

# Responding to suicide in secondary schools: a Delphi Study

*Responding to suicide in secondary schools: a Delphi Study* report was prepared by **headspace** School Support with Dr Georgina Cox and Dr Jo Robinson from *Orygen (The National Centre of Excellence in Youth Mental Health)* on behalf of the research team:

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#### **Acknowledgements**

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# Foreword



I am pleased to present *Responding to suicide in secondary schools: a Delphi Study*.

The suicide of a young person has a long and lasting impact on their friends and peers, their families, schools and communities. **headspace** commissioned a Delphi study to develop a stronger evidence base regarding effective and appropriate responses to suicide in school communities. This publication presents an overview of the study. The study findings, based on consultations with a panel of national and international experts in the field, are presented as practical guidelines for managing a response to a suicide in a school community. The guidelines provide steps for developing an Emergency Response Team and planning and implementing an Emergency Response Plan.

**headspace** School Support is a suicide postvention program assisting Australian secondary school communities to prepare for, *respond* to and *recover* from the death of a student by suicide. It is part of a suite of **headspace** programs developed to promote mental health and support young people aged 12-25 dealing with difficult issues in their lives. I am pleased to note that the findings of this study affirm and will inform further development of the **headspace** School Support program.

In addition, **headspace** School Support is drawing together further evidence from our work in the field since 2012 with schools and education sectors across all Australian states and territories. Complementing the findings of the Delphi study, a forthcoming document will present key learnings and best practice principles from this body of evidence, including service delivery data, lived experience case studies and feedback from school communities and other stakeholders.

**headspace** would like to thank the research team, and the panel of experts who participated in the Delphi Study, for their significant contribution to the safety, health, and wellbeing of young people and their school communities.

I urge all those who work in suicide postvention in school communities to consider these findings in reviewing and developing their own plans, policies and programs.

**Chris Tanti**  
CEO **headspace**  
National Youth Mental Health Foundation



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# 1 Introduction

**Suicide is a significant problem amongst young people and when a school student takes their own life it has serious implications for the school community. To minimise the potential for suicide contagion, and to enable the school community to begin a process of healing, the affected school must respond in a timely and appropriate manner. There has been limited research to date however regarding the safest and most effective way for a school to respond to the suicide of a student.**

In presenting the findings from this new research (Delphi study), we emphasise the need to consider the following in a best practice response in school communities:

- each suicide and school context is unique;
- responses to suicide need to be tailored to the context, needs, policies and resources of the particular school community; and
- schools need to work within the policy and practice frameworks and protocols of their education sector/system.

## The role of schools in suicide postvention

Postvention aims to reduce the distress in the school community following a death by suicide. It helps people to heal, continue to function in their community and importantly, it helps to reduce the risk of further suicides in the area.

The role of the school is important in ensuring the mental and physical health and wellbeing of staff and students, both immediately following the suicide and into the longer term. **headspace** School Support works with school communities to prepare for, respond to, and recover from suicide.

## Developing guidelines for suicide response in schools

There is a need for clear and consistent guidelines to enable timely and appropriate responses to suicide events in school communities. In Australia, guidelines have previously been developed by **headspace** School Support, as well as by a number of State/Territory education sectors. In order to strengthen the evidence base for the continued development and/or review of such guidelines, **headspace** School Support funded an independent research team to conduct an expert consensus (Delphi) study. This study, described in Chapter 2 of this document, involved several rounds of consultation with international researchers in the field of suicide postvention, as well as professionals within Australia who have worked with schools following the suicide of a student. Both groups had extensive knowledge and experience in appropriate and effective ways to support school staff, students, and the wider community. The endorsed consensus statements from the study have been presented as Suicide Postvention Guidelines for schools. These guidelines should be applicable to schools in the majority of developed English-speaking countries.

As the Suicide Postvention Guidelines for schools were produced using a consensus methodology there were situations where no consensus was reached. In these cases, for example, in relation to holding parent meetings (Appendix A), the guidelines do not prescribe actions but acknowledge the need to take account of local context and culture and to access available expertise. At all times the underlying aim of the guidelines should be at the forefront of a school's response: to ensure the wellbeing of all staff and students.

This publication provides an overview of the complete Delphi study in Chapter 2, following which the Suicide Postvention Guidelines for schools are outlined in detail.

## Using the Suicide Postvention Guidelines for schools

The guidelines focus on response to suicide and need to be considered as part of a broader process of *preparing for*, *responding to* and *recovering from* suicide deaths in a school community. They can be used to help secondary schools and education systems respond effectively to the suicide of a student and to review existing plans and procedures.

**headspace** School Support will be using the findings from the Delphi study, together with other research, service activity data and practice case studies, to inform the review of the existing suite of services, training and support materials for schools. **headspace** School Support has a range of practical and easy access factsheets and handouts to assist schools to implement these guidelines within their own school community. They are regularly updated to reflect new research in the area of suicide postvention in schools.

These resources can be accessed via the **headspace** School Support website: [headspace.org.au/schools/](https://headspace.org.au/schools/)

## Terminology

The following terms are used in the report and guidelines:

- **School** is used to mean secondary school.
- **Emergency Response Plan** (ER Plan) refers to a plan developed by a school in order to respond to the suicide of a student.
- **Emergency Response Team** (ER Team) refers to a group of individuals who will implement the plan
- **School wellbeing team** refers to those members of the school community who are employed with the aim of supporting the physical and emotional wellbeing of students within the school.
- **Nominated staff member** is used on occasion throughout the guidelines because in some instances staff who are not part of the ER Team may be in the best position to handle specific situations.

Throughout the report and guidelines the words 'suspected suicide', 'suicide' and 'death' are used interchangeably. It should be noted that when talking about a death, **school staff should not use the terms** 'committed suicide' or 'successful suicide'. This is because the word 'committed' is associated with an illegal or criminal act, and 'successful' implies the individual reached a desirable outcome.

# Development of Suicide Postvention Guidelines in Secondary Schools: A Delphi Study

The aim of this study was to apply the expert consensus (Delphi) methodology to the development of guidelines to assist secondary schools to develop a plan to respond to a student suicide, or to respond to a suicide in the absence of a predetermined plan.

This chapter provides the formal report outlining the research and its outcomes. It has been prepared by Dr Georgina Cox and Dr Jo Robinson from Orygen (The National Centre of Excellence in Youth Mental Health) on behalf of the research team:

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The following journal article provides further information about the research study:

Cox G, Bailey E, Jorm A, Reavley N, Templer K, Parker A, Rickwood, D., Bhar, S., & Robinson, J., Robinson J. (in press) Development of suicide postvention guidelines for secondary schools: A Delphi study.

# Introduction

## Background

Suicide of school-aged adolescents is a significant problem, with serious implications for students and staff alike. To date, there is a lack of evidence regarding the most effective way for a secondary school to respond to the suicide of a student, termed postvention. The aim of this project was to apply the expert consensus (Delphi) methodology to the development of a set of guidelines, to assist English-speaking secondary schools to develop a plan to respond to a student suicide, or to respond to a suicide in the absence of a predetermined plan.

## Methods

### The Delphi Method

Overall, the Delphi process involves two steps: literature search (see below) and questionnaire development, and the Delphi process.

The Delphi process involves a group of experts (hereafter termed panel members) in a specific area making a series of ratings regarding various statements or actions. This is done independently in the first instance, so that they draw on their own knowledge and expertise. After data from the initial rating round are obtained, panel members receive feedback on statements or actions that have been endorsed by the whole group, and also those that did not reach a predetermined level of consensus. They are then asked to engage in a second round where they have the opportunity to change or maintain their original rating. These rounds continue until consensus has been reached.

### Literature Search and Questionnaire Development

The aim of the literature search was to locate documents containing any action that staff members in a secondary school could carry out, or had carried out, following the suicide of a student. By *secondary school*, we refer to schools containing adolescents aged between 13 and 18 years. Documents containing actions carried out by primary or elementary schools were excluded, as were postvention actions targeted predominantly at young people under the age of 13 years, or those in university settings where young people are generally over 18 years. Documents which described the prevention of suicide in schools, referred to actions following a suicide attempt only, or specific gatekeeper training programs were also excluded. The review was carried out across the medical and research literature, and the lay literature, which encompassed information in the public domain available on the internet, such as existing postvention guidelines, websites, or presentations.

Medical and research databases Medline, PsycINFO and Embase were searched in March 2013, with the following words forming the basis of the search: suicid\* AND (School OR academic OR curriculum OR education OR after OR post\* OR follow\*). Searches were performed with no language or time limits. Titles and abstracts of the 5169 articles initially retrieved were screened for relevance, from which 58 were deemed eligible for further inspection and the full text was retrieved. Of these 58 articles, 40 were included from which actions were extracted.

To locate lay literature relating to postvention in schools, websites were retrieved through the search engine Google, and included information from google.com (USA), google.com.au (Australia), google.co.uk (UK), google.co.nz (New Zealand) and google.ca (Canada). The following words formed the basis of the search: Suicid\* AND school AND (postvention OR post OR follow OR after OR guidelines OR recommendations). The first 50 websites from each search engine were retrieved, as after this point, the quality of websites is believed to decline and duplicates become much more frequent<sup>1</sup>. The 250 websites retrieved were screened for relevance and duplicates were removed. The remaining 53 websites were then screened for specific actions that a school could take following the suicide of a student.

Any relevant links on websites were also followed, and the same procedure was employed. From the websites considered, all 53 contained actions that could be extracted for further discussion. A further six documents were also obtained through personal communication with experts in the field, or from mailing lists that the authors were subscribed to, and three books suitable for inclusion were located through Amazon.com.

In order to construct the questionnaire, three members of the research team grouped actions into the following categories: Development of the Emergency Response Plan and Emergency Response Team; Managing a suspected suicide that occurs on school grounds; Confirming facts; Activating the Emergency Response Team; Liaising with the deceased's family; Informing staff; Informing students; Informing parents; Informing the wider community; Dealing with the media; High-risk students; Supporting students; Supporting staff; The deceased's belongings; Funeral and memorial; Social media; Continued monitoring; Documenting actions; Critical incident review and Future prevention. These categories were based upon those used in previous postvention documents. In the second consensus round an additional category was added, 'Language to use when talking about suicide in a school setting', based on the feedback from panel members. Actions that were similar in nature or that appeared multiple times across documents were only included in the questionnaire once.

A working group was formed, comprising members of the research team who were either experts in undertaking research using the Delphi method, or in the field of suicide prevention. Additional members of the research team also attended on a less regular basis. The working group met regularly between October 2013 and June 2015 to discuss each possible action that had been extracted from the literature search and could be included in the questionnaire. They sought to ensure that each action could be carried out by a member of a school community, that only one idea was conveyed within an action, and that each action was both clear and unambiguous. For example, the action '*If someone is hurting, try not to leave them alone*' is stated more clearly as '*If a student is highly distressed, a member of staff should remain with them*'. All possible actions from the literature search were therefore rewritten to be clear instructions. Actions which could not be carried out by a member of the school community (e.g. those that a relevant education department were responsible for), or could not be easily interpreted by the working party, were not included in the questionnaire.

### Panel Formation

Expert panel members were identified through the literature search and through the authors' professional networks. Snowball sampling was also used; asking panel members to identify other people who they felt met the inclusion criteria for participation in the study. Panel members had to be English-speaking researchers or professionals from a developed country and fulfill one of the following criteria: 1. Authored papers on suicide postvention from the year 2000 onwards; 2. Been named as a contributor in a set of suicide postvention guidelines for schools; 3. Consulted with more than one school to support them following the suicide of a student, or to assist them in developing a plan in case of a student suicide or; 4. Worked in a leadership capacity and/or been part of an Emergency Response Team (a group of individuals who generally coordinate and lead a schools response to a suicide) at a school which has experienced a student suicide in the past five years (e.g. principal or assistant principal, school wellbeing coordinator).

### Statement Selection – The Delphi Process

The final questionnaire included 791 items; it was distributed to panel members using the online survey software 'SurveyMonkey' between December 2014 and February 2015. The questionnaire was designed in such a way that panel members had to answer each question before proceeding to the next, to ensure there was no missing data from skipped questions. Panel members were able to save their answers and come back to finish the questionnaire at a later date.

In the first round questionnaire, panel members were asked to rate each action according to whether they believed it should be included in the postvention guidelines, with the options being presented on a 5-point scale as- *essential, important, unimportant, should not be included or don't know/depends*. They were also given the opportunity to suggest new actions and comment on the wording of any existing actions. Responses from the first round were then reviewed by the working group and any new actions that the group felt were appropriate for rating were included in the second round questionnaire. Statements rated as *essential or important* by 80% of panel members in round one were included in the guidelines. This cut off was chosen in line with previous studies using the Delphi methodology<sup>2</sup>. The second round questionnaire contained 287 items and was distributed in March 2015. Here panel members were asked to rate any new actions suggested by other panel members, and to re-rate actions which were endorsed by 70-79% of panel members as being essential or important to include in the guidelines. At each stage participants were sent a list of the actions along with their initial rating, and the percentage of panel members that had rated the action as being either *essential or important* to include. They were also advised that they were able to change their original response based on this information if they would like. They were also sent a list of the actions that were endorsed and rejected by panel members.

# Results

## Panel members

In the first round, 40 panel members participated, in the second round there were 26 and in the third round 25. Panel members came from a variety of academic and professional backgrounds: 37.5% identified as having consulted with more than one secondary school following the suicide of a student or assisted in developing a plan in case of a future student suicide, 27.5% identified as having worked in a leadership capacity and/or been part of an Emergency Response Team at a secondary school that had experienced a student suicide in the past five years, 22.5% identified as having authored a peer-reviewed paper in the area of suicide postvention from the year 2000 onwards and 12.5% as having been named as a contributor in a set of suicide postvention guidelines for secondary schools.

## Number of Actions Endorsed, Re-rated and Rejected

In total, 3949 actions were extracted from documents retrieved from the literature search. Figure 1 shows the number of actions included in the guidelines, those rejected, and those that were to be re-rated, at each stage of the Delphi process.

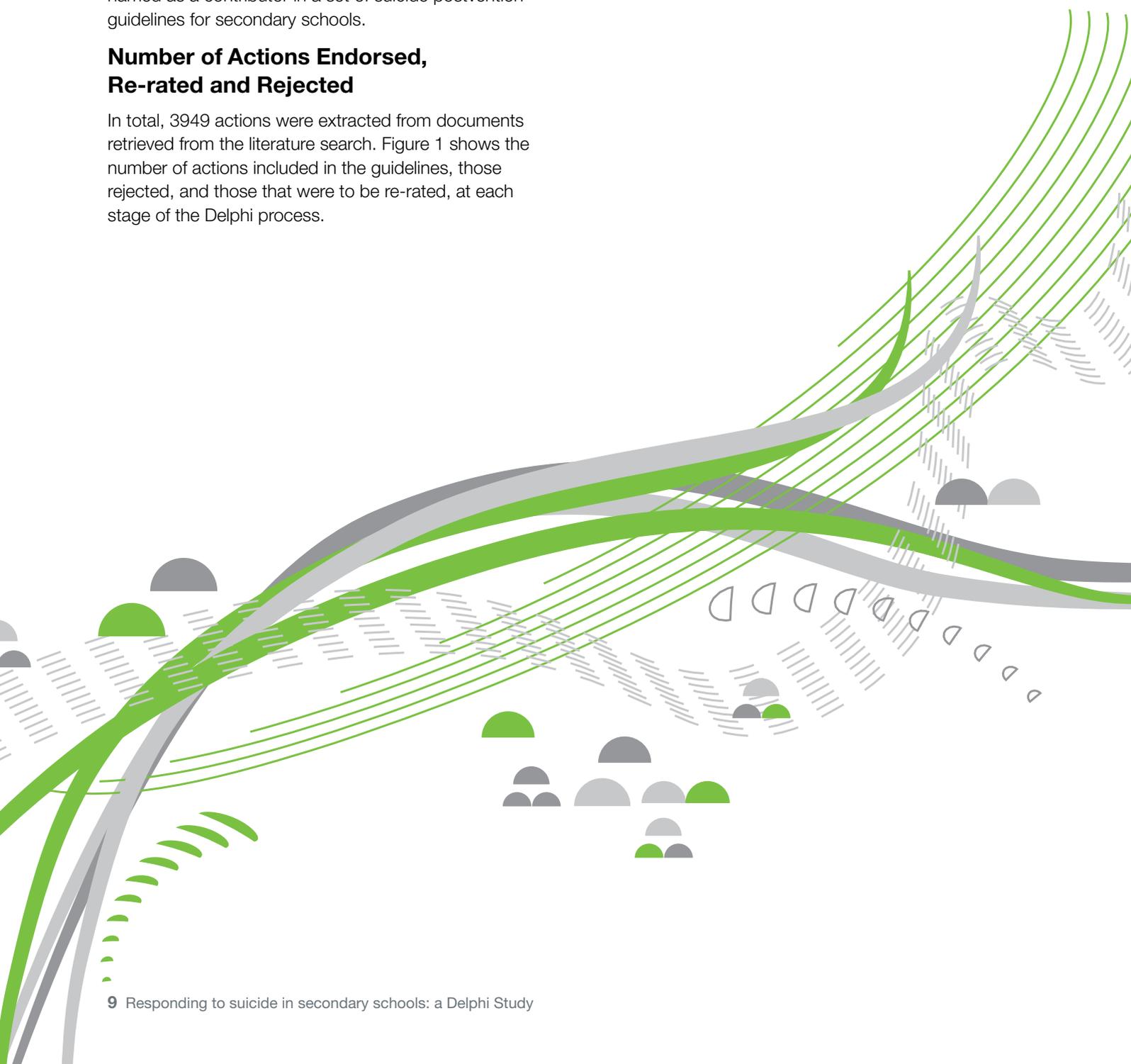
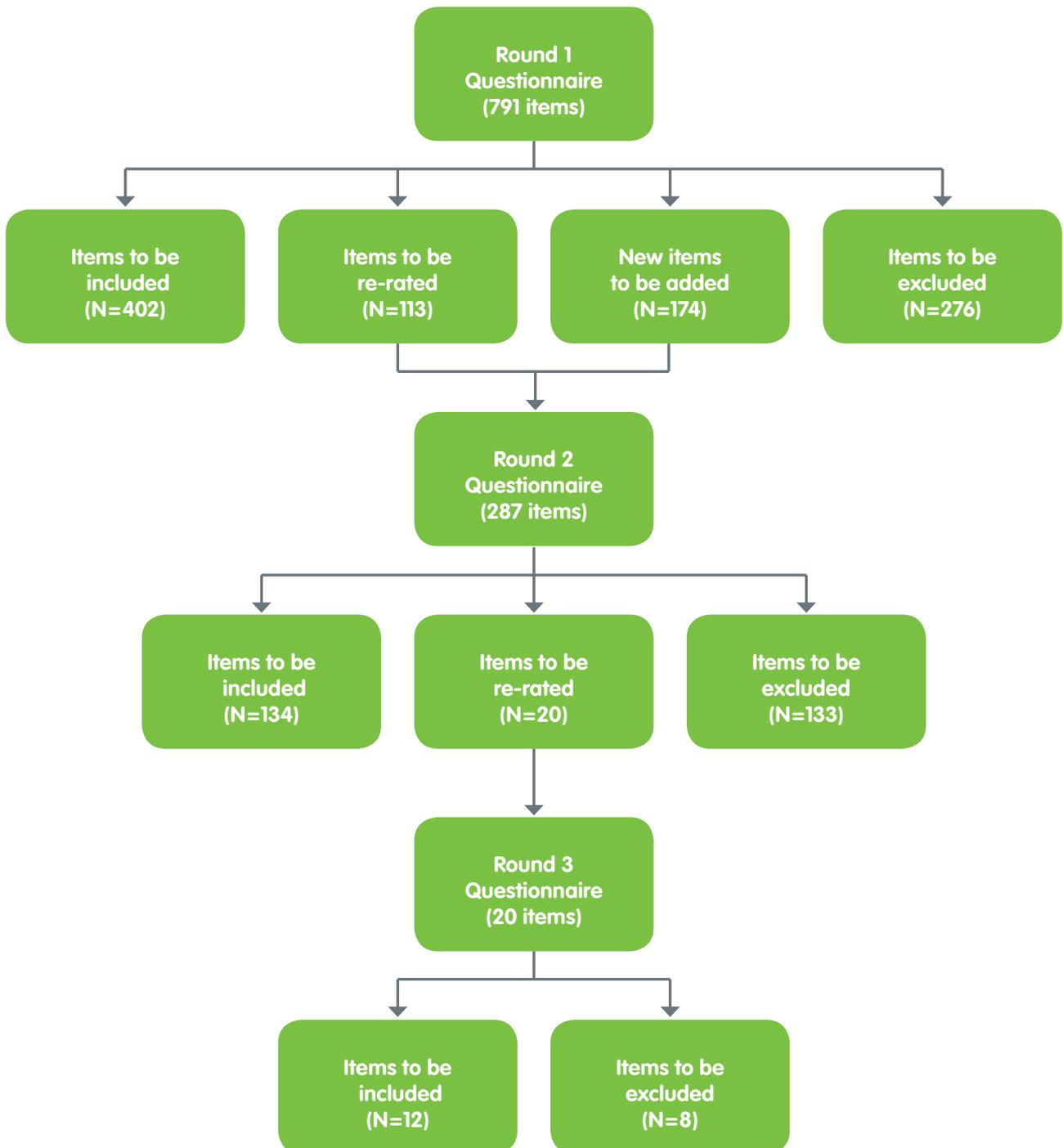


Figure 1: Flow of actions through the Delphi consensus process



## Writing the Guidelines

The 548 endorsed actions from all three consensus rounds were rewritten into a 'postvention guidelines' document by the authors, in a way that would be accessible and clear for school staff to follow. The guidelines contain the following sections, which will generally need to be implemented sequentially:

1. Developing an ER Plan
2. Forming an ER Team
3. Activating the ER Team
4. Managing a suspected suicide that occurs on school grounds
5. Liaising with the deceased student's family
6. Informing staff of the suicide
7. Informing students of the suicide
8. Informing parents of the suicide
9. Informing the wider community of the suicide
10. Identifying and supporting high-risk students
11. Ongoing support of students
12. Ongoing support of staff
13. Dealing with the media
14. Internet and social media
15. The deceased student's belongings
16. Funeral and memorial
17. Continued monitoring of students and staff
18. Documentation
19. Critical Incident Review and annual review of the ER Plan
20. Future prevention

Rather than list all of the actions, items were combined to form a coherent document. A draft of this document was provided to **headspace**.

Actions could be reworded, as long as the main message contained within them did not change. Consider the following actions as an example:

- *'The Emergency Response Team should ensure that any memorial sites or activities do not glorify, vilify or stigmatize the deceased student or their death'.*
- *'The Emergency Response Team should ensure that any memorial sites or activities are the same as they would be for a non-suicide death'.*
- *'The Emergency Response Team should ensure that any memorial site or activity is culturally appropriate'.*

These were rewritten into the following text:

- *'The Emergency Response Team should ensure that any memorial sites or activities do not glorify, vilify or stigmatize the deceased student or their death, and are the same as they would be for a non-suicide death. They should also ensure that any memorial site or activity is culturally appropriate'.*

We sought to ensure that relevant concepts were grouped together and presented in a clear and concise manner. For example consider the following actions:

- *'The Emergency Response Plan should be implemented in response to a suspected or confirmed suicide of a current student'.*
- *'The Emergency Response Plan should be implemented in response to a suspected or confirmed suicide of a student who is enrolled at the school but is currently not attending (e.g. on exchange, on extended sick leave)'.*
- *'The Emergency Response Plan should make provisions for: Providing support for students in the holidays when a death by suicide occurs outside the school year and handling the death of a recently graduated student'.*

As the concepts contained within all of these actions related to when to implement the Emergency Response Plan they were grouped together and presented in the following way:

- *When should the school implement the Emergency Response Plan?*
- *In response to a suspected or confirmed suicide of a student. This could be a current student or a student who is enrolled at the school but is currently not attending (e.g. on exchange, on extended sick leave)*
- *In response to the suicide of a recently graduated student*
- *If a suicide occurs during the school holidays.*

## Strengths and limitations of these guidelines

### Strengths

#### Information used to synthesise these guidelines

The literature search conducted in the first stage of the Delphi process took into account lay literature in addition to the academic literature. Furthermore, inclusion criteria were broad such that study design or quality of specific outcome measures did not preclude documents from being included. As such, the authors were able to obtain a larger volume of information regarding school postvention responses than identified in previous reviews, which have focused solely on the academic literature and have often involved strict inclusion criteria. Many documents retrieved from the academic literature were case studies or descriptions of postvention responses from the perspective of school staff. These tended to date back over 20 years however they did contain rich information regarding school responses, as well as activities which in some cases appeared detrimental to the healing of the school community. The search conducted through Google sites and Amazon.com, in addition to the academic literature, identified a number of existing school postvention resources from a variety of different countries, including Australia, New Zealand, USA and England. Information regarding how these resources were developed and the evidence upon which they were based was variable. In most cases it appeared that resources were developed based on a 'review' of the literature, however specific details regarding the nature of that literature were absent, making it difficult to determine the basis on which guidance was being formulated. Some resources included a list of academic experts and community members, who were involved in the development of the resource<sup>3</sup>. In these cases it appeared that expert opinion contributed strongly to their formation. However, the method of eliciting expert opinion and obtaining consensus was not made explicit. The current study overcomes these limitations by systematically gathering expert opinion in the area of suicide postvention in schools.

Overall, the literature search conducted in the current study highlighted the lack of evidence regarding the effectiveness of various school postvention approaches. This echoes other research demonstrating the lack of published research into suicide postvention, and signals the importance of an agenda to increase research in this area. The need to generate more evidence in this area is especially important given that most national

suicide prevention strategies include recommendations for suicide postvention and crisis intervention services. It is therefore imperative that the recommendations within such documents are developed from the best available evidence, so that subsequent service delivery is based on best practice in the field. The literature search indicated that postvention responses within school communities are widespread; providing ample opportunities for research evaluating the effectiveness of postvention responses, and to increase the evidence base in school suicide postvention specifically.

#### Diversity of experience

The panel members who participated in this research have been involved in various aspects of suicide postvention in schools. There was a mixture of school counsellors, psychologists and wellbeing staff, as well as principals, departmental psychologists, and independent mental health professionals who have assisted schools following the suicide of a student. In addition, academic researchers who had contributed to other school postvention guidelines and/or published in the broader area of suicide postvention were also panel members. As such, their collective opinion is a reflection of what is likely to be feasible in schools, given the likely constraints on resources, as well as what is likely to be 'best practice' in this area given the currently available evidence. Diversity of expertise is known to produce better quality judgments.

#### Limitations

Whilst the search method employed in the first stage of this research was broad and inclusive of a variety of literature, there is the possibility that some postvention actions taken by schools may have been missed due to this information not being freely available in the public domain. However, it should also be noted that 3949 potential actions were extracted from the documents located and panel members were also able to suggest additional actions for consideration. It would be expected that if actions had been missed, they were not critical to a postvention response, and therefore were unlikely to have been endorsed.

As fourteen panel members dropped out after the first consensus round the consensus rates in the second round were based on fewer expert opinions. However, previous research by Akins et al<sup>4</sup> found that a panel of 23 experts is large enough to produce stable results over time. Given that all rounds contained more than 23 expert panel members it is likely that the results produced are a robust and fair representation of opinion.

This study was conducted largely within an Australian setting, with the aim of producing guidelines applicable to English-speaking western schools. As such, one of the main limitations of these guidelines is their limited applicability to schools in other settings, and in particular to those that have a large indigenous population. Very few panel members worked in Australian schools within a largely Aboriginal community. One panel member commented 'I'm not sure how to address all the issues from an indigenous perspective, but in the community (2000 people) and school (800 enrolled T-12) that I work/live in then this [what] is the most significant issue and these guidelines need to sit behind them and we proceed based on what our cultural adviser directs us to do'. Given this feedback, it is interesting to note that the statement 'The ERT should contain a representative from any major cultural groups' did not reach consensus, being endorsed by just 57.7% of all participants. The importance of cultural representation appears to be very much determined by the demographics of the school community being served and signals that aspects of these guidelines will need to be adapted for schools which have a predominantly indigenous population. It is also interesting to note that throughout the literature search there were few documents retrieved which specifically focused on responding to suicide within a school with a large indigenous population. This echoes the broader suicide prevention literature, where there is a lack of research evaluating the effectiveness of interventions for this group, despite high suicide rates.

## Conclusion

These guidelines are the first internationally that have used the Delphi methodology to reach expert consensus with regard to the actions schools should take following the suicide of a student. It is hoped that they will be used by schools in order to either aid them in developing a plan to respond to a student suicide, or to respond to a suicide in the absence of a predetermined plan. They can also be used by the wider postvention community to inform already existing postvention resources, as well as being used to develop new postvention resources for schools. They also further the evidence base in an extremely under researched area, by using a consensus methodology based upon the 'wisdom of crowds' approach.

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# Suicide Postvention Guidelines for schools

The Suicide Postvention Guidelines are designed to help secondary schools develop an *Emergency Response Plan (ER Plan)* and *Emergency Response Team (ER Team)* following a student suicide within the school. It is acknowledged that some schools may not have an existing ER Plan or ER Team but these guidelines can be used to formulate an ER Plan and assemble an ER Team once a suicide death occurs.

The guidelines cover 20 key components that are generally expected to be followed sequentially:

1. Developing an ER Plan
2. Forming an ER Team
3. Activating the ER Team
4. Managing a suspected suicide that occurs on school grounds
5. Liaising with the deceased student's family
6. Informing staff of the suicide
7. Informing students of the suicide
8. Informing parents/guardians of the suicide
9. Informing the wider community of the suicide
10. Identifying and supporting high-risk students
11. Ongoing support of students
12. Ongoing support of staff
13. Dealing with the media
14. Internet and social media
15. The deceased student's belongings
16. Funeral and memorial
17. Continued monitoring of students and staff
18. Documentation
19. Critical Incident Review and annual review of the ER Plan
20. Future prevention

**Within each stage there is a number of actions that schools will need to take, and these will be applicable in most instances. However, it should be acknowledged that each suicide is unique and schools vary in their structure and policies. As such, it is important that schools tailor their response to the needs of the school community and work within their resources and policies. It is also important that schools work within the relevant policy and practice frameworks and protocols of their education sectors/systems. As much as possible, suicide deaths should be treated the same way as other types of deaths within the school community.**

## Developing an Emergency Response Plan (ER Plan)

The school should have a written ER Plan and an ER Team in place prior to a suicide event. The principal should ensure there is a budget to implement the ER Plan (e.g. for training, external support services). A member of the school wellbeing team should be involved in the development of the ER Plan.

It is the ER Team's responsibility to implement the ER Plan, and each task specified within it should have a named individual who is responsible for its implementation.

The ER Plan should also include a chart that sequentially outlines the initial crisis response.

### Provisions in the ER Plan

The ER Plan should make provision for the following:

- Handling the death of a recently graduated student
- Providing support to students in the holidays if a death by suicide occurs outside the school year. In this case, the school should acknowledge the death as soon as possible, be guided by any local external response that is occurring and follow the ER Plan as appropriate
- Adequate staffing to cover for team members who are unable to fulfil their roles (e.g. sick, absent, or otherwise unable to participate)
- Contacting all school staff as soon as possible following the suicide. This may vary depending on when and where the suicide occurs
- How space will be allocated for any support rooms, individual counselling, or external mental health professionals.

### Box 2: Resource kit

The ER Plan should include a resource kit for the ER Team to use following a suicide, including:

- An up-to-date schedule of classes
- An up-to-date list of students enrolled in school
- Emergency telephone numbers of all ER Team members
- Emergency telephone numbers of all staff
- Contact details of external mental health professionals/services
- Contact details of key people in the local community (e.g. parent groups, clergy)
- A school map with the location of school telephones, designated meeting rooms, and any student support room.

## Forming an Emergency Response Team (ER Team)

Who forms the ER Team may vary depending on the experience of staff within the school, and the school's resources. The principal should be aware of the roles and responsibilities of each member of the ER Team and the impact this may have on their workload.

### The leader of the ER Team

The ER Team should have a designated leader who is:

- A recognised and authoritative leader, who has shown the ability to lead in a crisis
- Knowledgeable about youth suicide
- Able to provide a calm, controlled and reassuring presence
- Able to encourage and support staff
- Able to provide positive reinforcement
- Able to communicate effectively with many different groups (e.g. students, staff, parents/guardians, community members).

The leader of the ER Team should:

- Have an in-depth knowledge of the ER Plan and all of the responsibilities contained within it
- Coordinate all other members of the team and ensure that they stick to their delegated roles and give direction to the school staff and any outside agencies involved in the response.

## Assistant leader and substitute leader

There should be an assistant leader who helps carry out the day-to-day tasks of the ER Plan and a designated person to take over the role of leader if the appointed person is absent. These roles should be decided by the principal, with advice from the ER Team if necessary.

## Other members of the ER Team

At the very least, the ER Team should include a member of the school wellbeing team, the school principal, and the assistant principal. Members of the ER Team should be chosen so that the team has:

- A combination of strong individual and group facilitation skills
- Knowledge of how the school and community functions
- Experience with crisis intervention and management procedures.

The ER Team should develop relationships with relevant local services, such as youth mental health services, police and media, to ensure all agencies are clear on their role if a suicide was to occur within the school community. Although different ER Team members will be responsible for implementing different tasks they should channel all information through the designated ER team leader.

## Training

All members of the ER Team should receive training in dealing with suicide and its aftermath. They should also be trained and have practice runs in implementing the ER Plan. At least one member of the ER Team should be trained in performing suicide risk assessments, using a validated and accessible questionnaire or checklist.

## Specific ER Team member tasks

All members of the ER Team should have a checklist detailing the tasks that they should complete following a suspected or confirmed suicide.

There should be a nominated ER Team member responsible for:

- Verifying reports of a suicide
- Ensuring scripts and templates used to inform/communicate students and parents/guardians are up to date
- Ensuring that the ER Plan contains all the relevant resources (e.g. factsheets)

- Contacting staff to inform them of staff meeting/s
- Arranging for mental health professionals to attend any staff meeting
- Informing staff of the suicide, both in and outside of any staff meeting
- Informing parents/guardians of any changes to the schools routine
- Providing parents/guardians with updated information as required
- Informing the wider community of the suicide
- Coordinating the identification and referral of high-risk students; ensuring all actions are also documented
- Organising and maintaining the support room
- Coordinating support for students, including those who have been absent from school
- Coordinating the support of staff, including arranging cover for classes if necessary
- Liaising with students, staff and parents/guardians should they have any questions or concerns
- Ensuring information regarding ongoing support at the school is distributed to the school community
- Liaising with the media, or media representative at the relevant education department/sector office
- Dealing with social-media-related incidents
- Dealing with the deceased student's personal belongings (e.g. locker, schoolwork etc.)
- Arranging any changes to tests and assisting students in obtaining special considerations for external exams
- Dealing with the funeral/memorial arrangements
- Documenting all actions undertaken during the postvention response (e.g. ER Team and staff meetings)
- Organising a Critical Incident Review and updating any information as required
- Coordinating the ongoing monitoring of students and staff.

In some cases it will only be possible to allocate a member of the ER Team, or a specific staff member, to be responsible for specific tasks once a suicide has occurred. These tasks are likely to include:

- Dealing with a death that occurs on school grounds (e.g. evacuating the area, determining if there were any witnesses)
- Liaising with the deceased student's family
- Coordinating informing students of the suicide.

## Activating the ER Team

Schools may hear about a suspected suicide of a student from a number of different sources, such as the police, other students, or the family themselves. This is likely to vary depending on the location and timing of the suicide (e.g. if it occurred on or off school grounds, in the school term or holidays).

The first ER Team member to become aware of a suspected suicide should inform the leader that a death has occurred. If the leader of the ER Team is not the principal, then the leader should inform the principal before contacting the other members of the ER Team.

In all cases, a nominated ER Team member should:

- Verify reports of suicide by contacting the police, coroner, hospital staff or the family. Contact with the police, coroner or hospital staff should occur even if the original report of suicide was from the immediate family
- Obtain information about whether any students or staff from the school witnessed the suspected suicide, and who they were, as soon as possible
- Check with the police whether any students will need to be interviewed about the death.

### Initial ER Team meeting

After a death is verified the ER Team should meet within 24 hours (even if not all members are present) and begin to implement the ER Plan. During this meeting:

- The ER Team should assess the likely level of impact on the school community and tailor the level of response accordingly
- The leader of the ER Team should delegate all of the relevant tasks that could not be delegated in advance.

### Daily ER Team meetings

The ER Team should hold daily meetings for as long as necessary to discuss:

- The progress and implementation of the ER Plan
- Any students who have been identified as being at especially high-risk (see section on *Identifying and supporting high-risk students*)
- Any new resources (e.g. fact sheets, handouts) not already contained in the ER Plan
- What additional actions they could take if they are concerned about an emerging suicide cluster.

The designated leader should keep all ER Team members and the principal informed of the team's work.

## Managing a suspected suicide that occurs on school grounds

### Practical considerations

If the death of a student has occurred on school grounds staff should alert the principal and a member of the ER Team. They should then follow existing school protocols for managing any death.

A nominated ER Team member should evacuate the area and isolate the site of the death from students and staff, for example by using screens or blocking corridors. No one should remove or disturb items from the site until emergency services have concluded their work.

#### Box 3: Supporting Witnesses

If any **student** witnessed the death a nominated ER Team member should:

- Arrange for the student to be supervised and supported by a member of staff
- Contact their parent/guardian and inform them of the situation
- Give the student the option of being collected by a parent/guardian
- Offer them support from a mental health professional.

If any **staff member** witnessed the death a nominated ER Team member should:

- Arrange for them to be supported by another member of staff, and/or offer them support from a mental health professional.
- Offer them relief from their duties for the day and check support available to them outside of the school.

## Liaising with the deceased student's family

Liaison with the family should be done with sensitivity and compassion. Before contacting the family the nominated ER Team member should check for any recent history/incidents involving the deceased student that may impact on the communication with the family (e.g. bullying). They should also consider the family's cultural and/or religious practices regarding death and suicide. There may be a great variation in the accessibility of the family and their capacity and willingness to communicate. If it is difficult to speak directly with the immediate family the nominated ER Team member should liaise with an extended family member or close friend.

When liaising with the family the nominated ER Team member should:

- Offer the condolences of the school
- Give information about the ER Plan
- Seek permission to label the death as a suicide and to name the deceased student in communication with the school community
- Identify and arrange support for any siblings, close friends or extended family members who attend the school, as appropriate
- Advise the family about the availability of grief counselling, external mental health services and survivor support groups that can offer help
- Determine the family's wishes on the school's representation at the funeral/memorial
- Discuss possible plans for a memorial service or event by the school
- Alert the family to any potential or advised media contact. Highlight the importance of following national guidelines for the reporting of suicide (e.g. see box 10 on *Reporting of suicide in the media*).

At times the family's wishes may be in conflict with what the ER Team believe the school community should be told about the death. If this is the case, the nominated ER Team member should advise them to consider the recommendations of the current guidelines, including:

- The damaging impact of misinformation
- The benefits of being able to discuss suicide openly where appropriate
- What other parents need to know so they can support their own child's grief.

## Informing staff of the suicide

A meeting with all school staff should be held as soon as possible to tell them about the death. This should be before students are formally informed, but after the ER Team have met to implement the ER Plan.

- If the death occurs outside of school hours nominated ER Team members should contact all staff, as per the procedure set out in the ER Plan, informing them that a staff meeting will be held
- The nominated ER Team member should inform individual staff members about the death ahead of the meeting if they are considered to be particularly vulnerable for any reason
- If it is necessary to inform staff of the suicide during class time the ER Team should identify staff that may need additional support, and ensure that this is available.

The meeting should be introduced by the principal and conducted by the principal and/or leader of the ER Team. If possible, the nominated ER Team member should arrange for a mental health professional to attend the meeting to support and advise staff.

The initial staff meeting should do the following (as appropriate):

- Introduce the ER Team and identify the ER Team member who staff should come to if they receive any new or relevant information
- Share accurate information about the suicide
- Discuss the principles of postvention, including the school's role
- Explain plans for the coming days including:
  - Location of any support rooms
  - Any outside support staff (e.g. social workers or mental health staff) who will be assisting, and their role
  - Changes to responsibilities or routines, such as more staff on yard duty
  - Any additional measures to monitor student whereabouts
  - How the students will be informed (see box 5)
  - How the school community will be informed

- Identify risk:
  - Brief staff about suicide contagion.
  - Brief staff about how to identify students who are distressed or who may be at increased risk of suicide (e.g. provide information on risk factors and warning signs of suicide). Include information about how to support or refer a student, as necessary (see *Identifying and supporting high-risk students*).
  - Ask staff to keep records on all students who are identified as distressed or at increased risk of suicide, and any actions taken
- Manage communication:
  - Instruct staff not to talk to the media:
  - Identify which ER Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her
  - Clarify how phone inquiries are to be managed
  - Advise staff of appropriate language to use when talking about the suicide
  - Instruct staff not to discuss the death where students are likely to overhear them
  - Advise staff not to spread rumours
  - Tell staff about any family wishes regarding information to be shared or withheld
- Stress the importance of keeping school routine as normal as possible
- Discuss procedures for monitoring attendance:
  - Review procedures for students leaving the school grounds and tracking student attendance
- Outline plans for following up all unauthorised/unexplained student absences
- Discuss funeral and memorials:
  - Inform staff of protocols regarding memorials (see below)
  - If known, inform staff of any arrangements for the funeral or other services, including provision for students and staff to attend
- Ask staff members to gather the deceased student's schoolwork including art, assignments, and journals and provide to a nominated ER Team member
- Provide staff with relevant factsheets, information and resources (e.g. **headspace** School Support factsheets: *Grief: How young people might respond to a suicide*; *How to talk about suicide with young people*; *Handling social media following a suicide*)
- Provide staff with the date and time of the next meeting.

## Ensuring staff are supported

During the meeting the ER Team should ensure that staff are adequately supported. This can be achieved by:

- Giving them the opportunity to ask questions and to express their own reactions and grief
- Providing them with information about relevant Employee Assistance Programs (EAPs)
- Looking out for staff who may need additional support and, following the meeting, provide them with information about appropriate services
- Encouraging discussion of how group members can support one another
- Encouraging staff to come forward if they feel that they cannot handle some of their usual responsibilities, so that additional support can be provided.

## Preparing staff to inform students

- Provide appropriate staff with a script to read to students informing them of the death
- Arrange for an alternative person to read the script for any staff who are unable to manage
- Advise staff not to ask students for information regarding the suicide
- Discuss common or likely student reactions and questions.

## Outside of the staff meeting

A nominated ER Team member should brief school board members, substitute teachers, and sessional or contract staff (e.g. bus drivers, canteen staff, sports coaches) about the death and tell them about any relevant key points. They should also arrange for information to be displayed in the staff room about ER Team roles and changes to procedures.

### Follow-up staff meetings

The ER Team should hold a follow-up meeting with staff (preferably at the end of the first day) and should arrange ongoing meetings with staff for as long as necessary. They should determine the length and number of staff meetings as appropriate.

The person/people conducting the subsequent staff meetings should do the following, as appropriate:

- Discuss the day/s, including what went well and what did not
- Offer verbal appreciation of the staff
- Provide any up-to-date information (e.g. regarding the death and/or funeral arrangements)
- Discuss with staff the implementation of the ER Plan and make amendments if required
- Discuss upcoming events or activities which might need to be altered or cancelled in view of the suicide (e.g. excursions, graduation);
  - Remind staff that while upcoming activities may be difficult for students they can provide further opportunities for students to appropriately acknowledge the loss
- Ask staff to share observations of student reactions and how these were handled
- Remind staff of the risk factors and warning signs of suicide. Advise them to continue to monitor high-risk students
- Discuss any media requests and how these are to be handled
- Remind staff that the deceased student and their family have a right to confidentiality
- Allow staff to express their feelings and ask for what they need
- Identify staff who may need additional support and, following the meeting, refer them to appropriate services
- Talk about how staff members can support one another
- Remind staff about support services available to them, the importance of self-help and provide of a list of stress management strategies (see box 4)
- Provide a protocol for what will happen the next day
- Provide staff with the date and time of the next meeting.

#### Box 4: Stress management strategies

- Engage in exercise or physical activity (e.g. sport, walking, gardening)
- Practice good sleep hygiene
- Do something enjoyable
- Try to remain involved in purposeful activities for at least a small part of every day
- Engage in an activity that gives a feeling of achievement
- Get out of the house for at least a short time each day
- Learn relaxation methods
- Talk over problems or feelings with someone who is supportive and caring
- Let family and friends know how they are feeling so that they are aware of what they are going through.

#### Box 5: Informing students

##### Do not....

- Notify students of the death using the internet or social media
- Describe the method of suicide
- Divulge the contents of any suicide note
- Express any negative judgements about the deceased student's actions or motivations
- Describe anything about the deceased student's life circumstances that might have contributed to the suicide
- Imply that the deceased student's actions are understandable given their life circumstances
- Glorify or romanticise the deceased student by speaking too positively about them or giving them too much attention, or allow other students to glorify or romanticise the deceased student.

Wherever possible, avoid informing students about a death in the following ways:

- In a whole school assembly
- By a public announcement system
- In a school bulletin or newsletter.

A nominated ER Team member should document actions arising from all staff meetings and provide copies to other members of the ER Team. The leader of the ER Team should send written communications to staff to share any relevant information as it becomes available.

## Informing students of the suicide

In some cases students may already know about the suicide, however, staff at the school should still inform all students formally. Special consideration needs to be made for informing close friends of the deceased student.

### Making the announcement

Students should be informed about the death as soon as possible. Wherever possible, the homeroom or form teacher (or equivalent) should do this in naturally occurring groups, such as homeroom or first period classes. Teachers should note students who are absent so that they can be informed separately later. They should also note any students who appear to be overly distressed.

If staff feel unable to inform their class, or handle their immediate reaction the ER Team should provide additional support.

When teachers are informing students about the situation they should follow a prepared script that is tailored to the age of the students. The script should also take into account the types of relationships they shared with the deceased student. This should contain:

- Clear and accurate information
- Acknowledgment that the situation will be distressing to family, friends, and the school community
- A statement that there is professional help available for mental health problems and suicidal thoughts
- Information about support resources available at the school and in the community (e.g. external mental health services/school wellbeing staff/support room)
- A statement that students should not keep secrets about suicide and should tell a member of staff or other responsible adult if they have concerns about any fellow students
- A reminder about the importance of:
  - Self-care and stress management strategies (see box 4)
  - Supporting each other

- A statement that rumours can be hurtful and unfair to the deceased student, their family, and their friends (see box 6)
- Information about responsible use of social media
- Instructions not to talk to the media and to refer any media enquiries to the media spokesperson.

### Close friends of the deceased student

A nominated staff member should inform the closest friends of the deceased student and any other vulnerable students about the death, individually or in appropriate friendship groups. They should be provided with immediate support and given information about where they can receive continuing assistance at school. The nominated staff member should also make arrangements for students to be collected by their parents/guardian if necessary.

When informing close friends about the death, a nominated ER Team member should ask them about any students who were not obvious close friends of the deceased, but may benefit from being informed separately.

If any sibling of the deceased student attends the school a nominated ER Team member should provide advice to their classmates and the teacher on how to best support the student.

#### Box 6: Dealing with rumours

- Any false rumours should be dispelled
- A nominated staff member should seek the cooperation of those close to the deceased student in not spreading sensitive information about the student or the death and explain why this is important
- If individual students are spreading rumours a member of staff should take them aside and explain that it would be better and safer to share only what is known to be true
- Staff should inform the ER Team of any suicide-related rumours circulating amongst the students
- The ER Team should monitor student use of social media for rumours.

### After students have been informed

Teachers should emphasise the normality of different grief and stress reactions; providing sufficient time to allow students to express their feelings, ask questions and discuss issues.

If a student becomes very distressed and would like to leave the room to see a counsellor, they should be allowed, and should be accompanied. A nominated staff member should also offer those closest to the deceased student or those who might be particularly vulnerable to visit the school wellbeing team. A staff member should accompany students who appear distressed to the support room or student wellbeing office, if possible.

If a student asks about the method of or reasons for the suicide the teacher should not give details about the specific method used. Instead they should explain that suicide is complicated and that there is usually no single reason.

Whilst the school's routine should remain as normal as possible some changes may be required. For example:

- Teachers should conduct the first classes after students are informed in a flexible way (e.g. set work for those who wish to resume lessons, allow other students to write in a journal, speak quietly with each other, or sit and think)
- Tests or exams occurring in the immediate aftermath can also be very difficult for students who are deeply affected by the death. If necessary, the nominated ER Team member should change the arrangements for any tests occurring on the day or the day after students have been informed of the death (e.g. locate in a separate room, allow more time or cancel) and assist students to obtain special consideration for external exams.

If any events are altered or cancelled, or if the school's routine changes in any way, a nominated ER Team member should inform students and parents/guardians.

### Informing parents of the suicide

The school should inform parents about the suicide and the school's response, using whatever form of communication they consider to be most appropriate. However, parents should not be informed of the death using social media.

The communication with the parents about the death should include the following:

- The same clear and accurate information about the suicide that was shared with students
- The name and contact details of the nominated ER Team member who they should direct any questions or concerns to
- Support resources available at the school and in the community and a list of resources available to families
- A statement that the school's routine will remain as normal as possible; including information about any upcoming events that have been altered or cancelled
- What to do if they are worried about someone else
- Advice to talk to their child about attendance at the funeral or memorial services
- The date and time of a parent meeting, if one is to be held
- Common student reactions to suicide, how to answer difficult questions about suicide and how to talk about suicide with young people
- Resources and information on youth suicide prevention.

#### Box 7: Informing parents

The communication with the parents should encourage them to:

- Monitor the reactions of their child to the suicide,
- Focus on the needs of their child and not on specific information about the deceased student
- Talk with their child openly about the suicide or encourage them to talk to another trusted adult.

## Ongoing communication with parents

A nominated ER Team member should ensure information regarding ongoing support available at the school is included in any communications with parents. They should also provide parents/guardians with updated information about the school's response. The ER Team should also post a list on the school noticeboard, in the school newsletter and/or on the school website of mental health services families could contact.

In some cases schools may wish to hold a parent meeting. If one is to be held, specific guidance regarding how to conduct this is contained in Appendix A.

## Informing the wider community of the suicide

A nominated ER Team member should inform the following individuals or groups of the suicide, and the school's response, as soon as possible:

- The relevant education department or sector representative
- The police
- The school board/council
- Relevant external mental health services available to students or staff, especially those who could expect additional demand if the death occurs at the end of a school term
- Any service responsible for providing suicide postvention support (e.g. **headspace** School Support team or Standby)
- Any community response team that has been established in response to previous suicides
- Principals and school wellbeing staff members at schools that the deceased has recently attended, those attended by the deceased student's siblings or known close friends, or schools in neighbouring suburbs, where appropriate
- Local sports groups and other agencies that the deceased student was involved with.

## Identifying and supporting high-risk students

As a result of the suicide some students at the school may be at high risk of distress or suicide themselves. It is imperative that high-risk students are identified and supported as soon as possible. A nominated ER Team member should oversee and coordinate the identification, support and referral of high-risk students and maintain a list of high-risk students.

### Identification of high-risk students

All staff, including school wellbeing staff and external mental health professionals, should be on the lookout for high-risk students as soon as the school community is notified of the suicide.

Nominated staff members should:

- Ask students to tell them if they are worried about anyone who may be at high risk of suicide
- Circulate among students when they are using common areas of the school (e.g. hallways, cafeteria) in order to identify any students who need support.

Staff should pass on the following information to the nominated ER Team member and the school wellbeing team:

- Names and other relevant information about suspected high-risk students
- Any suicide-related rumours, notes, or messages circulating amongst the students
- Any student absences.

### Box 8: Who is at risk?

Students may be at risk and in need of support if they:

- Were close friends of the deceased student
- Had a negative interaction with the deceased student
- Appear to be in a severe state of distress
- Witnessed the death
- Display some of the broader risk factors and/or warning signs of suicide.

**DO NOT guarantee confidentiality to a student if you are concerned about their safety.**

## Supporting high-risk students

Different staff members will have different responsibilities when supporting and responding to high-risk students; it will depend on their relationship with the students and their role at the school.

Staff should support and respond to high-risk students and students in distress by:

- Listening in a non-judgemental and empathic way
- Remaining with them if they are highly distressed
- Encouraging them to talk to a trusted adult
- Referring them to the school wellbeing team and/or the nominated ER Team member.

All students who are identified as potentially at high-risk following the suicide should:

- Receive initial support from a member of the school wellbeing team
- Undergo an individual risk assessment
- Receive follow-up support from the school wellbeing team, who should also refer them to an external mental health service as appropriate.

The ER Team should decide who conducts individual suicide risk assessments, and develops safety and support plans. This will be influenced by the resources and staffing at the school. In every case individual suicide risk assessments, safety plans, and support plans should be developed in collaboration with a mental health professional.

For any student who undergoes a risk assessment, the person who conducted this should, in collaboration with the student, contact the parents/guardian and:

- Inform them that there has been a student suicide at the school
- Inform them that their child has undergone a risk assessment and the outcome of this
- Encourage them to discuss this with their child
- Advise them to remove access to means of suicide or harm (e.g. a sharp object) and/or alcohol or drugs
- Discuss warning signs that could suggest further difficulties for their child
- Suggest sources of help (e.g. external mental health services, online resources).
- Encourage them to contact the student's therapist or counsellor where one is already involved.

## Managing risk

Classroom teachers, ER Team members or school wellbeing staff may be required to respond to a range of situations. Some of these are outlined below along with recommended actions:

If a student expresses that they are **not able to keep themselves safe** or if their **behaviour** indicates that they are an **immediate danger** to themselves or others:

- **Do not** leave the student alone
- Contact their parent or guardian as soon as possible
- Remove access to any means of suicide or harm (e.g. a sharp object) and/or alcohol or drugs
- Contact an appropriate mental health service
- Take them to a member of the school wellbeing team, if appropriate
- Call 000 or escort them to the emergency department.

If a student expresses that they are able to keep themselves safe, but remains a cause for concern (e.g. showing symptoms or signs of depression, experiencing thoughts of suicide):

- Do not leave the student alone
- Contact the student's parent or guardian as soon as possible
- Contact an appropriate mental health service.

If a student is **absent from school without permission** and was considered to be at risk:

- Contact the student's parents
- Contact the police if there is concern for the student's safety.

If a student **is highly distressed and would like to go home**:

- Contact their parents
- Remain with them until their parents are able to pick them up from school.

## Documentation

The nominated ER Team member should keep a record of:

- Students who have been identified as high risk
- Students who have undergone an individual risk assessment and the outcomes of those assessments
- Safety and support plans developed
- Students who have been referred to external mental health services, and whether or not they arrived at the services to which they were referred to
- Any follow-up support provided to students.

### Box 9: How to set up a support room.

Where possible a support room should:

- Be set up in a small to mid-sized room and be quiet and out of the way
- Provide protection from noise, bright light, and high student traffic
- Contain water, tissues, fruit and tea
- Contain a sign-in sheet of the students who have accessed the room, enabling the school to check against the attendance role
- Contain safe activities, such as drawing materials, posters and games
- Contain information about appropriate support services.

#### Role of school staff

- The support room should be staffed at all times by a school wellbeing staff member and/or a staff member known to be approachable to students
- Support room staff should provide support to distressed students and monitor them after they leave the room to ensure that they either return to class, are collected by parents, or return to the company of supporting friends if during recess or lunch
- Classroom teachers should monitor student movement to and from the support room.

## Ongoing support of students

### Support room

A nominated ER Team member should set up one or more support rooms in the school. A 'support room' provides a safe, supervised space where students' grief and needs can be expressed, responded to and monitored. It should be available to any student at any time for the first few days after being informed of the death (see box 9).

### School-based counselling

The school wellbeing team should provide ongoing support to students who want it. If school-based counselling is not sufficient to meet a student's needs the school wellbeing team should refer to an external mental health service. If the demand for counselling exceeds the capacity of the school wellbeing team, the ER Team should arrange for external counsellors to come to the school for as long as needed.

## The teacher's role

If during the conduct of a normal class students ask questions, discuss, or express feelings about the death, the teacher should acknowledge feelings and give support. They should not be judgemental, criticise, blame, do most of the talking or make promises. Teachers should not take on the role of being a counsellor, conducting risk assessments or diagnosing students. Teachers who feel out of their depth should seek help from a member of the ER Team.

## Managing a student absence

If a bereaved student has been absent from school as a direct result of the death the nominated ER Team member should talk to them before they return to school. This conversation should focus on how they are feeling about returning to school and what support they might need.

## Ongoing support of staff

### All staff

The ER Team should compile a list of all staff members who had close contact with the deceased student, or who may be at high risk of distress for other reasons, and check if they need extra support.

The nominated ER Team member should:

- Organise on-site counselling in an appropriate location for staff who want it
- Encourage staff to seek appropriate support where needed (this may be internal or external)
- Arrange for several substitute teachers to be on hand to provide rotating coverage in case teachers need to take time out of their classrooms, or want to attend the funeral.

The principal or their designee should check in periodically with staff to ensure that everyone is supported as much as is feasible.

### Leadership team

If the principal or other senior staff needs additional support with their roles they should contact the relevant education department/sector representative requesting the appointment of an interim additional school leader.

### ER Team

In order to ensure that the wellbeing of the ER Team members is addressed, the designated leader of the ER Team should ensure that they have ongoing opportunities to discuss their feelings and receive support. They should also encourage them to seek appropriate support where needed (this may be internal or external).

## Dealing with the media

The ER Team should ensure a media spokesperson is designated to liaise with the media, as well as a back-up media spokesperson should the designated person be absent. The media spokesperson may be based in the relevant education department, region or in the school, depending on local policies. Any person designated as a media spokesperson should have media training.

If the media spokesperson is based within the school they should liaise with the relevant media spokesperson at the education department. If they are based at the relevant education department, a nominated ER Team member should provide them with a copy of the ER Plan.

The ER Team should not allow media representatives to conduct interviews on the school grounds. When liaising with the media the spokesperson should follow national guidelines for the reporting of suicide (see box 10), and refer media representatives to them. Any media statement should express the school's sympathy and include information about the school's response. All information contained within the statement should be approved by the principal.

### Box 10: Reporting of suicide in the media

- Decide whether to report
- Reduce prominence
- Modify or remove information that may increase risk
- Take care interviewing family and friends
- Apply cultural considerations
- Minimise details about method and location
- Place the story in context and ensure accuracy
- Choose appropriate language
- Apply recommendations to online content.
- Present information about suicide in ways that may be helpful.

Adapted from the Mindframe for media professionals quick reference guide (<http://www.mindframe-media.info/for-media/reporting-suicide?a=10012>)

## Internet and social media

### Using the internet and social media positively

If the school has a website and/or social media presence the ER Team should use these to proactively communicate with students, teachers, and parents about sources of help within the school, external mental health and crisis services (e.g. Kids Helpline). This list should also include organisations that promote positive mental health and wellbeing (e.g. ReachOut.com, **eheadspace**, **beyondblue**).

When communicating about the death using the internet or social media the school should follow guidelines for responsible reporting of suicide (see box 10).

### Monitoring and responding to inappropriate use

The ER Team should monitor student use of social media for rumours, information about upcoming or impromptu gatherings, derogatory messages about the deceased student and messages victimising or bullying current students.

If required the nominated ER Team member should:

- Speak directly with students who have posted inappropriate comments
- Dispel rumours
- Contact parents if any students indicate that they may be at risk
- Contact emergency services and/or parents when information posted online may provoke anti-social behaviour in the community or indicate risk to a person's safety.

The ER Team should remind students about the possible risks of online memorials (e.g. comments may become public without their permission, online memorials can attract negative & hurtful comments, anything that romanticises suicide can be harmful to students at risk) and inform them that they should talk to a trusted adult about any inappropriate or concerning comments.

The ER Team should inform students that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication.

A nominated ER Team member should contact administrators of social media groups or pages that honour the deceased student and ask them to:

- Ensure that the page includes safe messaging and accurate information
- Avoid material that may glorify, vilify, or stigmatise the deceased student or their death
- Monitor and remove any inappropriate (e.g. hostile or inflammatory) comments
- Report any concerning comments made by the school's students to a nominated ER Team member.

#### Box 11: Parent and staff social media use

- The ER Team should advise **school staff not** to engage in online discussions specifically about the death, and instruct them not to post any content on social media about the death
- The ER Team should speak directly with **staff members and/or parents** who have posted inappropriate comments
- The ER Team should also advise **parents** to monitor their children's use of social media for inappropriate or concerning comments, and provide parents with links to suicide prevention or mental health information to post on their own social media pages if they wish.

## The deceased student's belongings

A nominated ER Team member should:

- Secure the student's locker as soon as possible, to preserve the contents for the family or police as appropriate
- Ensure that the deceased student's locker is emptied when other students are not present and that they have approval from the family and/or police
- Arrange for the deceased student's belongings to be collected and stored safely in a respectful container (not a plastic bag)
- Talk to the deceased student's family to determine a mutually agreeable date and time to return the belongings in private. If the family collects the belongings from the school the nominated ER Team member should be present to assist and provide support if necessary
- Ensure that the name of the deceased student (and parents where appropriate) is removed from any school mailing lists, individual class rosters etc.

If there is an empty chair/desk in the classroom that would normally have been occupied by the deceased student, in consultation with the ER Team, the teacher should decide what is to be done with the seat/desk and inform the class.

## Funeral and memorial

Funerals and memorials can provide opportunities to acknowledge the death but may also be difficult times and, if not dealt with carefully, can be distressing for some students. In this section we refer to a funeral or memorial service held by the family, a memorial service held by the school, and memorial sites, which may be on or off school grounds, and may be school or student initiated. Please note that memorial services can also be referred to as 'Remembrance events'.

### Funeral/memorial service held by the family

After seeking permission from the family of the deceased student a nominated ER Team member should communicate with the person running the funeral or memorial service (e.g. funeral director, religious leader) about:

- Student attendance at the service
- Any materials that the school could provide to staff and students to help them prepare for the service
- Available resources for the person running the funeral or memorial service pertaining to how to talk to young people about suicide
- The route of any funeral procession (e.g., avoid going by the school, if possible).

A nominated ER Team member should ensure that the following information about the funeral or memorial service is conveyed to *students and staff*:

- The family's wishes regarding staff and student attendance at and participation in the service
- Location and time of the service
- What to expect (e.g. whether there will be an open casket)
- Guidance regarding how to express condolences to the family
- Policy for releasing students during school hours to attend.

**Box 12: Student attendance at funeral**

- If the funeral or memorial service is held during school hours the ER Team should keep to the school's regular routine.
- All students should not be required to attend and those who do should have parental permission
- Those who do not should attend classes as usual.

One or more members of the ER Team should attend the funeral or memorial service to supervise those students attending and ensure support is available before, during and after the service, especially for those who have played a role in the proceedings (e.g. as a pall bearer or speaker). If appropriate, the nominated ER Team member should inform police about any safety concerns regarding the funeral or memorial service.

The school should avoid allowing the funeral or memorial service to be held on school grounds, unless this is consistent with what has been done for other deaths or appropriate given the school's faith.

**Memorial service held by the school**

Sometimes schools may decide to hold a memorial service in addition to any funeral/memorial service held by the family. If this is the case:

- The ER Team should inform the family of the deceased student that the memorial service will be occurring
- It should be open to the whole school, but attendance should be optional
- It should take the form of any other memorial service for a student death
- It should not glorify the death
- The ER Team should monitor student reactions and follow up with any students who appear distressed.

**Box 13: Monitoring memorial sites****On school grounds....**

A nominated ER Team member should:

- Monitor any memorial site on school grounds for objects or messages that are inappropriate (hostile or inflammatory) and remove them
- Monitor the site for messages that indicate students who may be at high risk
- Offer memorial objects to the family at an appropriate time
- Ensure that any messages or objects given to the family are appropriate.

**Off school grounds....**

- A nominated ER Team member should inform the police if they become aware that students have established a memorial off school grounds and are concerned about the safety of students congregating near any memorial site (e.g. if the memorial is near a railway line).

**Memorial sites**

The ER Team should inform staff about appropriate ways of grieving and honouring the deceased student. School staff should be aware that any memorial sites or activities could be distressing to others or seen by vulnerable students as a way to receive recognition for suicide.

A nominated ER Team member should sensitively explain to students the purpose of a memorial site or activity and the rationale for permitting certain kinds of memorials and not others.

The ER Team should ensure that any memorial sites or activities do not glorify, vilify or stigmatise the deceased student or their death, and are the same as they would be for a non-suicide death. They should also ensure that any memorial site or activity is culturally appropriate.

If a memorial site is spontaneously created on school grounds the ER Team should decide if it is in a suitable location and, if not, enlist key students to help move items in a respectful way to a "designated" memorial site.

## Yearbook and newsletter

If a page of the yearbook is dedicated to the deceased student it should be consistent with what would be dedicated to any deceased student, regardless of their popularity or cause of death. The ER Team and the deceased student's family should approve all content.

A nominated ER Team member should ensure that any acknowledgment of the death or coverage of memorial activities in a school newsletter follows national guidelines for the reporting of suicide in the media (see box 10).

## Continued monitoring of students and staff

School staff should continue to monitor high-risk students for at least 6 months and, less intensely, for 1 to 2 years thereafter.

The ER Team should:

- Talk to staff periodically about how to identify and support high-risk students in the weeks and months following the death
- Arrange for the staff to review the status of high-risk students and determine the need for further intervention approximately 1 to 2 months after the death
- Monitor the attendance, changes in behaviour, moods, choice of friends, and schoolwork/grades of high-risk students and follow up accordingly
- Ensure that external mental health professionals are kept informed of any significant changes in students who are their clients
- Make students, families, and staff aware of the continuing availability of any support services.

The school wellbeing staff should meet with any students identified as requiring further support, while a nominated ER Team member should meet with any staff identified as requiring further support.

### Box 14: Planning for significant events

- The ER Team should plan if and how the deceased student will be honoured at any graduation and award ceremonies and a nominated ER Team member should discuss this with the family.
- They should also plan ahead for anniversaries and other significant dates or events that are likely to be potentially distressing (e.g. coronial inquest, at anniversary dates such as the date of the suicide or the birthday of the deceased student, graduation, school formal).
- During these periods the ER Team should increase efforts to monitor high-risk students and staff.

## Documentation

A nominated ER Team member should clearly document all postvention actions taken by the school as soon as possible, regardless of whether the suicide occurred on or off of school grounds. This should include:

- All decisions and actions of the ER Team
- Dates and times of all actions take
- Those students identified as being at high risk and any referrals for support
- Content of ER Team, staff, and parent meetings
- All communication with external agencies (e.g. police, coroner, mental health services).

The ER Team should ensure that all documentation is:

- Time dated
- Signed by the person who prepared it
- Limited to factual information and does not contain judgements, views or opinions
- Securely stored.

## Critical Incident Review

The ER Team should conduct a critical incident review several months after the death, once the school has returned to equilibrium.

The review should be conducted in three stages:

Stage 1: Gather data on staff views – a nominated ER Team member should ask staff for their views on how the school has managed the response to the suicide

Stage 2: Compile the data and feed it back to the ER Team

Stage 3: ER Team meet to discuss staff feedback and overall postvention response.

The critical incident review meeting should include:

- An acknowledgment of the efforts of the school community and verbal appreciation for those who assisted in the postvention
- A review and evaluation of the ER Plan, including whether or not it addressed all critical components of postvention.
- Discussion of what has worked well, as well as recognition of what challenged the ER Team

Identification of future training needs for staff

- Development of a communication plan for the review outcomes (e.g. who will be told and how)
- Information regarding where ER Team members can go to discuss their own reactions to the death and postvention process and share their own emotional experiences
- Development of an implementation plan for agreed actions.

A nominated ER Team member should take notes of any critical incident review meeting, including all actions taken and recommendations. The ER Team should then use the outcome of the critical incident review to update the ER Plan.

## Annual review of the ER Plan

Regardless of whether there has been a student suicide, the ER Team should review the ER Plan annually to update roles and contact details. An overview of the ER Plan should be disseminated to all school staff and the ER Team should remind all staff of the ER Plan at the beginning of each school year.

## Future prevention

Schools are likely to vary in terms of when they implement future suicide prevention activities. The timing of such activities should be judged according to the specific needs of the school community.

To restore the long-term wellbeing of the school community the ER Team should:

- Audit current curriculum for any social and emotional health and wellbeing content and augment this where necessary
- Consult with students, staff, and parents (e.g. through focus groups and/or surveys) to generate ideas for improving the health and wellbeing of the school community and work with student leadership groups/student council/parents and staff to implement these.
- Be provided with opportunities for ongoing relevant training (e.g. in mental health, suicide prevention, crisis management).

The school should organise the following prevention activities:

*For staff*

- A general mental health awareness program to educate staff on symptoms, risk factors, and sources of help for common mental health problems in young people
- A suicide awareness program to educate staff on how to identify and refer students who may be at risk of suicide
- More comprehensive training for school wellbeing staff on how to identify, assess and support students who may be at risk of suicide
- Workshops on stress reduction, coping techniques and positive mental health.

*For students*

- A general mental health awareness program to educate students on symptoms, risk factors and sources of help for common mental health problems
- A mental health awareness program about how to support a peer
- Workshops on stress reduction, coping techniques and positive mental health.

*For parents*

- Parent sessions on mental health and wellbeing issues, provided by the ER Team regularly throughout the year.

## Appendix A: Guidance for holding a parent meeting

Due to the lack of consensus related to parent meetings the Suicide Postvention Guidelines do not prescribe actions in relation to this. Instead, the guidelines acknowledge the need to take into account the local context and culture, and encourages schools to access available community expertise. At all times the underlying aim of the guidelines should be at the forefront of a school's response; to ensure the wellbeing of all staff and students.

Some schools may wish to hold a parent meeting to further address the suicide. The school leadership team and/or ER Team should decide who conducts this meeting.

Before the meeting begins the nominated ER Team member should ascertain whether there are any media representatives in the audience and determine if they are to remain for any or all of the meeting.

The meeting should include the following:

- An outline of the purpose and structure of meeting
- An introduction of the ER Team members.
- An expression of sympathy
- Information about the death, as agreed by the ER Team in consultation with mental health and/or suicide prevention/postvention experts
- A discussion of the impact of suicide, the principles of postvention, and the school's ongoing role
- Information about the risk of suicide contagion
- A discussion of the range of emotional reactions that people may have to the death
- Information about warning signs of suicide in young people, how to identify students who may be at increased risk, and an explanation of how the school will identify and support high-risk School Support

A nominated ER Team member should arrange for the following people to attend any parent meeting:

- The principal
- The relevant year level coordinator
- School wellbeing staff
- Representatives from external mental health services
- Mental health professionals from the relevant education department, where available.

School wellbeing staff and representatives from any external mental health service should be *available to talk to parents* following the meeting.

## Appendix B: Panel members

1. Mr Karl Andriessen, School of Psychiatry, University of New South Wales, Australia
2. Ms Gabriel Baldwin, National Education Advisor **headspace** School Support
3. Mrs Christina Barrett, District Guidance Officer, NSW Department of Education
4. Dr Warren Bartik, University of New England
5. Mr Steven Brooke, **headspace** School Support State Coordinator
6. Dr Julie Cerel, University of Kentucky, College of Social Work, American Association of Suicidology
7. Mr Adam Clay, **headspace** School Support State Coordinator
8. Dr Franci Crepeau-Hobson, University of Colorado Denver
9. Dr Sharon des Landes, **headspace** School Support Coordinator
10. Mrs Jenny Edmonds, Statewide School Psychology Services, Department of Education, Western Australia
11. Ms Jill Fisher, StandBy Response Service
12. Ms Karen Fletcher, National Clinical Advisor **headspace** School Support
13. Ms Joanne L. Harpel, JD, President Coping After Suicide, LLC
14. Mrs Bianca Hegde, **headspace** School Support State Coordinator,
15. Dr Karolina Krysinska, NHMRC Centre of Research Excellence in Suicide Prevention, Black Dog Institute
16. Mrs Megan Lucas, School counsellor
17. Associate Professor Myfanwy Maple, University of New England
18. Mr Craig McDonald, School Counsellor, Shepherdson College, Elcho Island NT
19. Ms Iris Nastasi, Principal of Clancy Catholic College. (CEO Sydney)
20. Mr John O'Rourke, Principal Taroona High School, Tasmania
21. Graham Parry, Principal Education Officer, Networked Specialist Centre Facilitator Nowra, Department of Education NSW
22. Ms Heather Paterson, Principal Campbell High School, ACT Education and Training Directorate
23. Miss Bianca Raby, **headspace** School Support State Coordinator
24. Ms Stacey Roy, National Clinical Advisor **headspace** School Support
25. Miss Yaël Seth, Department of Education, Western Australia
26. Ms Marianne Siokos, Principal Public Schools NSW
27. Dr Vicki Trethowan, Churchill Fellow)
28. Ms Denise Wilson, **headspace** School Support State Coordinator

There were additional Panel Members in this study however they did not provide consent for their details to be published in this report.





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