

What is Suicide?

Suicide is death caused by injuring oneself with the intent to die. A suicide attempt is when someone harms themselves with any intent to end their life. Attempted suicide is where an individual harms themselves but they do not die because of their actions. Many factors can increase the risk for suicide or protect against it happening/recurring.

Suicidal thoughts can range from being preoccupied by abstract thoughts about ending one's life, to thinking about methods of suicide, or making clear plans to take one's life. Means of suicide refers to the method used by an individual to end their own life.

Alarming Statistics

- Suicide is the leading cause of death in young people under the age of 35 in the UK. Suicidal thoughts are common among young people, with as many as one in four reporting that they had thought about taking their own life and an estimated one in ten having made a suicide attempt.
- In February 2021 it was reported that at least 7% of young people have attempted suicide by the age of 17.
- Statistics also show that considerably more males than females will take their own life. The number of suicides also rise as young people approach their late teens to early 20's.
- Further, research shows that the number of Learners disclosing a mental health problem in their first year has increased 5-fold in the past 10 years.
- 9% of under 20-year-olds who died have been looked after children.

The following factors can increase an individual's risk of suicide:

- Family factors such as mental illness
- Abuse and neglect
- Relationship breakdown
- Domestic Abuse
- Bereavement and experience of suicide
- Bullying
- Suicide related internet use
- Debt and financial insecurity
- Academic pressures (especially related to exams)
- Social isolation or withdrawal
- Physical health conditions that may have social impact
- Alcohol and illicit drugs
- Mental ill health, self-harm, and suicidal ideas, post-traumatic stress disorder, bipolar disorder, schizophrenia, anxiety disorder, depression.

Why are Learners vulnerable?

Learners are vulnerable because this is a time of significant change but also it is the peak age of onset for many mental health disorders. Other contributory factors include contagion – exposure to suicide and self-harm - as well as a known tendency for clustering of suicidal behaviour in young people. There is a media bias towards reporting of suicides in Learners which may lead to a risk of normalisation of suicidal behaviour.

Suicide occurs across all demographics including age, gender, ethnic background, sexuality, profession etc. Therefore, although this policy focuses on Learners, it also takes account of the needs of all members of the JGA community.

JGA's Role

This policy is intended to assist suicide prevention by encouraging a culture of hope and compassion, enhancing confidence in dealing with the subject of suicide and reducing stigma around suicidality and its contributing factors. We recognise that we play a vital role in helping to prevent suicide and want to make sure that our Learners and staff are as suicide safe as possible, ensuring that all our staff including management, delivery and support staff and other key stake holders are aware of our commitment to be a suicide-safer provision. The policy cannot cover all eventualities and it is recognised that not all suicide is preventable. The policy aims to minimise suicide and attempted suicide in so far as is possible.

Postvention

Postvention means interventions taking place after a suicide has occurred to address the care of bereaved survivors, caregivers, and health care providers; to destigmatize the tragedy of suicide and to assist with the recovering process; and to serve as a secondary prevention effort to minimize the risk of subsequent suicides due to psychological responses including contagion. Postvention efforts also enhance suicide prevention by providing support to the survivors.

Suicide Cluster

The term “suicide cluster” describes a situation in which more suicides than expected occur in terms of time, place, or both. It is difficult to precisely define a cluster. A suicide cluster usually includes 3 or more deaths; however, 2 suicides occurring in a specific community or setting in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected).

Stigma

JGA recognises that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. JGA is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful, or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit people in seeking and finding appropriate help when it is most needed.

The Importance of Safety

We know that people who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). People experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. JGA wants to work with our Learners and staff who may be thinking about suicide or acting on their thoughts of suicide. We want to support them, working in partnership with other professionals where this may enhance suicide safety/prevention. Talking about suicide does not in itself create or worsen risk. We will provide our Learners and staff with opportunities to speak openly about their concerns with people who are ready, willing and able to support them. We want to ensure it is possible for everyone to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops anyone from seeking the help they need when they are struggling with thoughts of suicide.

Support

We will provide a range of support for our staff and Learners which is accessible and culturally appropriate for those who are experiencing difficulties. This supplements but does not replace statutory support available. We will keep our support services under regular review to ensure that they remain relevant and appropriate.

Communication

We recognise the importance of openness and will encourage Learners to involve parents, guardians and others whom they trust early if they are feeling distress. We encourage good communication between all parts of the organisation who are involved with student welfare. We will ensure that we signpost all the available support available to staff and Learners in all relevant areas of the organisation, including both support provided by JGA and that available externally. Above all, we will promote an awareness that staff are not dismissive of any communications a learner has, however brief, about suicidal thoughts and to treat it seriously.

Misconduct, Hate Crime, Bullying and Harassment

We aim to prevent all forms of misconduct, hate crime, bullying and harassment as these actions can potentially have an effect on someone's mental health and can lead to suicidal thoughts. We will take action to educate and inform Learners and staff on these matters so that we promote open, inclusive, accessible communities. Our Bullying and Harassment Policy reflects JGA's commitment to the importance of mutual respect and dignity of all staff, learners, visitors and members of the learning community in their work and interactions with others. We will regularly review our reporting and recording systems to ensure they are fit for purpose.

Alert

We aim to be alert to signs and vulnerabilities and have systems in place to ensure that patterns of difficulty are noticed where possible. Staff receive training on safeguarding topics which includes recognising changes in behaviour/demeanour of learners and other staff.

Awareness

We will ensure that all staff have access to training which increases awareness around suicide and enables them to signpost learners and colleagues appropriately and we will provide support mechanisms for staff at intervention and postvention level. We will raise awareness around openness, spotting the signs, appropriate language and similar throughout JGA. We will ensure that our wellbeing and student support staff receive help to develop their skills in recognising when a person may be close to suicide and working in such a way as to enhance safety at all times, whether suicidal thoughts are disclosed or not.

Information Sharing

We will keep our policies around consent and information sharing under review in order to balance the safety of those and risk against individual autonomy.

Postvention

Our leadership team will be clear about how we will respond in the event of a suicide. Each member of our response team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media. JGA will be aware of the importance of the most appropriate way to communicate regarding a suicide and will take into account the Samaritans' Media Guidelines for Reporting Suicide: [Media Guidelines FINAL.pdf \(samaritans.org\)](#).

Our Senior Leadership Team will understand what a suicide cluster is and know when to be concerned that one may be emerging. It will be aware of and pay heed to the guidance issued by Public Health England 'Identifying and responding to suicide clusters: A practice resource'.

Equality

Consideration is given to the protected characteristics of all people groups identified in the Equality Act 2010, i.e., **gender, age, race, disability, sexual orientation, religion/belief, pregnancy and maternity and marriage/civil partnership**. JGA recognises the need for specific measures to ensure the safety of each of these groups.

Unhelpful language to use when asking about suicide

"You're not thinking of doing something stupid /silly are you?" This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and furthermore, that they are stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.

Other unhelpful terms include:

- **Committed Suicide**

Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – young people will be less likely to talk about their suicidal feelings if they feel judged.

- **Unsuccessful or failed suicide**

People who have attempted suicide often feel, "I couldn't even do that right... I was unsuccessful, I failed". In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure. "It's not that serious." Every suicide attempt is serious. By definition they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person was in so much pain they no longer wanted to live.

- **Attention seeking**

This phrase assumes that the person's behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicidal behaviour is serious. People who attempt suicide need attention, support, understanding and help. "It was just a cry for help." This dismissive phrase belittles the person's need for help. They may feel they are not being taken seriously, which can be dangerous.

Responding to a suicide attempt

If the danger for self-harm seems imminent, ensure that the person in danger is not left alone and **call 999**.

- Notify the Designated Safeguarding Lead immediately. They will update the HR Manager and senior manager with responsibility for Safeguarding.
- Stay with the person (or ensure they are in a private and secure place with another caring person, this may be somebody known to them) until professional help arrives. Once professional help arrives, ask the person if they would like you to remain with them or not.
- Help by asking the person if there is anyone they would like to call. Offer space for them to make this call.
- Be available to provide prompt, accurate information to emergency services, as they respond.

Signposting

- Designated Safeguarding Lead/Deputy: Paula Wakelin (DSL)/Richard Brady (DDSL): Safeguarding@jga-group.co.uk
- SAMARITANS - 24 hour confidential listening service providing emotional support for anyone in crisis. Tel: 116 123 <https://www.samaritans.org/>
- CALM – Confidential and anonymous support for men. Tel: 0800 585858 <https://www.thecalmzone.net/>
- PAPYRUS – Confidential helpline for under 35 years at risk of suicide or anyone concerned about a young person. Tel: 0800 068 4141 <https://www.papyrus-uk.org/>
- LGBT SWITCHBOARD – listening service for the LGBT community via phone, email or instant messaging. Tel: 0300 330 0630 <https://switchboard.lgbt/>
- HPFT SINGLE POINT OF ACCESS – mental health support anytime of the day or night whether you are experiencing a mental health crisis, need mental health support or just want to talk 0800 6444 101 <https://www.hpft.nhs.uk/get-help/>
- SHOUT – free crisis text service for anyone, anywhere <https://www.crisistextline.uk/>
- KOOTH – free safe and anonymous online support for young people <https://www.kooth.com/>
- NHS HELP & ADVICE – help with suicidal thoughts <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/help-for-suicidal-thoughts/>
- MIND – charity organisation that supports individuals with mental health or anyone who is supporting another person <https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/helplines-listening-services/>

Associated JGA Policies:

Safeguarding and Prevent, Online Safety, Bullying and Harassment, Equality, Diversity & Inclusion, Whistleblowing, Health and Wellbeing, Health and Safety

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