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

GOVERNMENT OF WESTERN AUSTRALIA
Department of Education
AISWA
CATHOLIC EDUCATION WESTERN AUSTRALIA

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We acknowledge and respect the Traditional Custodians of the lands and waters on which our students live and are educated throughout Western Australia.

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This material is available on request in appropriate alternative formats.

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Preface

Suicide and non-suicidal self-injury (NSSI) are sensitive topics. The impact of suicidal behaviour and NSSI is profound over the short, medium and longer term and some people may find parts of this content confronting or distressing. If this material raises concerns for you, refer to your organisation's Employee Assistance Program, **Lifeline** on 13 11 14 or **13YARN** on 13 92 76.

Aboriginal and Torres Strait Islander readers are advised that information relating to Indigenous suicide, suicidal behaviour and NSSI is included.

Childhood and adolescence are critical periods in terms of health and wellbeing. While not all students will experience concerns, early experiences such as serious emotional or psychological distress, exposure to trauma and cumulative harm and other adverse childhood experiences can have critical and lasting effects on health outcomes, including mental health[1,2]. Without support, these factors can lead to an increase in the risk of mental health problems and, in some cases, suicidal behaviour or NSSI[3].

The *School Response and Planning Guidelines for Students with Suicidal Behaviour and Non-Suicidal Self-Injury* support staff in schools and residential settings throughout Western Australia (WA) to identify and effectively respond to suicidal behaviour and/or NSSI in students.

How to use this document

These guidelines should be used in conjunction with existing systems, local policy and guidance and in consultation with professionals with specialist knowledge in mental health. They complement but do not replace skills and knowledge gained through training such as Gatekeeper Suicide Prevention. These guidelines are not intended as clinical guidance.

Given the wide variety of settings connected to school-aged students accessing education throughout WA, including residential settings, this guidance has broad applicability. Where possible, contextualisation to these settings has been provided.

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Key terminology

The following terms are defined in the context of guidance for schools and residential settings:

CALD	An acronym for Culturally and Linguistically Diverse, referring to someone with a refugee or migrant background.
Cultural responsiveness	Cultural responsiveness is the ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own, and demonstrating this with proficiency. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships.
Cultural safety	Cultural safety is multifaceted and can be defined in many ways. It is about respectful environments, relationships, experiences, and services and is *determined* by Aboriginal and Torres Strait Islander people. Cultural safety is about creating an environment that is safe for Aboriginal people, where there is no assault, challenge or denial of their identity and experience[4]. A culturally safe environment is culturally, psychologically, spiritually, physically and emotionally safe for Aboriginal people[5].
Imminent risk	A crisis or urgency requiring constant supervision and immediate action.
LGBTIQA+	An umbrella term used to describe people who are lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual or otherwise not heterosexual, cisgender or with innate variations of sex characteristics.
Non-suicidal self-injury (NSSI)	The act of deliberately injuring oneself without suicidal intent. Sometimes referred to as self-harm or self-injury.
Postvention	Postvention refers to steps taken after a death by suicide and forms part of an overall response to suicide, comprising of prevention, intervention and postvention measures[6].
Residential setting	A term used in these guidelines to refer to boarding schools, residential colleges and WA Colleges of Agriculture.
Risk management planning	Organisational planning in response to identified and/or foreseeable risk of a student's suicidal behaviour and/or NSSI. Planning assists with maintaining student safety in a school, residential setting or when engaged in activities managed by the school or residential setting (e.g. excursions, camps, after hours activities). Risk management planning for a student may be documented in a number of ways, including a risk management plan to enhance safety.

Risk management plan (RMP)	An organisational plan which outlines strategies to manage identified and/or foreseeable risks of a student's suicidal behaviour and/or NSSI on a school site, residential setting, or engaged in related activities, such as camps and excursions. The plan is individualised to the student and supports safety.
Safety plan	A person-centred plan developed in collaboration with a child or young person with an aim to maintain safety and support recovery. The strategies and supports outlined in the plan are matched to the student's circumstances and needs. This is different to a risk management plan, although both support student safety.
Schools	All education related settings for students inclusive of residential settings.
Self-care	Strategies and practices staff can utilise to enhance resilience and maintain wellbeing while at work.
Social transmission	The phenomenon where one suicide in a community (geographic or psychosocial) can increase the risk of subsequent suicides. This is sometimes referred to as social contagion or further suicidal behaviour. Social transmission is also relevant to NSSI.
Student	Child or young person enrolled in a school or residential setting.
Suicidal behaviour	Actions or planning towards causing one's own death, including suicidal ideation, suicide-related communications (both verbal and non-verbal), expressing suicidal intent, suicide attempts and suicide.
Suicidal ideation	Having thoughts about ending one's life. Can also be referred to as suicidal thoughts.
Suicide	A deliberate act to end one's life that results in death.
Suicide attempt	A deliberate act to end one's life that does not result in death.
Suicide risk assessment	Explores a person's thoughts, feelings and actions in a safe and culturally responsive way, to gain an understanding of their current situation, ascertain suicide risk at the present time, and identify actions to support student safety and plan ongoing support needs.

Introduction

"Everyone has a role in suicide prevention. Reducing the rate and impact of suicide in our communities requires a whole-of-population commitment."

Western Australian Suicide Prevention Framework 2021-2025, page 1

The World Health Organisation defines mental health as 'a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community'[7].

Maximising students' social and emotional outcomes by providing engaging, safe and supportive learning environments is a priority for all school staff. There is evidence to suggest school-based interventions and mental health promotion can prevent and reduce NSSI, suicidal ideation, and future suicide attempts[8,9].

Encouraging understanding of mental health issues among students and staff, promoting help-seeking options with caring adults and working in collaboration with external services, families and communities, supports student care and protection while at school or in a residential setting.

Helpful language when communicating about suicide

Choose words that can reduce stigma and harm when communicating about suicide.

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✘ 'successful suicide' ✘ 'unsuccessful suicide'	✔ 'died by suicide' ✔ 'took their own life'
Associating suicide with crime or sin	✘ 'committed suicide' ✘ 'commit suicide'	✔ 'took their own life' ✔ 'died by suicide'
Sensationalising suicide	✘ 'suicide epidemic'	✔ 'increasing rates' ✔ 'higher rates'
Language glamourising a suicide attempt	✘ 'failed suicide' ✘ 'suicide bid'	✔ 'suicide attempt' ✔ 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✘ 'political suicide' ✘ 'suicide mission'	✔ refrain from using the term suicide out of context

Everymind (2020). *Reporting suicide and mental ill-health: A Mindframe resource for media professionals.* Newcastle, Australia.

Non-suicidal self-injury (NSSI)

NSSI, sometimes referred to as self-harm, describes the direct, deliberate act of harming oneself without intent to die[10]. NSSI injuries can vary from very mild to severe[11]. Any instance, regardless of severity, should be followed up.

People report self-injuring for a range of reasons, with the most common being to regulate difficult or unwanted emotions[12]. Less commonly, people may self-injure to communicate with or influence others – it's important to remember that this behaviour is likely a form of help-seeking[13].

NSSI is considered to be a strong predictor of future suicidal behaviour[14]. *Growing up in Australia: The Longitudinal Study of Australian Children* (LSAC) found that:

Approximately **30%** of young people aged between 14-17 years had thought about NSSI

18% had engaged in NSSI

Of those that engaged in NSSI, **2/3** had attempted suicide by age 17[15]

Without thorough assessment, it is difficult to determine the intent of a student's self-injurious behaviour.

NSSI and suicidal behaviour can also co-occur[16]. To add to the complexity, the same behaviour may be NSSI on one occasion and suicidal behaviour on another. Any instance of self-injury should be followed up.

Suicidal behaviour

In 2023, suicide was the leading cause of death for children aged between 5-17 years in Australia. In this age group, the rate of death of Aboriginal and Torres Strait Islander children is 3 times that of non-Indigenous children[17]. According to Australian population estimates, 7.5% of adolescents aged between 12-17 report experiencing suicidal ideation at some point in their lives, with 2-4% having attempted suicide[18].

Suicidal behaviour includes suicidal ideation (e.g. thoughts, desires, or preoccupations with death) and self-injurious behaviour with the intent to end one's life, including planning one's suicide and attempting suicide. Contemporary theories of suicide recognise suicidal behaviour as the result of a complex interaction of risk and protective factors, early life adversity, and stressful events[19].

Young people, who are curious about death or who experience ongoing suicidal thoughts, may not go on to attempt suicide. However, suicidal ideation and NSSI are amongst the highest predictors of future suicide attempts, highlighting the importance of recognising and responding to disclosures of suicidal thoughts and NSSI as soon as possible[20].

Section 1

Preparedness to respond

"Suicidal behaviour is complex. Many factors and pathways may lead a person to attempt to take their life. In the pursuit of effective suicide prevention strategies, no single activity stands out above others. With the implementation of a range of strategies that focus on lowering the risks and increasing the protective elements, many suicide deaths can be prevented."

Western Australian Suicide Prevention Framework 2021-2025, page 10

Mental health and wellbeing promotion

Promoting universal mental health and wellbeing within a school or residential setting can help to raise awareness of the importance of good mental health, promote positive relationships, reduce stigma, develop helpful coping strategies and instil values such as care for self and others.

Universal approaches may involve:

- implementing overarching frameworks promoting mental health and wellbeing
- culturally safe and responsive practices encouraging supportive and inclusive environments for students, their families and staff
- promoting programs for staff and students increasing understanding of mental health concerns, reducing stigma and encouraging help-seeking
- implementing evidence-based social and emotional programs for students.

Additional resources available include the **Australian Student Wellbeing Framework**, **Be You**, the **Social and Emotional Wellbeing (SEWB) Framework**, and the **Student Wellbeing Hub**.

Staff are encouraged to refer to relevant sector and school guidance to determine evidence-based programs and frameworks that best suit the context of their setting and the needs of their students.

In preparing to respond, schools and residential settings can:

- promote universal mental health and wellbeing using evidence-based frameworks/programs
- establish roles and responsibilities
- identify nominated staff members
- access appropriate training
- support staff wellbeing
- develop partnerships with families and service providers
- understand information sharing to support student wellbeing and safety
- understand principles of safe communication about suicide.

Establishing roles and responsibilities

Coordinated responses in schools and residential settings can include:

- providing staff with information about mental health and wellbeing, suicidal behaviour and NSSI[21]
- clarifying staff roles and responsibilities in identifying and responding to suicidal behaviour and NSSI
- identifying nominated staff member/s who are informed when there is a concern about suicidal behaviour and NSSI
- improving staff familiarity with these guidelines, other relevant systems, local policy and guidance, e.g. duty of care
- clearly establishing processes for:
  - student services teams
  - responding to disclosures
  - suicide risk assessments
  - school planning including risk management planning
  - case coordination
- documenting information and actions taken
- establishing incident management processes, including postvention planning.

Nominated staff member/s

The term ‘nominated staff member’ refers to the staff member/s who need to be informed when there is a concern regarding suicidal behaviour or NSSI. The nominated staff member will vary from setting to setting and is routinely on the site, for example the principal, deputy principal, student services or other support staff, class teacher or a combination of these. In residential settings, this may include the principal, manager, overnight coordinator or other support staff.

Training

Training is recommended for key staff across all school settings. This may be particularly relevant in roles and responsibilities such as those undertaken as part of student services teams.

Some staff may benefit from further knowledge and skills due to their roles and responsibilities which could include training in:

- cultural competency to build culturally responsive and culturally safe practices
- trauma informed practices
- LGBTIQA+ inclusive practice training
- supporting students with disability
- mental health awareness
- case management
- suicide risk assessment and prevention (e.g. Gatekeeper Suicide Prevention)
- incident management.

In determining training needs at a whole-school, site and individual staff level, leaders are encouraged to consider:

- local context and community needs
- staff understanding of mental health
- preparedness to respond to disclosures of suicidal behaviour and NSSI, including availability of staff trained in suicide risk assessment
- preparedness to respond to a student suspected suicide.

Staff wellbeing

Wellbeing is a shared responsibility between individuals and workplaces. Staff wellbeing needs are diverse, can change over the lifespan, and are influenced by stressors and protective factors both within and external to the workplace[22].

Workplaces which support staff health and wellbeing, create an environment where staff feel a sense of purpose and connection to their work, are valued, have growth opportunities and can ask for help when needed. The wellbeing of staff and students is increasingly understood to be connected, where healthy workplace culture can improve staff ability to effectively support young people in their care[23]. Leaders can seek further information about their organisation's staff wellbeing strategy through the relevant education sector.

In addition to whole of setting approaches which facilitate and promote a healthy wellbeing culture, it is important for staff to be aware of their own professional and personal needs and to seek support as needed. Staff can use available collegiate support within their own networks and organisation, or personal support through their employer's current Employee Assistance Program or an external support agency.

Some wellbeing resources available online are:

- **Beyond Blue: Work and mental health**
- **Be You: Staff wellbeing**
- **Black Dog Institute: Wellbeing**
- **National Mental Health Commission: Blueprint for mentally healthy workplaces**
- **Social and Emotional Wellbeing (SEWB) Framework**
- **WellMob: Resource sheets for workers**.

In a crisis:

- **13YARN**: 13 92 76 - Crisis support and resources for Aboriginal and Torres Strait Islander people
- **Lifeline**: 13 11 14 - Crisis support and resources.

Partnerships with families and service providers

Schools and residential settings are a vital link between students, their families, and mental health support services. They provide education and resources to parents and carers, facilitate conversations between students and their immediate support networks, assist students and their families to access external agencies and offer support to students in crisis.

Schools and residential settings can:

- work in partnership with families and carers by establishing and maintaining respectful and trusting relationships
- seek relevant cultural guidance and expertise, where able and appropriate, when supporting young people and families
- create environments that are safe and inclusive
- establish local partnerships with agencies and other external service providers
- work collaboratively with service providers to support young people with complex needs and their families.

Sharing information

Although staff cannot keep disclosures or concerns about NSSI or suicidal behaviours confidential, keeping students appropriately informed about when and what information will be shared can help to reduce concern and distress. All staff should take care not to make any promises of confidentiality they cannot keep.

Respecting student confidentiality is an important professional consideration in the care of a young person. Gaining consent to exchange information with external providers supports collaboration for decision making and planning to improve student safety.

There are times when consent is not able to be obtained or is withheld. In general, there is sufficient reason to share information without consent when maintaining confidentiality puts the wellbeing of a young person at further risk and disclosure minimises the threat of harm. *The Children and Community Services Act*[24] allows for relevant information to be shared in specific circumstances for the purpose of establishing and maintaining the safety and wellbeing of a person.

Staff should seek consultation and refer to the relevant education sector or school guidance to determine when information can be shared without consent. The consultation and reasoning supporting this decision should be recorded.

Psychologists, chaplains, social workers, nurses, and other staff who work in schools and residential settings may have additional responsibilities outlined by their professional organisation regarding information sharing.

An example template designed to record a shared understanding of the consent given and access to information for schools and residential settings is available (**Appendix 1 - Consent for schools or residential settings to exchange information with external providers**).

Safe communication in classrooms

Providing information and educating students about suicide prevention is important, however, this needs to be delivered with care[25].

Conversations may naturally arise in the context of the broader curriculum, including classroom discussions, novels, films and mental health and wellbeing programs. When this occurs staff should:

- avoid normalising or glamorising suicide by describing it as an understandable solution to a significant life event or by describing it as heroic or altruistic behaviour
- avoid conversations that describe how a person died by suicide, as this may increase knowledge about methods of suicide and their lethality
- emphasise the availability of help and encourage people to seek help, highlight the impact of the loss on people left behind and discuss that suicide is the result of multiple stressors and risk factors.

> "The way we do and don't talk about suicide can have a direct impact on those around us."
> Retrieved from Mental Health First Aid International (2025)

Conversations and presentations specifically regarding suicide in any public forum, including schools and school groups, require careful preparation and monitoring of impact on young people with underlying and unidentified vulnerabilities. Staff may not always be aware of individuals affected by suicide and NSSI, or those who could find focused attention on the topic distressing.

Planning in advance of these presentations can also be undertaken to improve preparedness to respond to disclosures of suicidal behaviour or NSSI, which might look like:

- considering the timing of the delivery of presentations in the context of local community events/incidents that may have recently occurred
- reviewing the presentation materials ahead of time to ascertain how evidence-based and appropriate it is for the intended audience, including cultural appropriateness
- ensuring there are adequate staff to support during and after the presentation
- preparing staff for responding appropriately should a student become distressed or disclose concerns with suicidal behaviour or NSSI, including who to refer students to for support
- informing parents/carers of the presentation ahead of time, providing the opportunity for their child to opt out, and disseminating school contact information to address any concerns or questions that arise before or after the presentation
- providing students with information on what to expect from the presentation and letting them know what their support options are during and after the presentation, including staff they can connect with
- providing students with crisis lines and mental health resources and encouraging them to seek help if needed.

Caution with the use of screening tools and student involvement in suicide prevention research

The recommended approach for identifying vulnerable individuals is through individual psychosocial assessment such as the Gatekeeper suicide risk assessment framework or similar, which can be conducted by trained school staff when concerns are identified. This approach facilitates gathering prevention-oriented information so steps to support safety can occur [26]. To complement this approach, information and support in accessing school-based and community services can also be provided to encourage help-seeking and facilitate access to services for students who may not be otherwise identified.

The use of whole school or cohort specific screening tools and measures is sometimes considered by schools as a means of identifying young people at risk of suicide who have not sought help or are not already receiving services. However, both individual assessment and screening tools can only provide a snapshot of an individual's wellbeing at the time. Suicide risk is not static, it can change over time and is sensitive to dynamic factors such as stressors and precipitating events.

Problems arising from screening tools and measures include falsely identifying that a student is at risk when they might not be, and conversely, not identifying a student who does need help[27]. These measures also do not account for the fact that unforeseeable events can dramatically change an individual's risk in a short period of time. Disclosures of suicidal behaviour or NSSI gained through the completion of screening tools and measures need to be followed up and addressed, once identified.

Research proposals involving students, including those seeking to understand suicidal behaviour and NSSI, should be carefully considered, especially around the capacity of the school and researcher to respond to disclosures as they arise or during analysis of data collection.

Schools should ensure their organisation's requirements have been followed, including necessary ethics approvals. Understand consent requirements for involvement of both students and parents or carers and consider the timely response to disclosures of suicidal behaviour and NSSI. Consult with an appropriate mental health professional if considering allowing research or the use of these tools or measures in your setting.

Section 2

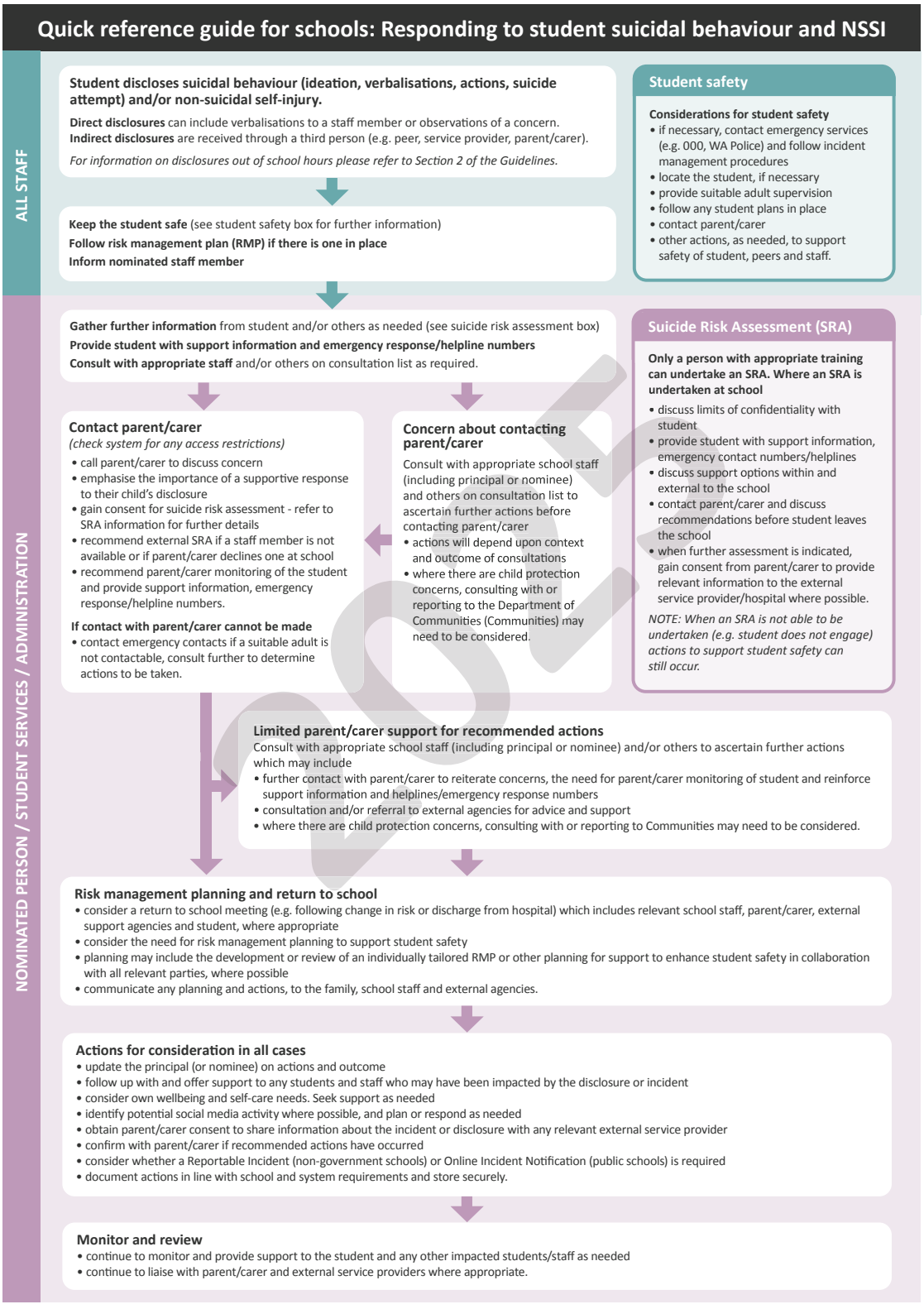
Responding

"Connecting people who experience suicidal distress with supports is vitally important in preventing suicide."

National Suicide Prevention Strategy 2025-2035, page 44

Quick reference guide for schools: Responding to student suicidal behaviour and NSSI

This flowchart (also in **Appendix 2**) is a quick reference guide to be used in conjunction with Section 2 (Responding) of these guidelines. Access **Appendix 3** and **Appendix 4** for consultation contacts for school staff and parent/carer and student support.



Indicators of concern

Most people considering suicide indicate that they are not coping, however in some circumstances, there are few or no observable signs. Ignoring any signs or interpreting signs as attention seeking behaviour becomes a barrier for students expressing their needs to someone who can help.

As students spend a significant amount of time at school, school staff have opportunities to notice indicators of concern and to support students who may be at risk of suicidal behaviour or NSSI.

While indicators of concern do not always mean a student may be at risk of suicidal behaviour, NSSI, or require a suicide risk assessment, they could be indicative of other wellbeing concerns requiring follow-up and support. Staff should refer to their relevant sector guidance and consult further as needed.

Some examples of indicators of concern may include:

- changes in activity and mood
- poor emotional regulation
- withdrawal from usual or previously enjoyed activities and daily interactions
- decrease in academic performance
- difficulty concentrating or making decisions
- communications of thoughts about death or suicide
- negative view of self or world
- significant tiredness or loss of energy
- grief and loss responses
- peer conflict or withdrawal
- persistent or sudden absence from school
- sudden weight loss or gain
- change in appearance (such as no care or sudden care for clothes, hair, makeup)
- unexplained injuries such as cuts, burns, bruises
- using clothing to cover up which may be incongruous to the context (e.g. weather) and not linked to religious or cultural reasons
- changes in eating or sleeping
- trauma responses
- risk-taking behaviour
- alcohol and/or other drug use
- any other sudden, unexpected or concerning changes.

While the presence of these indicators may not be evidence of suicidal intent or NSSI, any concern that suggests a student is at risk of harm to themselves, to others, or from others, requires follow-up to identify actions to maintain or improve safety.

Suicide risk assessment

Any concern with student suicidal behaviour or NSSI requires action. Responding, asking questions and gathering further information helps to clarify the concerns and identify the actions needed to improve the safety and wellbeing of a student.

A suicide risk assessment requires the exploration of thoughts, feelings and actions of an individual, in a safe and culturally responsive way, to gain an understanding of their current situation, ascertain suicide risk at the present time, identify actions to maintain safety and to plan ongoing support needs.

Underlying the risk assessment framework is the crucial assumption that suicide is preventable. It may not be possible to prevent every suicide, however, assessing risk, sharing information, coordinating actions and planning enhances positive outcomes.

When there is concern a student may be at risk of suicidal behaviour or NSSI, a suicide risk assessment needs to be immediately considered. In a school or residential setting, a staff member, who has completed appropriate training in suicide risk assessment such as Gatekeeper Suicide Prevention training (or equivalent), is able to conduct a suicide risk assessment. Some staff, such as school psychologists, will have additional responsibilities outlined by their professional organisation relating to informed consent that need to be considered prior to undertaking a suicide risk assessment.

Schools and residential settings are encouraged to consider their local context and needs when determining staff training requirements. Suicide risk assessment by an external provider (e.g. general practitioner, mental health provider, hospital) may also be recommended.

As the risk of suicide is dynamic and can change rapidly, risks cannot be eliminated, only minimised. Risk assessments are limited to a 'snapshot' of presenting issues that are sensitive to triggers in the environment and current individual presentation. In an education setting, suicide risk is best understood by gathering relevant information rather than assigning a predictive value, for example, categorising risk as 'low, medium or high'[28].

Alongside actions already taken and information already known to the school or residential setting, information gathered through suicide risk assessment assists in determining further actions to support the young person immediately as well as in the longer term. This includes any actions to support student safety such as providing help line numbers to the student and parent/carer, gathering further information, recommending further suicide risk assessment or risk management planning.

Recording of the risk assessment and subsequent actions occur in line with established processes to inform others and store records. **Appendix 3** provides emergency and consultation contacts for school staff.

Responding to disclosures

Suicidal behaviour and NSSI do not always mean a child or young person is at imminent risk, however, all concerns need to be taken seriously and appropriate steps taken.

It is important that staff responses, including any future actions, are appropriate and proportionate to the identified risk. Responding to any disclosure of suicidal behaviour or NSSI in a supportive and proportional manner can encourage students to feel safe and empowered to make further disclosures.

A quick reference guide for staff to use following a disclosure is available at the beginning of this section and **Appendix 2**.

Example supportive response following a disclosure

Actions will depend on staff member's role and responsibilities:

- use protective interrupting techniques if disclosure occurs in front of peers
- find an appropriate place to discuss the concern
- listen, validate the student's courage in sharing, gather information and summarise what the student has disclosed or share the information you have received

"Thank you for trusting me enough to share these thoughts and feelings. So, what you're telling me is... Have I got that right?"

"I have heard that you said, 'I wish I wasn't here' to your teacher, what did you mean by that?"

- discuss your next actions with the student remembering the limits to your confidentiality

"It is important that we discuss this with someone who can help get you the right support."

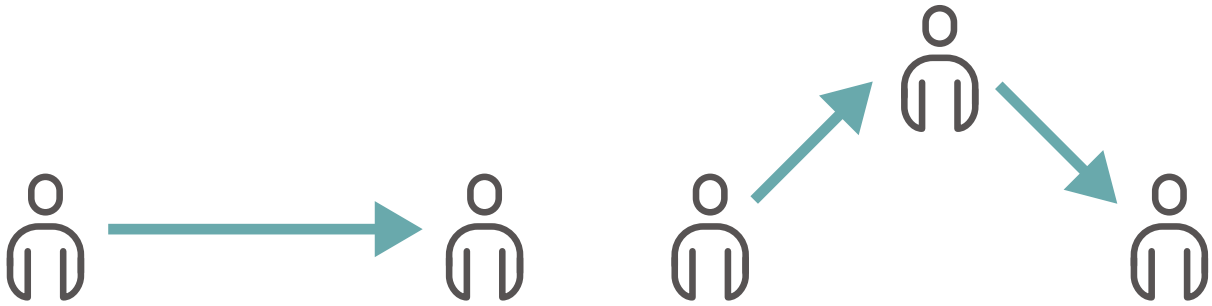
- link the student to appropriate support

"There are people we can talk to about support for you. Who would you prefer? Let's go together now."

- identify others who may be impacted and ascertain support requirements
- follow up with the student to reinforce belonging and connection.

"I wanted to check in and see how you are going."

Processes for all staff following a disclosure



A **direct disclosure** is when a staff member becomes aware of a student's thoughts, feelings or actions related to suicidal behaviour or NSSI through a student's verbalisation, observations of a concern (e.g. self-injury or other behaviour) or communication through a task such as an essay or artwork.

Staff should use protective interrupting if the disclosure occurs in front of peers. Find an appropriate place to discuss the concern, listen, gather information and summarise what the student has disclosed. It is critical that the student is linked to appropriate support and that safety is maintained. Where required, follow up with students who may have overheard the disclosure to ascertain impact and offer support, as needed.

When there is concern about suicidal behaviour or NSSI in the absence of a direct verbal disclosure (e.g. observable self-injury, concern via schoolwork), the staff member should discuss the concern with the student, if appropriate, and follow established processes to inform others.

An **indirect disclosure** is when a staff member is informed about concerns with a student's suicidal behaviour or NSSI by a third party e.g. a peer, school, residential setting, service provider or community member. Third parties may become aware of concerns in a range of ways including through social media, direct contact with the student, overhearing conversations or seeing something that concerns them.

When staff receive information indirectly from a third party that a student may be at risk of suicidal behaviour or NSSI, they advise the person sharing this that the information will be provided to appropriate staff so further actions to support safety can be taken. The staff member ascertains if there has been any impact on the person sharing or if they require support. Information, including emergency response numbers, can be found in **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/ carer/student**, if necessary.

When responding to a disclosure of suicidal behaviour or NSSI, the staff member's response should be calm and non-judgemental. Staff should be considerate and respectful of the student's circumstances and avoid responding with pity, anger, disgust or punitive action.

Students should be made aware that staff aren't able to keep disclosures of suicidal behaviour or NSSI confidential and they have a duty of care to share any concerns with appropriate staff, as well as the student's parents/carers. At the same time, the student can be reassured that, as much as is practical, the sharing of their information will be done in a collaborative and supportive way.

If a disclosure of any kind indicates the student is at **imminent risk** of suicide, the student is not to be left unsupervised. Supervision is provided by an appropriate adult, not another student. If the student has not disclosed in person, steps are taken to locate and keep them safe.

Other actions when a student is at **imminent risk** may include:

- following incident management procedures (such as contacting emergency services 000 or WA Police Force when necessary)
- facilitating first aid for the student if needed
- informing the principal/manager (or nominee)
- following any existing risk management plan (RMP) for the student
- contacting the parent/carer to inform them of the concerns.

Where there is an existing plan in place to support safety (such as an RMP), follow the actions outlined. If the plan does not address the current situation, seek support from the principal/manager (or nominee).

In all other cases, the staff member supports student safety by:

- following site processes to locate or determine the student's whereabouts if needed
- facilitating first aid for the student if needed
- informing the nominated staff member/s of the disclosure as soon as practical
- following site processes for linking the student with the appropriate staff member either immediately or following the current class/activity, depending on the situation
- providing information to assist in identifying and supporting peers and staff who may have been impacted by the disclosure.

Document actions in line with school and system requirements.

Processes for nominated staff members following a disclosure

Following a concern with suicidal behaviour or NSSI, the nominated staff member may take or delegate the following actions as soon as practical:

- follow the student's risk management plan if there is one in place
- gather further information from the student and/or others as necessary
- talk to the student and explain what is likely to happen next, which may include a suicide risk assessment, if one has not already occurred, involvement of parent/carer, support and referral options
- remind the student about the limits to confidentiality and, where possible, involve and include them in decisions about the information to be shared
- provide the student with emergency response numbers (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**)
- consult with appropriate staff such as an onsite colleague or a contact on the consultation list (see **Appendix 3 - Emergency, consultation and support contacts for staff**)
- arrange monitoring of the student while they are at school
- contact the parent/carer to inform them about the concern and discuss supportive actions:
  - identify the appropriate parent/carer contact, checking for family information such as court orders. When a student is in the care of the Department of Communities (Communities), the student's case manager/team leader is also informed
  - contact the student's emergency contacts if the parent/carer cannot be reached
  - emphasise the importance of student safety and wellbeing and encourage a collaborative, respectful approach to working together
  - gain consent from the parent/carer for a suicide risk assessment to be undertaken by appropriately trained staff if one has not already taken place. Where there is a direct disclosure to a staff member trained in suicide risk assessment, the staff member may have completed the assessment prior to contacting the parent/carer, if appropriate
  - recommend external suicide risk assessment in cases where a staff member is not available to undertake one or the parent/carer declines one at school
  - provide the parent/carer with emergency response numbers (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**) and explain there are additional external services available to help their child.

In residential settings, the capacity to take further actions without first contacting parents/carers may have been established through enrolment and other processes. However, the parent/carer should be informed of concerns as soon as practical in line with system requirements.

If it is not possible to contact a suitable adult, consult further with appropriate staff such as an onsite colleague (including principal or nominee) or a contact on the consultation list to ascertain next steps (see **Appendix 3 - Emergency, consultation and support contacts for staff**).

Depending on the urgency of the situation and nature of the disclosure, the following actions may also be considered:

- consult with or refer to Communities Central Intake Team (1800 273 889) where there are child protection concerns

- consult with the Child and Adolescent Mental Health Services (CAMHS) Crisis Connect (1800 048 636) if in the metro area
- consult with the local WA Country Health Service (WACHS) CAMHS or hospital emergency department if in a rural, regional and remote area
- conduct a home visit, if appropriate
- contact emergency services (000)
- contact the WA Police Force (13 14 44 for non-emergencies, 000 for emergencies)

Document actions in line with school and system requirements.

Disclosure outside of school hours

Staff may sometimes become aware of information about a student's suicidal behaviour or NSSI outside of school hours, such as while marking school assessments, contact from a parent/carer or during after-hours school related activities.

In these situations, staff can consider if there are opportunities to support in the following ways:

- inform the principal or staff member supervising the activity as soon as possible
- encourage the student to seek help and provide them with support information and emergency contacts if the student has disclosed to the staff member in person
- take steps to contact the parent/carer and provide emergency and support information
- contact WA Police Force and request a welfare check if contact with parents/carers cannot be made
- follow up with the family and student regarding support and student safety at school
- document actions in line with school and system requirements
- consider how to provide general information on emergency supports to students and families out of hours, including via email, messaging systems, or school website/social media that students or families may access outside of regular school hours e.g. during holiday periods.

When there is concern about contacting parent/carer

In consultation with the principal/manager (or nominee), the following actions may be considered before contacting the parent/carer:

- consult with appropriate staff such as an onsite colleague (including principal or nominee) or a contact on the consultation list to ascertain next steps (see **Appendix 3 - Emergency, consultation and support contacts for staff**). If Communities is currently involved, consult with or refer to the case manager/team leader
- follow relevant sector or school policies and guidance where there are concerns about the child's safety, including when there is reason to believe that notifying the parent/carer will put the student at further risk of harm. This may include consulting with and/or referring to Communities through the Central Intake Team (1800 273 889) during business hours or Crisis Care (1800 199 008) outside of hours
- take actions based on any additional information received through consultation, such as contacting WA Police Force to request a welfare check.

Document actions in line with school and system requirements.

Undertaking a suicide risk assessment

In cases where a suicide risk assessment is to be completed by a staff member, the student is linked with an appropriately trained staff member (Gatekeeper Suicide Prevention or equivalent). The staff member conducting the suicide risk assessment makes sure the student is aware that where information is shared, it is for the purpose of keeping them safe and engaging them with appropriate supports. Should someone with appropriate training not be available, a recommendation is made to the parent/carer to seek risk assessment external to the school or residential setting.

To enhance safety, the staff member conducting the suicide risk assessment provides the student with support information including emergency response numbers (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**) and explores with the student suitable adults who can support them at school/residential setting, in the community and at home. Providing basic support information and emergency response numbers can be seen as part of safety planning for a student.

Safety plan

There is some evidence to suggest safety plans may be effective in reducing suicidal behaviour[29].

A safety plan is different to a risk management plan or providing emergency response numbers.

A safety plan is a person-centered plan individually tailored to a person's circumstances and needs. It identifies a person's coping and help-seeking strategies, including relevant resources and support services applicable to their individual circumstances and environments. Safety plans encourage actions that a person can take on their own, as well as appropriate help-seeking from others.

Developing a safety plan is usually undertaken by professionals with training and/or experience in safety planning, which may include the student's mental health care provider or staff with the necessary skills.

A safety plan may be shared with the student's family, school staff, or service providers, as appropriate.

For more information and to access an example of a safety plan template, visit **Be You: Creating a Safety Plan**.

Following the suicide risk assessment, the parent/carer is provided with information about actions taken, support information and recommendations to support student safety.

This may include:

- ongoing monitoring of the student
- strategies to increase safety
- providing emergency response numbers and other resources
- information about school/residential key contacts
- linking the student with appropriate services through referral

- gaining consent to exchange information regarding the concern with involved external agencies and private service providers as appropriate (see **Appendix 1 - Consent for schools or residential settings to exchange information with external providers**)
- recommending the student is taken to a hospital emergency department for further assessment, if needed:
  - if the student is being taken for further assessment by ambulance or parent/carer (e.g. to hospital), gain consent to provide relevant information to the external agency, where possible
  - information regarding the urgency of the student's presentation should be provided to the agency by whatever means possible
- schools are discouraged from transporting a student to an emergency setting, however if this is the only option they should collaborate with the parent/carer and school leadership and consider the number of staff required for this to occur safely.

Actions to support student safety can occur in the absence of student engagement or when suicide risk assessment is not able to be undertaken with the student. This might include providing emergency numbers and resources, discussion of school and external supports, contact with parent/carer and supervision/monitoring.

When undertaking a suicide risk assessment, staff can consult with appropriate personnel, such as an onsite colleague or a contact on the consultation list (see **Appendix 3 - Emergency, consultation and support contacts for staff**).

When parent/carer support is limited

When there is limited parent/carer support, reiterate concerns to the parent/carer and emphasise the need for collaboration and ongoing monitoring of the student at home. In addition:

- consider providing concerns, discussions and recommendations in writing
- provide emergency contacts in case there is a change in their child's presentation (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**).

In consultation with the principal (or nominee), the following actions may also be considered:

- consult with appropriate staff such as an onsite colleague or a contact on the consultation list to ascertain next steps (see **Appendix 3 - Emergency, consultation and support contacts for staff**)
- consult with or refer to the case manager if Communities is currently involved

Follow relevant sector or school policies and guidance where there are concerns about child protection, including when there is reason to believe that notifying the parent/carer will put the student at further risk of harm. This may include consulting with and/or referring to Communities through the Central Intake Team (1800 273 889) during business hours or Crisis Care (1800 199 008) outside of hours.

Actions for consideration in all cases where risk is identified

- keep the principal (or nominee) updated on actions and outcome
- consider the needs of the student in all decision making
- follow up with and offer support to any students and staff impacted by the disclosure or incident
- consider self-care and determine whether an opportunity to debrief with a colleague or access to professional support is needed
- consider potential social media activity and plan or respond as needed
- obtain consent to inform any external service providers of the incident or disclosure as appropriate
- confirm with the parent/carer if any recommended actions have occurred, such as an external suicide risk assessment
- develop or review an individually tailored risk management plan or other planning for support, to enhance student safety at school
- communicate planning to appropriate staff (including the student's teachers) to support the safety of the student when at school
- where necessary, organise a return to school meeting with relevant school staff, the parent/carer, external agencies and the student as needed
- document and securely store information
- non-government schools consider whether a Reportable Incident needs to be lodged
- public schools consider whether an Online Incident Notification (OIN) needs to be lodged
- continue to monitor and support the student as needed

Responding to disclosures in residential settings

Staff in residential settings have duty of care for young people and respond when there are concerns for student suicidal behaviour and NSSI. This duty of care may extend to overnight, weekends and other times when pathways to support and consultation may not be as readily available.

Residential settings consider their local context and needs when establishing processes for responding to disclosures. In addition to the guidance provided, further considerations may include:

- establishing clear processes tailored to the local context for responding to disclosures, concerns and incidents on site or that impact students under their care, which includes when a student is in suicide crisis
- gaining consent (if not already established) to exchange information between the school and residential setting following local and system guidance
- processes for contact with parents/carers including emergency/out of hours contacts
- understanding in some circumstances, parent/carer contact may occur after other actions are taken to support safety due to processes established through enrolment which allow for staff to make decisions about the wellbeing of young people in the absence of a parent/carer
- access to after-hours supports and service providers including hospital and mental health services
- avenues for professional consultation during and after business hours
- transport planning for students needing access to mental health services or other support which considers both student and staff safety
- strategies to minimise the risk of social transmission of suicidal behaviour and NSSI
- training and education that matches staff roles and responsibilities
- upskilling staff in responding to concerns including the use of protective interrupting
- identifying available spaces to listen to and support a student when there is a concern with suicidal behaviour or NSSI
- provision of safety planning information to the student, including facilitating access to supports on site and external to the residential setting.

Recovery from suicidal behaviour and NSSI

It is important to acknowledge that recovery from suicidal behaviour and NSSI is not a linear process and there is no one approach that will be appropriate for all individuals. Every person will have a different idea of what recovery looks like to them and, in some cases, suicidality can continue[30].

Staff can support students recovering from suicidal behaviour and NSSI by:

- listening and being empathetic to the student's experience
- being compassionate, non-judgemental and inclusive
- reinforcing that recovery is not a linear process and looks different for all individuals
- assisting in linking students with appropriate service providers to address underlying difficulties
- understanding that further suicidal behaviour and NSSI might occur
- being aware of their professional limitations and working within their level of competence.

Section 3

Risk management planning

In the area of suicide prevention, risk management planning occurs when strategies, processes and supports are needed beyond those usually in place to support student safety at school or in a residential setting.

Planning occurs in schools to optimise outcomes for all students in the areas of learning, engagement, behaviour, mental health and wellbeing. Schools make further individual accommodations for students when they are needed.

In the area of suicide prevention, risk management planning occurs when strategies, processes and supports are needed beyond those usually in place to support student safety at school or in a residential setting. This planning is informed by the information available about the student's risk of suicidal behaviour and/or NSSI. It is individualised to the student's needs and circumstances and considers the local context of the school or residential setting.

Risk management planning is often documented and shared via an individual student's risk management plan (RMP). This is an organisational plan that identifies foreseeable circumstances where a student may be at risk of suicidal behaviour and/or NSSI in a school, residential setting or during related activities (e.g. camps, excursions and workplace learning). The RMP includes strategies to address these risks. Following the strategies outlined in the student's RMP, supports a coordinated approach to improving safety and promoting recovery.

Risk management plans may be referred to by other names to suit the local context such as support plan, wellbeing plan or confidential communication. However, the purpose of the plan remains the same and is tailored to the individual student, their circumstances and the context of the school or residential setting.

Considerations for risk management planning

Considerations for risk management planning:

- develop an individual RMP for a student when additional strategies, processes and supports (beyond what is usually in place) to support student safety at the school or in the residential setting are needed
- identify if planning is needed and complete as soon as practical. Use information available about the student and the identified concerns
- implement interim strategies to support student safety in situations where there is a need to gather additional information to develop a more comprehensive plan
- collaborate with all relevant parties where possible, including parent/carer, school staff, residential staff, external agencies and service providers and the student as appropriate
- communicate the RMP and any actions that need to be taken to the family, relevant school staff and external agencies
- gain consent from parent/carer where possible before implementing an RMP
  - seek consent from both the Communities guardian and carer if the student is in the care of Communities
- consult with relevant personnel to implement an RMP to improve student safety and wellbeing where parent/carer consent is not provided or is difficult to obtain
- tailor the RMP to the student's needs, available information and complexity of the individual circumstances
  - generic RMPs or lists will not reflect individual circumstances
- discuss with the student how they can access support during the school day
  - consider the risks associated with exit card use (or similar) such as the maintenance of supervision
- discuss with the parent/carer how they can provide information to the school and how they will receive information from the school
- include staff members in the RMP who are routinely accessible on the site and consider circumstances when these staff are unavailable
- store the RMP in a confidential place
- review the RMP regularly to consider fluctuations of risk, including after a significant incident that may influence risk.

Ceasing a risk management plan

Cease the RMP when all relevant parties agree that monitoring and additional strategies are no longer required as the student can be supported through usual school or site processes. In some circumstances, it may be appropriate to phase out strategies in the RMP in stages, when a student's recovery suggests less monitoring and additional strategies are required. This occurs on a case-by-case basis and in collaboration with all involved parties, where possible.

Risk management plan sample strategies

Examples of areas and associated strategies that may commonly be included in RMPs are provided below. They will not apply to all students or all settings and need to be adapted so they are suitable for the circumstances specific to the individual student's RMP.

Attendance/absences examples

- *Parent/carer notifies school staff before the school day starts if the student will not be attending that day.*
- *Identify student absence/presence at the beginning of class.*
- *Notify relevant staff if the student is absent without a reason so actions can be taken to locate the student.*

Learning environment examples

- *Student moves to a prearranged, supervised area if they are distressed and unable to stay in class.*
- *Teacher or another staff member locates the student if they do not return in a reasonable time after a toilet break.*
- *Teacher notifies the nominated staff member if they cannot find the student.*
- *Teacher encourages the student to engage in classroom tasks and, where necessary and possible, adjust academic and homework requirements in consultation with parent/carer.*
- *Student uses exit card to attend Student Services for further assistance.* (Consider any risks associated with the use of strategies that allow students to leave the classroom as these may be difficult to supervise or monitor student whereabouts).

Break times examples

- *Student encouraged to remain with friends/peers during breaks to encourage social connectedness where appropriate.*
- *Student to access support from a staff member available in a set location if they need support.*

Peer examples

- *Encourage the student to seek help from staff if they need support rather than sharing confidential or distressing information with peers.*
- *Parent/carer and teachers to notify a nominated staff member if they become aware of any concerns with peers.*

Suicidal behaviour and NSSI examples

- *Staff to inform nominated staff member as soon as practical if there are concerns indicating suicidal behaviour or NSSI and provide supervision until student can be linked with appropriate support.*
- *Undertake suicide risk assessment by an appropriately trained staff member as needed.*
- *Parent/carer to collect the student from school and seek further assistance as needed.*
- *Check in with the student on return to school following an incident/disclosure of suicidal behaviour or NSSI.*

Whole of school activities (e.g. sports carnivals, assembly, ceremonies) examples

- *Follow regular attendance procedures.*
- *Student to access support from a staff member available in a set location if they need support.*

Communication examples

- *Ongoing communication between family, school and external agencies and service providers regarding any concerns related to student safety and wellbeing at school.*
- *Parent/carer to inform nominated staff member or school nurse of any changes to medication as needed.*

Other strategies and information relevant to maintaining student safety while on site should be considered.

Risk management planning in a residential setting

Risk management planning reflects the identified risks, individual needs of the student and the context of the residential setting. Planning is informed by the information available, which may include sources such as the young person (e.g. through suicide risk assessment), parents/carers, mental health professionals and other supports, and the student's enrolled school where applicable.

In some circumstances, residential settings may work collaboratively with the student's school to develop shared RMP's. These plans should clearly outline roles, responsibilities and key contact staff for each setting.

In addition to the general risk management planning guidance provided, residential settings may also need to consider:

- help-seeking information for students accessing support from staff on site
- access to appropriate external supports including after-hours mental health services
- situations where students may have less direct adult supervision, such as overnight or during student's personal time
- managing social transmission of suicidal behaviour and/or NSSI
- staff resources including availability of trained staff to undertake suicide risk assessment
- avenues for consultation outside of business hours
- timely information handover between staff who may work in shifts
- communication with parents/carers outside of business hours
- exchange of information with the student's enrolled school in line with relevant sector guidance
- student access to means of harm in the environment
- alternative arrangements when a student is no longer able to reside safely in a residential setting, whether temporarily or otherwise, which is informed by relevant system policy and guidance.

Residential settings can seek further guidance and consultation regarding risk management planning through the relevant education sector.

Risk management plan example templates

Examples of RMP templates have been provided in:

- **Appendix 5 - School risk management plan example template A**
- **Appendix 6 - School risk management plan example template B**
- **Appendix 7 - Risk management plan for residential settings example template C**.

The **School risk management plan example template A** might be used when strategies need to be developed across several areas to support student safety. The **Risk management plan for residential settings example template C** includes sections that can be used for collaborative planning with parents/carers and the school the student attends.

The **School risk management plan example template B** can be used when fewer strategies are required to support student safety. It may also be used as an interim measure when a more comprehensive RMP is being developed or during the phasing out of a more comprehensive plan.

Section 4

Considerations for your context

"While suicide impacts the whole population, it does not impact all groups of people equally."

National Suicide Prevention Strategy 2025-2035, page 11

Schools and residential settings consider individual differences, needs, environment and local context when responding to and supporting students with suicidal behaviour and NSSI. This includes understanding the complexities of compounded risk factors for students with intersecting identities, such as students with a disability and culturally and linguistically diverse backgrounds.

Aboriginal and Torres Strait Islander students

The term 'Aboriginal' respectfully refers to Aboriginal and Torres Strait Islander people.

Between 2019 and 2023, suicide was the leading cause of death for Aboriginal and Torres Strait Islander children aged between 5-17 years. In 2023, Aboriginal children and young people in this age range were 3 times more likely to die by suicide than non-Aboriginal young people[31].

The high rate of Aboriginal youth suicide is attributed to complex and interrelated historical, political and social determinants that continue to impact the cultures, languages and lived experiences of Aboriginal people including economic and educational disadvantage as a result of structural and systemic racism, disproportionate exposure to grief and loss, the continued disproportionate removal of Aboriginal children from their families and intergenerational trauma. These factors result in Aboriginal people having consistently higher levels of psychological distress than other Australians[32].

For Aboriginal children and young people, culture plays a key role in their development, identity and sense of belonging, and is a pre-determinant and a protective factor for their health, wellbeing and resilience.

The *Commitment to Aboriginal Youth Wellbeing*, released in March 2020, is the Government of Western Australia's response to the State Coroner's *Inquest into the deaths of thirteen children and young persons in the Kimberley and Learnings from the Message Stick: The report of the Inquiry into Aboriginal youth suicide in remote areas*.

"To significantly reduce Aboriginal youth suicide, we must commit to making clinical and community services more accessible and effective, and at the same time address a broader range of factors. Our goal must be to build young Aboriginal People up to be strong in culture, resilient in mind and body, and confident of a future in which they are valued, supported and have the capacity to thrive."

Commitment to Aboriginal Youth Wellbeing
March 2020, Department of the Premier and Cabinet Western Australia

Aboriginal and Torres Strait Islander concepts of wellbeing are holistic. The holistic view incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities[33]. Social and emotional wellbeing recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* proposes a model or discourse of social and emotional wellbeing developed by Gee, Dudgeon, Schultz, Hart and Kelly (2014)[34].

The model is grounded in Aboriginal knowledge systems and comprises 7 interrelated domains of wellbeing – body and behaviour, mind and emotions, family and kinship, community, culture, Country, and spirituality – which are influenced by cultural, political, social and historical determinants.

The model views the self as inseparable from, and embedded within, family and community. Each of the domains are acknowledged as interconnected. The diversity of cultures and histories among Aboriginal peoples influence the expressions and experiences of social and emotional wellbeing between and within individuals. Risk factors can disrupt connections and protective factors can restore and strengthen connection.

Providing opportunities for Aboriginal children and young people to strengthen their cultural and linguistic identities and providing culturally safe environments are protective factors against suicidal behaviour and NSSI[35].

SEWB Diagram adapted from Gee et al., (2014)

Source: Transforming Indigenous Mental Health and Wellbeing Project (2021).
Fact Sheet A. Social and Emotional Wellbeing. (TIMHWB Fact Sheets). The University of Western Australia.

Cultural responsiveness is the ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different to one's own and demonstrating this ability with proficiency. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships. It is cultural responsiveness that creates the conditions for Aboriginal students and families to experience cultural safety.

Culturally responsive staff:

- commit to expanding their knowledge through professional learning to strengthen culturally responsive practices
- establish and maintain mutually respectful and trusting relationships with Aboriginal students, their families and community
- provide Aboriginal students with culturally safe environments where they feel supported and connected to their family, peers and community. This process includes involving Aboriginal caregivers, Elders and community leaders for guidance around appropriate support and care, being aware and respectful of cultural protocols
- seek the expertise of local Aboriginal community representatives who have an understanding of specific contexts and situations where appropriate
- respect the diversity of Aboriginal people by understanding and being responsive to local cultural protocols and kinship structures, culturally sanctioned behaviours and social explanations of mental illness and wellbeing, culturally sanctioned self-harming behaviours, and cultural resources to promote healing and resolution of cultural issues[36].

Public schools have access to the *Aboriginal Cultural Standards Framework* to guide culturally responsive and safe policies, procedures and practices within their school environment to meet the needs of students.

Staff responsible for following up or responding to disclosures made by Aboriginal children and young people would benefit from:

- formal training in suicide risk assessment and prevention, including culturally appropriate suicide risk assessment training, where possible
- cultural competency training delivered by local Aboriginal people and professional learning to embed culturally responsive practices
- advice and guidance of Aboriginal mental health practitioners to assist with understanding indicators of distress in Aboriginal children and young people
- considering whether there is a need to seek the support of an Aboriginal person and/or significant adult familiar with the student's language and cultural background as part of the communication, engagement, intervention, and referral process
- understanding the importance of exploring cultural identity in a safe way when undertaking a suicide risk assessment
- working collaboratively with other service providers to support Aboriginal children and young people
- understanding culturally appropriate referral pathways
- respecting the diversity of Aboriginal and Torres Strait Islander peoples.

Culturally and Linguistically Diverse students

It is important to use culturally responsive practices when engaging with culturally and linguistically diverse students and their parents/carers, families and communities in the management of student suicidal behaviour and NSSI.

Staff can support students and their families by:

- accessing training on cultural competence and awareness for staff (such as the **Diverse WA Cultural Competency Training** accessible to public schools)
- developing an understanding of the cultural backgrounds and unique challenges that refugee and migrant students face
- providing access to translation and interpretation services for students and their families
- creating a welcoming and safe environment for students from diverse backgrounds
- recognising the potential impact of trauma and displacement on mental health, and implementing trauma informed practices and support strategies where possible
- developing support plans that consider the student's cultural context and experiences
- collaborating with staff or other professionals who understand the student's ethnic, cultural or religious background
- respecting cultural norms and practices when involving families in the support process
- providing resources and information to students and their families that are relevant to and respectful of their ethnic, cultural or religious background.

Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning, Asexual and other sexualities and gender identities (LGBTIQA+)

LGBTIQA+ is used in these guidelines to encompass all people whose sexual orientation, gender identity or sex differs from heterosexual or male/female sex and gender norms, regardless of the identity labels people use. Sometimes the terms same sex attracted or gender diverse are used to describe feelings, experiences and behaviours rather than fixed identities. Whatever term is used, it is important to note that this might change over time.

Although LGBTIQA+ people share many of the same risk and protective factors as their peers, it is important to recognise they can experience increased vulnerability to poor mental health outcomes due to more frequent exposure to peer rejection, bullying, lack of family support, physical and verbal abuse, school issues and homelessness than their non-LGBTIQA+ peers[37]. More than 60% of participants in the *Writing Themselves In 4 National Report* said that they had felt unsafe or uncomfortable in the past 12 months at secondary school due to their sexuality or gender identity[38]. In the same report, LGBTIQA+ respondents aged between 16-17 years seriously considered attempting suicide at a rate considered to be more than 5 times the general population estimates in the same age range[39]. Similarly, rates of NSSI were markedly elevated when compared to non-clinical adolescent samples[40].

Rates of self-harm are high for transgender young people with research showing that 47% have engaged in NSSI in the previous year and 48.1% have attempted suicide at some point in their lives[41].

LGBTIQA+ people are also disproportionately affected by suicide deaths, attempts and ideation of friends, family and the wider community[42]. Homophobic or transphobic verbal and physical abuse of same sex attracted, gender diverse and gender questioning young people occurred at school in 80% of the instances reported in a study by La Trobe University.

There is a strong relationship between abuse and the incidence of self-harm with twice the number of LGBTIQA+ young people who suffered verbal abuse, and over 4 times the number of LGBTIQA+ young people who experienced physical abuse, having attempted suicide compared to those who did not experience either verbal or physical abuse[43].

In supporting LGBTIQA+ young people, staff can:

- implement whole-school practices that promote safe, inclusive and supportive learning environments that value diversity
- attend training to increase knowledge, confidence, and competence when working with LGBTIQA+ young people and their families
- consult with colleagues and other professionals with experience supporting LGBTIQA+ students
- consider additional planning to support the identified needs of LGBTIQA+ students, which may be represented in an individual plan for a student
- establish and communicate clear procedures for responding to instances of discrimination or harassment
- where possible, seek consent from a young person before sharing any information about their gender, sexual orientation, or variations of sex characteristics with others including their parents/carers
- provide students with access to support information specific to LGBTIQA+ people
- consider whether there are mental health resources and supports specific to a young person's intersecting identities such as students who are both LGBTIQA+ and Aboriginal and Torres Strait Islander.

For further information on supporting LGBTIQA+ young people in schools or residential settings, consult sector specific guidance.

The Kids Research Institute Australia has published **Suicide prevention in LGBTIQA+ young people** providing best practice guidelines for clinical and community service providers.

Students who are both LGBTIQA+ and Aboriginal and Torres Strait Islander

Young people who are both LGBTIQA+ and Aboriginal and/or Torres Strait Islander may be at increased risk for suicidal thoughts and behaviour and NSSI.

According to the recent *Walkern Katatdjin National Survey Community Report (2023)*, 57.1% of LGBTIQA+ Aboriginal and Torres Strait Islander young people surveyed had seriously considered attempting suicide in the previous 12 months with 45.4% having attempted suicide in their lifetime[44].

These individuals face compounded risk factors associated with their intersecting identities or factors, including both racial discrimination and homophobic, biphobic or transphobic discrimination, social exclusion, and limited access to affirming mental health services.

Respectful engagement with LGBTIQA+ Aboriginal and Torres Strait Islander people includes not assuming Aboriginal and Torres Strait Islander people are cisgender or heterosexual, providing culturally relevant resources for LGBTIQA+ Aboriginal and Torres Strait Islander people, and continuing to engage in training and education around these intersecting identities.

Students exposed to cumulative harm

Harm and trauma, especially during early childhood, are amongst the strongest predictors of poor mental health outcomes, suicidal behaviours, and NSSI in later development. *The Australian Child Maltreatment Study* found people who experienced childhood maltreatment were more likely to have mental health disorders, 3.9 times more likely to have self-harmed in the past year and 4.5 times more likely to have attempted suicide in the past year[45]. Students who have experienced cumulative harm, such as long-term exposure to violence and repeated traumatic events, should be supported in a manner that is trauma informed and considerate of their specific circumstances.

Students exposed to cumulative harm might have unexpected responses to triggering or stressful situations including, but not limited to, suicidal behaviour and NSSI. These triggers and stressors should be considered, where possible, when responding to a disclosure or developing risk management strategies.

Staff can also consider:

- referring to mental health professionals or engaging specialists with an awareness of cumulative harm or an understanding of the cultural and social contexts of the student
- accessing trauma informed practice training.

Students in the care of Department of Communities

When a student is in the care of Communities, the CEO of Communities is their legal guardian. The CEO has delegated some of the responsibilities and duties to authorised officers which include case managers and team leaders. Inform the student's Communities case manager or team leader and foster carer when there is a concern for a student regarding suicidal behaviour and/or NSSI. However, in cases where the student's suicidal behaviour or NSSI could be linked to the actions of a carer, discuss this with the case manager or team leader before contact with the carer is made.

Collaborate with Communities and foster carers in supporting the young person, including with risk management planning. All Aboriginal children in care have a cultural plan and access to an Aboriginal Practice Leader via their district case manager who is available for consultations.

Students with a disability

A note about language:

Person first language is used here however some people may prefer **identity first** terminology. Consider the preferences of the child or young person, and their family.

Young people with a disability are more likely to have mental health problems compared to those without a disability[46].

When there are concerns about suicidal behaviour or NSSI for a student with a disability:

- seek consultation, where possible, with a professional who has specialist knowledge of the specific disability before further intervention
- identify the functional needs of the student when discussing a disclosure and/or when providing support
- reduce communication barriers a student may experience and provide assistance to fully understand the extent of their distress where needed and possible
- attend to spoken and unspoken information communicated by the student to fully understand the extent of their distress
- access appropriate professional learning to understand how to support the student
- utilise information from the parent/carer and/or other relevant adults, such as the teacher, in addition to information from the student when deciding on supporting actions
- Involve parents/carers, staff and other involved adults to implement actions to reduce distress and increase safety for the student.

Social transmission of NSSI

Social transmission of NSSI may be identified when multiple instances of self-injury are experienced among peers within a school over a short period of time[47].

Intervention strategies for schools can include the following[48]:

- reducing detailed communication about NSSI, which may include providing students with appropriate support and information to assist them in understanding that sharing details about their injuries can be distressing to peers
- responding to disclosures in a calm and non-judgemental way and avoiding the use of language or strategies that may reinforce or validate the behaviour
- encouraging help-seeking behaviours among those feeling distress
- encouraging parents/carers to provide a calm, supportive environment for their child
- encouraging peers to inform a trusted adult if they are concerned for the wellbeing of a friend or peer
- developing practical and caring ways of responding to wounds (e.g. first aid procedures) and scarring (e.g. recognising that choosing not to conceal scars may be a personal choice or part of recovery)
- referring students to appropriate service providers to develop an understanding of their own NSSI and useful alternatives.

Primary schools

When there is a concern about suicidal behaviour or NSSI with a primary school-aged student, staff:

- consider the developmental capacity of the student when discussing a disclosure, undertaking suicide risk assessment and safety planning[50]
- explore the student's concept of death in a sensitive way, understanding that a lack of awareness regarding the permanency of death is not necessarily a protective factor, nor is a mature understanding of death[51]
- gather information from the parent/carer and other adults, such as the teacher, in addition to information from the student when deciding on supporting actions
- understand that increasing the awareness of supportive adults about suicide risk identified in children promotes opportunities for their needs to be heard and taken seriously[52].

Suicidal behaviour and NSSI can occur in primary school-aged children, highlighting the importance of early intervention and support. In 2018, data from a Kids Helpline report found 10% of calls from children aged between 5 to 12 years were suicide related[49].

Where a child has used suicidal language, but questioning, investigation and consideration of the context reveals no suicidal intent, suitable actions such as informing the parent/carer, encouraging alternative problem-solving and communication strategies may apply. Any concerns and actions taken should be documented in line with school and system requirements.

All expressions of suicidality require an action.

Students 18 years and over

Regardless of age, duty of care continues for students aged 18 and over. Interventions may involve negotiation and involvement of people other than the parents/carers.

Schools and residential settings can:

- identify and maintain multiple current emergency contact details, which may or may not include the student's parents/carers
- identify services to support students over 18 years old (e.g. adult mental health services).

Rural and remote schools

Rural and remote schools and residential settings may have access to fewer suitable, available external resources and services than those located in a metropolitan area. For staff working in rural and remote areas consider:

- identifying emergency response numbers and after-hours mental health services in the local area including those run out of community clinics
- identifying and utilising external agency partnerships to develop coordinated actions in regions where mental health services are unavailable or unreachable
- recognising the multiple relationships existing between families, students and staff in rural and remote towns and their impact on the provision of mental health intervention and referral options
- planning and seeking professional peer support when navigating competing responsibilities and blurred boundaries[53].

Excursions and camps

It is important that students with suicidal behaviour and NSSI can participate in co-curricular activities. Students may also feel more able to disclose suicidal behaviour or NSSI in less formal settings, such as during a camp or excursion. In addition, observing students outside of their usual environment may mean staff notice indicators of concern including suicidal behaviour or NSSI for the first time.

In preparing for camps or excursions, staff can:

- develop a plan for managing disclosures of suicidal behaviour and/or NSSI when offsite, which includes consideration of access to means and adequacy of supervision
- include strategies from an existing RMP for use in the support and management of an individual student during offsite events
- collaborate with parent/carer, student and any external agency or service provider to gather up to date information, including stressors and indicators of concern to develop an appropriate response strategy
- gain knowledge of the excursion site to assist with the development of context specific strategies, such as environmental considerations and access to external services/hospital
- explore flexible options with students and parents/carers to accommodate students such as when students are able to attend daytime activities but not stay overnight
- consider the impact of geographical distance on planning, especially if interstate or overseas, such as the ability of a parent/carer to attend the camp site or availability of mental health services/medical facilities. Seek information about consultation pathways and access to mental health services while off site.

TAFE and workplace learning students

It is important that students with suicidal behaviour and NSSI have opportunities to participate in offsite education in a safe way. Supporting students to engage in these opportunities may involve:

- working collaboratively with the TAFE or workplace learning provider to adjust or develop an RMP which extends beyond the school setting
- sharing information to enhance the safety of the student with the external education provider
- having clear, pre-organised contact pathways for the external education provider to contact parents/carers or mental health providers for planning and in the case of an incident or disclosure
- exploring potential stressors with the student that may be a result of a different learning and social environment.

Residential settings

Residential settings allow young people to access a range of education and extracurricular opportunities across the state. Settings may include boarding attached to schools, cross-sectoral residential facilities catering to several schools and WA Colleges of Agriculture.

There are many benefits of a residential setting, however, adapting to a new living environment can be challenging. Students may be geographically distant from their families, peers and communities for periods of time. In addition, they are experiencing the expectations and responsibilities that come with boarding. Disclosures in residential settings may occur more informally and outside structured environments, such as during casual conversation or overnight routines.

Additional considerations for residential settings and sites include:

- establishing enrolment processes that include transition planning and support for students identified to be at risk
- developing a plan for responding to disclosures of suicidal behaviour and NSSI that addresses issues specific to residential settings and their local context, including avenues for consultation
- establishing a clear line of communication between the residential setting, school, and the student's family, identifying potential support actions in the case of a student in a mental health crisis
- accessing professional learning to understand the application of these guidelines in the residential setting
- providing staff with appropriate training in suicide prevention and mental health awareness
- encouraging staff to respond to concerns in a calm, caring, and non-judgemental manner
- increasing knowledge in the use of strategies such as protective interrupting strategies to manage student privacy and reduce social transmission
- increasing staff understanding of local referral pathways, including emergency response numbers and after-hours mental health services

- promoting appropriate use of language that reduces stigma and encourages help-seeking
- embedding evidence-based frameworks and programs to promote mental health awareness and improve social and emotional outcomes for students
- practices that encourage staff to consider their own wellbeing, including accessing appropriate professional and personal support
- establishing and promoting strong relationships and connections with families and carers.

Students in residential settings and their families also benefit from strategies that promote wellbeing and help-seeking behaviour including:

- providing appropriate and evidence-based education on mental health and wellbeing, including help-seeking for themselves and others
- information about local support services, including after-hours mental health services and emergency response numbers
- using a variety of ways to promote mental health awareness and help-seeking strategies, such as posters, brochures and online information
- educating students and families on services available within the residential setting and how to access these.

Students studying in an online environment

When students are studying in an online environment, staff can prepare to respond to distress, suicidal behaviour and NSSI by:

- keeping updated contact details for parents/carers, emergency contacts and the student, where possible
- adapting and using protective interrupting strategies when students are learning together
- having a clear understanding of roles, responsibilities and processes for responding to a disclosure, including pathways for consultation
- following the student's existing plans (e.g. RMP) or seeking further guidance if there is not one in place or it is not appropriate to the current situation
- promoting appropriate emergency and support information to students and parents/carers.

Responding to disclosures or appearance of distress via email, phone or video call can include:

- providing reassurance, encouraging help-seeking and providing emergency contact and support information to the student
- safety planning which considers what is known of the student's home environment, supervision arrangements and identified concerns
- contacting parents/carers to share the concern and provide them with emergency and support information (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**)
- if the parent/carer cannot be contacted and the situation requires urgent action, contact emergency services 000 and/or WA Police Force
- contacting Communities through Central Intake Team (1800 273 889) during business hours or Crisis Care (1800 199 008) out of hours where there are child protection concerns.

Disclosure by a staff member

A disclosure by a staff member can be prepared for by providing clarity for staff about confidentiality and the limits to confidentiality, maintaining current emergency contacts, and providing contact information for appropriate support services including employee assistance providers.

If a staff member discloses concerns with suicidal behaviour or NSSI, staff can:

- facilitate communication with their emergency contact, another identified significant person or a clinician to assist in accessing support and to enable safety
- identify and provide contact information for appropriate support services, including Employee Assistance Program details (See **Appendix 3 - Emergency, consultation and support contacts for staff**)
- liaise with school administration teams and/or region/organisational services if concerned about employee capacity to perform work duties or functions
- contact emergency services or arrange a welfare check through the WA Police Force if necessary.

Some schools and residential settings may have access to manager assistance programs through their Employee Assistance Program, which can provide guidance to leadership on supporting staff. General information for supporting staff in workplaces is available at **Mentally Healthy Workplaces**.

Disclosure by a parent/carer or community member

Disclosures by a parent/carer or community member may require staff to:

- identify and provide contact information for appropriate support services including emergency numbers (see **Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student**)
- encourage communication with a significant person, relative or clinician to assist with accessing support and to enable safety
- If necessary, contact emergency services 000 or arrange a welfare check through the WA Police Force.

Section 5

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."

Responding to suicide in secondary schools: a Delphi Study 2015, page 5 retrieved from **headspace.org.au**

Postvention

Postvention refers to the steps taken after a death by suicide and forms part of an overall response to suicide, comprising prevention, intervention and postvention measures[54]. This may refer to the actions taken following the suspected suicide of a student, staff member or member of the community which impacts the school or residential setting.

The aim of postvention is to provide long-term, multi-faceted support to those affected by suicide. It forms part of a universal approach in a school or residential setting and focuses on mental health and wellbeing, while addressing trauma, facilitating healing and restoring function.

Given the subsequent shock and grief experienced, anyone affected may have difficulty accessing their usual coping strategies.

Staff follow previously developed incident management and/or postvention plans that facilitate preparedness, assesses risks and implements measures to eliminate or reduce the incidence and severity of incidents. All staff should be aware of their roles and responsibilities in a critical incident, including the need to notify school leadership if they become aware of a suspected suicide in the school community.

Staff can consult with their support networks, including interagency colleagues, to manage the impact of a suspected suicide.

- AISWA staff can access support from the AISWA School Psychology Service.
- CEWA staff can seek support from the Psychology, Safety and Wellbeing Team.
- Department of Education staff can access support from School Psychologists, Lead School Psychologists and Coordinators of Regional Operations at regional education offices.

For more information, refer to **Appendix 8 - Postvention operational checklist for immediate response**.

Establish facts

Information of a suspected student suicide may come from a variety of sources.

Once information has been received about a suspected suicide, it is vital information is verified before communicating with the school community. While verification may take time, it is important consultation occurs with relevant system personnel who will support this process (see **Appendix 3 - Emergency, consultation and support contacts for staff**). Verification involves obtaining information from at least 2 reliable sources. These may include:

- WA Police Force
- the parents/carers and/or family of the young person
- an external agency or service (e.g. CAMHS)
- Department of Education's Service Response Branch and/or Incident Support Unit (ISU).

The Department of Education's Service Response Branch coordinates the communication process through which key agencies, services, regions, and schools are notified of a suspected student suicide affecting public, Catholic and AISWA schools. This enables the best possible coordination of services.

Language and school-based communications

All postvention communications with the school or residential setting community should include consultation with the family and the relevant education system or sector.

When planning to communicate with the wider school or residential setting community:

- respect the family's wishes and privacy
- consult with the family regarding terminology to be used when referring to the death
- include information about support services for those who may be impacted
- seek guidance about culturally appropriate communication, such as cultural protocols relating to the use of a deceased person's name.

In deciding on terminology to be used when referring to the death of a student or staff member, the wishes of the family and the context of the school needs to be considered.

Appropriate terms may include 'suspected suicide' or 'believed to be suicide', 'sudden death' or 'unexpected death'.

Public school staff are advised to consult with the Department of Education's media team prior to distribution of any communications, including those shared through social media. In addition, School Psychologists, Lead School Psychologists and the regional offices are available for consultation. CEWA staff can contact the CEWA Media Department for further guidance. AISWA staff should follow school policies and access school resources. Refer to Mindframe[55] and Be You Suicide Response[56] resources for more information on speaking or writing about suicide.

Effective responses

Effective responses in a school or residential setting are tailored to the specific situation and context including[57]:

- providing developmentally and culturally appropriate information to the school or residential setting community
- providing information in small groups where individual support needs can be identified and provided
- providing appropriate avenues for help-seeking and support within and external to the school or residential setting
- providing resources for those impacted
- facilitating natural coping behaviour
- returning the school or residential setting to a normal routine when ready
- identifying the ongoing needs of the school community.

When planning responses:

- respect family needs and privacy
- consult with the family regarding references to the death when providing information to students, parents/carers, and the wider community
- confirm automated messages, such as those facilitating absentee information, reporting or interaction with School Curriculum and Standards Authority (SCSA), are disabled
- provide tailored information to vulnerable students and their families when referring to the support available at school and in the wider community
- consider potential impact and needs of students not attending or disengaged from school
- consider potential impact on students and staff who have recently left the school or residential setting, are absent or on leave
- liaise with and use agency and interagency supports
- conduct staff meetings or briefings
- consider and be responsive to cultural protocols
- identify and use supervised support rooms with staff available to provide one on one support or redirection back to classes
- arrange an operational debrief at an appropriate time in the future.

Further suicidal behaviour is when one suicide can lead to further suicides or suicidal behaviour in the community. The risk of this occurring can be minimised by reporting information accurately and respectfully without glorifying suicide or discussing details such as the location and method.

On receiving information regarding a suspected suicide, it is important that administrators, regional or central offices are alerted to enable timely support for schools, residential settings and students.

Vulnerable groups and individuals

Anyone with current risk factors such as pre-existing mental health issues or poor coping mechanisms, may be especially vulnerable following a suicide. Though it can be difficult to determine which students will be impacted emotionally in response to a traumatic event, it is important to identify, monitor and follow up with students who may be at risk following a traumatic event[58].

The following factors are important to consider in identifying those students who are most likely to present with symptoms of trauma. Students with one or more of these factors are at particularly increased risk[59]:

- students who witnessed the event, discovered the deceased or thought their own life was at risk
- close friends, neighbours and family members who knew the deceased well or were in contact shortly before the event
- students with poor coping or problem-solving skills, lack of social support, history of mental illness, suicidal ideation, trauma or loss.

This also applies to school staff and members of the school community.

Following a suicide, in addition to usual feelings of sadness and loss, student reactions[60] can include:

- distress or confusion over how they should be feeling or what they should be saying
- relating to the perceived pain of the deceased
- wanting to talk or find out more about the death
- being reminded of previous losses or experiences
- sleeping difficulties
- guilt (from not having prevented the death or helping the student)
- depression and preoccupation with blaming others (e.g. other students, parents or teachers)
- fear that their friends may do the same
- increased susceptibility to media portrayal of violence or tragedy
- sharing misinformation and speculating on details
- changes in behaviour and mood.

Staff can support students bereaved by suicide by:

- listening, being empathetic and patient
- assisting young people to understand that a range of feelings and responses are normal
- promoting help-seeking and linking with appropriate supports
- encouraging helpful coping strategies
- maintaining a normal routine where possible
- facilitating an environment that creates a sense of safety and security
- providing age-appropriate information which does not focus on detailed descriptions of how the person died
- using non-judgemental language that avoids glamorising suicide
- taking appropriate actions if there are wellbeing concerns, including risk of suicide and NSSI.

For more information on supporting students and the school community, refer to **Be You Suicide Response** resources.

Funerals and memorial services

Student and staff involvement in funerals and memorial services will vary according to the wishes of the family, cultural and religious observances, and the context of the school or residential setting community.

Key considerations include:

- communication with the community regarding funeral arrangements should occur in liaison with the family of the deceased student
- should schools or residential settings choose to hold a service for a student or staff member who has died by suspected suicide, parents/carers should be informed and this should be voluntary for students. In a school, this occurs outside of normal scheduled classroom time e.g. lunch, after school
- schools and residential settings with churches, chapels or other places of worship located on their premises should be mindful of the potential impact of students being exposed to services for individuals who have died by suicide
- students who wish to attend any public funeral or memorial service should do so in consultation with and supported by their family
- for Aboriginal students and staff, it is recommended that advice be sought from Aboriginal families and community organisations about cultural healing processes and facilitating opportunities if desired.

For more information, refer to **Be You Suicide Prevention and Response**.

Permanent memorials

With regards to permanent memorials on school or residential setting sites, it is recommended that there is a consistent policy for all deaths.

Students may feel that a permanent memorial is an appropriate and respectful way to honour a student who has died by suicide. However, permanent memorials erected on a school or residential setting site such as plaques, perpetual scholarships or events, statues, trees and gardens[61] can be constant and unnecessary reminders of loss for existing and new school community members. Living memorials such as donations to charitable organisations or research foundations can be encouraged in their place.

Social media

One of the ways staff can support students and families following a suspected suicide is to be aware of the potential impact of social media. Use of technology means that information can be distributed quickly and to a wide audience at all hours of the day. Social media travels across geographical, cultural, social and economic boundaries and can cause disturbance in the school community even with strategies in place.

As far as practical, schools and residential settings can monitor social media posts and use their own sites to encourage help-seeking, promote social support networks and provide proactive ways to share accurate information and promote mental health and wellbeing.

For more information refer to the **Be You Media and Social Media** resources and **Orygen #chatsafe resources**.

Monitor social media activity:

- where possible, link with and work alongside friends and family to facilitate respectful and positive help-seeking and access to support services
- identify the administrator of any online memorial page and encourage respectful use, monitoring, help-seeking and general mental health and wellbeing promotion
- identify potential concerns, including inaccuracies and rumours, disrespectful comments, posts indicating that other students may be at risk and information about student-organised gatherings.

Respond to concerning content:

- work with students and parents/carers to promote the respectful use of social media and the importance of reporting concerning messages that may indicate or create risk. Refer to existing **eSafety Commissioner** messages used by the school or residential setting
- raise awareness and provide suitable avenues for responding to or reporting trolling or other offensive content.

Distribute help-seeking information

- Share information about support services offered at the school or residential setting in the community and online.
- Share material promoting positive mental health and wellbeing and suicide prevention (See **Appendix 9 - Postvention resources and services**).
- Seek advice if contact is made by journalists for comments or confirmation of details about a suspected student suicide. Public schools should contact the Department of Education's media team.
- Seek advice from local Aboriginal Elders, families and community organisations about culturally responsive approaches to supporting students, staff and families.

Section 6

Linking with acute services

"Suicide is preventable. To achieve the goal of reducing the rate of suicide attempts and deaths by suicide among Western Australians, it is vital that we work in partnership. We must do this together."

Hon Roger Cook MLA Deputy Premier and Minister for Mental Health.
Western Australian Suicide Prevention Framework 2021-2025, page 9

Supportive networks

Young people experiencing significant suicidal behaviour or NSSI typically have complex needs requiring coordinated support.

A young person may be at heightened risk of suicidal behaviour while they transition from emergency or inpatient settings to supports and services in the community. Returning to home and school from an acute setting is an important step in recovery from a mental health crisis. The systemic cooperation required for this transition needs to be responsive and flexible[62,63]. As always, cultural considerations are important.

Responding to frequent suicidal behaviour or NSSI is demanding for staff and families. Utilising a case management approach, which gives consent to ongoing collaboration with the parent/carer and any external agencies, including private service providers such as psychologists, enables routine intervention and the opportunity to escalate intervention when needed (see **Appendix 1 - Consent for schools or residential settings to exchange information with external providers**).

Case coordination of services aims to achieve seamless service delivery through collaboration between staff, family and service providers. This wrap-around approach promotes engagement of students with mental health support needs. It is important for schools, residential settings and external agencies to identify key contacts for communication at the time of re-entry to school from acute settings and for ongoing planning and review.

Other considerations include:

- involving the student in decision making and determination of support processes and planning where possible
- establishing information channels which can alert the parent/carer and any external agencies and service providers to changes in presentation and significant incidents that impact risk management
- understanding individual risk factors, in light of predisposing factors including mental illness, developmental history, family history of suicide
- regularly reviewing foreseeable risks, especially following an incident/disclosure
- sharing student-centred plans and organisational plans, including risk management plans, to coordinate actions with external agencies and external service providers
- recognising different mental health disorders may require highly individualised responses and support strategies
- the heightened vulnerability of students with chronic suicidal behaviour or NSSI in the event of a traumatic incident, such as an attempted suicide or death by suspected suicide in the family, at the school, residential setting or in the broader community
- the ongoing impact on staff, family and peers and the potential need for them to access ongoing support.

The following sections outline some of the key acute services available to schools, residential settings, students and their families through the Child and Adolescent Health Services (CAHS).

CAMHS Crisis Connect

This service provides phone and online video call support for children and young people in the Perth metropolitan area up to their 18th birthday who are experiencing a mental health crisis as well as support and advice to families, carers and professionals, including school and residential staff.

CAMHS Crisis Connect is a free service available in the Perth metropolitan area, 24 hours a day, 7 days a week. The service is operated by a mental health clinical nurse specialist and consultant child and adolescent psychiatrist.

Phone: 1800 048 636
Website: **CAMHS Crisis Connect**

Young people in the Perth Metro and Peel areas aged 18 years and over, call the **Mental Health Emergency Response Line (MHERL)**

Metro: 1300 555 788
Peel: 1800 676 822

WA Country Health Service (WACHS) Mental Health Emergency Telehealth Service (MH ETS)

In rural, regional and remote areas of Western Australia, the WACHS MH ETS provides WA country doctors and nurses with 24 hours a day, 7 days a week access to specialist mental health nurses and psychiatrists to support people of all ages presenting to hospitals and nursing posts.

Phone: (08) 6217 5458 (Administration Office)
Website: **WACHS Mental Health Emergency Telehealth Service**

Rurallink

Out of hours mental health support in rural, regional and remote areas is available through Rurallink. This service is offered from 4.30 pm to 8.30 am Monday to Friday and 24 hours a day on weekends and public holidays. During business hours, callers will be connected to their local community mental health clinic.

Phone: 1800 552 002
Website: **Rurallink**

Acute Mental Health Inpatient Unit – Perth Children's Hospital

This service provides statewide support for children and young people under the age of 16 with acute mental health concerns. Referral to the unit is through the local community mental health service or hospital emergency department.

Phone: (08) 6456 2222 (PCH switchboard)
Website: **pch.health.wa.gov.au**
Mental Health Inpatient Unit (Ward 5A) Information for Schools

Mental Health Youth Unit – Fiona Stanley Hospital

This service provides statewide support for young people aged between 16 to 24 years with acute mental health concerns. Referral to the unit is made through the local community health service or hospital emergency department.

Phone: (08) 6152 2222 (Fiona Stanley Hospital Helpdesk)
Website: **Mental Health Youth Unit**

East Metropolitan Youth Unit

This service provides support for young people aged between 16 to 24 years with complex and acute mental health concerns.

Phone: (08) 9416 3666
Website: **East Metropolitan Health Service - East Metropolitan Youth Unit (EMyU)**

Joondalup Mental Health Unit

This service provides support for young people aged between 16 to 24 years with acute mental health concerns. Referral can be through the emergency department or directly through general practitioners, community mental health teams or mental health professionals.

Website: **Mental Health Services (Joondalup Health Campus)**

School of Special Education Needs: Medical and Mental Health

School of Special Education Needs: Medical and Mental Health (SSEN: MMH) provides educational support for all students whose medical or mental health prevents them from engaging in their enrolled school programs.

The service is available to students from government and non-government schools. Referrals are received through the Department of Health with parental consent to provide ongoing learning support and facilitate links between key contacts upon return to school.

Website: **ssenmmh.wa.edu.au**

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Appendices

Editable templates are available for all education sectors.

For more information, contact your sector's psychology service.

Appendix 1 - Consent for schools or residential settings to exchange information with external providers

Consent for schools or residential settings to exchange information with external providers

Student Name:		School:	
Parent/guardian:		DOB:	
Address:		Year:	
Phone:		Case Manager:	

Schools or residential settings safeguard the confidentiality of information obtained to make appropriate educational adjustments to support students' needs while at school. They also respect the privacy of information held or obtained by others.

For this reason, consent is sought to release or obtain information about students from agencies, GPs, psychologists or other services involved in caring for your child. This information will be used by staff to make appropriate educational and wellbeing adjustments to support your child's needs while at school or in a residential setting. Any information collected may be accessed by relevant staff and the external care providers named below.

The information collected will not be given to any other person or agency unless you have given permission, or staff are authorised or required by law to do so. The information on this form will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how the information has been used, please contact the school or residential setting in the first instance.

If you have a concern or complaint about the way this personal information has been collected, used, stored or disclosed, please also contact the school or residential setting in the first instance. The consent provided in this form can be withdrawn at any time.

As the parent/guardian of the above student, I/we give the following consent for:

Staff member:	
Staff member:	

☐ to provide information to (please tick)	☐ to receive information from (please tick)
Agency/GP/Psychologist/Service:	
Name:	
Address:	

☐ to provide information to (please tick)	☐ to receive information from (please tick)
Agency/GP/Psychologist/Service:	
Name:	
Address:	

Parent/guardian signature:	
Date:	

Appendix 2 - Quick reference guide for schools: Responding to student suicidal behaviour and NSSI

Quick reference guide for schools: Responding to student suicidal behaviour and NSSI

ALL STAFF

Student discloses suicidal behaviour (ideation, verbalisations, actions, suicide attempt) and/or non-suicidal self-injury.

Direct disclosures can include verbalisations to a staff member or observations of a concern.
Indirect disclosures are received through a third person (e.g. peer, service provider, parent/carer).

For information on disclosures out of school hours please refer to Section 2 of the Guidelines.

Keep the student safe (see student safety box for further information)
Follow risk management plan (RMP) if there is one in place
Inform nominated staff member

Student safety

Considerations for student safety
- if necessary, contact emergency services (e.g. 000, WA Police) and follow incident management procedures
- locate the student, if necessary
- provide suitable adult supervision
- follow any student plans in place
- contact parent/carer
- other actions, as needed, to support safety of student, peers and staff.

NOMINATED PERSON / STUDENT SERVICES / ADMINISTRATION

Gather further information from student and/or others as needed (see suicide risk assessment box)
Provide student with support information and emergency response/helpline numbers
Consult with appropriate staff and/or others on consultation list as required.

Contact parent/carer
(check system for any access restrictions)
- call parent/carer to discuss concern
- emphasise the importance of a supportive response to their child's disclosure
- gain consent for suicide risk assessment - refer to SRA information for further details
- recommend external SRA if a staff member is not available or if parent/carer declines one at school
- recommend parent/carer monitoring of the student and provide support information, emergency response/helpline numbers.

If contact with parent/carer cannot be made
- contact emergency contacts if a suitable adult is not contactable, consult further to determine actions to be taken.

Concern about contacting parent/carer
Consult with appropriate school staff (including principal or nominee) and others on consultation list to ascertain further actions before contacting parent/carer
- actions will depend upon context and outcome of consultations
- where there are child protection concerns, consulting with or reporting to the Department of Communities (Communities) may need to be considered.

Suicide Risk Assessment (SRA)

Only a person with appropriate training can undertake an SRA. Where an SRA is undertaken at school
- discuss limits of confidentiality with student
- provide student with support information, emergency contact numbers/helplines
- discuss support options within and external to the school
- contact parent/carer and discuss recommendations before student leaves the school
- when further assessment is indicated, gain consent from parent/carer to provide relevant information to the external service provider/hospital where possible.

NOTE: When an SRA is not able to be undertaken (e.g. student does not engage) actions to support student safety can still occur.

Limited parent/carer support for recommended actions
Consult with appropriate school staff (including principal or nominee) and/or others to ascertain further actions which may include
- further contact with parent/carer to reiterate concerns, the need for parent/carer monitoring of student and reinforce support information and helplines/emergency response numbers
- consultation and/or referral to external agencies for advice and support
- where there are child protection concerns, consulting with or reporting to Communities may need to be considered.

Risk management planning and return to school
- consider a return to school meeting (e.g. following change in risk or discharge from hospital) which includes relevant school staff, parent/carer, external support agencies and student, where appropriate
- consider the need for risk management planning to support student safety
- planning may include the development or review of an individually tailored RMP or other planning for support to enhance student safety in collaboration with all relevant parties, where possible
- communicate any planning and actions, to the family, school staff and external agencies.

Actions for consideration in all cases
- update the principal (or nominee) on actions and outcome
- follow up with and offer support to any students and staff who may have been impacted by the disclosure or incident
- consider own wellbeing and self-care needs. Seek support as needed
- identify potential social media activity where possible, and plan or respond as needed
- obtain parent/carer consent to share information about the incident or disclosure with any relevant external service provider
- confirm with parent/carer if recommended actions have occurred
- consider whether a Reportable Incident (non-government schools) or Online Incident Notification (public schools) is required
- document actions in line with school and system requirements and store securely.

Monitor and review
- continue to monitor and provide support to the student and any other impacted students/staff as needed
- continue to liaise with parent/carer and external service providers where appropriate.

Appendix 3 - Emergency, consultation and support contacts for staff

Emergency, consultation and support contacts for staff

Adapt for local context

	Contact numbers
Telephone 000 for emergencies	
School or residential setting contacts	
Staff name/title	
Nominated staff member/s	
AISWA	
Lead Psychologist - AISWA School Psychology Service	0417 148 397
School psychologist	
Employee assistance program	
CEWA	
Chief Psychologist, Psychology, Safety and Wellbeing	6228 6675 or 0477 900 475
School psychologist	
Employee assistance program	1300 687 327
Public school contacts	
School psychologist	
Lead School Psychologist	
Service Response - Suicide Prevention	9402 6433
Service Response - Child Protection	9402 6124
Regional Education Office	
Pastoral Critical Incident Response (PCIR) - YouthCARE	0407 413 855
Media advice and support	9264 5821
Employee assistance program (PeopleSense)	1300 307 912
Manager assistance program (PeopleSense)	1300 307 912
Local contacts	
Department of Communities local office	
Child and Adolescent Mental Health Service (CAMHS)	
Medical Service	
Interpreter Service	
Emergency and agency contacts	
CAMHS Crisis Connect (metropolitan children and young people - 24/7)	1800 048 636
Department of Communities Central Intake Team (statewide)	1800 273 889
Department of Communities Crisis Care Service (after hours)	1800 199 008
Mental Health Emergency Response Line (MHERL)	1300 555 788
Mental Health Emergency Response Line (MHERL Peel)	1800 676 822
Rurallink (all ages regional, rural and remote areas)	1800 552 002
WA Police Force (non-life-threatening assistance)	131 444
WA Poisons Information Centre	13 11 26
Alcohol and Drug Information Service	9442 5000 or 1800 198 024 (Country)
Sexual Assault Resource Centre (SARC)	6458 1828 or 1800 199 888
Hospital and emergency departments	
Local Hospital	
Under 16 years old, present to Perth Children's Hospital (PCH) emergency department, 24 hours. Over 16 years old, present to any local hospital emergency department, 24 hours. People of any age in country areas, attend local hospital emergency department 24 hours.	

Appendix 4 - Emergency, consultation and support contacts for sharing with parent/carer/student

Emergency, consultation and support contacts for sharing with parent/carer/student

Adapt for local context

	Contact numbers
Telephone 000 for emergencies	
13YARN Crisis support line for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping (24 hours, 7 days)	13 92 76
CAMHS Crisis Connect (metropolitan children and young people 24/7)	1800 048 636
Department of Communities Crisis Care Service (after hours)	1800 199 008
Headspace online and phone support (12-25 years old)	1800 650 890
Health Direct (24/7)	1800 022 222
Kids Helpline (5-25 years old, 24/7)	1800 551 800
Lifeline (All ages, 24/7)	13 11 14
Mental Health Emergency Response Line (MHERL)	1300 555 788 (Metro) 1800 676 822 (Peel)
WA Poisons Information Centre (24/7)	13 11 26
Rurallink (All ages regional, rural and remote areas)	1800 552 002
Suicide Callback Service (15 years old and over, affected by suicide)	1300 659 467
QLife (3pm to midnight)	1800 184 527
Local CAMHS or WACHS CAMHS	
Additional Resources	
Beyond Blue	
Black Dog Institute	
Everymind	
headspace	
ReachOut	
Sane	
Transforming Families	
RightByYou	
Perth Aboriginal services – mental health services (healthywa.wa.gov.au)	
Ngala Parenting Line	(08) 9368 9368 (Metro) 1800 111 546 (Country)
Thirrili National Indigenous Postvention Support	1800 805 801
Hospital and emergency departments	
Local Hospital	
Under 16 years old, present to Perth Children's Hospital (PCH) emergency department, 24 hours. Over 16 years old, present to any local hospital emergency department, 24 hours. People of any age in country areas, attend local hospital emergency department 24 hours.	

Appendix 5 - School risk management plan example template A

School risk management plan example template A

Adapt for local context

School header					
Confidential Student Risk Management Plan					
Student details					
Name:		DOB:		YR:	
Principal:		Teacher/Year Coordinator:			
Parent/carer:		Contact:			
Parent/carer:		Contact:			
Date of implementation:		Review date:			
Nominated staff member/s					
Name/title:		Contact:			
Name/title:		Contact:			
Student support staff					
Name/title:		Contact:			
Name/title:		Contact:			
External contacts					
Emergency: 000	Consultation numbers: *(e.g. CAMHS Crisis Connect; Rurallink)*		External agencies:		
Student information					
This section may be used to share information about the student, relevant to supporting safety e.g. identified stressors, coping strategies.					
Identified risks and strategies to support student safety at school					
Context/environment	School strategies		Home strategies *(where appropriate)*		
Signatures					
Parent/carer:		Student: *(where appropriate)*			
Administration:		Student Services:			
Teacher/s:		Other staff:			
Other staff:		Date:			

Appendix 6 - School risk management plan example template B

School risk management plan example template B

Modify the template as needed for the student's needs and situation. If numerous strategies are required, consider whether Appendix 5 – School risk management plan example template A or Appendix 7 – Risk management plan for residential settings example template C are more appropriate.

[Insert recipient name]

[Insert student name, year group] - Confidential

Recently, there have been some concerns raised about [student name]'s wellbeing [insert additional information about concerns/risks, as needed]

To support [student name]'s safety at school, please monitor them in class and notify [staff member name and contact number] of any concerns or changes in their behaviour, communication or mood as soon as possible.

Strategies to support safety include: [match strategies to student need and situation as appropriate]

- If [student name] is expected in class but not present, please inform [staff member name] at the beginning of class.
- [further strategies as appropriate].

While [student name] is aware that additional strategies are in place for them, please do not discuss this communication directly with them.

If you have any questions or would like to discuss this further, please contact [staff member]. Thank you for your support.

[Nominated Staff Member]
[Job Title]
[Date]

Appendix 7 - Risk management plan for residential settings example template C

Risk management plan for residential settings example template C

Adapt for local context

Residential setting header					
Confidential Student Risk Management Plan					
Student details					
Name:		DOB:		YR:	
Date of implementation:		Review date:			
Parent/carer information *(include business hours/after hours)*					
Name:		Contact:			
Name:		Contact:			
Emergency contact:		Contact:			
Student's school information and key contacts					
School name:		Contact:			
Staff name/title:		Contact:			
Residential setting nominated staff member/s					
Name/title:		Contact:			
Name/title:		Contact:			
Residential setting support staff *(if applicable)*					
Name/title:		Contact:			
Name/title:		Contact:			
External contacts					
e.g. Emergency 000 *(include any relevant agencies and consultation contacts)*					
Student information					
This section may be used to share information about the student, relevant to supporting safety e.g. identified stressors, coping strategies etc.					
Identified risks and strategies to support student safety in the residential setting					
Context/environment	Residential strategies	Home strategies *(where appropriate)*	School strategies *(where appropriate)*		
Signatures					
Parent/carer:		Student: *(where appropriate)*			
Principal/manager:		Other staff:			
Other staff:		Date:			

Appendix 8 - Postvention operational checklist for immediate response

Postvention operational checklist for immediate response

Adapt for local context

Establish facts:

☐ establish communication with parent/carer/guardian and obtain permission to inform and disclose information

☐ sensitively discuss preferences for language used such as suspected suicide or sudden death

☐ confirm information through relevant system personnel from at least 2 reliable sources (e.g. family, WA Police Force, external agency, Department of Education Service Response Branch).

Activate:

☐ convene school critical incident/crisis management team

☐ refer to and follow Incident management /Crisis management plans already in place.

Communicate:

☐ Inform relevant system personnel:
- Public schools inform their regional education office and submit an Online Incident Notification.
- CEWA schools inform Team Leader, Psychology, Safety and Wellbeing.
- AISWA schools may wish to advise AISWA Executive and seek support from AISWA School Psychology Service.

☐ Develop communications (e.g. scripts/letters) and inform staff, students and families. Include relevant facts, common responses to a traumatic event such as death, and help-seeking information within and external to the school. Ensure communications do not describe the method or location of the suicide.

- Seek advice through relevant system personnel prior to distributing communications to the school community.
- Public schools consult with the regional education office, School Psychology Service and Service Response. Service Response will liaise with the Department of Education's media team.
- CEWA Schools consult with the CEWA Psychology Team and Communications and Marketing Team.
- AISWA schools liaise with AISWA Executive and School Psychology Service as relevant.

Support:

☐ identify and support close contacts, vulnerable students and staff

☐ identify and arrange internal and external support for students and staff as required

☐ monitor own self-care needs.

Confirm:

☐ confirm automated messages about the student, such as those facilitating absentee information, reporting or interaction with the School Curriculum and Standards Authority (SCSA) are disabled

☐ school communications and postvention actions are documented in line with school and system requirements

☐ schedule time to reconvene school critical incident/crisis management team.

Appendix 9 - Postvention resources and services

Postvention resources and services

Adapt for local context

External Resources for Schools
Be You Suicide Prevention and Response Resources for supporting schools in suicide prevention, including a toolkit for suicide response.
Conversations Matter Community and professional resources for having safe and supportive discussions about suicide.
Mindframe National Media Initiative Information on safely communicating about suicide and mental health.
Resources for online safety
Orygen #chatsafe Guidelines for supporting young people to safely communicate about suicide online including memorials, language, sharing lived experience and responding to others.
Office of the eSafety Commissioner Resources for eSafety, including reporting of cyberbullying, image-based abuse, offensive and illegal content.
Services
13YARN Crisis support for Aboriginal and Torres Strait Islander people. Free and confidential service available 24/7 to talk with an Aboriginal or Torres Strait Islander Crisis Supporter. Phone:13 92 76
Anglicare's Active Response Bereavement Outreach (ARBOR) Support service for adults recently bereaved by suicide, including grief counselling, peer support and support groups. ARBOR can also offer the services of an Aboriginal counsellor. Phone: 1300 11 44 46
Anglicare's Children & Young People Responsive Suicide Support (CYPRESS) Support service for metropolitan students aged between 6 and 18 years old bereaved by suicide. Support is provided through outreach, counselling, peer support and support groups. Phone: 1300 11 44 46
Be You Suicide response support for secondary schools. Assists school staff to prepare for, respond to and recover from the impact of a death by suicide. Phone: 0477 769 352 (WA) 1800 688 248 (national)
Coroner's counselling service Counselling and support, including understanding the coronial process.
Pastoral Critical Incident Response (PCIR) YouthCARE PCIR chaplains provide emergency support during critical incidents such as bushfires, sudden death, suicide and serious assault. Phone: 0407 413 855
Thirrili National Indigenous Suicide Postvention Service Thirrili is an Aboriginal and Torres Strait Islander organisation who provide postvention service response and community capacity building services. Phone: 1800 805 801
Youth Focus Free, face-to-face and web-based professional counselling service for young people aged between 12 and 25 years old who may be experiencing suicidal thoughts, depression, anxiety and self-harm. Phone: (08) 6266 4333

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