



Exploring suicide risk and guidance if a student expresses suicide ideation.

A student may express ideas or exhibit behaviours suggestive of suicide ideation while in schools or information may be reported by another student or parent. The school has a responsibility to make an assessment and act. The term 'risk assessment' is used in quite a specific sense and such an assessment needs to be carried out by a trained professional. This document is intended to help those professionals (designated school staff, such as guidance counsellors or chaplains) most immediately available to the student, to make a judgement as to whether a student is at risk. Where there is a serious concern about a student, then a referral should be made immediately. It is not easy to gauge the seriousness of such behaviour. The school is not responsible for deciding on the seriousness of the risk. Generally, all threats or reported threats should be taken seriously even if it may appear to be 'attention-seeking'.

What should a Guidance Counsellor or teacher do?

Listen. If a student seeks out a teacher to discuss their concerns about suicide, they have an idea that the teacher may be able to help to them. Indicate concern and a willingness to help. There may not be time to discuss it properly when the student first approaches. Arrange a time to talk and prepare for the meeting.

Review available information: Review any significant changes observed in the student over recent weeks. The list of warning signs in [R14](#) should be used to guide a review discussion with concerned staff.

Do not be afraid to use the word "suicide". Getting the word out in the open may help the student feel that his/her cry for help has been heard

Have a sensitive but direct and open discussion with the student. If a student has been reported to be talking about suicide, they should be asked openly, **"Are you thinking about killing yourself?"** This will offer the student the opportunity to talk about their feelings and their thoughts. If they confirm that they have been thinking about it, then this should be explored by raising the following issues with the student:

Previous attempt

Has the student attempted suicide before? You might ask, **"Have you ever tried to harm yourself before?"** If the answer to this is "Yes", then the risk increases.

Personal/family history

The level of risk increases with the number and seriousness of personal/family difficulties e.g. relationship breakdown, loss of friendship, problems with the law, parental separation, recent bereavement, serious illness etc. **"How have things being going for you recently; has anything significant happened in your life recently?"**

Physical/emotional history

A student who has experienced major personal difficulties, whether because of physical (recent hospitalisation, chronic illness) or significant emotional difficulties (depression, loneliness, guilt, anger etc.) is more at risk. **"How have things being going for you? Have you been ill? Has anything significant happened to you recently?"**

Plan

Does the student have a plan? If 'yes', ask **"How do you intend to do it?"** Does he/she have a particular day in mind? "When are you thinking of doing it?" Has he/she written suicide notes? The more concrete the plan the more serious the threat.

Means

Does the student have the means and a place to do it. Ask **"How do you intend to do it?"** Are the means available lethal? Have they access to a rope or pills? **"Where would you do it?"** Will the student be in a place where they can be rescued? For example, do they intend to carry out the action when both parents are out and their siblings also?

Onward referral

The greater the number of "Yes" answers, the higher the risk and the greater the need for immediate onward referral. Parents should be informed and asked to bring the student to their GP or to another service and report what the student has said. Advise about use of Accident and Emergency Services if parents have concerns about accessing a GP out of hours.

Do not send the student home alone if there are concerns. Release the student to the parents if concerns for safety exist. Explain to the student that you must act and let them know what action you are taking. If a student is under 18 years teachers are obliged to inform the parents even without the student's consent.

Record the information and the actions taken. Share this with the relevant person in management. Share information as considered necessary with other staff members (e.g. student support team, class/subject teacher) taking into consideration the student's right to confidentiality.

Return to school

A plan for reintegration of the student will be the responsibility of a designated person from the student support team. Consider the timing of the student's return if there has been an absence from school. Discuss the return with the parents and student. **Should the student be under medical supervision? Can the parents provide advice for the school from the medical team who assessed the student? How would the student like to have the absence explained?** Share information about the return as considered necessary (for example with management, student support team, class/subject teacher as appropriate) and with other staff members, remembering confidentiality. Monitoring in the first few days will be an important part of the plan. Have a staff member available to meet them on arrival. Ensure that all teachers know that the student has been through a difficult time. Let the student know which staff member is available if support is needed. Keep routine as normal as possible. Ensure that there is a current family/guardian contact number available should difficulty arise.

Monitor the behaviour of friends and other students who may be providing support to the student to ensure that they are not taking on too much responsibility for the wellbeing of the student. Where a previous suicide has occurred in a school be aware of the possibility of copycat or suicide contagion which occurs when suicidal behaviour is imitated (see 7.6 in the Guidelines).

Preventative and preparatory guidance for schools

School systems are not only responsible for the academic needs of students but also for their emotional, social, and physical wellbeing. A preventative whole school approach to supporting mental health schools should ensure implementation of the *Well-Being Guidelines for Mental Health Promotion and Suicide Prevention* (2013/2015), available on the DES website. This includes ensuring that the SPHE curriculum is consistently delivered in the school. SPHE provides a framework for educating young people about their health and wellbeing in a planned and structured way. It is advised to ensure that mental health awareness is included in curriculum delivery at all levels in the school.

If the school does not have a Student Support/Care Team in place, consider setting one up. The document *Student Support Teams in Post-Primary Schools* is a useful resource and available on the DES website. It will provide a system for tracking and monitoring the students who have difficulties. Having such a system reduces anxiety for staff who have the concern as it shares the burden.

Schools are advised to have some members of staff trained in ASIST professional development provided by HSE. Information is available at www.nosp.ie

A student has expressed suicide ideation what to do

A staff member should meet with the student, see [R13 A General Interview Guide for Guidance Counsellors, Chaplains, other Designated Staff](#); [R14 Checklist – Students at Risk](#) and [R15 Exploring Suicide Risk and Guidance if Student Expresses Suicide Ideation \(see above and pages 70-72 of ‘Responding to Critical Incidents’: NEPS Guidelines and Resource Materials for Schools’\)](#). Remind them that they are not responsible for deciding on the seriousness of the risk but rather exploring if there is a risk. Advise them to contact/meet the parents and to release the student to the parents if concern for their safety exists. Report what the student has said and advise the parents about an immediate referral to their GP. If the parents have concerns about accessing a GP out of hours, advise them to go to the Accident and Emergency Department. Advise the school that they should record the information and the actions taken. Advise them to share information considered necessary and appropriate with management, student support team, class/subject teacher and other staff members. It will be important to remember confidentiality when sharing information. Advise them to explain to the student what action they are taking. Also, send them a copy of or refer them to information booklets such as: ***Understanding Suicide and its Prevention: An Information Booklet for Families and Friends*** (Would you know what to do if someone told you they were thinking of suicide?) and ***Concerned About Suicide: Warning Signs and Risk Factors*** (www.nosp.ie).

A student is in hospital following a suicide attempt

Advise the school to stay in touch with the parents regarding the students' progress. Explore with the parents what information they would like to be shared with the student's friends. It is important to dispel rumours. Visit the student, if appropriate. Bring notes/cards etc. from the class group if parents agree that it may be helpful.

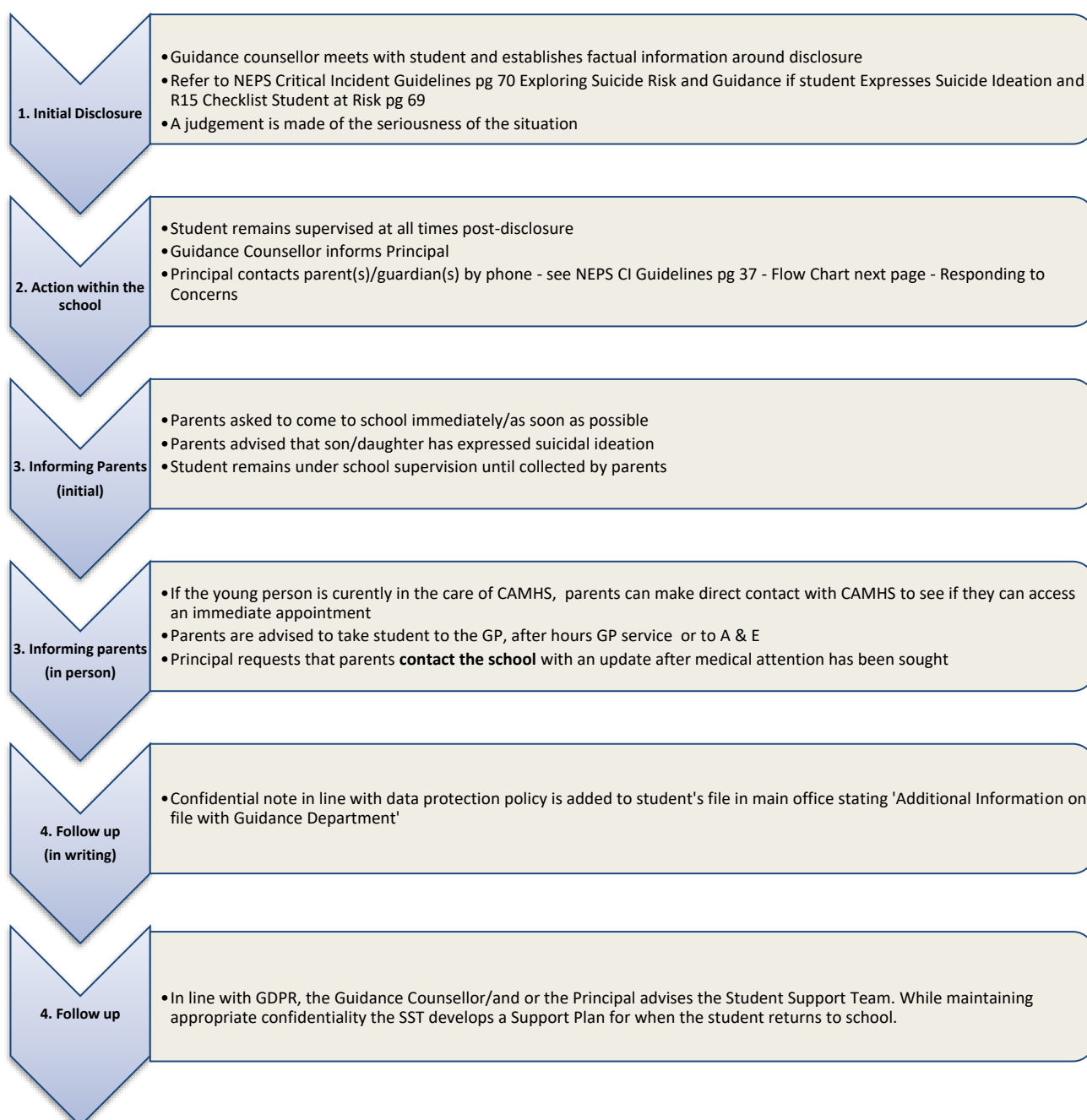
A student is returning to school following a suicide attempt

Advise that a plan for reintegration of the student should be the responsibility of a designated person from the Student Support Team. Discuss the timing of the return with the parents and the student. Consider if the student is or should be under medical supervision. Explore whether the parents can provide advice for the school from the medical team who assessed the student or if the school can liaise directly. How would

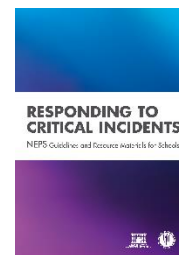
the student like to have the absence explained? Share information about the students return as considered necessary, (e.g. with management, student support team, class/subject teacher, as appropriate) and with other staff members, remembering confidentiality. Monitoring in the first few days will be an important part of the plan. Suggest having a staff member available to meet the student on arrival. Ensure that all teachers know that the student has been through a difficult time. Let the student know which staff member is available if support is needed. Keep routine as normal as possible.

Ensure that there is a current family/guardian contact number available should difficulty arise. Monitor the behaviour of friends and other students who may be providing support to the student to ensure that they are not taking on too much responsibility for the wellbeing of the student. Be aware of the possibility of copycat or suicide contagion, particularly in schools where a previous suicide has occurred.

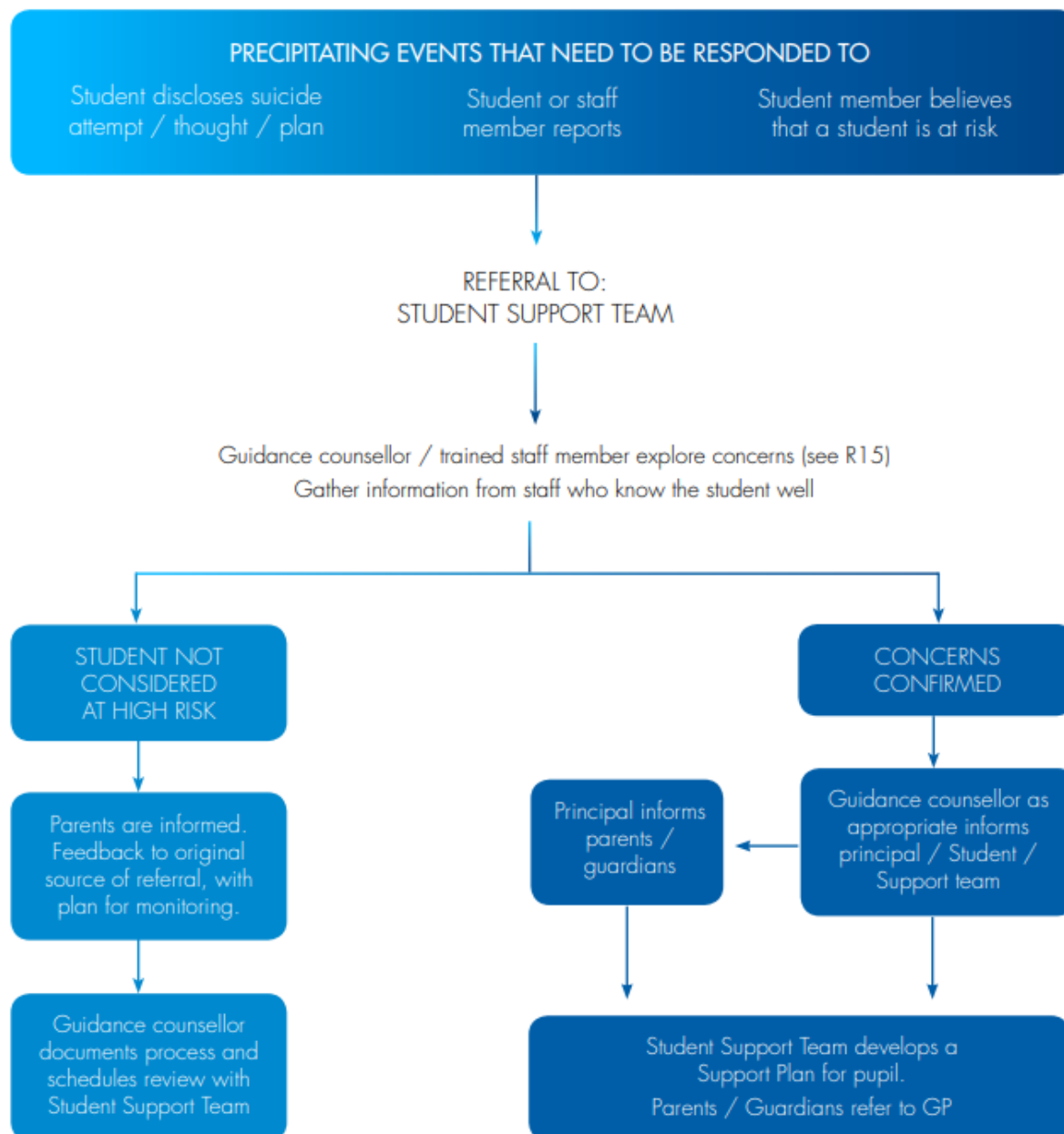
In the case where a student presents to the Guidance Counsellor with intention/thoughts/experience of suicide:



Extract from [‘Responding to Critical Incidents’](#):
NEPS Guidelines and Resource Materials for Schools – p37



7.4 FLOW CHART: RESPONDING TO CONCERNS



NEPS Critical Incident Templates for Schools

Checklist - Students At Risk (R14)

R14



**An Roinn Oideachais
agus Scileanna**
Department of
Education and Skills

An tSeirbhís Náisiúnta Síceolaíochta Oideachais
National Educational Psychological Service (NEPS)

CHECKLIST- STUDENTS AT RISK

This checklist may be used as an aid by school staff who are concerned about a student. It should be remembered that the checking of a number of items for any one student may point to other problems. Indication of a number of these factors in any one student should always be followed up.

Unexpected reduction of academic performance	
Talking about suicide	
Ideas and themes of depression, death and suicide in their work	
Making statements about hopelessness, helplessness or worthlessness	
Change in mood and marked emotional instability	
Significant grief or stress	
Withdrawal from relationships	
Break up of an important relationship	
Discipline problems, being in trouble in school	
Withdrawal from extra-curricular activities	
Giving personal belongings away	
Loss of interest in things one cares about	
Neglect of physical appearance	
Physical symptoms with emotional cause	
High risk behaviours	
Alcohol or drug abuse	
Bullying or victimization	
History of suicidal behaviour e.g. cutting or overdose risk behaviours	
Family history of suicide/attempted suicide	
Over use or reliance on social media	

References

[All the below publications are available on the NEPS 'Critical Incidents' page](#)

Key document:

['Responding to Critical Incidents': NEPS Guidelines and Resource Materials for Schools](#)

Critical Incident Templates for Schools:

- [Critical Incident - Management Policy \(Template R19, 20, 21\)](#)
- [Critical Incident - Sample Media Announcement \(Template R4\)](#)
- [Critical Incident - Sample Letter Parents Violent Death \(Template R3\)](#)
- [Critical Incident - Sample Letter Parents Sudden Death Accident \(Template R2\)](#)
- [Reintegration of the Bereaved Child in School \(R11\)](#)
- [A General Interview Guide for Guidance Counsellors, Chaplains, Other Designated Staff \(R13\)](#)
- [Checklist – Students At Risk \(R14\)](#)

COVID-19

[Responding to Critical Incidents during School Closures and Public Health Restrictions arising from COVID-19: Information Booklet for Schools](#)