



Morley Senior High School

RESPONSE TO SUICIDAL BEHAVIOUR, NON- SUICIDAL SELF INJURY AND SEVERE MENTAL HEALTH CONCERNS

Version 1.1

Ratified by:	Date
Student Support Hub	08 May 2026

**MORLEY SENIOR HIGH SCHOOL
RESPONSE TO SUICIDAL BEHAVIOUR, NSSI AND SEVERE MENTAL HEALTH CONCERNS**

Aim

To establish a structured and consistent framework that equips Morley SHS staff with the knowledge, processes, and support systems necessary to effectively prepare for, respond to, and recover from student disclosures or concerns regarding suicidal ideation, non-suicidal self-injury (NSSI) and severe mental health challenges. The response aims to ensure the safety and wellbeing of students through timely intervention, appropriate support, and coordinated care, while fostering a safe, informed, and responsive school environment.

Preparedness and Prevention

Morley Senior High School is committed to fostering a proactive approach to student mental health and wellbeing. Staff will be provided with regular professional learning to recognise the signs of suicidal behaviour (including suicidal ideation) and NSSI, understand risk factors, and respond appropriately through following school processes. The school will maintain a comprehensive Health and Wellbeing Plan that includes clear referral pathways to internal and external mental health services. Preventative strategies will also include the integration of social-emotional learning into the curriculum and the promotion of a school culture that encourages help-seeking and reduces stigma around mental health issues.

RESPONSE TO SUICIDAL BEHAVIOUR AND NON-SUICIDAL SELF-INJURY FRAMEWORK

If a staff member receives a direct or indirect disclosure or observed an incident involving suicidal ideation or NSSI, the school will activate a clearly defined response protocol (Appendix 1 - Facing Document). The staff member who receives the disclosure will immediately prioritise safety of the student, by engaging in protective interrupting as appropriate, ensuring they are not left alone and that any means of self-harm are removed. The staff member who receives the disclosure will respond with empathy and without judgement, follow the student's Risk Management Plan (if applicable), and will promptly notify the Student Support Hub using the Disclosure chronicle template on Compass (Appendix 2).

Once the student has been collected by Student Support staff, a staff member with appropriate and current Gatekeeper Suicide Prevention training will assess the risk and conduct safety planning with the student and family where appropriate. Measures taken by Student Support staff will include:

1. Follow Risk Management Planning
2. Consider Risk Assessment and Safety Planning
3. Gather further information
4. Consult a member of the well-being team (and/or DoE support services if required)
 - a. School Community Nurse
 - b. School Psychologist
 - c. School Chaplain
 - d. Program Coordinator Student Support Hub
5. Parent/Carer contact
6. Seek consultation if there are concerns regarding contacting caregiver or concerns regarding caregiver capacity to provide appropriate support. For complex matters, consider further consultation with regional staff, e.g., Service Response Suicide Prevention, Lead School Psychologist.
7. Planning and case management
8. Monitor and review

All actions will be documented in accordance with privacy and legal obligations, and the response will be led by the Student Support Hub.

RESPONSE TO SERIOUS MENTAL HEALTH CONCERNS FRAMEWORK

In cases where a student presents with serious mental health concerns such as severe anxiety, depression, psychosis, or other identified significant mental health concern which impacts educational engagement, the school will activate a coordinated response led by the Student Support Hub. The following outlines the framework for managing these concerns:

1. Early Identification

Morley Senior High School provides a range of accessible, school-based supports that students can engage with freely. Students receive regular reminders about these supports through Year Group Assemblies and other school-based wellbeing initiatives. These include:

- Classroom Teachers
- Year Coordinators
- School Coordinators
- School Nurse
- School Chaplain

Morley SHS staff use the **General Health Observation** and/or **General Attitude/Behaviour Observation** Chronicle template to document any concerns regarding student mental health or behaviours (which may often be reflective of an underlying mental health concern). These entries will be reviewed and followed up by the Student Support Hub within 48 hours, ensuring timely intervention and support.

2. Access to School-Based Support Services

Lower and Upper School Student Support staff meet with Wellbeing staff members at fortnightly Students at Educational Risk (SAER) meetings (week 1: lower school, week 2: upper school) as well as through regular and ongoing consultation regarding concerns about student wellbeing.

Students may be referred to the appropriate Tier of support personnel by Student Support and Wellbeing staff members based on the nature and severity (Tier) of their concerns. Referrals may be initiated by staff, self-referral by students, or through parent/carer contact. All referrals will be documented by Student Support staff using the appropriate 'Well-Being referral' Chronicle template.

Tiers of Intervention

- **Tier 1:** Classroom Teacher and Year Coordinators
- **Tier 2:** Student Support Manager, School Coordinators Lvl 2, School Nurse, School Chaplain (ongoing wellbeing support)
- **Tier 3:** School Psychologist and/or specialist DoE services such as SSEN (complex or high-risk mental health concerns)

3. Collaboration with Family and External Services

The school will engage families early in the process to ensure transparency and shared decision-making. Where appropriate, the Student Support Hub will liaise with Department and external agencies. Consent and confidentiality will be managed in accordance with legal and ethical guidelines. For example:

- Child and Adolescent Mental Health Services (CAMHS)
- Headspace
- Private psychologists or psychiatrists
- Department of Health
- Department of Communities
- School of Special Education Needs
- CaRE Schools

4. Development of Documented Plans

Lower and Upper School Coordinators lead the development of a tailored Documented Plan (e.g., Wellbeing Support Plan, Risk Management Plan) for students requiring ongoing and coordinated support, in collaboration with the student, family, Wellbeing staff, and external agencies. This may include:

- Academic adjustments (e.g., workload, assessment tasks)
- Transitional timetable
- Formalised school-based support
- Crisis or safety planning
- Strategies for emotional regulation and coping

Staff working closely with the student will be upskilled through targeted professional learning to ensure consistent and informed support. Student Support staff will monitor the effectiveness of any plans developed and review plans regularly.

5. Return to School Planning

For students who have been absent for an extended time due to mental health concerns, a **return to school meeting** will be strongly recommended. This meeting will inform school-based documented planning, and will include:

At a minimum:

- The student and their family (required)
- Upper or Lower School Coordinator (required)

Where applicable:

- Program Coordinator Student Support
- School executive
- School-based Wellbeing staff
- External treating professionals
- Department of Education support services

6. Monitoring and Review

The Student Support Hub will oversee ongoing monitoring of the student's wellbeing, including:

- Scheduled reviews of the Wellbeing Support Plan
- Feedback from staff, family, and the student
- Adjustments to support as needed

All actions and communications will be documented in accordance with legal and ethical obligations.

GENERAL

Communication

Effective communication is essential in managing incidents of suicidal ideation and NSSI. The school will ensure that all relevant staff are informed on a need-to-know basis, maintaining confidentiality and ensuring sensitivity at all times. Communication with families will be handled with care, providing them with clear information about incidents, the support being offered, and any recommended follow-up actions. The school will also consider liaison with external agencies, such as CAMHS or Headspace, to ensure coordinated care and continuity of support for the student. Example templates are included in Appendix 3 and 4.

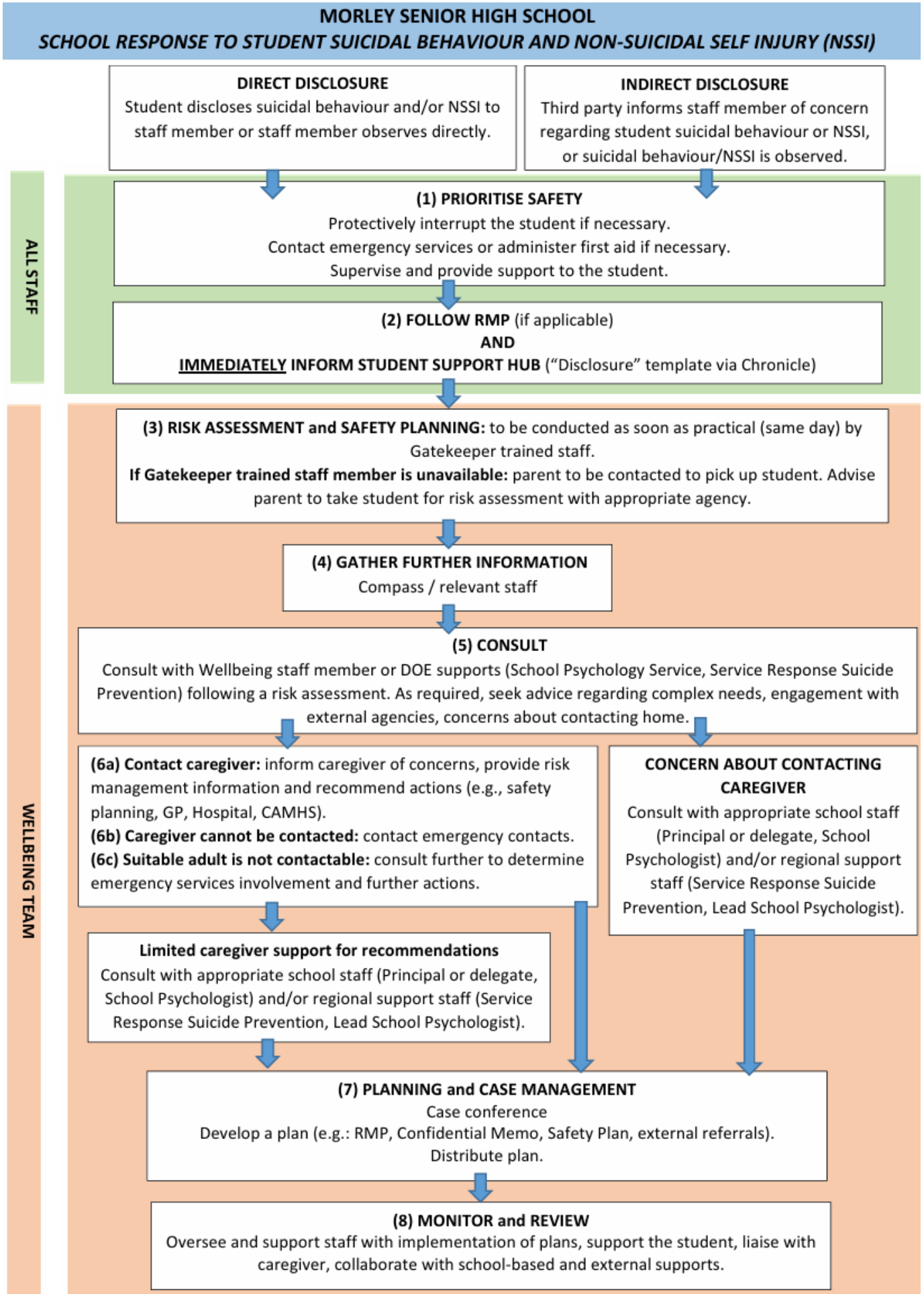
Recovery and Continuity

Following a critical incident, the school will implement a tailored support plan to assist the student's reintegration into the school environment. This may include adjustments to academic expectations, regular check-ins or intervention with wellbeing staff, and access to counselling services. The school will also provide support to peers and staff who may have been affected by the incident, ensuring that the broader school community is supported through debriefing and access to mental health resources. The goal is to restore a sense of safety, stability, and normalcy while continuing to monitor the student's wellbeing.

Review and Improvement

The Student Support Hub will monitor the effectiveness of the school's response and identify opportunities for improvement. Feedback from staff, students, and families will be considered in refining procedures and support systems. The policy and associated protocols will be reviewed annually, or sooner if required, to ensure they remain current and effective. Continuous improvement will be guided by evidence-based practices and the evolving needs of the school community.

Appendix 1- Facing Document



Appendix 2- Disclosure Chronicle Template

Create Chronicle Entry For Student

Details Security Communications Notification Chain

Template: * Disclosure **Rating:*** Grey

This template is used when a staff member receives a direct or indirect disclosure of suicidal ideation or NSSI from a student, and requires immediate support to the classroom or needs to communicate this to the Student Support Hub

Parent/Student Visibility: Hidden

Date Occurred: 10/06/2025 5:05 PM

Include in Pulse:

Points (+/-): 0

Direct disclosure of suicide ideation or behaviour: Direct *statements* such as “I am thinking of killing myself”, “I may as well end it”, “What’s the point of living. Direct communication through art, posting on social media, drawing, or writing, about death and dying, and/or self-harm.

Indirect disclosure When a third party tells someone, a student is talking about death or about hurting themselves purposefully, or has posted images about death, dying, etc.

What type of disclosure did you receive: * Type of disclosure

Details: * Enter additional details...

Appendix 3 – Caregiver Communication- Chronicle Template

Dear{formattedParentName},

Thank you for your time on the phone today, {Date}. As we discussed, the below information has been documented by a staff member for {studentFirstName}:

{Details}

As per school internal processes, {studentFirstName} was required to attend the Student Support hub to meet with a staff member, to ascertain {hishertheir} safety and see how we may be able to support {hishertheir} further. {teacher} then conducted a risk assessment and based on information reported by {studentFirstName}, {heshethey} was identified to be at {Risk}

{studentFirstName} was open to support and strategies to help with her mental health. Can I ask that you please remain vigilant in checking in whilst {studentFirstName} is at home (including at night).

I also recommend you make an appointment with your family doctor (GP) and request a Mental Health Care Plan (MHCP). This will enable you to access subsidised sessions with psychologists or free sessions with Headspace. The MHCP may also be used to support school planning, should you choose to share it. If you see your GP for the MHCP, I also suggest booking a longer appointment as they take a bit more time to go through everything. If you are concerned about {studentFirstName}'s mental health after hours and would like some advice on what to do, you can call the **Child and Adolescent Mental Health Service (CAMHS) Crisis Connect on 1800 048 636** for over the phone support and advice. For additional support you can also call **Lifeline on 13 11 14** or **Suicide Call Back Service on 1300 659 467**. In an emergency, please call **000**.

The Student Support Hub will continue to support {studentFirstName}'s emotional and mental wellbeing at school. If you have any further questions or anything you would like to discuss, please call through to Morley SHS and ask for Student Support, on 9376 5555.

Thank you for your time and support.

Kind regards,

{teacher}

Note: Please remember to check before sending. There are sections in this communication that need to be added and changed (e.g. student name added, pronouns changed)

Appendix 4 – Emergency Contacts

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

Telephone 000 for emergencies

Emergency and consultation contacts for parent/carer/student support		Contact
13YARN - (crisis support line for mob who are feeling overwhelmed or having difficulty coping) (24 hrs 7 days)		13 92 76
CAMHS Crisis Connect (children and young people 24/7)		1800 048 636
Department of Communities Crisis Care Service (24/7)		1800 199 008
e-headspace : (12-25 years 9:00am to 1:00am AEDST, 7 days)		1800 650 890
Health Direct: www.healthdirect.gov.au (24/7)		1800 022 222
Kids Helpline (5–25 year olds, 24/7)		1800 551 800
Lifeline (All ages 24/7)		13 11 14
Mental Health Emergency Response Line (MHERL Metropolitan)		1300 555 788
Mental Health Emergency Response Line (MHERL Peel)		1800 676 822
Poisons Information Centre (24/7)		131 126
Rural Link (All ages regional, rural and remote areas)		1800 552 002
Suicide Callback Service (All ages affected by suicide 24/7)		1300 659 467
QLife (3pm to midnight)		1800 184 527
Local hospital		
Local CAMHS or WACHS CAMHS		
Additional Resources		
Beyond Blue	Black Dog Institute	Everymind
headspace	ReachOut	Sane
Family Helpline (24/7)		1800 643 000
Perth Aboriginal services – mental health services (healthywa.wa.gov.au)		
Ngala Parenting Line		(08) 9368 9368 metro 1800 111 546 country
Thirili Indigenous Suicide Postvention Support		1800 805 801

Under 16 years old, present to Perth Children’s Hospital emergency department, 24 hours.

16 years old and over, present to any local hospital emergency department, 24 hours.

People of any age in country areas, attend local hospital emergency department, 24 hours.