CONSULTATION RESPONSE

Relationships education, relationships and sex education, and health education

**Samaritans is the UK and Ireland’s largest suicide prevention charity, taking 5.4 million calls for help a year – that’s someone contacting us every six seconds. We have 201 branches, with over 20,000 trained volunteers. We work in a wide range of community settings, including prisons, schools, workplaces, railways and hospitals.**

**In 2017 Samaritans volunteers visited over 600 schools and youth groups, talking to over 20,000 young people. We also offered postvention support, in response to suicide attempts or death by suspected suicide, to over 150 schools and colleges. Our volunteers use a range of pre-prepared talks, lessons and workshops which are aimed at different age groups from primary upwards. These can be adapted to meet the needs of any school, college or youth group. We welcome the opportunity to respond to this consultation, our response will outline our position that:**

* Health and relationships education is essential to build emotional wellbeing and resilience in children and young people, a fundamental part of suicide prevention that should be taught from the earliest stage possible and be mandatory in the curriculum.
* Suicide and self-harm should be explicitly included in these guidelines – this needs to be done in a sensitive and careful way that does not normalise the act but raises awareness of how to seek support and how to support others and that aims to reduce stigma.
* Bereavement and loss should also be explicitly included as topics in the guidelines given the huge impact these can have on an individual’s emotional wellbeing and the wider school environment.
* Clear and explicit guidance is needed for school staff on how to have discussions on and respond to suicide attempts and death by suspected suicide in education settings, as well as integration with existing postvention programmes.
* More robust guidelines are required on digital resilience and safety regarding children and young people accessing harmful suicide-related online content, as well as guidance around the use of online resources for help-seeking and support.
* A whole school approach must be taken to foster and develop positive emotional and social wellbeing - these guidelines must be integrated with wider teacher training, the Ofsted inspection framework, school-wide policies and national and local suicide prevention plans.

**Suicide is the leading cause of death in young people and is increasing**

Nobody likes to think about a death of a young person. While suicide is rare, every suicide is a preventable tragedy. Concerningly, national statistics show that there is evidence of a rising incidence of suicide amongst 15-19 year olds in the UK in recent years and rises in depression and self-harm amongst UK adolescents, particularly girls.[[1]](#footnote-1) Additionally, evidence shows that young people are more likely to regularly feel lonely compared to people aged over 35 - which can be associated with suicidal thoughts and behaviour.[[2]](#footnote-2)

In 2017, nearly 1,600 young people (aged under 35) in the UK took their own lives. However, this figure is likely to underestimate the ‘true’ scale of suicide among children and young people due to wider issues relating to the under-reporting of suicide in national stats. [[3]](#footnote-3)

It is estimated that one in seven (14%) adolescents in the UK will engage in self-harm (including suicide attempts).[[4]](#footnote-4) While it is important to recognise that self-harm differs from suicide attempts and that it is usually a way of coping with difficult or distressing feelings and circumstances, it is critical to also recognise that self-harm is the strongest predictor of future suicide. Additionally, the majority of self-harm takes place in the community and does not come to the attention of clinical services, which means that the true scale of self-harm is often hidden within our communities.[[5]](#footnote-5)

**Suicide is complex and is rarely caused by one thing**

Many factors contribute to suicide in young people – it is rarely caused by one thing. A study of suicide among young people under 20 in England suggests that negative experiences and stresses in early life (such as abuse at home) can make young people vulnerable, and other problems such as alcohol use or a mental illness can add to this distress. They call this “cumulative risk”. One event later in life may act as a ‘final straw’, such as exam stress or a relationship breakdown. The study found that, prior to taking their own life:

* Over a quarter (28%) experienced bereavement
* Over a third (36%) had a physical health condition, usually long-term
* Almost a third (29%) of those in education were facing exams or exam results at the time of death
* Bullying was reported in 22% of cases (usually face-to-face)
* The majority (54%) had previously self-harmed, most often self-cutting.
* Around a quarter (27%) had expressed suicidal ideas in the week before they died.
* Around half (57%) were known to services. This was most often mental health services (41%), where the most common diagnosis was depression.
* 23% had used the internet in a way that was related to suicide (for example, searching for information on methods or expressing suicidal thoughts via social media).[[6]](#footnote-6)

**Young people are more likely to regularly feel lonely, which can be linked with suicidal thoughts and behaviour**

Evidence suggests that loneliness and isolation are associated with suicidal ideation and attempts. [[7]](#footnote-7) [[8]](#footnote-8) A survey of adults in England found that young people (aged 16-24) are more likely to report feeling lonely frequently than those aged 35 and over, with one in ten saying that they feel lonely often or always.[[9]](#footnote-9) Perceived emotional isolation, such as feeling left out and that others are around you but not with you, bullying, and abuse have been identified as important indicators of loneliness. [[10]](#footnote-10) Adolescence is described as a time of increased risk of loneliness[[11]](#footnote-11) - as children move into adolescence they expect more from their social relationships[[12]](#footnote-12) and the formation of intimate relationships becomes increasingly important as more time is spent with peers.[[13]](#footnote-13) As adolescents tend to define themselves in terms of their social relationships, being lonely may result in feelings of failure for not being socially connected in addition to feelings of alienation from peers.[[14]](#footnote-14) The drive towards independence during this time can also lead to feelings of separateness and responsibility which increase vulnerability to loneliness.[[15]](#footnote-15)

**Effective relationships and health education is critical to suicide prevention**

Since many people who attempt suicide and/or self-harm aren’t known to medical or clinical services, it’s critical that children and young people are supported within the school environment to develop skills to identify these feelings and seek help. Samaritans has developed a set of teaching resources known as Developing Emotional Awareness and Listening (DEAL).[[16]](#footnote-16) These resources include a section about exploring difficult feelings which covers frustration, aggression, self-harm and the symptoms of depression, learning how to express feelings, recognise when to ask for support and how to support friends who may be struggling to cope. Many of the activities in Samaritans’ *DEAL* resources can enable students to develop resilience and be able to discuss the issues that may arise during health and relationship lessons. These are a useful tool to promote the emotional health and well-being of children and young people.

Public Health England (PHE) state that school based-awareness programmes have shown promise in reducing suicide attempts, [[17]](#footnote-17) and that school-based programmes of social and emotional learning have the potential to help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing. [[18]](#footnote-18)Ultimately, training children and young people onemotional health, coping strategies, difficult feelings, asking for help and developing listening skills, is essential for reducing and preventing suicide.

**Postvention support in school communities is essential**

Young people are particularly vulnerable to suicide contagion[[19]](#footnote-19), which is when a suicide triggers suicidal behaviour in another. In a school or college, we may see this when there is a suicide of a student, which may influence others and result in further suicides or suicide attempts, and possibly contribute to a suicide cluster within the wider school community. Research shows that young people (aged 12 to 17) who have had exposure to suicide are at a higher risk of suicidal ideation and attempts.[[20]](#footnote-20)

The term postvention has been defined as “activities developed by, with or for suicide survivors, to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour.”[[21]](#footnote-21) Postvention activities in educational establishments play a key role in the recovery of a community, for example, by ensuring proper support and appropriate information is provided. Activities such as ensuring safe messaging about suicide, identifying those who have been affected by the death and providing, or signposting to, appropriate support can help to reduce feelings of distress and suicidal thoughts. This postvention approach in community settings, such as schools, is recommended by PHE in their guidelines for effective local suicide prevention. [[22]](#footnote-22)

Samaritans’ *Step by Step* service provides this postvention support into schools – we support school communities with practical support and guidance to prepare for and recover from a suspected or attempted suicide*. Step by Step* responds mostly to sudden unexplained deaths – 115 in 2017 – followed by suspected attempted suicides, which came to 22 in the same year.

**Relationships and health education is as fundamental as learning to read or write**

This consultation and the upcoming review of the Ofsted inspection framework provide essential opportunities to embed emotional wellbeing in schools during formative stages of a child’s life. It’s essential that we equip children and young people with the knowledge and skills to be able to build meaningful relationships, both on and offline, and to enable them to recognise and manage their emotional wellbeing.

Alongside this, we strongly welcome the commitments in the Government’s green paper on children and young people’s mental health – we are at a critical juncture to establish robust systems to protect children’s wellbeing both now and in the future. However, we strongly recommend that these guidelines and policies should be further integrated with the national suicide prevention strategy and local suicide prevention plans; NICE guidelines on suicide prevention and on self-harm; wider teacher training programmes and existing services in schools, such as DEAL, to maximise the impact for children and young people.

**Consultation questions**

**Relationships and Sex Education (RSE)**

**10. Do you agree that the content of Relationships Education in paragraphs 50-57 of the guidance is age-appropriate for primary school pupils?**

Disagree

**Stigma around loneliness and isolation should be tackled from the earliest opportunity, in an age-appropriate and accessible way for each child**

We strongly welcome the explicit inclusion of loneliness and isolation within the primary Health Education guidance, given the links between loneliness and mental wellbeing and suicidal behaviour. We also welcome the clear emphasis on the importance of being connected, socialising and maintaining friendships throughout primary and secondary RSE and Health Education, as well as the intention to ensure teachers are enabled to talk about “the features of healthy friendships, family relationships and other relationships which young children are likely to encounter,” and “isolation, loneliness, unhappiness, bullying and the negative impact of poor health and wellbeing”.

We recommend including additional guidelines on tackling the stigma associated with loneliness. This should be done in a way that is accessible and relevant for children and young people.

**11.Do you agree that the content of Relationships Education as set out in paragraphs 50-57 of the guidance will provide primary school pupils with sufficient knowledge to help them have positive relationships?**

Disagree

**Content on loneliness should be extended across age groups**

The guidance should ensure the topic of loneliness is extended to include secondary education as well as primary education. Loneliness and social isolation impacts individuals at all ages, specifically around periods of change for individuals, such as adolescence which primarily impacts young people in secondary school. The content on loneliness should be extended to include:

* Understanding what loneliness is to recognise it in oneself and others;
* Understanding the importance of meaningful connections and tackling loneliness;
* Understanding when people are most at risk of loneliness, including during significant life changes;
* Breaking down the stigma attached to loneliness, so more people are comfortable talking about their own experiences and seeking both formal and informal support;
* Understanding ways to address feelings of loneliness and to help themselves and others to feel less lonely, included practical application.

**The guidance should also cover bereavement and loss across all age groups**

Currently there is no mention in the guidance, for any age group, around managing bereavement and loss. Research shows that young adults who have been bereaved by suicide are at higher risk of attempting suicide, whether they were related to the deceased or not.[[23]](#footnote-23) [[24]](#footnote-24) Therefore it’s essential that these topics are addressed through relationships education and that young people who have experienced bereavement are given the support they need.

Aside from increasing the risk of suicide attempts and thoughts in those bereaved by suicide, the death of a student can leave friends, family and schoolmates with many difficult emotions to process. Bereavement by suicide can cause reactions of guilt and shame which can leave individuals feeling isolated and stigmatised.  The bereaved may struggle to make sense of what has happened, and fundamental beliefs may be challenged. This guidance should be supported by integrating with existing bereavement teaching resources and postvention support such as Samaritans’ *Step by Step* service.

**12. n/a**

**13. Do you agree that the content of RSE in paragraphs 65-77 of the guidance is age appropriate for secondary school pupils?**

Disagree

**The topic of loneliness should be extended to include secondary education**

The guidance should ensure the topic of loneliness is extended to include secondary education as well as primary education, as loneliness and social isolation impacts individuals at all ages, specifically around periods of change for individuals, such as adolescence which primarily impacts young people in secondary school.

**14.Do you agree that the content of RSE as set out in paragraphs 65-77 of the guidance will provide secondary school pupils with sufficient knowledge to help them have positive relationships?**

Disagree

**More guidance is needed on digital literacy and online relationships, particularly around access to harmful content**

We strongly welcome the focus in the guidance on both online and offline relationships, given the fluidity of modern-day relationships across online and offline spaces and that the use of digital technologies is extremely high among young people in the UK - over a third (37%) of 15-year olds are ‘extreme internet users’ and almost all (95%) 15-year olds use social media before or after school in 2015[[25]](#footnote-25).

Given the amount of time children and young people spend online, connecting with others and building relationships, more robust guidance is needed on the risks social media and the internet can pose in terms of young people accessing harmful suicide-related content. The Samaritans and Bristol University policy research report, *Priorities for suicide prevention: balancing the risks and opportunities of internet use,[[26]](#footnote-26)* sets out many of the risks of suicide-related material online. The report found that the internet is often used by people to explore possible suicide methods and read personal accounts of suicidal feelings and behaviour. Suicide-related use was found to be more prevalent amongst young people and more often included the use of social media. Harmful material was found to be “abundant and easily accessed” including through popular information sites and social media channels.

We know that the publicising of suicide methods, in particular novel ones, as well as glamorisation of suicide, can lead to further deaths through a process known as ‘contagion’. Research shows that shown young people are more likely to engage in imitative behaviour.[[27]](#footnote-27) Whilst most research into this topic has been related to traditional media, it seems highly likely the same risks apply to social media.

In other research, correlations have been found between internet use and self-harm, particularly more violent methods, suicidal ideation and depression among young people.[[28]](#footnote-28) Studies have shown that people using new/emerging methods of suicide have done so as a result of finding information about them on the internet. We strongly support the teaching of digital literacy skills in schools and believe that this should also address how young people can protect their emotional health and wellbeing when encountering distressing content relating to self-harm and suicide.

**Guidance on digital literacy should focus on help-seeking and sign positing**

Interacting with others online can help people to open up about their feelings, find support, and create human connections. Samaritans’ *Digital Futures* report sets out some of the ways social media can facilitate this process and concludes the online environment can play an important role in reducing social isolation.[[29]](#footnote-29)

There are some helpful online spaces, often not originally intended for the purpose (for example, forums for specific interest groups which over time have evolved), which help people process their feelings, including the most challenging ones. However, it’s essential these spaces don’t normalise suicide through careful moderation and design. The Samaritans and Bristol University policy research report, *Priorities for suicide prevention: balancing the risks and opportunities of internet use, [[30]](#footnote-30)* found there is often a lack ofonline self-help tools online, and that where tools do exist they only function as an entry point and require a user to access support offline. It’s essential that these guidelines also outline the positive way the online environment can help with guidance and advice in a safe way and that this is accompanied by signposting to tailored and robust online self-help tools.

**Physical Health and Wellbeing**

**16.** **Do you agree that the content of physical health and wellbeing education in paragraphs 86-92 of the guidance is age-appropriate for primary schools pupils?**

Disagree

**Much more focus on mental health and wellbeing is needed at earlier stages**

Health Education is essential during formative years, emotional wellbeing and health education, and relationships education should be included from the earliest opportunity. As outlined earlier in our response, adolescence is a particularly risky age for young people in terms of their emotional wellbeing. Through our services, we’ve supported school staff with suicides in children as young as eleven. Therefore, it’s essential that emotional wellbeing and health education begins at the earliest stage possible, and that support and guidance is in place for school staff to manage these difficult conversations. Given the complex range of risk factors associated with mental health and wellbeing it’s critical that additional support is given to children, at any age, who may be at more risk. This should be done in line with PHE’s guidelines on how to reach children and young people who are most at risk and should be integrated with wider school policies such as safeguarding policies.[[31]](#footnote-31)

This can be done in a safe and appropriate way by using guidelines in existing resources, such as Samaritans’ *DEAL* teaching resources.

**17. Do you agree that the content of physical health and wellbeing education as set out in paragraphs 86-92 of the guidance will provide primary school pupils with sufficient knowledge to help them lead a healthy lifestyle?**

Disagree

**The guidance should explicitly cover suicide and self-harm, and the communication of this in a safe and appropriate way**

Since so many people who self-harm and/or attempt suicide do not seek medical help, policies, practitioners and services must focus on reaching people to encourage help seeking. Samaritans believes more needs to be done break down the stigma associated with suicide and self-harm. It’s essential that schools play a role in raising awareness throughout local communities about suicide and self-harm and the support that is available. However, it’s also critical that schools have clear guidelines on how to do this in a safe, effective and impactful way that doesn’t normalise the act of suicide.

Our *DEAL* teaching resources[[32]](#footnote-32), includes a section about exploring difficult feelings which covers frustration, aggression, self-harm and the symptoms of depression, learning how to express feelings, recognise when to ask for support and how to support friends who may be struggling to cope.

The sensitivity around suicide and self-harm as topics shouldn’t prevent them being included within this guidance and could potentially increase the stigma around these issues. However, we would emphasise that this must be done in a safe way that reduces stigma but does not encourage self-harm or suicidal behaviour or normalise the act of suicide. This can be done through using existing resources such as *DEAL* and other Samaritans’ resources, like our media guidelines, that outline ways to talk about these issues in a safe and appropriate way.[[33]](#footnote-33)

**18. Do you agree that the content of physical health and wellbeing education in paragraphs 93-99 of the guidance is age-appropriate for secondary school pupils?**

Agree

**19. Do you agree that the content of physical health and wellbeing education as set out in paragraphs 93-99 of the guidance will provide secondary school pupils with sufficient knowledge to help them lead a healthy lifestyle?**

Disagree

**Engaging with parents and the wider community**

**20.Do you agree with the approach outlined in paragraphs 36-46 on how schools should engage with parents on the subjects?**

Suicide is a public health issue and there is a role for all of us in preventing it. This includes, for example, young people looking after their peers and young people’s parents being aware, to the extent practical, of the content they are viewing online. It is also important that local agencies, schools, parents and the media respond to suicide-related content appropriately, without scaremongering. Whilst well-intentioned, this can give a higher profile to problematic content, raising the risk of it doing harm. Samaritans has written about the appropriate response to content of this nature in our Media Guidelines and our Guide for Coroners.[[34]](#footnote-34) We strongly support the teaching of digital literacy skills in schools and believe that this should also address how young people can protect their emotional health and wellbeing when encountering distressing content relating to self-harm and suicide. Additionally, parents don’t always know what support is available when they are concerned about their child’s emotional health so it’s essential that better information and signposting is provided to parents.

**24.Do you have any further views on the draft statutory guidance that you would like to share with the department? Do you think that the expectations of schools are clear?**

**A whole school approach should be taken to emotional health and wellbeing**

A whole school approach should be taken to embed mental and social wellbeing in schools and colleges. For instance, mental health training should be part of Initial Teacher Training (ITT) and continuous professional development as recommended by the Commission on Children and Young People’s Mental Health. To promote a whole school and college approach to emotional health and wellbeing PHE set out the following eight principles:

* An **ethos and environment** that promotes respect and values diversity
* **Targeted support** and appropriate referral
* Working with **parents/carers**
* Identifying **need and monitoring impact** of interventions
* **Staff development** to support their own wellbeing and that of students
* Enabling **student voice** to influence decisions
* **Curriculum, teaching and learning** to promote resilience and support social and emotional learning [[35]](#footnote-35)

We strongly support the proposals in the Green Paper for children and young people’s mental health to “establish a Designated Senior Lead for mental health,” in each school to promote whole school approaches to mental health/wellbeing and develop links with NHS mental health services.[[36]](#footnote-36) This guidance would benefit from explicitly setting out how this role will fit in with delivering emotional wellbeing and relationships education. Additionally, it’s essential that all teachers receive appropriate mental wellbeing training; that they develop confidence and competence in creating safe learning environments; that they can answer questions on sensitive issues such as suicide and that they develop a good understanding of mental health rather than this being just the responsibility of the named mental health lead.

**Further pedological guidance is needed to effectively deliver lessons on emotional and social wellbeing**

A safe learning environment is critical for the delivery of teaching on emotional wellbeing and is particularly important for the discussion of sensitive subjects such as suicide and self-harm. In every classroom it’s likely at least one child will have been personally affected by the issues being discussed so these new guidelines must be accompanied by pedological guidance to ensure safe and effective delivery. Samaritans’ *DEAL* service sets out clear guidance for school staff on how to facilitate a safe learning environment including: recommended ground rules for students and staff, how to manage disclosures of personal information and preparatory steps that should be put in place before the teaching of sensitive issues, such as contact with a school’s mental health lead, counsellor or pastoral lead.[[37]](#footnote-37)

**More focus should be placed on practical application of skills and co-creation with young people**

PHE’s guidance on emotional wellbeing in schools emphasises that pupils and students are more likely to engage in lessons that focus on emotional wellbeing if they are of practical application and relevant to them. There are a range of ways of getting insights into pupil need ranging from validated assessment tools outlined in PHE’s guidance to feedback from existing fora such as school councils or local area youth councils. [[38]](#footnote-38) Co-creation will help facilitate effective delivery and embed a school wide approach to emotional wellbeing.

**More integration is needed with national and local suicide prevention policies and plans**

Children and young people are a priority focus group in the national suicide prevention strategy and the Five Year Forward View for Mental Health (FYFVfMH) – both strategies recognise the need to focus interventions on children who are the most at risk – such as looked after children, care leavers and those in the youth justice system.[[39]](#footnote-39) The FYFVfMH sets out a welcome commitment to reduce deaths by suicide, across all age groups, by 10% by 2021. The suicide prevention strategy, NICE guidelines on suicide prevention[[40]](#footnote-40) and PHE suicide prevention guidance for local authorities, all emphasise the important role schools need to play to deliver community-wide suicide prevention by linking up with their local multi-agency partnerships. [[41]](#footnote-41)

The Department for Education and Health Education England should ensure that these guidelines, the upcoming review of the Ofsted Framework and further upcoming policies on children and young people’s mental health are integrated with the national suicide prevention strategy and aligned with the aim to reduce deaths by suicide by 10% by 2021.

Further information on Samaritans’ teaching resources:

* [**DEAL (online teaching resources)**](www.samaritans.org/deal)
* [**Step by Step (postvention service)**](http://www.samaritans.org/stepbystep)
* [**Staff training resources**](https://www.samaritans.org/sites/default/files/kcfinder/files/DEAL%20Staff%20training%20session%20.pdf)
1. Samaritans (2017) p.36, *Suicide Statistics Report* <https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf> [↑](#footnote-ref-1)
2. Department for Digital, Culture, Media and Sport, 2017, <https://www.gov.uk/government/statistics/community-life-survey-2017-18> [↑](#footnote-ref-2)
3. Samaritans (2017) *Suicide Statistics Report* <https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf> [↑](#footnote-ref-3)
4. Hawton, Zahl & Weatherall, 2003 [↑](#footnote-ref-4)
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6. National Confidential Inquiry, 2016 [↑](#footnote-ref-6)
7. Stravynski & Boyer, 2001 [↑](#footnote-ref-7)
8. Stickley & Koyanagi, 2016 [↑](#footnote-ref-8)
9. Department for Digital, Culture, Media and Sport, 2017, <https://www.gov.uk/government/statistics/community-life-survey-2017-18> [↑](#footnote-ref-9)
10. Action for Children (2017) ‘It starts with hello’ (See: <https://www.actionforchildren.org.uk/media/9724/action_for_children_it_starts_with_hello_report__november_2017_lowres.pdf>) [↑](#footnote-ref-10)
11. Heinrich & Gullone, 2006 [↑](#footnote-ref-11)
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13. Erikson, 1963 cited in Heinrich & Gullone, 2006 [↑](#footnote-ref-13)
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16. DEAL resources <http://www.samaritans.org/education/deal> [↑](#footnote-ref-16)
17. PHE (2016) Local suicide prevention planning <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf> [↑](#footnote-ref-17)
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20. S. A. Swanson, I Colman (2013) Association between exposure to suicide and suicidality outcomes in youth CMAJ 2013. DOI:10.1503/cmaj.121377 [↑](#footnote-ref-20)
21. Andriesson, (2009) Can Postvention Be Prevention? Crisis 2009; Vol.30(1):43–47 [↑](#footnote-ref-21)
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25. OCDE, 2017, cited in Frith, E., 2017 [↑](#footnote-ref-25)
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30. Samaritans and Bristol University (2016) Priorities for suicide prevention: balancing the risks and opportunities of internet use <https://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/PolicyReport%207_Lucy%20Biddle_Suicide%20and%20Internet%20Use_web%20version_updated%2030.11.16.pdf> [↑](#footnote-ref-30)
31. PHE (2015) Promoting children and young people’s emotional health and wellbeing: a whole school and college approach <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf> [↑](#footnote-ref-31)
32. DEAL resources <http://www.samaritans.org/education/deal> [↑](#footnote-ref-32)
33. Samaritans Media Guidelines <https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide> [↑](#footnote-ref-33)
34. Ibid. [↑](#footnote-ref-34)
35. PHE (2015) Promoting children and young people’s emotional health and wellbeing: a whole school and college approach <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf> [↑](#footnote-ref-35)
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