recent death or suicide in the family or whānau,

or the loss of a friend through death or suicide, or a break-up with a boyfriend or girlfriend.

- **Withdrawal from relationships**
The student shows changes in relationships with friends and classmates, loses interest in extracurricular activities, and may drop out of sports and other clubs. The student begins to spend long periods of time alone.
- **Physical symptoms with emotional cause**
The student may have eating disturbances or chronic physical complaints, such as headaches, stomach aches, fatigue, body aches, scratching or marking of the body, or other self-destructive acts. They may show reduced interest in personal hygiene and self-care.
- **High-risk behaviours**
There may be increased use of alcohol and drugs to the point of intoxication. The student engages in other risky behaviours (eg dangerous driving, playing with guns).

The threat of suicidal behaviour should be regarded seriously and investigated.

- When there are concerns about suicide risk the student should be assessed to determine the degree of risk.
- If doubts exist about the appropriate course of action, then advice and consultation with mental health professionals should be sought promptly.
- In most cases prompt and continued liaison with families and whānau of at-risk students should be instituted.
- Any student who is considered to be at risk of suicide should be treated as being at risk until it is clear that risk no longer exists.

Factors that increase the risk of suicidal behaviours

There is usually no single cause of suicidal behaviour; rather it can be viewed as a situation in which multiple adverse factors have combined. The following are all known to increase the risk of suicidal behaviour:

- mental illness, particularly depression
- problematic substance use
- conduct disorders
- sexual abuse or other adverse childhood experiences

- family, whānau or relationship breakdown
- being in the care of the state or unable to live with family or whānau
- disengagement with schools and or community
- suicide bereavement, particularly amongst family, whānau or friends.

Those who engage in serious suicidal behaviours are more likely to come from socially disadvantaged backgrounds

characterised by low socio-economic status, limited educational achievement and material and economic disadvantage.

Be aware that disruptions and transitions are times that can adversely affect the wellbeing of students who already have a history of school suspensions, Oranga Tamariki care and protection concerns, and/or are transitioning between families or whānau or schools.

Self-harm and suicide

Young people who self-harm do so for many reasons. Not all young people who self-harm do so because they wish to die. Non suicidal self-injury describes the direct, deliberate and socially unacceptable destruction of one's own body tissue done without conscious suicidal intent. In contrast, people attempt suicide to end their lives.

Non suicidal self-injury is widespread among young people with latest figures showing twenty-five percent of females and sixteen percent of males self-injuring. Young person engagement in self-injury is usually due to psychological distress and poor coping and problem-solving skills.

Whether a young person intends to die or not, self-harming is likely to express a strong sense of despair and needs to be taken seriously.

Students who are self-harming should be treated as needing immediate support until further assessment indicates otherwise.

Professional support for students who self-harm should be accessed. Further information about self-harm and support for young people who are self-harming is available in *Section 6 – Information about self-harm page 75*.

Risky behaviours

Asphyxia or choking games

At times students from a small number of schools have played or taken part in 'choking games' either in a group or individually. This has resulted in the death of students or serious injury from the deprivation of oxygen to the brain. The students involved in these activities or games are not necessarily students who are experiencing suicidal behaviours or self-harming. These are students who are seeking to have a good time and alcohol can also be involved.

Students engage in this behaviour in an attempt to starve their brains of oxygen in order to get what they perceive as a 'floaty' feeling that occurs when they pass out and then wake up. It appears that the students think this is not dangerous.

This 'game' can start as an innocent risk-taking experience, but if blood flow to the brain is compromised, serious consequences including death can occur. The danger is increased if the student is alone when they do it.

We recommend that all staff remain alert to the potential for students' involvement in these types of games. The signs that students are engaging in this new type of behaviour can include:

- mention of the choking game (or the game by any other name – black out game, pass out game, scarf game, space monkey etc)
- marks or bruises on the neck
- bloodshot eyes
- wearing clothing that covers the neck, even in warm weather
- confusion or disorientation after being alone for a period of time
- the presence of unusual items such as dog leashes, ropes, scarves, bungee cords, and belts in their rooms or bags
- severe headaches, often frequent

- secretive behaviour, irritability, hostility
- bleeding under the skin of the face and eyelids
- questions about strangulation.

If you hear talk about choking as a ‘game’, talk with students about the risks. The ‘floaty’ feeling, or the pass out sensation is the beginning of brain damage – brain cells are dying and that can cause death or permanent brain damage. The key issue is to look out for signs and be able to recognise and respond to students who may need help.

Risk behaviour for students can change from day-to-day so monitoring attendance and supervision of students in education settings is important. It is also important to send out messages to families and whānau to inform them of this type of game if it is occurring in your community. See *Template for informing families and whānau about ‘choking games’* on page 55.

There is a risk that talking about the ‘choking game’ may elicit interest and increase students’ involvement. However, there is also an argument that providing families and whānau with appropriate information helps ensure that students are aware of the risks when and if the issue arises.

Social networking sites and texting are highly effective and students are likely to hear about such ‘games’ before their families and whānau. The Ministry of Education, after consulting relevant experts including the Ministry of Health, and the Coronial Services Unit, recommends you provide information to your families and whānau.

If you have any concerns about this issue or need further support you should ring the Ministry’s Traumatic Incident helpline on **0800 TI Team (0800 848 326)**. If you are made aware of planned ‘choking parties’, ‘games’ or text messages involving choking you should also inform the police.

Responding to students at risk: role of the leadership team

Once a staff member has identified a student who seems to have suicidal thoughts or behaviours, the teacher will need to know who to contact and how to refer a student.

Schools need to develop clear procedures to do this.

This includes:

- regular reminders and information about warning signs for school staff
- information sessions for staff on how to discuss warning signs with a student and how to respond directly to a student who has expressed suicidal thoughts or behaviours. This can be facilitated by the school leadership team or school guidance counsellor. Alternatively, refer to *Section 6 – Contacts and information* or find out if there is a local suicide prevention network that can assist
- Processes to refer students that identify:
 - when to refer
 - who to refer to
 - how to refer
 - what will happen next
 - what information staff can expect to receive.

Trained staff available

The school needs to identify school staff who are trained and can be available to respond to a referral and attend support and planning meetings with mental health services.

The staff member in this role would facilitate contact with the student, their family and whānau, and mental health services. Mental health services can then provide a clinical risk assessment of the student and put a support plan in place in collaboration with the family and whānau, and the school.

The school needs to ensure there are:

- agreed intake processes with appropriate mental health professionals and services
- agreed protocols between the agency and the school for sharing information and developing shared care plans for the student
- a system in place so students can easily access the counsellor either for themselves or for others they are concerned about.

If a staff member has identified that a student has signs of distress (see page 26) and judges there to be some risk (no matter how small) that they may harm themselves or have an intention to die, then the staff member must make a referral to the school counsellor or other designated person.

Responding to students at risk: role of the teacher

Teachers (including sports and ancillary staff) are the adults most likely to be aware of students who have issues that may increase the risk of suicidal behaviour. These can include issues related to:

- mental distress or mental illness
- lack of family and whānau involvement
- families and whānau experiencing distress or transitions
- bullying and discrimination
- a history of Oranga Tamariki involvement
- sexuality and self-identity

Teachers who know about recognising suicidal behaviour are more likely to act on a concern about a student or a peer who expresses concern about a friend.

The school has a role to ensure all staff have information about the common warning signs of suicide and know that someone who is experiencing one or more of these warning signs is very likely to need support.

See Section 5, Scenario 5: *Suicidal thoughts disclosed* page 72.

Any disclosure about wanting to die or thoughts about or actual self-harm or harming others (including in the abstract) or disclosures from friends, requires serious attention and this information needs to be communicated to the school counsellor.

How teachers respond to a student at risk

Many students will talk or confide in their teacher or seek their teacher's support. Some students feel more comfortable talking to a teacher they are familiar with and may never have approached or spoken to the school counsellor. Some students will also feel that talking with a school counsellor is not their cultural norm, or they may worry that other students may see them talking with the counsellor. Teachers should follow school policy on at-risk students.

Teachers are not expected to be counsellors. If a teacher has seen some warning signs of a student feeling suicidal, they can let the student know they are concerned about them and are willing to help. It is important that all concerns are responded to. Once a teacher becomes aware

of a concern, he or she must refer to the counsellor or other designated person, *no matter how uncertain they are of the seriousness of the risk.*

Suicide risk assessment should only be carried out by the counsellor or designated staff member. If no suitably trained person is available within the school, and the situation is concerning, then contact should be made with the family and whānau, expressing these concerns and suggesting the student should be referred to a local youth service or their doctor. The school should follow up with the student to see what outside support has been established. If no support has been identified, then the school may need to contact the school nurse or doctor independently of the family and whānau.

Referring a student to the school counsellor

- If a teacher is concerned about a student's behaviour, or what they have been saying or writing about, the teacher needs to tell the student about their concerns and that they can assist them to talk with someone who will help them.
- If the student does not want to receive any help, the teacher should refer the student on to the school's support services (for example, to the school counsellor).
- Even after referring on, a teacher should continue to support the student, for example, by asking about how they're going and reminding them that there are supports available.
- Any actions taken by the teacher should be in the context and parameters of the safety plan for the individual student.

How teachers respond to a threat of imminent suicide

When there is imminent risk of suicide, it will be necessary for any adult present to supervise the student and arrange a clear transfer of responsibility to another professional or the family or whānau. This may mean informing families and whānau or significant others even if the student does not agree.

If a teacher is in a situation where it is clear a student is about to take their own life and immediate help is not available, the teacher needs to:

- tell the student that you care and you want to help them
- listen to them and express empathy for what they are going through
- tell the person that thoughts of suicide are common and do not have to be acted on.

If the student has a method and a plan this means he or she is actively suicidal and should not be left alone.

- If the student has contacted you by phone, text, email or similar, establish where the student is and ask if anyone is with them or nearby.
- Get the student to think about people or things that have supported them in the past and find out if these supports are still available. If they are, encourage the student to access them.
- Call or have someone else **call emergency services 111**. Tell the operator there is a student who is suicidal (give address or location). Provide other relevant information, such as whether the person has been drinking. Give your name and contact details.
- Call the student back or stay with them and remove access to means of suicide until emergency services arrive. Do not use guilt or threats to prevent suicide, such as telling them they will ruin other people's lives if they die by suicide as this may further exacerbate the situation.

Handing over responsibility

As soon as possible, teachers must involve the school counsellor who will inform the school principal. The counsellor will immediately contact the Crisis Assessment Team. The counsellor will also let the principal know that the Crisis Assessment Team has been contacted. The Crisis Assessment Team may refer the student through to their local GP or Child Adolescent Mental Health Services following initial discussion and assessment. The counsellor and principal should discuss what information will be shared with staff and when and how this will happen.

School management should follow up with mental health services to discuss the actions taken and the welfare of the student. Counselling staff should follow up the student on the next school day.

Teachers should seek help and support from their friends, work colleagues, family and whānau, and others as needed. They may need to take time to look after their own support needs and to remember that despite their best efforts, some people will still attempt or carry out suicide.

Teachers and confidentiality

Teachers and others involved with a threatened suicide should never agree to keep a plan for suicide confidential. If there is a risk to a student's life, immediate action is needed and this may mean informing families and whānau or others even if the student does not agree. Teachers can talk to the student about their respect for the student's right to privacy and to their future involvement in any decisions about who needs to know what has happened.

See Section 5, Scenario 6: Breaking confidences page 72.

Responding to students at risk: role of the school counsellor

Counsellors respond to an imminent threat of suicide

When the school counsellor is contacted because a student is threatening imminent suicide, urgent actions need to be taken.

- Immediate contact should be made with the DHB Mental Health Crisis Assessment Team. Further information can be found on the Ministry of Health's website (www.health.govt.nz) by searching 'crisis assessment teams'.
- Free call or text **1737** any time for support from a trained counsellor.
- Until contact is made with the Crisis Assessment Team, explicit instructions should be given to those providing the supervision about how to make an environment safe (for example, removal of the means of suicide, including firearms, pills, ropes and poisons) and to provide supportive supervision.

See also *Counsellors referring students at risk of suicide to other agencies*, page 34.

Assessing the level of risk in referred students

When a student has been referred, the school counsellor will need to assess the risk of suicide as soon as is practicable using *Assessment of students at risk of suicide: for school counsellors* (page 11). After the assessment has been completed, and if the counsellor considers the student is at risk of suicide (low, moderate or high), the principal or other designated staff should be informed. From this point the principal, in liaison with the counsellor, must consider if, when and to what degree any other staff should be informed. They will also decide if, when and how the family and whānau are to be informed. The primary goal is the safety of the student.

Risk levels in students can change rapidly over a short period of time. It is important to remain in regular contact with the student.

Developing a safety plan for a student at risk

Counsellors or designated staff have the primary responsibility to develop a safety plan based on the assessed risk and to arrange appropriate assistance

for the student while he or she is in the care of the school. This assistance is outlined as part of the safety plan. A different safety plan for each level will be formulated, based on the guidelines in *Management of students at risk of suicide: for school counsellors* (page 14).

Changes in the level of risk

Students identified as at risk should be supported in the school environment and managed, together with mental health services and family and whānau, according to their safety plan. Most students who are identified as having mental health or personal adjustment problems will not be preoccupied with thoughts of suicide – most suicidal ideas are fleeting, occur from time to time and in most cases are not actioned. However, for a small number, the risk of suicide is significant and should be addressed and can change from low to high reasonably quickly. This is not always obvious and it should be noted there are occasions when even the most experienced professionals fail to recognise a student at risk of suicide.

Students who harm themselves

Students can harm themselves intentionally in many different ways. Research shows that the majority of students who self-harm do so to manage intense, negative emotions. Self-harm is best understood as a coping strategy that students use to gain relief from feeling distressed and overwhelmed.

Many students keep their self-harm a secret but some may use self-harm as a support-seeking strategy. Self-harm can be a way of students communicating to others that they are struggling and need support. Counsellors should respond to these needs and avoid escalating a situation by assuming it shows suicidal intent. Intent is difficult to ascertain and careful sensitive rapport building and questioning is needed to determine intent. All students who report or display self-harm where suicidal intent is established should be treated as being in a state of potential emergency until the counsellor or other professionals are convinced otherwise.

Studies show that the onset for self-harm among students can be from age 12 to 15. See *Section 6 – Contacts and information* for further information about self-harm.

Establishing rapport with a student self-harming or at risk of suicide

A key component to working with any student who presents in a state of distress is the conscious effort to establish rapport with them.

Rapport is the ongoing development of a sense of safety and respect from which a person can feel increasingly free to share their problems, while gaining increased confidence in the person they are talking to, to understand them.

Rapport facilitates the disclosure of information and intent and may serve as a protective factor by encouraging a sense of hopefulness and connectedness. The processes that are crucial to developing a strong alliance are empathy, active listening, trust and transparency.

Appropriate conversations with students at risk of suicide

Any initial conversation with a student should be appropriate to the level of any risk of suicide expressed by them or by the teacher who referred them. If there is only a suggestion of thoughts about suicide then the conversation should start with this and proceed if, and as, the student provides evidence that they are thinking of suicide as one 'solution' to their distress. It is usually most appropriate to inquire about current suicidal ideas in the context of a series of questions, rather than abruptly and directly asking about suicide.

It is common for students with a depressive disorder to have thoughts about suicide. Many who are distressed will be relieved to be asked about their suicidal thoughts. Asking students about what they are thinking, along with careful and sensitive questioning, will not cause a student to become more suicidal. Care should also be taken to focus on the positive reasons why the student should not carry through with a suicide plan. In this way the immediate intervention begins with this conversation and this can lead to the development of a strong positive relationship between the student and the counsellor. However, some students may not communicate their thoughts about suicide directly even if specifically asked.

Liaison with the family and whānau

When a student has been referred because they are at risk of suicidal behaviour, counsellors need to resolve issues of confidentiality (including any possible conflicts) early in the assessment process. They will need to establish the limits of confidentiality for each student's situation.

While it is desirable to obtain the permission of the student to contact others, if there is a serious and imminent threat to the life or health of the student this is not essential (See Rule 11(2d) Health Information Privacy Code 1994, NZAC Code of Ethics) – <https://www.privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code-1994/>

Where the possibility of suicide is a concern, it is important to consider speaking with the family and whānau at the earliest opportunity. The appropriateness of involving a student's family, whānau, or significant others is determined by several factors.

- In some cases family or whānau members may be contributing to a person's suicidal risk (for example, in abuse situations) in which case the counsellor's responsibility is to do what they can to protect the student at risk of suicide.
- If the student has been subject to abuse (physical, sexual or emotional) then it may be necessary to make contact with Oranga Tamariki on **0508 Family – 0508 326 459** or the local police. There is an agreed protocol for the reporting and management of child abuse and neglect between Oranga Tamariki and Education agencies. These should be followed.
- Referrals to, and responses from, Oranga Tamariki should be documented.

School counsellors and student confidentiality

As school counsellors know, confidentiality is an important issue when working with students. Many students will ask for others to promise secrecy before they make a disclosure. This should be avoided and every effort made to encourage them to share their concerns and plans without any promise of confidentiality. It is important the student at risk is made aware of the following limitation:

“What you say is confidential to me, unless I believe that you are at risk of harm to yourself, or others. In such a case I will take necessary steps to protect your safety, although wherever possible I will discuss these steps with you before I take them.”

If the counsellor considers the student to be at risk of suicide, the primary goal is to maintain his or her safety. The next step is to decide whether the principal or other designated staff member should be informed. From there, the principal, in liaison with the counsellor, must decide if, when and to what extent any other staff should be informed.

When a student is unwilling for the counsellor to contact their family and whānau, it may be appropriate in the short term for another staff member to be available to the family and whānau to try and assist with issues of concern to them, while preserving confidentiality about information relating to the student.

If the student does not wish family and whānau to be contacted or notified and if this does not compromise the safety of the student, then confidentiality should be maintained.

Cultural considerations for students at risk of suicide

When counsellors are assessing a student's suicidal intent, it is important to determine the meaning and underlying motives of the behaviour. Cultural factors and beliefs may influence suicidal behaviour.

This section below has been taken from *Te Whakauruora Restoration of Health: Māori suicide Prevention Resource, 2009* and should be referred to when working with Māori learners and their whānau.

The term whakamomori is often used as a translation for suicide; it does not specifically mean suicide, but rather denotes a much broader background and meaning. For many in te ao Māori, whakamomori therefore is not the act of suicide, rather it describes feelings, thoughts, emotions and actions that can build up and lead to a suicide attempt.

Responding to Māori who may be experiencing whakamomori requires understanding that suicidal feelings, thoughts, emotions, and actions for some Māori are captured within a cultural and a spiritual context. Some expressions heard include:

"Grieving without a death"

"My wairua is being squeezed"

"Whakaihi – feeling mokemoke or lost and lonely and set apart from others"

"Ihiihi – feeling mātaku or very afraid"

"Puuihi – feeling whakamā, or full of shame"

"Whakamomori – a yearning to escape haunting thoughts, feelings, emotions and dreams"

Acknowledging the cultural and spiritual context of suicidal thoughts, feelings and/or actions can involve asking questions that explore and allow for cultural and spiritual expressions such as:

What has happened?

Why do you think you are you feeling this way?

What are you experiencing?

How long have you been feeling like this?

It is important to acknowledge that the pathway to suicide can be very different for Māori than for non-Māori; and furthermore, suicide among Māori can be viewed differently from iwi to iwi.

In the case of young Māori students, cultural experts such as kaumatua, whānau support workers and Māori mental health workers can provide valuable advice on these matters and may be able to resolve any conflict. This is especially so if they are already part of the school community. In New Zealand there are Treaty of Waitangi responsibilities that support the provision of culturally appropriate treatment options for Māori.

For many Asian cultures, suicide is seen as stigmatising and shaming, not only for the young person but also for their family. There are often social taboos on talking to people outside of the family about matters considered to be private or shameful. Suicidal intent for Chinese students can be linked to similar themes of other young people, but also include:

- perceived failure to live up to unrealistic family or academic expectations
- relationship issues
- bullying and discrimination
- difficulty with cultural integration, leading to isolation.

In cultures with a strong emphasis of familial identity or connection and prescriptive social roles and status in family/whānau structures, suicidal thoughts or attempts are often influenced by:

- a perception of failure to fulfil family, whānau and societal expectations
- a sense of shame on the young person and the family and whānau.

Those who have come to New Zealand as refugees and have experienced severe trauma have a heightened risk of self-harming behaviour and suicide. They may have a strong distrust of any services and be reluctant to disclose information or be referred to mental health services, owing to previous experiences, or they may feel the service is not linked to their beliefs about wellbeing or illness.

Cultural advice and guidance for counsellors

It is often helpful for the counsellor to seek guidance about issues and beliefs from the family and whānau, religious organisations and community leaders when dealing with a culture or religion that the counsellor is unfamiliar with. It may also be appropriate to seek the services of a local health service, cultural adviser or religious leader if the student values their involvement and trusts the particular person.

Where there is a significant difference between the cultural views held by the student and the counsellor, the counsellor should consult with a culturally appropriate service or specialist, in liaison with mental health services.

This is clearly the case where the student's primary culture and language is not that of the counsellor but could also include situations where spiritual or other values differ significantly.

It should also be recognised that some students may not wish to access services from professionals or agencies from their cultural group and may wish to use mainstream services, owing to concerns over confidentiality or involvement. Even when this occurs, it is useful for counsellors to seek advice from appropriate and qualified cultural experts.

Other groups of students who may be at risk

Counsellors need to take into account groups of students who statistically may have a higher risk of suicidal behaviour. Students who are or think they may be lesbian, gay, bisexual, transgender and intersex have been identified in some studies as being at higher risk of suicide. School counsellors should be aware of the possibility that students who are lonely and isolated may have issues about their sexuality that should be investigated and appropriate support given.

Counsellors referring students at risk of suicide to other agencies

It is important that the school counsellor is aware of the professionals, agencies and groups in their community that provide relevant services and support and develops relationships with them before their services are required. Schools should maintain an up-to-date list of local doctors and other relevant services in their area. The list should include after-hours details, such as psychiatric emergency teams, as these services may sometimes take over from routine services at 4.30pm or earlier.

School counsellors are encouraged to foster a professional relationship with the local Child & Adolescent Mental Health Services (CAMHS). Regular (although not necessarily frequent) face-to-face meetings help to build relationships and familiarity may make phone consultations for brief advice both more likely to happen and more productive.

When making a referral to a healthcare professional or agency, these suggestions may be useful.

- As part of their policy in this area, schools can establish referral protocols with local agencies, including the eligibility criteria for the agency and the intake and assessment protocols. With established protocols, the agency can provide feedback to the school and develop shared care plans for referred students.
- Any referrals should be made to healthcare professionals who are experienced and trained to work with students at risk of suicide and/or with depressive disorders. This includes clinical psychologists, psychiatrists, qualified psychotherapists and counsellors.
- In making a referral it is important to consider the ethnic and cultural background of the professional and how that may fit with the student, as well as any other factors that might influence the treatments they use.
- It is helpful when making a referral to indicate the needs of the student and their suspected problem areas, the expectations of the referral and the ongoing roles and responsibilities for support (especially crisis management).
- Any intervention (such as counselling) should generally be time-limited, focused on the student's current problems and aimed, firstly, at symptom resolution and secondly at the prevention of future risk of suicide.

- To ensure that adequate feedback is received from the healthcare worker, the school should specify that it wants a progress report by a specified date. This sharing of information should be done with the student's consent but also in accordance with accepted principles of confidentiality.
- There is a need to monitor the outcome whenever treatment is initiated. This is especially important if counselling is used as the only treatment and the person fails to show any improvement in four to six weeks. In such situations, the school should consult the professional, consider a re-assessment and review the management plan.

It is not always easy to access prompt and appropriate care from support agencies, particularly in rural areas. It is important that schools document their attempts to get help from support agencies and health professionals. Efforts should continue, despite frustration. Failure to get an adequate response should be addressed in writing to the agency concerned and, if necessary, to the professional bodies to which they are responsible.

Counsellors and follow-up of referred students

For some students, the risk of suicide will periodically return and ongoing monitoring will be needed. This is especially likely when life is stressful for the student. Such cases will be part of the usual workload of counsellors and the professionals who assist them.

In every case it is important to assist the student to reintegrate into the school in consultation with their family and whānau, and the agencies involved. This can involve arranging for 'catch-up' material and helping teachers to relate appropriately to the student. As far as possible, all staff should be encouraged to support the student in as normal a manner as possible – such as supporting their inclusion in activities, particular group activities, appropriate greetings within the school environment and occasional inquiries about how things are going.

Support and involvement of teaching staff

If a staff member has made a referral, they need to be told whether or not the referral has been actioned. A meeting should take place with the teacher to discuss what information is available to discuss with others and what information should not be discussed.

Teaching staff will need some information to help them support the student. If the student is aware the teacher knows their situation, it may be appropriate for a teacher to provide support by asking the student: *"How's it going?"* Teachers can also provide support by:

- ensuring the student remains involved in classroom activities
- facilitating the student's involvement in group and cooperative learning activities
- decreasing discipline infractions
- increasing supervision and awareness of the student.

Some compensations and support may need to be made for students who have depression or another mental illness or who are on medication. Teachers can help a student with depression by involving them, taking care not to exclude them from school and social activities and through active listening.

Where a student experiences a mental illness, absences may be more frequent. It is best to engage and work with the family and whānau, and mental health services to ensure the student remains within the school environment and that interventions have been put in place to increase attendance. Disruptions to social networks and resources for students can have a negative effect on their health and wellbeing.

Supporting a student who is at risk of suicide in their community

Most students at some risk of suicide are supported in their usual living arrangements with interventions that may involve medication, active supervision by family and whānau, examination of their physical environment, cultural support, reduction of stresses and the strengthening of social supports, including school supports.

In any management of a student at risk of suicide in the community, the school counsellor needs to have clear information about:

- the current mental state of the student, the treatment and the level of suicide risk
- whether the student is under the supervision of mental health services or being managed by their doctor and a contact number, in case the health professional needs to be consulted about any new concerns
- whether the student needs 24-hour supervision and support, including supervision at school
- whether there is ongoing access to specialist mental health services (Specialist mental health follow up for students indicating ongoing serious risk of suicide should be a priority.)
- whether or not the school has the ability to respond to changes in the state of the student
- the safety of the person's physical environment and what supports are available there
- issues of confidentiality.

The family, whānau, school leaders and others directly involved should be aware that the Mental Health Act can be used as a resource to set boundaries for the person and that the police may be called in emergencies. When and how this might occur should be discussed in advance.

Safety at home for the student

When the student is in their usual living situation, the following safety factors will need to be discussed with the family and whānau:

- Are family and whānau able to access appropriate support, including responding to an emergency?
- How will the family and whānau deal with the potentially distressing and unsettling effect on other family and whānau members?
- How easy or difficult will it be to remove potentially harmful objects and substances (such as poisons, ropes, firearms, vehicles or medicines) from the environment? What help might be needed?

Health services will work with the student and their family and whānau to address underlying causes for the distress to reduce the likelihood of recurrence. The school counsellor may be involved in any treatment planning meetings for the student or the student may be referred back to the counsellor at some stage for ongoing counselling and monitoring at school.

Wherever possible, any joint responsibility should be accompanied by a written understanding on roles and responsibilities. If there is a specialist health service established to meet the student's cultural needs, the school counsellor should, in consultation with mental health services, support this involvement.



Part 2



Responding to a suicide and managing the consequences



Schools need to plan how they will respond to suicide

This section should be read in conjunction with *Emergency planning advice* <https://www.education.govt.nz/school/health-safety-and-wellbeing/emergencies-and-traumatic-incidents/preparing-for-emergencies-and-traumatic-incidents/>

In the event of a serious attempt or suspected death by suicide, schools need to be prepared to limit the negative consequences for other students. In general, this is the same for any similar trauma but in cases of suicide, there is also a risk that other students may consider suicide as a possible 'solution' to their distress. This contagion effect (see page 41) is well documented in New Zealand and is a serious threat in any school where there has been a well-publicised suicide.

Traumatic Incident Response Plan and suicide

As suicide is a rare event in schools, it is recommended that a Suicide Response Plan be developed as part of the

school's Traumatic Incident Response Plan (TIRP), rather than as a stand-alone policy. The aim of the Suicide Response Plan within the TIRP should be to manage the consequences of a serious attempt at, or completed, suicide.

The aim of a Suicide Response Plan is to maximise resilience and to minimise risk within individuals, school, family, whānau and community and to promote the healthy recovery of the affected school and community.

Developing a Suicide Response Plan

A Suicide Response Plan needs to be developed before a traumatic incident occurs – there will be no time to develop a plan when an incident occurs.

The Plan should involve all staff and make provision for inclusion of students, family and whānau and support agencies from outside the school, as appropriate. The Plan should not depend upon any single person but be able to be implemented by the staff available at the time and promote the coordinated responsibility of a team of people who can support each other.

The Plan should include details about:

- coordination of management responses to the effects of the event
- managing any media interest
- dedicated roles to be carried out
- communication with the family, whānau and community
- support for wellbeing of students, their families and whānau, and teachers.

Ministry of Education resources

- For information about local workshops to help prepare policies, plans and procedures contact Special Education staff at your local Ministry of Education Office or call **0800 TI TEAM (0800 84 8326)**.
- The Ministry of Education also provides support to a school after an emergency or sudden death by working alongside a school's traumatic incident team or management team as they respond to an incident and implement the Traumatic Incident Response Plan

See Section 5, Scenario 7: *Communicating news of a suicide*, page 73.

Managing the aftermath of a death by suicide

In many ways, the steps schools need to take after a death by suicide are the same as would be required for any student death. The main exceptions relate to communications and to the attention needed for students who may themselves be vulnerable and could be at risk of suicidal behaviours themselves.

Communicating information about the suicide

There are certain steps that schools need to take after the sudden death of a student. Even when it is a suspected suicide, the cause of death won't be determined until after the Coroner has made a ruling, so the process to be followed will be mostly the same as for any student death. The main difference is in how to communicate and provide support to the student's family/whānau and close friends, who may themselves be vulnerable and could be at risk of suicidal behaviours.

There are two critical areas that school leaders need to be mindful of after a suspected suicide, to protect students:

- **Any discussion of the means of suicide is explicitly restricted by the Coroners Amendment Act 2016.**¹ There is a risk that distressed students may consider copying the means of suicide.
- **Any response activities must not, intentionally or unintentionally, glorify or sensationalise the death.** There is a risk that vulnerable students can become focused on suicide as a way to meet a need.

While the death of a student in a school will have a direct impact on the school community, schools also need to be alert to the possible impact of the death of a recent past student, a student in another school, or the well-known death of a student in the community.

Schools need to have a well-developed system that identifies those who may be distressed (through families/whānau, teachers), refers and responds to student distress, and monitors concerns.

After a death by suicide, schools need to be aware of the possibility of subsequent suicides or suicide attempts that are triggered by the first death. A common characteristic of these deaths is that the affected students have a history of personal problems, personal difficulties, or mental health issues that have made them vulnerable to suicidal behaviour. Having systems and protocols in place for identifying and responding to distressed students and family/whānau will help support and protect the school community.

Tips on answering questions about suicide from students can be found in the Mental Health Foundation resource 'Connecting through Kōrero': <https://www.mentalhealth.org.nz/get-help/connecting-through-kōrero>

The Ministry of Education can also work with your school leadership team and your community organisations to support your community after a suicide.

See the *Template for a statement to students and the Template for a letter to families and whānau* in Part 3 of this section.

For other useful resources, go to <http://education.govt.nz/school/health-safety-and-wellbeing/emergencies-and-traumatic-incidents/preparing-foremergencies-and-traumatic-incidents/>

Liaison with the bereaved family and whānau

Some families and whānau may not wish for the death to be disclosed as a suicide. While family and whānau wishes should be respected, schools also have to take into account the broader obligation for the care and safety of all of the school's students.

If the family and whānau do not wish the school to disclose any information about the death it may be helpful if a person who has a good relationship with the family and whānau contacts them and explains that students are already talking about the death.

The school may need to make a statement to the school community, such as *"the family and whānau have requested that information about the cause of death not be shared at this time. We ask everyone to respect the privacy of the family and whānau. We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised we want to take this opportunity to give you accurate information about suicide in general ..."*

Funeral ceremonies

There was a time in New Zealand when only two traditions of death and dying, Māori and Pakeha, were widely observed. In recent years there is greater awareness of cultural diversity of funerals. Culture, faith, philosophical outlook, all influence bereavement and determine customs and traditions surrounding ceremonies farewelling the dead. Schools need to be mindful of the role these factors play and seek cultural support and knowledge and liaise sensitively with the bereaved family and whānau about

¹ <https://coronialservices.justice.govt.nz/suicide/making-information-about-a-suicide-public/>

their wishes. Experiencing death is a human social and spiritual event. Students seek meaning and understanding about the event through their experience of the bereavement processes. Schools also need to be mindful of the rights of students not to attend funeral events.

There is also no requirement for any sort of funeral ceremony to be held after someone dies. Sometimes when a death is sudden and very traumatic the bereaved family and whānau may feel that holding a funeral would be too painful. This is the decision of the family and whānau. In some cases schools may be asked to hold or organise the funeral. This issue needs to be handled with sensitivity but it is not the role of the school. Support can be accessed from the Ministry of Education Traumatic Incident Service. Further information can be accessed from: *Death without warning* <https://skylight-trust.myshopify.com/products/dww>. *Alternative ceremonies, Burial or Cremation and Funerals* <https://www.fdanz.co.nz/>

Returning the deceased student's property

The school must ensure it collects all of the student's equipment and belongings and return them to the family and whānau at an appropriate time soon after the funeral.

Specific cultural activities

For some students there may be appropriate cultural or spiritual activities that should take place. For example, for Māori, a karakia to farewell the person or a blessing may be important. Teachers will need to acknowledge the student and where the student sat or what the student liked to do. Where possible, students should be involved in planning how to mark this.

Identifying students as risk

After a suicide, school leaders and the guidance system in consultation with teachers will need to identify and monitor students at risk. Schools need to develop a reporting system so that teachers or families and whānau who are concerned about a student know who they can contact. All families and whānau and teachers need to have information to be able to recognise students in distress. Common signs of distress that should be checked by a counsellor, nurse or GP can be found under *Recognising suicidal behaviours in Section 3 on page 26*.

Students who have a history of school suspensions, Child, Youth and Family care and protection concerns, and/or are transitioning between families and whānau or schools are particularly at risk.

Noticing and engaging students who are absent

Students who are already aware of the death may decide not to attend school or may leave during school hours without explanation or permission. After a student suicide, it is important that the school knows where absent students are and if they have adult supervision. If students are not under adult supervision, family and whānau should be notified and the students encouraged to attend school to participate in supportive activities. Absences should be closely monitored with class rolls taken at each class and any absences notified to the appropriate staff.

Memorial gatherings and other activities

As a part of their grieving, some students may gather at the place where the death occurred, at another site of interest, or contribute to an online forum, and may even erect a 'shrine' in memory of the person. These gatherings can be intense and very emotional for those attending, especially for students who are already vulnerable. They need to be monitored by adults and family and whānau made aware of them. Attendance at such gatherings should be time-limited and students discouraged from lingering.

Some adults may resist this type of activity but prohibiting this can also be problematic. For example, the bereaved family and whānau or friends may find this deeply stigmatising and it can generate intense negative reactions and may exacerbate an already difficult situation.

Coronial inquests, birthdays and other events can cause distress. Schools need to monitor affected students at these times. Schools can play an important role in channelling this energy in a positive direction by proactively meeting with groups or those closest to the student to talk about the type and timing of any activities.

This can provide an important opportunity for students to be heard and for the school to sensitively explain its rationale for permitting certain kinds of activities and not others. It can be helpful to provide constructive suggestions about positive activities, such as:

- raising funds for the family and whānau
- sponsoring a mental health awareness day.

Monitoring social media

Social media are important communication tools for students. They can be used as part of the school's response to the suicide. By working in partnership with key students and teachers, the school can identify and monitor relevant

social networking sites and use these strategically to share prevention-orientated safe messaging, offer support to students who may be struggling to cope and identify and respond to students who indicate through the sites they could be at risk.

Supporting peers in class and students who are distressed

Where possible, support for students should be managed within the classroom setting. Students are best supported by the adults they know and trust, their teachers and family and whānau. Responses to any distressing events are also supported through the maintenance of routines, 'normalcy' and the spiritual and cultural processes associated with death.

Most students have managed the basic skills that allow them to handle strong emotions encountered day to day, but these skills may be challenged after a suicide. Adolescence marks a time of increased difficulties with emotional regulation. Schools should provide students with appropriate opportunities to express their emotions and to identify strategies for managing them.

The school TIRP team can provide resources on warning signs and how to support students through this difficult time. They will ask teachers to carefully monitor class rolls, identify students who may be distressed and notify designated staff of any absences from class for follow up. They will also ask teachers to:

- monitor any distressed student carefully and notify relevant staff of any sudden or worrying changes in mood or behaviour
- remember to look out for their colleagues and other staff and be supportive
- encourage students to look out for each other and to notify identified staff if they are concerned about the welfare of any student. Teachers need to emphasise that getting help for a friend is not a breach of loyalty.

Using a support room

Sometimes a school may set up a separate room, commonly known as a support room, for students who are not able to cope in class. Although there is no evidence to support this practice, it is a pragmatic step some schools have to take to provide support for those who cannot remain in the classroom environment. If a room is made available, staff need to supervise it,

provide support to upset students and redirect other students back to class, as appropriate. Suitable directed activities will be needed to help support students, such as information about suicide, information about support agencies or websites, tissues, a place where students can sit or write cards to the family and whānau etc.

It can be difficult in a support room environment to manage the emotions and responses of students together, including what they may be talking about, who they are communicating with and to monitor their movement in and out of the support room and elsewhere in the school environment. A support room should have clearly stated rules about the length of time students can stay in the room and some criteria about who uses the room and when.

Particular emphasis should be placed on ensuring all absences from classes, and the time the student arrives and leaves the support room, are documented and checked against the attendance rolls. Follow-up any students who are absent for no identified reason.

Supporting the close friends

Sometimes it becomes apparent that the student who died communicated with friends before the death in a way that may affect the friends' wellbeing. This can include leaving notes, possessions, text messages and other activities.

These students and their families and whānau may need additional support and contact. Families and whānau may need guidance on talking about suicide with their children and how best to support them during this difficult time. They may also need reliable information relating to mental health and suicide prevention. Families and whānau and students will need information on activities that support mental wellbeing.

See Section 5, Scenario 8: Managing student support page 73.

Sport groups and other school activity groups

The student who has died may have been a member of a sporting team or part of another school activity. After the death, members of these groups may need to be brought together to talk about it. The school should discuss with the group how any changes might be addressed, such as what to do at the next team practice or who will collect the person's equipment. Often this discussion will bring changes that will be

helpful and allow individuals to acknowledge the death in appropriate and culturally acceptable ways. To facilitate this, it is particularly important that the student management system is updated to ensure relevant information is disseminated to the correct people.

Suicide contagion

After a death by suicide, schools need to be aware of the possibility of suicide contagion. Suicide contagion refers to the spread of suicidal thoughts, behaviours and deaths after exposure to suicidal behaviour. Contagious behaviour is increased when:

- students have direct contact with the event, or
- students identify with the feelings or life situation of the deceased, or
- reporting is detailed or sensationalist, or
- the person was highly regarded.

While the suicide of a student in a school will have a direct impact on the school community, schools should also be alert to the possible impact of the suicide of a recent past student, a student in another school or the well-publicised death of a young person in the community. Schools need to have a well-developed system that identifies those who may be distressed (through families and whānau, and teachers) and monitors and responds to concerns.

In some cases there may be students who will consider 'copying' the means of suicide, which is the reason any discussion on the means of suicide is not encouraged. School management needs to ensure that any response activities do not, intentionally or unintentionally, glorify or sensationalise the death as this can lead to vulnerable students becoming fascinated with the idea of suicide.

Longer term follow-up for the school community

The aim of any response after a death is to assist the school community to return to a normal routine as quickly as possible. The timeframes for this will vary according to different needs and responses and may be unpredictable. In general, while acknowledging the impact a suicide has, schools need to use their whole-school approach to promoting wellbeing and to focus on positive strategies to increase resilience.

The guiding principle for a death by suicide is that it should be treated as other deaths in the school environment, for example, if there is tribute to deceased students in the school year book or at graduation or at school leaving time, brief statements acknowledging and naming these students who have died should be made. The focus in the school after a death should be on a return to learning routines and engagement in activities that promote mental health and wellbeing (for example keeping active, involvement in sport, cultural activities).



Part 3



Responding to a suicide: templates



Introduction

The templates in this section are designed to help schools manage the aftermath of a suicide.

Schools can adapt these templates according to their situation and needs.

The templates include:

- A statement to students
- A letter to families and whānau
- Talking to students about suicide loss
- Template for the media
- A sample agenda for family and whānau meeting
- Informing families and whānau about ‘choking games’.

For more information following a death by suicide, schools can contact the Ministry of Education Traumatic Incidents (TI) team on **0800 TI TEAM (0800 84 8326)**.

Template for statement to students

A statement to the students is an important first step in communicating about a suspected suicide. The language used in this example can be changed and adapted to suit a particular school or situation. The wording 'suspected suicide' is consistent with the Coroners Amendment Act 2016. The words in italics are intended as guides and prompts for teachers. This type of statement is best read after consultation with the family and whānau (ie all adults involved in the care of the deceased) and accurate information about a death available. A good time to talk to students would be when students usually meet face-to-face with their form teachers.

We have had a difficult time deciding what to say to you today as one of our students, [student's name] has died and we are affected by this just as many of you are.

From what I know:

Briefly review the known facts, actions that are going to be taken, arrangements that have/are being made and any other information that seems relevant and important.

The cause of death has not yet been determined by the Coroner's office. We'll do our best to give you accurate information as it becomes known to us.

Apart from what you have just been told, is there other information that we should know about? Can you tell me about this?

Ask for clarification or correction of the facts to allow students to participate – but only if they want to. Take care to ensure clarification is age and culturally appropriate. If students have heard that the death is a suspected suicide (and teachers are aware of this) then the following statement is helpful.

We are aware there's been talk about the possibility that this was a suspected suicide. We ask you not to spread this kind of talk as it can be very distressing for everyone who knew and loved [student's name].

It is hard to hear this sort of news. We need to respect one another's emotions, no matter how differently we might feel or act. Each of us has our own way of reacting to, and coping with this kind of news. It's okay if you want to cry or if you don't want to cry. Some of you may not have known [student's name] very well and may not be affected. Others may feel a great deal of sadness. Some may feel angry. We all have our own way of dealing with our feelings and reactions, there is no one right or wrong way.

Some of you may find you're having difficulty concentrating on your schoolwork and we can understand that and others may find that getting on with schoolwork or sport or other activities is helpful.

Any time you want to talk about what happened we are going to be here to listen.

Some of you may feel responsible, like you could have done something to save them. It's important to understand that no one is responsible for someone else taking their own life.

We will need to pull together to support each other through this difficult time. To help us with this, [I/we] would like to make some suggestions.

Keeping busy can help you deal with your feelings and start to make things better. Today, we will [activities, options]. What other suggestions do you have that you would like to do?

Support the natural cohesion and resiliency of the class group through the structure of teaching and classroom activities during the day. Keep emphasising the potential role that class members can play in supporting one another. Care needs to be taken not to disrupt the natural supports that a classroom can provide.

A few of you might feel it's really difficult to be in the class today, but this is the best place for you to be – with people and friends who you know. Things will get easier. If for any reason you need to leave the classroom, please let me know and I will talk to you about what and where you might go if you need extra help. Even if it is just to go to the bathroom, I still need to know where you are. Thanks for doing this.

By the end of the day your families and whānau will be made aware of the death of [insert student's name] or you will be given a letter to take home to your family and whānau. You and your family and whānau should ask for more information or help if needed.

In some communities when there has been more than one death, the community comes together to support their students and develop additional interventions. If this happens, mention families/whānau/community meetings and when they are scheduled.

After you have given this note to your families and whānau, try to do activities that you enjoy, such as playing sports, video games, listening to music, being with others, being with friends and family and whānau. You could help at home with cleaning, repairs or chores to support your family and whānau and community. Tidy your room, do your homework activities. Share things with others. Make sure your family and whānau know where you are and what you are doing.

Template for a letter to families and whānau

Use a letter like this one to communicate about a suspected suicide. It provides families and whānau with warning signs of suicide and details about how families and whānau can seek support if they have concerns. This letter should only be released after first consulting with the family and whānau of the student who has died.

The family and whānau may not want the letter released, or their child's name mentioned. Please respect their wishes. If the family and whānau does not want the letter released at all, the school will need to work closely with other supporting agencies to make a decision on how to communicate with students' families and whānau, to safeguard the wellbeing of students in their community.

Think about how you will release the letter to ensure distress is minimised for parents and students

[Name of school]

Dear families and whānau

It is with great sadness that I have to tell you that one of our students, [insert name, if family have approved], has died. All of us want you to know that we are here to help you and your children in any way we can.

Identify the student if consent has been given, BUT DO NOT state the method of suicide or provide details about the death.

We have expressed our sympathy to the family and whānau, and our thoughts are with them at this very difficult time.

If appropriate, identify any actions being taken to assist and/or support the family and whānau of the deceased.

As a school, we are committed to supporting the wellbeing of our students and our school community. We are here for you and your children, if you need our support. We have included information at the bottom of this letter which you might find helpful.

We are aware there has been some talk about the possibility that this was a suspected suicide. The cause of death has not yet been determined by the Coroner's office. We ask you not to spread this kind of talk, as it can be very distressing for everyone who knew and loved [student's name]. Please respect the privacy of the family and whānau during this time, both in person and on social media. We'll do our best to give you accurate information about their wishes and funeral arrangements, as we become aware of it.

If you would like some guidance about how to talk to your child about what has happened, you may find the Mental Health Foundation's resource 'Connecting through Kōrero' useful. It includes ways to answer common questions, and how to have safe, open and compassionate conversations about suicide: <https://www.mentalhealth.org.nz/get-help/connecting-through-kōrero>.

This death will create a void in our school. During times such as this, it is critical that we look to our teachers, family and whānau and friends for guidance and support. Spending time and talking with people we trust can help us through difficult periods like this.

You can help your child by keeping regular routines (sleeping, eating, attending school) and encouraging activities that they would normally enjoy, such as playing sports, video games, listening to music, being with friends, and family and whānau. Helping out at home and being together doing things you all enjoy allows time for talking and supporting each other. At a time like this, we know you will want to know where your child is and what they are doing, and we encourage you to monitor them closely. Things might be difficult now, they will get easier over time though.

If there is anything that school staff can do to assist you or your child to cope with this death, or you are concerned about aspects of your child's wellbeing, such as their eating, sleep, social isolation, or emotional state, please let us know by contacting your child's teacher or the school counsellor. Contact details for support services are listed below:

Insert the contact names, addresses and phone numbers of specific supports available.

There are also a number of services in the community that offer support, information and help, you can find out more here: <https://www.mentalhealth.org.nz/get-help/in-crisis/helplines/>.

Consider handing out copies of (and the link to) the Mental Health Foundation's brochure which has details of helplines and support services: <https://www.mentalhealth.org.nz/assets/Helplines-and-local-mental-health-services/MHF-Helplines-A4-WEB-FINAL.pdf>

If you have immediate concerns, a trained counsellor is available any time by calling or texting 1737.

We understand from the family and whānau that the following arrangements [are being/have been] made to farewell [student's name]:

Insert all available funeral or tangi information here.

With permission from families and whānau, we will allow students to be absent from school to attend the [funeral/tangi/other activity]. We won't be stopping school for this service because it is important to wellbeing that normal routines continue to be available for students.

I am sure that all of you join me in expressing our sympathy to [insert student's name] family and whānau and friends.



Template for talking to students about suicide loss

Talking to a student about suicide is one of the hardest things you might ever have to do. It is normal to feel uncomfortable. Everyone feels unprepared, uneasy, and anxious telling students that someone they have known or loved has died. This is especially hard when it is a suspected suicide.

As family and whānau, we want to protect our children from pain. However, we can't avoid talking about an event that will impact their life in such a traumatic way, just because we're worried about how they might feel or react. Talking about a suspected suicide of someone they know will not be harmful for a student. They're probably already talking about it with other students, so it's better that you have the conversation with them, so they can learn the facts. It also gives them the opportunity to ask questions that may be bothering them.

As adults, we can be supportive in helping students to experience life naturally, and we can lead them in positive directions. Research has shown discussion of suicide with students does not lead to any increased thinking about suicide or to suicidal behaviours. Responsible discussion can allow students to identify others who may exhibit suicidal thinking or behaviours and give them support.

The following points may be helpful:

Be open and honest, and communicate at the student's level of understanding.

Suicide is a complicated form of death and requires honesty with students, but also restraint, depending on the level of understanding. Answer students' questions honestly. You don't need to provide information beyond their questions.

One thing to keep in mind is that when adults hide the truth in an effort to protect students, the student often sees or hears information anyway from other sources, such as through social media sites, texting, a conversation they have overheard, or from a neighbour, a relative, or another student. You have better control over information when you tell students the truth yourself. You also need to state that, although the student has heard these things, the cause of death has yet to be determined - this is the job of the Coroner's Office. Rumours often circulate after a death. Ask students not to spread rumours, as they can be inaccurate, and in any case, are likely to be deeply upsetting the family and whānau of the student who died.

It's okay not to use the word 'suicide' if you don't want to. You can use different terms, such as 'wanting to end their life' or talking about someone feeling 'deep sadness'. It can be helpful to mirror the words that students choose to use.

Sensitively encourage conversation about the person who has died.

Consider what the student may already know or have experienced. For example, if they witnessed the police in the home. Understanding their personal experience can guide you in helping the student open up about what happened and what he or she knows.

Give students opportunities to ask questions. Ask them what they would like to do after talking together. They may want to talk more, stay close to a relative, do an activity, play a game, or get some emotional distance from the events. Follow the student's lead. Observe their body language. Remember that everyone grieves differently and there is no right or wrong way to grieve. There are no right or wrong feelings to have. All feelings or reactions are normal for them. Some students need to be involved and want a lot of information, other students may not want to be involved and want very little information.

It is okay to ask them if they would like to talk about it more. Listen to their thoughts and feelings carefully. Let them know it's okay to feel that way (even if you can't relate to their experiences and feelings). Take care not to make them feel judged or shamed for how they think or feel. Do your best to be available to talk about what happened, and let them choose their own way of coping and grieving.

It's also okay to not know what to say or do. Be honest with students and say, "*I don't know.*" Let them know that although you may not have answers to all of their questions right now, it's because you are also learning. Let them know you understand this is a tricky topic, and that it can be hard for you to understand too.

It's very important to draw attention to the student's life *before* they died. Suicide is the *cause of death*, but it is *not* who the student was to their friends and family and whānau while they were alive. Talk about memories and what that person meant while they were alive, because this is what will be left for the student to remember in the years to come.

"What do I say when a student asks 'why' someone ended his or her own life?"

Respond in a way that feels the most comforting for you both. The following are some suggested phrases to use:

"There isn't an easy answer to that question. There can be all sorts of reasons, but people who take their own life have lost hope that their lives will ever get better. It is always important to reach out for help when your problems seem too big to deal with."

"It is no one's fault. Suicide is never caused by just one thing. It's multi-layered – the result of many factors coming together. There are things we can all do to take care of each other, and make sure anyone else we know who is feeling sad knows that there is help available."

"People who want to die by suicide feel a lot of emotional pain. They feel that dying is the only way to end their pain. The pain can also stop them connecting with support and other things that can help them stop hurting."

"Problems are usually temporary, not permanent, and with support, those problems can usually be made better."

Some students may feel responsible, like they could have done something to save the student who died. It's important to reassure them that no one is responsible for someone else taking their own life. It may be helpful to prepare the student in case others make judgmental or hurtful comments about their friend who has died. Ask them for suggestions on how they could respond if this happens, and try to come up with some responses together. This may ease the burden of them feeling unprepared and being put on the spot. Being prepared will help them feel confident that they are not 'lying' or attracting more attention to what happened, or disrespecting the person that has died. They are instead making their own choices about what to say to others about others, or what to share about their own life.

Discuss appropriate ways to handle problems that may occur.

Emphasise the importance of working through feelings and seeking help from others. Be aware of your student's stressors and talk about them together. Encourage students to talk about and express their feelings. Provide a listening ear and be a support so they can talk with you about how they feel. Students deal much better with tough circumstances when they have at least one person who listens and believes in them.

Assist students so they don't become overwhelmed with negative thoughts. Help them learn to manage negative thinking and challenge thoughts of hopelessness. Help them to stay involved with others in activities which they enjoy, and are supervised.

Students need to know that even if someone else commits suicide, help is available to them and anyone who needs it to cope with the range of feelings and emotions they might be experiencing. Emphasise that alcohol and drugs are not helpful. If needed, treatment or therapy can help a student deal with negative, unhelpful thoughts.

Template for the media

It is always best to be prepared to deal with media interest. Use these key messages for responding to media enquiries. A written response may be the best way to respond to any questions. Ensure the school has a nominated media spokesperson – usually the principal. All staff need to be aware of this role and refer all media enquiries to the designated person.

Sample media statement

School personnel were informed by [insert] that a [insert age]-year-old student at [insert school] school has died.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

Members of the school's crisis response team are supporting the school community.

We have given information to students and their families and whānau to help support them through this time, including information about how adults can help students cope with an unexpected death.

Families and whānau have been asked to contact the school for more information or support if they need it for students in distress.

Please strengthen and support the school's response by placing information about crisis and support services and personal self-care in any media articles.

I ask that you respect the privacy of students and their family and whānau, and do not approach students as they leave school, or their family and whānau during this distressing time.

Sample agenda for family and whānau meeting

Meetings with families and whānau can provide a helpful forum for disseminating information and answering questions after a suspected suicide. It is recommended that these meetings are run by mental health services or DHB suicide prevention services. Consider convening a meeting if there is continuing and ongoing community distress, such as when two or more students have died by suicide. The school principal, Board of trustees chairperson, pastoral care team and Ministry of Education Traumatic Incident team members should attend. Representatives from community resources such as mental health providers, crisis services, cultural representatives, and clergy may also be invited to be present and provide support materials.

A word of caution: Large, open-microphone meetings are not advised, since they can result in an unwieldy, unproductive session that may become focused on scape-goating and blaming.

Ideally a meeting should be planned in two parts, and be convened by those supporting the community as mentioned above:

- The first part, should provide general information to families and whānau, without opening the meeting to discussion.
- The second part is a good opportunity to invite family and whānau to meet in small groups, for questions and discussion with community mental health service representatives.

First Part: general information

School Principal

- Welcomes all and expresses sympathy.
- Outlines the purpose and structure of the meetings
- Introduces themselves and members of the meeting convenor team.
- Expresses confidence in the schools' ability to assist the students and ensure that they have access to additional support if they need it.
- Encourages family, whānau and school collaboration during this difficult time.
- Reassures attendees that there will be an opportunity for questions and discussion later.
- Points out that students usually have the capacity to manage their emotions on their own during normal circumstances, but after events like this they may need more support and supervision. This can be done by talking sensitively and appropriately about the about the death, supporting attendance at cultural and religious events to acknowledge the death of the student, and encouraging constructive activities on the behalf of others.
- States the meeting's goal – to respond to the unexpected deaths, regardless of cause, and remain aware that this is a difficult time for everyone.
- Discourages the spread of unhelpful talk about the cause and circumstances of the death.
- Informs families and whānau about the school's and DHB's response activities, including responses to media requests.
- Informs families and whānau about student release policy to attend funerals.

Crisis Response Team Leader (or other appropriate Crisis Team member)

- Discusses how school will help students cope with their emotions during this time.
- Shares tips handout on warning signs and noting that over ninety percent of suicides are linked to underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not have been apparent to others (or that may have shown up as behaviour problems or substance abuse).

- Reminds families and whānau that help is available for any student who may be struggling with mental health issues or suicidal feelings.
- Provides contact information (names, telephone numbers, and email addresses) for mental health resources at school and in the community, such as:
 - school counsellors
 - community mental health agencies
 - crisis services
 - other support services.

Second Part: small group meetings

- Ideally, there should be no more than eight to ten family and whānau members per group.
- Each group should be facilitated by at least two trained staff.
- Support staff should be available to direct family and whānau to meeting rooms, distribute handouts, and make water and tissues available.
- If possible, staff should be available to meet with family and whānau members individually as needed.

Some additional considerations

- Since some family and whānau may arrive with young children, provide onsite childcare.
- Provide separate discussion groups for students who may accompany family and whānau.
- Media should not be permitted access to the small groups. Arrange for the school's media spokesperson to meet with any media.
- In some cases (for example, when the death has received a great deal of attention) it may be necessary to arrange for security to assist with the flow of traffic and with media and crowd control.

Give accurate information about suicide

- Give information which explains that suicide is a complicated behaviour that's not caused by a single event such as a bad grade, an argument with family and whānau, or the break-up of a relationship. In most cases, suicide is caused by an underlying mental health issue like depression or substance abuse. Mental health issues affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health issue is nothing to be ashamed of, and help is available.
- Talking about suicide in a calm, straightforward manner does not put ideas into students' minds. Give some support or resources about this for family and whānau.
- Address blaming and scapegoating. It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.
- Do not focus on the method or graphic details. Tell family and whānau that talking in detail about the method can create images that are upsetting and can increase the risk of imitative behaviours by vulnerable youth.
- If asked, it is okay to give basic facts about the method, but don't give details or talk at length about it. The focus should be not on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

Address anger

Accept expressions of anger at the deceased and explain that these feelings are normal.

Address feelings of responsibility

Reassure those who feel responsible or think they could have done something to save the deceased.

If you are talking with students

Encourage help-seeking

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.

“It is okay to feel angry. These feelings are normal and it doesn’t mean that you didn’t care about [student’s name]. You can be angry at someone’s behaviour and still care deeply about that person.”

“This death is not your fault.”

“We can’t always predict someone else’s behaviour.”

“We can’t control someone else’s behaviour.”

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”

“There are effective treatments and supports to help people who have mental health issues or substance abuse problems. Suicide is never an answer.”

“This is an important time for all in our community to support and look out for one another. If you are concerned about a friend, you need to be sure to tell an adult you trust.”

Give practical coping strategies

Encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to well up, including:

- simple relaxation and distraction skills, such as taking three deep slow breaths, counting to ten, or picturing themselves in a favourite calm and relaxing place
- engaging in favourite activities or hobbies such as music, talking with a friend, reading, or going to a movie
- exercising
- thinking about how they’ve coped with difficulties in the past and reminding themselves that they can use those same coping skills now
- writing a list of people they can turn to for support
- writing a list of things they’re looking forward to
- focusing on individual goals, such as returning to a shared class or spending time with mutual friends.

Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.

Students should also be encouraged to think about how they want to remember their friend. Ideas range from writing a personal note to the family and whānau, to attending the funeral service or tangi, to doing something kind for another person in honour of their friend. Acknowledging their need to express their feelings while helping them identify appropriate ways to do so can begin the process of returning their focus to their daily lives and responsibilities.

Template for informing families and whānau about 'choking games'

A statement to families and whānau is an important step in communicating about any game involving experimentation with asphyxia. This experimentation is sometimes termed the 'choking game', 'black out game', 'pass out game', 'scarf game', or 'space monkey game'. Experimenting in this highly risky behaviour can cause death or serious brain damage, strokes and convulsions from the deprivation of oxygen to the brain. Only send out this communication if the school becomes aware of this type of activity occurring with students in the community or at school.

This communication will need to be amended to reflect the situation your school currently faces. **Before sending out this communication talk with local police and mental health services and the Ministry of Education Traumatic Incident service (0800 84 8326).**

There have been cases of accidental deaths caused by students trying the 'choking game'.

In the 'game' a person chokes themselves or others in order to get a 'floaty' feeling. Students have ended up in accident and emergency clinics having accidentally harmed themselves. They had no idea of the risks involved and the harm they cause to their brains.

At the moment it does not appear that this behaviour is widespread, but given the level of communication between students, it could spread rapidly. Information about the game and parties is often circulated by text message or on social networking sites. Please be aware of this type of communication.

This 'game' is dangerous and can end in death. The danger is increased if the student is alone when they try it. Signs that students are engaging in this type of behaviour can include:

- mention of the choking game (or game by other names)
- marks or bruises on the neck
- bloodshot eyes or other signs of eye stress
- wearing clothing that covers the neck, even in warm weather
- confusion or disorientation after being alone for a period of time
- the presence of unusual items such as dog leashes, ropes, scarves, bungee cords, and belts
- severe headaches, often frequent
- secretive behaviour, irritability, hostility, disorientation after spending time alone
- bleeding under the skin of the face and eyelids
- questions about the effects of strangulation.

This 'game' can start as an innocent risk-taking experience, but if the brain is starved of oxygen serious consequences, including death, can occur.

You may want to talk to your child about anything they have heard about choking as a 'game' and about the risks. You can start by asking them if they have had any worrying texts, emails or social media posts. If they have, ask your child about them. Ask them if they have heard about the 'choking game'. Talk to them about what you know and tell them that this is very dangerous and they could die. Tell them that the 'floaty feeling' or 'pass out' sensation is the beginning of brain damage – brain cells are dying and that can cause death or permanent brain damage. Ask them to tell you if they get any of these texts, emails or social media postings and then ask them to delete them instead of passing them on.

If your child has not heard anything about the 'game' you might wish to explain that there are some messages going around about a dangerous game and if they receive one they should talk to you about it, delete the message, and not pass it on.

Students' behaviour can change from day-to-day so you should talk with them often. If you are concerned about your child, discuss your concerns with them and remain vigilant - check cell phone texts, keep bedroom doors open, check if groups of students are in a shed together etc – safety is more important than privacy.

If you are concerned about your child, or if you know or become aware of any activities, 'games', or messages involving choking please inform your school.

Section 4 – *Prompts for developing policies and procedures to prevent suicidal behaviours and promote wellbeing*

-
- » Introduction
 - » Prompts for school leaders
 - » Prompts for school counsellors
-

Introduction

The purpose of these prompts is to provide a reference for school leaders and counsellors in their work to promote the wellbeing of students – specifically, to prevent suicides and suicide attempts, and to respond appropriately to such events.

Each development and implementation table is supported by one or more action points. These action points are followed by question prompts that may be used as checklists, discussion starters or reminders.

Ensure relevant policies or procedures developed from this section are incorporated into the school's Traumatic Incident Response Plan (TIRP) plan and can be used to ensure it covers all the relevant areas. They will be also useful for schools that do not yet have a TIRP in place.

Prompts for school leaders

Successful development and implementation of plans to prevent suicide and respond to suicidal behaviours require vision and leadership from the board of trustees (Board) and Senior Leadership Team (SLT) to ensure shared understandings and beliefs about the approaches to be taken.

Table 1: School leaders develop and lead a whole-school approach to promoting student wellbeing, including the prevention of suicidal behaviours

Actions		Prompts
1.1	The Board ensures that the ethos and philosophy of the school is conducive to a safe and protective learning environment	<ul style="list-style-type: none"> Do Board policies support positive, pro-social behaviour, family and whānau partnerships, connectedness for students, and cultural and civic development? Is the Board aware of the indicators they can use to identify things they want to change to improve student wellbeing? (See for example, <i>Wellbeing@school website and tools</i> – www.wellbeingatschool.org.nz) Are Board members aware of the school's approach to promoting student wellbeing, including the prevention of and responses to suicidal behaviours? Has the Board ensured that school personnel have access to the necessary resources, support and skills to implement a comprehensive suicide prevention approach?
1.2	The principal and senior leadership team (SLT) ensure a whole-school approach to promoting student wellbeing is developed through school-wide policies, procedures and leadership.	<ul style="list-style-type: none"> Do school-wide policies and practices work to promote resilience, social behaviour, equality and fairness, and to decrease bullying, anti-social behaviour and violence? Are policies and procedures understood and used by all staff? Are the approaches and procedures led and supported by strong leadership? Have you received information about or participated in any relevant training or an approach such as Positive Behaviour for Learning (PB4L)? See http://pb4l.tki.org.nz/ or the <i>My FRIENDS Youth programme for building resilience</i> See https://www.friendsresilience.org/ (Contact your local Ministry of Education office for more information.)
1.3	The New Zealand Curriculum is actively used as a context for increasing an awareness of mental health issues among students.	<ul style="list-style-type: none"> Are the general and specific provisions within the New Zealand Curriculum understood and used as contexts to help develop resilience and to decrease suicidal behaviours? Do reviews of curriculum implementation include the use of the curriculum to support and promote student wellbeing?

Table 2: A major focus of a school’s approach to preventing suicide should be to identify those at risk and then to seek appropriate support, care and management for them.

Actions		Prompts
2.1	School leaders ensure that counsellors, deans, and teachers are aware of risk factors, and know the procedures for identifying, assessing, and referring (where applicable) students who are at risk of suicidal behaviours.	<ul style="list-style-type: none"> • Are procedures for identifying and assessing students at risk of suicidal behaviour reviewed annually? • Are the notification processes clear and well understood by all staff? • Are all staff trained about and reminded of the warning signs that a student may be at risk of suicide?
2.2	School leaders ensure that school counsellors, deans and teachers know when and how to seek support for students at risk.	<ul style="list-style-type: none"> • Are there established procedures or protocols for staff to follow when seeking support for students at risk? • Do the counselling staff and deans responsible for pastoral care have the necessary training and skill to provide or seek external support (through referrals) for students at risk? • Are trained staff available to respond to a referral and attend support and planning meetings, for example, with mental health services? • Are the school’s systems aligned with those of local mental health and other services to ensure smooth access and transitions? • Are policies about student confidentiality reviewed in relation to students at risk of suicide? • What procedures are in place to ensure that the school acts in partnership with families, whānau and any other key agencies, groups, or individuals when a student is referred for support?



Actions		Prompts
2.3	School leaders ensure that plans for the care and management of students at risk of suicide are developed and enacted.	<ul style="list-style-type: none">• What protocols and procedures are in place for the management of students at risk of suicide?• Has the school established strong links with mental health agencies and other services?• What protocols are in place between the school and external agencies for sharing information and developing shared care plans for referred students?• Are school counsellors able to provide appropriate monitoring of students who are participating in specific support programmes (delivered in or out of school)?• Is the school counsellor able to support a student at risk within their family and whānau context in collaboration with other involved agencies?• Have teachers received necessary support, training, and/or advice to enable them to deal appropriately with a student at risk, in accordance with an agreed care plan for the student?• Have all staff been made aware that they should report suicide-related discussions or worrying behaviours to school management and counselling staff?

Table 3: Effective support for students at risk of suicide requires partnerships with family and whānau, and with other professional support agencies

Actions		Prompts
3.1	School leaders promote strong, respectful partnerships between the school and its families, whānau, iwi and communities to help build resilience, prevent suicide, and provide support for students at risk of suicide.	<ul style="list-style-type: none"> • Do principals and boards take a lead role in developing and maintaining school-community relationships? • Do the values and practices of the school leaders and all staff support Māori succeeding as Māori? • How well-informed are school leaders about the knowledge, capabilities, skills, and beliefs held within the iwi and the community in relation to student wellbeing? • Has the school engaged cultural experts such as kaumatua, whānau support workers and Māori mental health workers to advise the school on culturally appropriate support and response to young Māori who are at risk of suicide? • How does the school work together with whānau and iwi to better support the emotional wellbeing of Māori students who may be at risk of suicide? • Where the school community has other cultural groups or populations (such as lesbian, gay, bisexual, transgender, intersex), has the school sought guidance about relevant issues or beliefs in order to better provide support to students who may be at risk of suicide?
3.2	Schools need to know about and establish relationships and referral protocols with local healthcare professionals and mental health agencies.	<ul style="list-style-type: none"> • Are school counsellors supported to form relationships with the professionals, agencies and groups in the community before their services are required? • <i>See table 2, 2.3 for actions and prompts about protocols and working relationships with agencies</i>



Table 4: Schools develop a post-suicide response plan (before a traumatic incident occurs) as a framework for school leaders and staff to respond in the aftermath of a suicide.

Actions		Prompts
4.1	Each school should develop or review a Traumatic Incident Response Plan (TIRP) that includes responding to a suicide.	<ul style="list-style-type: none"> • Does the school have and use the Ministry of Education guides, <i>Managing emergencies and traumatic incidents – The resources</i>, and <i>Managing emergencies and traumatic incidents – the guide</i>? • If the school already has a TIRP, has it been reviewed to include responding to a suicide or serious suicide attempt? • If the school does not have a TIRP, who will instigate the process and oversee completion and ongoing review? When will this begin? • Have all staff received training in use of the TIRP and in particular, what they need to do in case of a student suicide? • Does the school have a relationship with the local DHB Suicide Prevention and Postvention Coordinator?
4.2	School leaders, including the school counsellor, must be prepared to respond urgently in the event of a suicide, attempted suicide, or threat of imminent suicide.	<ul style="list-style-type: none"> • Is there a plan in place for urgent action if a student has carried out or is threatening imminent suicide? • Has the plan been communicated to all staff? • Are school leaders and relevant staff ready and prepared to act urgently when required?
4.3	Schools respond to the bereaved family and whānau, classmates and friends, and facilitate actions to support them.	<ul style="list-style-type: none"> • Have school staff ascertained what (if anything) siblings, classmates, and friends have been told about the circumstances of the death, and taken the wishes of the family and whānau into account? • Has the school liaised with the family and whānau over details such as representation at the funeral, appropriate cultural or spiritual activities, memorial places, or other activities? • Has the school arranged for the sensitive return of the student's property (books, equipment, artwork etc)? • Have staff received advice from the counsellor or school leaders on managing support for classmates, team mates, and friends of the student? • Are staff able to work in partnership with key students to identify and monitor social media sites (eg Instagram)? Are they able to use these partnerships to provide support and safe messages, and to identify and respond to students who may be at risk? • Are all staff aware of the risk of 'suicide contagion' and ways to minimise or deal with this? (<i>For further information see page 41</i>). • Does the school have a plan for providing longer-term support and follow up, including awareness of dates or occasions (inquest, birthdays, anniversaries) that may require monitoring of some students?

Prompts for school counsellors

School counsellors have a key role in promoting student wellbeing as well as identifying, assessing, referring and supporting students who may be at risk of suicidal behaviour.

Table 1: School counsellors actively implement and support a whole-school approach to promoting student wellbeing, including the prevention of suicidal behaviours.

Actions		Prompts
1.1	School counsellors, along with the principal and senior leadership team (SLT) ensure a whole-school approach to promoting student wellbeing is developed through school-wide policies, procedures and leadership.	<ul style="list-style-type: none"> • Do school-wide policies and practices work to promote resilience, social behaviour, equality and fairness and to decrease bullying, anti-social behaviour and violence? • Are policies and procedures understood and used by all staff? • Do you provide strong leadership for using the agreed approaches and procedures for promoting wellbeing? (See for example, <i>Wellbeing@school</i> website and tools at www.wellbeingatschool.org.nz) • Do teachers recognise that student wellbeing, including suicide prevention, is the responsibility of all staff, not just the guidance staff? • Have you enacted an approach such as Positive Behaviour for Learning (PB4L)? See http://pb4l.tki.org.nz/. • Have you considered using the <i>My FRIENDS Youth programme for building resilience</i>? See https://www.friendsresilience.org/ • If the school uses other external programmes, have you reviewed them for suitability and safety?
1.2	School counsellors provide teachers and others with advice and support about in-class studies, discussions and reading/viewing that may involve the topic of suicide or self-harm.	<ul style="list-style-type: none"> • Are teachers aware of the risks involved in suicide discussions and how to avoid or handle these? • Are you able to advise teachers on ways to handle topics, such as self-harming behaviours, suicidal behaviour or games involving potential death when teachers report or notice them in the classroom or elsewhere? • Do you have resources and/or information you can provide to teachers that focus on topics that promote wellbeing and positive mental health rather than potentially dangerous topics, such as 'suicide awareness' units? • Are you able to advise teachers on alternative materials (novels, plays, films) to those that may directly or indirectly influence students' behaviour? • Are you able to support teachers to draw on the Health and Physical Education curriculum and the New Zealand Curriculum key competencies as ways of promoting resilience and wellbeing?

Actions		Prompts
1.3	School counsellors provide advice to families and whānau about appropriate materials and approaches on request.	<ul style="list-style-type: none"> • Are you able to advise families and whānau on ways to handle topics, such as self-harming behaviours, suicidal behaviour or games involving potential death when teachers report or notice them in the classroom or elsewhere? • Do you have resources and/or information you can provide to families and whānau that focus on promoting wellbeing and positive mental health rather than suicide itself? • Are you able to advise families and whānau how to talk about suicide with students? See <i>support services</i> page 75.

Table 2: A major focus of a school's approach to preventing suicide should be to identify those at risk and then to seek appropriate support, care and management for them.

Actions		Prompts
2.1	School counsellors are aware of risk factors and know and communicate the procedures for identifying and assessing students who are at risk of suicidal behaviours.	<ul style="list-style-type: none"> • Do you or other qualified experts provide regular training (professional development) reminders and information to all staff to raise their awareness of the warning signs that a student may be at risk of suicide? • Are there established procedures for identifying and assessing students at risk of suicidal behaviour? See <i>page 11, Assessment of students at risk of suicide: for school counsellors</i>. • Are the notification processes clear and well understood by all staff? • Are procedures and protocols reviewed annually? • What procedures are in place to ensure that the school acts in partnership with families and whānau (and any other key agencies, groups or individuals) when a student is assessed at moderate or high risk of suicide?

Actions		Prompts
2.2	School counsellors, deans and teachers know when and how to seek support for students at risk.	<ul style="list-style-type: none"> • Do you have established procedures or protocols for staff to follow when seeking your support for students at risk, for example, information about when to refer, who to refer to, how to refer, what will happen and what information they can expect to receive? • Do you and others responsible for pastoral care have the necessary training and skills to provide or seek external support (through referrals) for students at risk? • Are trained staff available to respond to a referral and attend support and planning meetings, for example, with mental health services? • Are you aware of (and hold information about) the range of support systems and services available through the school and in the community? • Are you and other referring staff aware of eligibility criteria for support services? • Do you have established procedures or protocols with local mental health and other services to ensure smooth access and transitions to these services? • Are policies about student confidentiality reviewed in relation to students at risk of suicide? • What provisions have been made to deal with possible conflicts of confidentiality, for example, where a student has been subject to abuse at home? • How do you ensure that you act in partnership with families and whānau (and any other key agencies, groups or individuals) when a student is referred for support?
2.3	School counsellors ensure that plans for the care and management of students at risk of suicide are developed and enacted.	<ul style="list-style-type: none"> • What protocols and procedures are in place for the management of students at risk of suicide? <i>See page 14, Management of students at risk of suicide: for school counsellors.</i> • Has the school established strong links with mental health agencies and other services? • What protocols are in place between the school and external agencies for sharing information and developing shared care plans for referred students? • Are you or suitable trained staff able to provide appropriate monitoring of students who are participating in specific support programmes (delivered in or out of school)? • Are you able to support a student at risk within their family and whānau context in collaboration with other agencies involved? • Have teachers received the necessary support, training, and/or advice to enable them to deal appropriately with a student at risk, in accordance with an agreed care plan for the student? • Have all staff been made aware that they should report suicide-related discussions or worrying behaviours to school management and counselling staff? • Are you aware of the potential risks of programmes that promote awareness raising of suicide or peer support programmes that expect students to support distressed peers.



Table 3: Effective support for students at risk of suicide requires partnerships with family and whānau and with other professional support agencies.

Actions		Prompts
3.1	School counsellors participate in the development of strong, respectful partnerships between the school and its families, whānau, iwi and communities to help build resilience, prevent suicide and provide support for students at risk of suicide.	<ul style="list-style-type: none"> • What do you see as the counsellor’s role in developing and maintaining school-community relationships to promote student wellbeing? • Do your values and practices support Māori succeeding as Māori? • How well informed are you about the knowledge, capabilities, skills and beliefs held within the iwi and community in relation to student wellbeing? • Have you engaged cultural experts such as kaumatua, whānau support workers and Māori mental health workers to advise on culturally appropriate support and response to young Māori who are at risk of suicide? • How do you work with whānau and iwi to better support the emotional wellbeing of Māori students who may be at risk of suicide? • Where the school community has other cultural groups (such as Pacific and Asian) or populations (such as refugee, lesbian, gay, bisexual, transgender, intersex) have you sought guidance about relevant issues or beliefs to better provide support to students who may be at risk of suicide?
3.2	School counsellors need to know about and establish relationships and referral protocols with local healthcare professionals and mental health agencies. <i>See also table 2.</i>	<ul style="list-style-type: none"> • Have you built strong relationships with professionals, agencies and groups in the community before their services are required? • <i>See table 2, 2.3 for actions and prompts about protocols and working relationships with agencies.</i>

Table 4: School counsellors are directly involved in developing a post-suicide response plan (before a traumatic incident occurs) as a framework for school leaders and staff to respond in the aftermath of a suicide.

Actions		Prompts
4.1	Ensure the school has a Traumatic Incident Response Plan (TIRP) that includes responding to a suicide.	<ul style="list-style-type: none"> • If the school already has a TIRP, has it been reviewed to include responding to a suicide or serious suicide attempt? • Have you taken part in annual workshops held by the Ministry of Education that support schools to develop TIRPs? • Do you know about and use the resources provided by the Ministry of Education, <i>Managing emergencies and traumatic incidents – The resources document</i>? • Do you have an established relationship with the local DHB Suicide Prevention and Postvention Coordinator?
4.2	School counsellors, along with other school leaders, must be prepared to respond urgently in the event of a suicide, attempted suicide, or threat of imminent suicide.	<ul style="list-style-type: none"> • Is there a plan for urgent action if a student has carried out or is threatening imminent suicide? • Has the plan been communicated to all staff? (See <i>Emergency Checklists on pages 9 and 10</i>) • Are school leaders and relevant staff ready and prepared to act urgently when required?
4.3	School counsellors respond to the bereaved family and whānau, classmates and friends and facilitate actions to support them.	<ul style="list-style-type: none"> • Have school staff ascertained what (if anything) siblings, classmates and friends have been told about the circumstances of the death and taken the wishes of the family and whānau into account? • Has the school liaised with the family and whānau over details, such as representation at the funeral, appropriate cultural or spiritual activities, memorial places or other activities? • Has the school arranged for the sensitive return of the student's property (books, equipment, artwork etc)? • Have you provided staff with advice on managing support for siblings and other relatives at school, classmates, team mates and friends of the student? • Are staff able to work in partnership with key students to identify and monitor social media sites? Are they able to use these partnerships to provide support and safe messages, and to identify and respond to students who may be at risk? • Are all staff aware of the risk of 'suicide contagion' and ways to minimise or deal with this? (For further information see page 41) • Is there a plan for providing longer-term support and follow up, including awareness of dates or occasions (inquest, birthdays, anniversaries) that may require monitoring of some students?

Section 5 – *Scenarios*

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- » Scenarios for discussion
 - » Scenario 1: Suicide prevention programmes
 - » Scenario 2: Suicide themes
 - » Scenario 3: Dangerous games
 - » Scenario 4: Topics for discussion or study
 - » Scenario 5: Suicidal thoughts disclosed
 - » Scenario 6: Breaking confidences
 - » Scenario 7: Communicating news of a suicide
 - » Scenario 8: Managing student support
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Scenarios for discussion

This section contains eight different scenarios to illustrate situations that schools may experience. The scenarios are fictional and do not reflect any one actual event in a school. Schools can use them as a basis for discussion as they develop and review policies and procedures. Each scenario is accompanied by a set of points to consider in discussion.

Scenario 1: Suicide prevention programmes

The school receives a letter by a voluntary organisation that is currently touring schools presenting a one-hour presentation on suicide awareness. The presentation includes a dramatic piece about the impact a student's suicide has on his friends. The stated intentions of the programme are to help students realise the tragedy of suicide, teach them about the warning signs of someone in distress and encourage friends to tell a trusted adult if they are concerned about a friend.

Consider:

- This kind of activity is potentially dangerous for any student who is at risk of suicide.
- Communicate this clearly to the organisation and via community networks.

Scenario 2: Suicide themes

A family or whānau member contacts the English Head of Department expressing concern that her Year 11 daughter is studying a young adult novel containing suicide themes in her English class. She has attended a talk on suicide and has heard that talking about suicide in schools can increase suicides. She wants to know what the justification is for the school including the novel in the prescribed texts.

Consider:

- Can the educational reasons for including this text be achieved through a text that does not discuss suicide?
- Is suicide romanticised or glorified in the novel?
- Is the method of suicide described?
- How central is suicide to the theme of the story?
- Does the story discuss help-seeking behaviour or other interventions in a positive way?

Scenario 3: Dangerous games

A letter has been sent home from another secondary school in the area describing a dangerous choking game students have been playing. Some students have been sent texts about the game and some students have received texts saying five students have died playing the game. During a health class, some students start joking about playing this game, while they wait for a class activity. Other students start laughing about kids they have heard about who have been drinking and playing the game over the weekend. This starts a discussion among the students and the teacher about the choking game and suicide.

Consider:

- Teachers will need to talk in a factual manner with students about the dangers of this type of game and tell school management.
- School management will need to put out a strong message to students and families and whānau about the circulating text and warn them about the harm involved in playing the choking game.
- School management can seek support from the Ministry of Education Traumatic Incident service for guidance. The Ministry of Education can provide advice for communicating to students and the wider community and can support liaison between schools, community groups and other government agencies.

Scenario 4: Topics for discussion or study

A student selected suicide as the focus of a research study. A health organisation calls the principal concerned that two students have asked the organisation for details on the number of young people referred for help with mental health concerns and have asked for information on young people in their community who have died as a result of suicide over the last five years. When the students were questioned about this they said it was for an assignment for school and they had permission of their teacher and family and whānau to investigate this issue.

Consider:

- Have you discussed the proposed research with the student?
- Have you set parameters and framed the research as part of wider investigation of wellbeing, mental health issues, resilience or problem-solving?
- Can you monitor the progress of the research and any effects on the students or their peers?
- Have you discussed the project with a colleague?

Scenario 5: Suicidal thoughts disclosed

A recently-graduated teacher approaches a senior teacher concerned about the suicidal thoughts disclosed in an English assignment written by one of the students. The teacher is not sure whether to take the writings seriously.

Consider:

- Have you discussed the assignment with the student?
- If not, do you feel confident to do so?
- Who can assist you?
- Who should you tell?
- How you can intervene in a positive way. For example, can you ensure the student is included and connected in class and school?

Scenario 6: Breaking confidences

A student phones a popular teacher in the middle of the night. The student sounds drunk and is threatening suicide. The student does not want anyone else to know, particularly his family and whānau, and wants the teacher to promise not to tell anyone.

You must:

- Follow the steps in the emergency procedures, contact emergency services and do whatever you can to ensure the student is not left alone until they arrive.

Consider:

- What are the ethical and privacy considerations?
- How will you manage the student's safety in the school environment?
- What will the principal need to communicate to teachers?

Scenario 7: Communicating news of a suicide

A student you taught died by suicide on a Sunday night and news of the death has quickly spread among the student population through texting and social networking websites. You hear about this via a text from a student.

You must:

- Ensure the school principal receives information about the death. The school principal will set up a response team and check and confirm that the information you have received is accurate. It is important from this time onwards that all communication about the death is led by the school response team or TIRP team.

Consider:

- You need to make time for yourself and be aware of your grief response to the death. Attend all staff meetings and stay up-to-date on events. If needed, make use of support services provided by the school. Share your thoughts and feelings with someone you trust.

- Use the information and resources supplied by the school TIRP team.
- Pay attention to classroom discussions about the death, especially 'rumours' about how the student died or methods used.
- Direct the discussion to remembering the student and that the student's life is more about the way they lived than how they died.
- Remain alert to talk among the students of any 'blaming' for the death or accusations of students not caring, if they are not demonstrably upset.
- Challenge blaming behaviour as not being helpful and emphasise that no person is to blame for the death.
- Remind students that people grieve differently and that 'not crying' does not equate to not caring.
- Be careful that discussions do not glorify or romanticise the death or make the dead person a hero.

Scenario 8: Managing student support

John (a student) died by suicide and his body was found by the dragonboat coach in a boatshed on Sunday afternoon. Students had practice scheduled for Tuesday night and news and location of the body spread quickly. When students arrived at school they found items and notes from the deceased. Many members of the dragonboat team became upset when they heard the news via texting.

Consider:

- Did the school TIRP team meet Sunday night and start to respond to the news and effects of the death for the school community?
- Did school staff take particular care to meet individually with close friends to determine the nature of notes and other messages to students and to assure students that the death was not their fault?
- Did the school have copies of *After the Suicide of Someone You Know: Information and Support for young people?* (Phone **0800 299 100** or **04 939 6767** or email **resources@skylight.org.nz** to order copies).
- Have appropriate school staff spoken with students identified as close friends, as well as members of the dragonboat teams?
- Did you discuss blame and that it is common to try to answer the question 'why' after a suicide death?

Section 6 — *Support services and information about self-harm*

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- » Support services
 - » Information about self-harm
 - » Acknowledgements
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Support services

There are a range of services and programmes that aim to support people's wellbeing or are focused on preventing suicide. These can be found in the *Every Life Matters He Tapu te Oranga o ia tangata Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand*. Go to <https://www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024.pdf>.

These services and programmes are available for anyone to access, support, join or let others know about. This is by no means an exhaustive list, and it's worth keeping an eye out in your community to see if other opportunities are available.

You can also contact the Suicide Prevention Office for more information about the opportunities that are available for individuals, whānau and families, and communities to play their role in suicide prevention. Phone **0800 855 066**. Email suicideprevention@health.govt.nz

Information about self-harm

There is now considerable evidence to support distinguishing between self-harms and suicidal behaviours. People can self-harm to decrease distress, which enables them to continue functioning. In contrast, people attempt

or complete suicide to end their lives. Self-harm is also identified as a risk factor for suicide and should always be taken seriously. Students self-harming should be treated as at-risk until further in-depth assessment indicates otherwise.

Self-harm resources

- The Mental Health Foundation has a fact sheet on self-harm with links to support groups and other resources: <https://www.mentalhealth.org.nz/get-help/a-z/resource/49/self-harm>
- Self-Injury Outpost and Support (SIOUS) provides information and resources, including a self-injury guide for school professionals, information for families and whānau, resources on coping for those that self-harm and personal stories of recovery: <http://sioutreach.org/>
- Support for developing and implementing a school protocol for non suicidal self injury (NSSI) can be found here: <http://www.selfinjury.bctr.cornell.edu/perch/resources/schoolprotocol.pdf>. This covers what all school staff need to know about self-harm and talks about the formation of a team of school staff to work together to support a student who is self-harming. The protocol includes steps to follow (applicable to the context of New Zealand schools) when it is known a student is self-harming.
- Cornell University also has self-harm and recovery resources for school staff and therapists, families and whānau and other caring adults, and for the people who self-harm: <http://www.selfinjury.bctr.cornell.edu/resources.html>.
- Cornell University also provides web-based training. The course takes between 8 and 11 hours, depending on the format chosen. The training costs are outlined on the site. Access the training here: <http://www.selfinjury.bctr.cornell.edu/training.html>.
- *Self-Injury: Simple Answers to Complex Questions* Center for Self-Injury Recovery (June 2014), is a book that several New Zealand guidance staff have found useful. It is written for both mental health professionals and consumers. The book is a guide for understanding self-harm and provides treatment approaches to address these behaviours.

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A commitment has been made through the *Every Life Matters He Tapu te Oranga o ia Tangata Suicide Prevention Strategy 2019–2029* to work together with the Ministry of Health and the Office of the Children’s Commissioner to update this resource.

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