

# 01 Background:

Suicide is complex, rarely caused by one thing, and suicide prevention is also complex. We need to understand who is at risk and when, the stresses and settings, and the response of services.

# Factors present:

Cases where a child/young person had taken their own life they all had an adverse factor in more than one of the following categories:

- Existing mental health needs of the child
- Previous suicide attempts or non-suicidal self-harm
- Family functioning including parental mental health and substance misuse
- Poor information sharing/communication between professionals
- Loss or conflict with key relationships
- Problems with the law or drug/substance misuse
- Negative social media or internet use
- Sexual orientation/identity/ gender or sexual identity
- Abuse and neglect
- Problems at schools/ Bullying
- Chronic health conditions
- Neurodevelopmental conditions ADHD/ASD

# 02

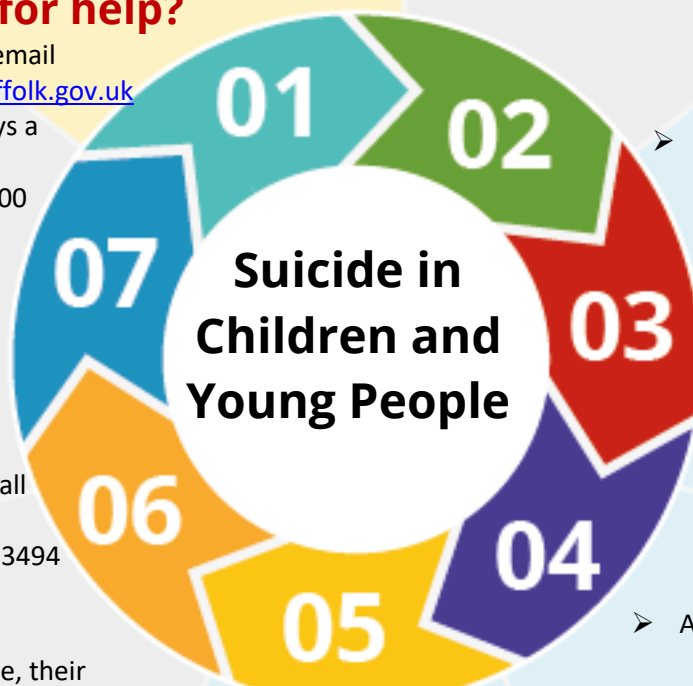
# 07 Where to go for help?

- ✓ **Suicide prevention training** – email [Suicidepreventiontraining@suffolk.gov.uk](mailto:Suicidepreventiontraining@suffolk.gov.uk)
- ✓ **Samaritans:** call 116 123 (7 days a week, 24 hours a day)
- ✓ **Suffolk Mind:** call 0300 111 6000 (Mon to Fri, 9am to 5pm)
- ✓ **Suffolk Wellbeing:** call Suffolk 0300 123 1781 or Norfolk & Waveney on 0300 123 1503
- ✓ **Kooth** - online counselling service for young people
- ✓ **Papyrus** - 0800 068 4141
- ✓ **Bereaved by Suicide Service:** call 08 08 16 89 111
- ✓ **NSFT First Response** 0808 196 3494

# 03

## Key points:

- Child suicide is not limited to certain groups; rates are similar across all areas urban and rural, and across deprived and affluent neighbourhoods. However, we have seen clusters of suicides in towns or schools so it's important to be extra vigilant following the suicide of a young person. Make time to listen and talk to young people locally about what has happened, how they feel.



## Warning signs

- Talking or writing about death, dying or suicide/planning ways to end their life
- Feeling hopeless or having no reason to live
- Talking about being a burden to others
- Talking about feeling trapped or in unbearable pain
- Increasing use of alcohol or drugs
- Suddenly very much 'recovered' after a period of depression
- Visiting or calling people unexpectedly to say goodbye
- Setting their affairs in order/giving things away

- Awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home.
- Check if your organisation/school has an anti-bullying policy. Does it include guidance on how to assess the risk of suicide for children and young people experiencing bullying and when to call a multi-agency meeting to discuss individual children/young people
  - Check out local policies on information sharing and escalation. Do they include how children and young people at risk of suicide can be identified and supported?
- Children and young people may not be in contact with mental health services but may still be at risk of suicide

## What to do

- Listen to children, young people, their friends and family. Don't dismiss their concerns.
- Wherever possible talk to a young person at risk face to face.
- Provide safe and accessible spaces for children and young people to talk
- If you see someone distressed or struggling to cope, talk to them you won't make things worse.
- Seek help- make sure any referral for support is detailed and clear
- Make sure the child and their main support know what to do

**06** if things get worse – safety plan with them.



# 05

# 04