



the british
psychological society
promoting excellence in psychology

Suicide Prevention in Schools

April 2025



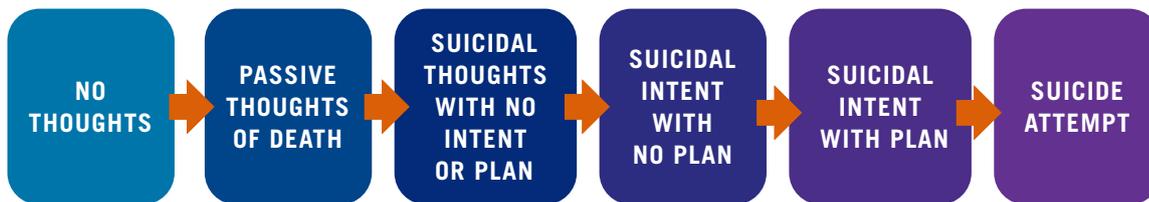
AUTHOR

Dr Emma Ashworth,
CPsychol, Liverpool John Moores University.



Suicidal Ideation and Attempts

Suicide is defined as death caused by self-injurious behaviour, with the intent to die as a result of the behaviour. However, suicidality is thought to be a spectrum, ranging from no thoughts about suicide, to passive thoughts about death, to specific suicidal ideation with a clear intent or plan. People can move back and forth along this spectrum many times over the course of their life, with suicidal thoughts being more common than many realise – up to 20% of people will experience suicidal thoughts in their lifetime. However, while suicidal thoughts can be passive and low risk, the more persistent the suicidal thoughts, the more likely an individual is to attempt suicide.



SUICIDE RATES IN YOUNG PEOPLE IN THE UK

Suicide is the leading cause of death among children and young people under 35 in the UK, with rates having risen in recent years. Approximately 200 school children die by suicide every year. In adolescents, rates of death by suicide are 2–4 times higher in boys than in girls, although suicide attempts are 3–9 times more common in girls than boys. In other words, girls are more likely to attempt suicide, but boys are more likely to die from suicide attempts. This is known as the ‘Gender Paradox.’ In adolescents, this paradox changes according to age; the likelihood of girls’ attempting suicide increases with age, peaking in mid-adolescence, whereas boys’ suicide rates continue to increase into early adulthood. There are currently particular concerns regarding adolescent girls, with the suicide rate in this group now the highest since records began in 1981.

RISK AND PROTECTIVE FACTORS

Many things can prompt suicidal thoughts and feelings in children and young people. The feelings can build up gradually over time or can be a reaction to specific events. Risk factors are things that increase the likelihood of a child developing suicidal thoughts or behaviours. Risk factors can sit in different ‘domains’ within a child’s life (e.g. home, school, family), and can interact with each other in complex ways. The development of suicidal thoughts is rarely down to one thing. Similarly, there are many protective factors which can reduce the likelihood of suicidal thoughts and behaviours. An overview of common risk and protective factors across domains is shown in the table below.

TABLE 1: RISK AND PROTECTIVE FACTORS FOR SUICIDE.

DOMAIN	RISK FACTORS	PROTECTIVE FACTORS
Child	<ul style="list-style-type: none"> • Poor mental health • Self-harm • Low self-esteem • Minority status • Physical illness or disability (including autism) • Identifying as LGBTQ+ • Trauma/abuse • Alcohol/substance misuse • Previous suicide attempts • Feeling like a burden, hopeless, or isolated/lonely 	<ul style="list-style-type: none"> • Problem-solving skills • Coping skills • Communication skills • Good health and wellbeing • Sense of social connectedness • Feeling of purpose
Family	<ul style="list-style-type: none"> • Family conflict • Parental separation • Parental illness • Parental alcohol/substance misuse • Domestic violence 	<ul style="list-style-type: none"> • Connection to parents • Feeling loved • Firm but loving boundaries • Family stability • Healthy family relationships
School	<ul style="list-style-type: none"> • Academic pressures • Bullying • Friendship difficulties • Lack of support for special needs/disabilities 	<ul style="list-style-type: none"> • Access to a safe and trusted adult • Embedded whole-school approach to mental health • Sense of belonging • Positive peer relationships • Opportunities to achieve
Housing and Community	<ul style="list-style-type: none"> • Stigma and discrimination • Community violence, crime, or substance use • Socio-economic inequalities • Barriers to accessing services • Bereavement by suicide • Socially isolated community • Access to lethal means 	<ul style="list-style-type: none"> • Permanent home base • Adequate provision of basic needs • Access to amenities and services • Living in a safe community • Strong community links • A support network

WARNING SIGNS

Some young people may display subtle warning signs regarding their suicidal thoughts, or they may not display any. Asking them directly is the best way to find out: *'Are you having thoughts of suicide?'* **Talking about suicide does not increase the risk or 'put the idea in someone's head.'**

One of the biggest predictors of suicide attempts is previous self-harm, especially if self-harm is repeated. However, often more than one warning sign is present, and not everyone who attempts suicide has previously self-harmed. Other warning signs include:

- persistent low mood, sadness or depression;
- emotional instability or mood swings;
- regularly talking about death;
- no interest in daily life or school activities;
- having trouble sleeping or eating;
- feeling helpless or hopeless;
- feeling like a burden, not belonging, or that the world would be better off without them;
- unexpected decrease in academic performance;
- a sudden, positive change in mood or calmness;
- isolation from friends and family; and
- giving away belongings.

Children and young people who are experiencing suicidal thoughts may not express them or ask for help. If they do share these feelings, it is often to a peer rather than an adult. It is therefore important that all young people know how to support a friend and know how and where to refer them for help.

MYTHS AND FACTS

There are lots of common myths about suicide, which can make people worried about talking about it or being nervous about saying the wrong thing. Some common myths and facts are in the table below.

TABLE 2: MYTHS AND FACTS ABOUT SUICIDE.

MYTHS	FACTS
Talking about suicide or asking someone if they feel suicidal will put the idea in their head.	Talking about suicide provides the opportunity for communication and prevention and there is no evidence to suggest that talking about suicide increases risk.
Once a person is intent on suicide, there is no way to stop them.	Suicides can be prevented, and lives can be saved through early education, and appropriate support and follow-up care.
It's obvious when someone is experiencing thoughts of suicide.	There are lots of different signs that someone may be suicidal, some are less easy to spot. Some people do not show any signs. It is always best to ask directly.
People who threaten suicide are just seeking attention.	All suicide attempts should be taken seriously and not dismissed. The follow-up care and support a person can get may well save their life.
Only certain types of people become suicidal.	Suicide can affect anyone. Although evidence shows some mental health conditions (e.g. depression, anxiety) may increase suicide risk, it is also possible for people to feel suicidal without these conditions.

USING THE RIGHT LANGUAGE

It is important to use the right language when talking to young people about suicide, in order to reduce stigma and make sure they do not feel judged. The table below outlines some phrases to avoid, and words to use instead.

TABLE 3: TERMS TO USE WHEN TALKING ABOUT SUICIDE.

PHRASES TO AVOID	WHAT TO SAY INSTEAD	WHY?
Committed suicide	Died by suicide Took their own life	'Commit' is linked to when suicide was still considered a crime, which reinforces the stigma.
Successful/ unsuccessful suicide Completed/failed suicide	Died by suicide Fatal suicide attempt Survived a suicide attempt	These phrases can make suicide sound like it is something to be 'achieved.'
You're not going to do anything silly are you?	Are you having thoughts of suicide? Are you feeling suicidal? Have you been thinking about killing yourself?	It is important to show that you are taking young people's thoughts seriously and not dismiss or minimise their feelings. It is best to be direct.
They are suicidal	Having thoughts of suicide Experiencing suicidal thoughts	This emphasises that it is something that a young person is currently experiencing but is not part of their identity.
Cry for help Attention seeking		All suicidal thoughts/ attempts need to be taken seriously. Even if someone did not intend to die, it is important to not dismiss the intense emotional distress that they may be feeling.

You may find yourself slipping up from time to time, and that is okay. If you find yourself using problematic language, correct yourself out loud. By letting the young people around you know why it is important to change the words we use, you can turn the conversation into a positive learning experience and help to reduce the stigma.

DEVELOPING SUICIDE-SAFER SCHOOLS

It is important to adopt a whole-school approach when developed a suicide-safer school, meaning that efforts are made across the whole school community to prioritise mental health and wellbeing. This includes the overall school ethos and values, school policies, pastoral care provision, and practices within the classroom. In other words, suicide prevention needs to be everyone's business. Key things to consider include:

1. Develop a suicide-safer policy for the school and identify a named individual who is responsible for it. This should include guidelines on how to prevent suicides, how to intervene with someone who is actively experiencing suicidal thoughts, and how to handle a situation where someone has taken their life (commonly called postvention).
2. Have clear safeguarding procedures in place and provide explicit guidelines on what to do if a young person discloses thoughts of suicide or attempts suicide, including who to refer to and when.
3. Establish a tiered system of support, with universal wellbeing provision and education for all (staff and students), early intervention for those at risk, and targeted support for those experiencing suicidal thoughts.
4. Engage in practices to actively reduce stigma surrounding suicide (e.g. promoting appropriate language, school assemblies, signposting to sources of support).
5. Provide training to school staff (teaching and non-teaching) in recognising warning signs, intervening with a young person, handling disclosures, and supporting young people with suicidal thoughts.
6. Identify interventions that can be used with young people when needed. For instance, a suicide safety plan could be developed with young people who are experiencing suicidal thoughts. (<https://www.papyrus-uk.org/wp-content/uploads/2024/06/Suicide-Safety-Plan-A-5-Booklet-English-2024.pdf>)
7. Educate young people about suicide prevention in a safe and age-appropriate way, including how to recognise warning signs in themselves and others, how to support their peers, and where to seek help.
8. Intervene early by routinely helping all young people to develop social and emotional skills, coping strategies, and good help-seeking practices.

Papyrus have developed a detailed guide for teachers and staff on building suicide-safer schools and colleges. (<https://www.papyrus-uk.org/schools-guide/>)

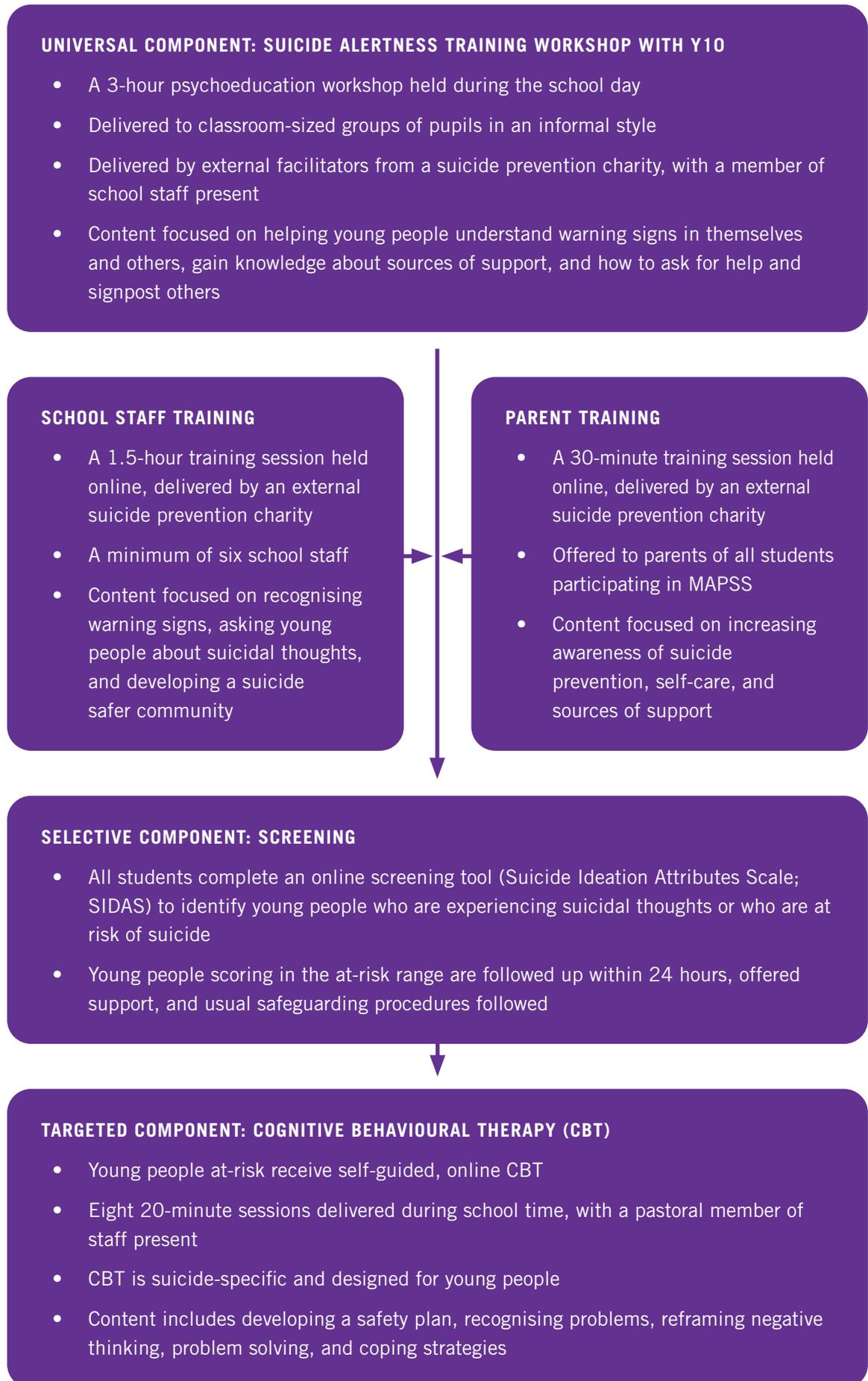
TEACHING SUICIDE PREVENTION IN SCHOOLS

While it can feel daunting, it is very possible to teach suicide prevention to children and young people in schools in a safe and age-appropriate way. Normalising conversations about suicide may help to keep young people safe in both the short- and long-term. However, it is important to note that education should focus on suicide prevention, covering topics such as identifying warning signs, intervening with peers, and knowing how and where to ask for help. For younger children, education may want to focus instead on social and emotional development, equipping students with coping strategies to manage difficult emotions or situations that they may encounter in the future, and helping them to identify sources of support.

Recent research into school suicide prevention initiatives worldwide suggests that suicide prevention education should be delivered from Year 6 onwards through an evidence-based programme. The content should be taught annually or biannually by RHSE teachers or trained external facilitators, to regular class sizes during the school day. However, if awareness of suicidal thoughts and sources of support is raised in young people, it is likely that the number of disclosures will also increase – it is therefore vital that schools have robust support systems and policies in place to manage these.

One programme currently being tested in the UK is the Multi-Modal Approach to Preventing Suicides in Schools (MAPSS). This was initially developed in Australia and has undergone testing there. It follows a model of best practice recommended by the World Health Organisation which suggests that the most effective school-based suicide prevention interventions incorporate universal (delivered to a whole population), selective (for those with increased risk), and indicated (for those already experiencing suicidal thoughts or behaviours) approaches, in addition to general wellbeing promotion that can target related factors (e.g. trying to reduce some of the risk factors associated with suicidal thoughts).

An overview of the MAPSS programme is outlined in the Figure below.



References

- Ashworth, E., McCarthy, M., Wynne, S., Robinson, J., McKay, S., Lane, S. & Saini, P. (2024). Study protocol for the Multimodal Approach to Preventing Suicide in Schools (MAPSS) project: A regionally based feasibility trial of an integrated response to suicide risk among UK secondary school pupils. *PLoS one*, 19(7), e0302873. <https://doi.org/10.1371/journal.pone.0302873>
- Ashworth, E., Provazza, S., McCarthy, M. & Saini, P. (2022). Children and young people presenting in a pediatric emergency department in North-West England in suicidal crisis: An exploratory case series study. *Frontiers in psychiatry*, 13, 892939. <https://doi.org/10.3389/fpsy.2022.892939>
- Byrne, S. J., Bailey, E., Lamblin, M., McKay, S., Pirkis, J., Mihalopoulos, C., & Robinson, J. (2022). Study protocol for the Multimodal Approach to Preventing Suicide in Schools (MAPSS) project: a regionally based randomised trial of an integrated response to suicide risk among secondary school students. *Trials*, 23(1), 186. <https://doi.org/10.1186/s13063-022-06072-8>
- Liverpool Safeguarding Children Partnership (2021). Liverpool multi-agency self-harm practice guidance. Available via <https://liverpoolscp.org.uk/assets/1/liverpool-self-harm-guidance-april-2021.pdf>
- Office for National Statistics (2019). Suicides in the UK – Office for National Statistics. Office for National Statistics.
- Skerret, D., Barker, E. & De Leo, D. (2012). *Suicide research: Selected readings, Vol 8*. Australian Academic Press. Available via http://www.antonioacasella.eu/salute/Suicide_Australia_2012.pdf
- Smith, N. (2024). School-based suicide prevention strategies: Overcoming obstacles and breaking boundaries. The Churchill Fellowship. Available via https://media.churchillfellowship.org/documents/Smith_N_Report_2023_Final.pdf
- Wunderlich, U., Bronisch, T., Wittchen, H. & Carter, R. (2001). Gender differences in adolescents and young adults with suicidal behaviour. *Acta Psychiatr Scand.*, 104, 332–339. <https://doi.org/10.1034/j.1600-0447.2001.00432.x>

Websites

- Anna Freud (n.d.). What schools and further education settings can do [Blog post]. Anna Freud: Mentally Healthy Schools. Retrieved from <https://www.mentallyhealthyschools.org.uk/mental-health-needs/suicidal-feelings-and-thoughts/what-schools-and-further-education-settings-can-do/>
- Anna Freud (n.d.). Suicidal thoughts and feelings [Blog post]. Anna Freud: Mentally Healthy Schools. Retrieved from <https://www.mentallyhealthyschools.org.uk/mental-health-needs/suicidal-feelings-and-thoughts/>
- iMatter. Helping protect against suicide by supporting pupils' emotional health and wellbeing. Available via <https://www.education-ni.gov.uk/sites/default/files/publications/de/ENGLISH%20Protecting%20Life%20in%20Schools.pdf>
- Papyrus (n.d.). Asking someone if they feel suicidal [Blog post]. Papyrus: Prevention of young suicide. Retrieved from <https://www.papyrus-uk.org/asking-someone-if-they-feel-suicidal/>
- Papyrus (n.d.). Building suicide-safer schools and colleges: A guide for teachers and staff [Blog post]. Papyrus: Prevention of young suicide. Retrieved from <https://www.papyrus-uk.org/schools-guide/>
- Papyrus (n.d.). Myth busting [Blog post]. Papyrus: Prevention of young suicide. Retrieved from <https://www.papyrus-uk.org/mythbusting/>
- Shining a Light on Suicide (n.d.). Language guidelines. Available via <https://shiningalightonsuicide.org.uk/wp-content/uploads/2021/04/Language-guide-for-talking-about-suicide.pdf>

RESOURCES AND SUPPORT

Papyrus: Charity dedicated to the prevention of young suicides

<https://www.papyrus-uk.org/>

24/7 HOPELINE for young people experiencing thoughts of suicide, or for those supporting them: 0800 068 4141

Also provide a range of online resources and training sessions for schools

Samaritans: Listening charity for people experiencing suicidal thoughts or mental health difficulties

www.samaritans.org

24/7 call line: 116 123

Hub of Hope: A directory to find appropriate support in your local area

<https://hubofhope.co.uk/> or search for the app in your phone's app store.

Anna Freud: A charity providing resources to promote mental health in schools

www.annafreud.org



the british
psychological society
promoting excellence in psychology

St Andrews House
48 Princess Road East
Leicester LE1 7DR, UK

☎ 0116 254 9568 🌐 www.bps.org.uk ✉ info@bps.org.uk

Incorporated by Royal Charter | Registered Charity No 229642; SC039452

04.2025