

College Response and Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury

1.0 Rationale

Some young people will experience emotional and/or psychological distress during their school years. This could lead to an increase in the risk of mental health problems and, in some cases, suicidal behaviour and/or non-suicidal self-injury (NSSI). It is therefore of significant concern when suicide and self-harming behaviour is seen in students, and it is important to take action.

1.1 Definitions

- **Non-Suicidal Self-Injury (NSSI)** - is considered to be a deliberate act to harm oneself without the intent to die and is aimed at reducing uncomfortable or distressing emotions. Common methods of NSSI can include cutting, scratching and/or picking skin, burning, pulling hair and hitting objects or oneself. Many students presenting with NSSI **do not** have suicidal ideation.
- **Suicidal ideation** - refers to an individual's thoughts about ending their life. Thoughts of suicide do not indicate they are in immediate danger to themselves.
- **An attempt** - refers to an individual harming themselves with the intent to die, but not resulting in death.
- **Suicide** - is a deliberate act to end one's life resulting in death. This is usually termed 'death by suicide' or 'suicided'.

2.0 Indicators

Teachers and support staff are able to observe and identify changes in behaviour and notice other signs that may indicate concerns for student mental health and wellbeing. They play an important role in identifying, as well as supporting individual students, who are distressed and may be at risk of suicidal behaviour and/or Non Suicidal Self Injury (NSSI).

2.1 Common Indicators

Some examples of common indicators of concern are:

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

3.0 Risk Assessments

Any suspicion or evidence of suicidal behaviour or NSSI should be taken seriously and followed up appropriately. If staff have concerns regarding a student, it is important to consult with appropriate school staff to ascertain if further actions need to be taken to support the individual. This will include a trained professional with mental health awareness training (such as Gatekeeper), completing a risk assessment.

A risk assessment requires the assessor to question and explore the thoughts, feelings and actions of an individual to gain an understanding of their current situation, ascertain suicide risk at the present time, actions to maintain safety and to plan ongoing support needs. This includes consultation with the college psychologist. Staff completing a Suicide Risk Assessment document as such by using the template. See Appendix D.

3.1 Disclosures

A direct disclosure is when a student informs a school staff member of any feelings, thoughts or actions associated with suicidal behaviour or NSSI. This may include a verbal disclosure or disclosure through a curriculum task such as an English essay or a piece of artwork where there has been an expression of suicidal behaviour or NSSI. An indirect disclosure is when information or concerns for a student are brought to the attention of a staff member by a third person; such as another student, school or community member.

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

4.0 Response Plan

The college will respond to health and well-being via proactive, and reactive measures.

4.1 Proactive measures

- Whole school mental health and wellbeing education at the individual and organisational level to promote help seeking behaviour.
- Differentiation and monitoring of vulnerable students including individuals; on existing RMPs, exposed to trauma, in the care of CPFS, with a disability and with Aboriginality.
- Staff with current Youth Mental Health First Aid and Gatekeeper training.
- Information and support in accessing school based and community services provided, to encourage help seeking behaviours.
- The use of screening tools and measures using key indicators.
- Self-care where staff are aware of their own professional and personal needs and to seek support as required. This includes support through the Employee Assistance Program.
- Emergency contacts and resource list for parents/carers/student support.
- Through a variety of Student Services led Pastoral Care Programs and Teen Mental Health First Aid (TMHFA) to students run through the Year 10 Health curriculum.

4.2 Disclosures

- Follow SI and NSSI flowchart (refer Appendix A).
- Key staff to assist to improve safety and promote recovery for all.
- Record of Suicide Risk Assessment and Action Plan (Appendix E) completed

4.3 Risk Management Plans (RMP)

- Develop a Risk Management Plan (refer Appendix B.1 or B.2) for suicidal behaviour or non-suicidal self-injury. This will entail foreseeable circumstances where a student may be at risk of harm and outlines strategies to reduce this risk.
- Parental consent is recommended before implementing a RMP.
- All strategies to access appropriate support during the school day to be discussed with the student.
- Relevant teachers and Student Services staff are informed of student risk (refer Appendix C) and suggested strategies through the RMP.

- The plan is reviewed regularly and when there is any significant incident that may impact on the management of risk at the school level.
- The plan ceases when all relevant parties agree that it is no longer required.

4.4 Post incident/Postvention

- Consult with Lead School Psychologists and Coordinators of Regional Operations.
- Follow “Suicide Response Plan” (refer Appendix D).
- All communications in the area of Postvention with the school community is to be done in consultation with Regional Office.
- Monitor contagion - Contagion is when one suicide can lead to further suicides or suicidal behaviour in the population that has been exposed to suicide.
- Identify and support peers and/or staff that may be impacted on an ongoing basis.
- Consider potential social media activity and respond as necessary.
- Consider the heightened vulnerability of students with chronic suicidal behaviour and/or NSSI if there is a student death by suspected suicide at the school or in the community.
- Be aware that parents/carers may also need to access ongoing support.
- Whole school approach and focus on mental health and wellbeing to address trauma and restore the school to a functional equilibrium.

5.0 Related Documents

Category	Document Title
Related Department Polices	School Response and Guidelines for Students With Suicidal Behaviour and Non-Suicidal Self-Injury

6.0 History of Changes

Effective	Last Updated	Policy Version	Notes
18/09/19		1	
	5-12-22	2	4.2: Added, <i>Record of Suicide Risk Assessment and Action Plan</i>
	21-11-24	3	3.0: Added, <i>Staff completing a Suicide Risk Assessment document as such by using the template. See Appendix D.</i> 3.0: Removed, <i>who will complete a record of Suicide Risk Assessment</i> 4.1: Added, <i>Through a variety of Student Services led Pastoral Care Programs and Teen Mental Health First Aid (TMHFA) to students run through the Year 10 Health curriculum.</i> 4.3: Added, <i>and Student Services staff</i> 4.4: Removed, Postvention placement Added, “Suicide Response Plan” <ul style="list-style-type: none"> • Removed, All communications in the area of Postvention with the school community is to be done in consultation with Regional Office. • Monitor contagion - Contagion is when one suicide can lead to further suicides or suicidal behaviour in the population that has been exposed to suicide.

			<ul style="list-style-type: none">• Identify and support peers and/or staff that may be impacted on an ongoing basis.• Consider potential social media activity and respond as necessary.• Consider the heightened vulnerability of students with chronic suicidal behaviour and/or NSSI if there is a student death by suspected suicide at the school or in the community.• Be aware that parents/carers may also need to access ongoing support.• Whole school approach and focus on mental health and wellbeing to address trauma and restore the school to a functional equilibrium. <p>Amended Appendix:</p> <ul style="list-style-type: none">• A
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