NAVIGATE EDUCATION

SUICIDE PREVENTION / PRACTICE GUIDE

Identifying Risk

Understanding behaviour, recognising change and knowing when to seek expertise

FOR ADULTS WORKING WITH CHILDREN AND YOUNG PEOPLE

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Why this guide matters

A young person can become familiar to us without their safety becoming any better understood. We know the learners who struggle to regulate, repeatedly leave lessons, refuse support or have a history of self-harm. After a while, their presentation can feel predictable. We begin describing what they do instead of revisiting what may be happening in their lives.

A tenth episode of running away can attract less attention than a first. Someone who has spoken about self-harm for years may be described as showing their usual behaviour. At the other end of the spectrum, a young person who attends, achieves and appears cheerful may receive little attention at all. None of these observations can establish whether that person is safe.

Educators are often the people who notice that something has changed. They see shifts in attendance, concentration, friendship, sleepiness, participation and behaviour. They also know when the familiar support plan is no longer reaching somebody. These observations matter, especially when they are shared promptly with safeguarding and mental-health professionals.

This guide draws on Navigate's Trauma Processing work to help adults understand possible psychological needs beneath behaviour. It does not offer a way to score, categorise or predict suicide risk. When concerns arise, staff should act through their safeguarding procedures and seek appropriate specialist advice.

01 Where and how are needs being met?

Following trauma or prolonged distress, four needs may take on particular urgency: control, narrative, hope and escape. They are part of Navigate's way of making sense of behaviour, rather than clinical categories or warning signs in their own right. A person may seek each through safe, risky, visible or almost invisible routes. We learn more by understanding what those routes provide and whether they remain available.

Control | When vulnerability feels dangerous

Many people who have experienced trauma have learned that vulnerability carries danger. Something happened that they could not predict, prepare for, influence or stop. Being exposed or out of control may then become associated with harm, fear and an inability to protect themselves. For some, holding onto control becomes an important way of keeping vulnerability at a distance.

At school this might appear as refusal, rigid routines, secrecy, confrontation or a strong need to determine who knows what. A young person may reject help because accepting it would mean admitting a need. Others manage every detail of a conversation because they fear what will happen once someone else has the information. The immediate behaviour can be difficult, yet the protection it offers may feel essential to that person.

Understanding this helps us look at what happens when control is threatened. Does the young person have any genuine influence over the day, the way support is delivered or the amount they are asked to share? How do they respond when decisions are made about them? These questions inform our understanding of distress; they do not establish the level of suicide risk.

Narrative | Finding a story we can live with

After trauma, someone may struggle with what happened, what they remember, what others say happened and what it means about them. Their account can provide privacy or distance from an experience that feels too exposing. It may also help them preserve a version of themselves they can live with while they make sense of events.

For some learners, the problem is that other people already hold intimate facts about their lives. Staff may have read records, peers may know a headline and adults may expect a particular emotional response. The learner can be surrounded by concern and still feel unknown. We describe this as connected isolation: people know about the event while the person at its centre feels alone in their experience.

Notice who controls the story, whether the young person has opportunities to speak without being pressed for every detail, and whether support is becoming another experience of unwanted exposure.

Hope | What makes tomorrow possible?

Hope can sit in an ordinary opportunity: a friendship, a valued role, a club, an examination, an important date or the possibility of a fresh start. For a person who is struggling, one outcome may come to carry an extraordinary amount of emotional weight.

A learner might be holding everything together until a school move, a reunion or a particular achievement. Making plans for the future can be encouraging, although a single anticipated event tells us little about their wider wellbeing. We need to know what else gives their life meaning and what support exists if the hoped-for change fails to happen, or happens without relieving the distress.

The concern is greater when opportunities for enjoyment, identity and connection are narrowing and hope becomes dependent on one fragile outcome.

Escape | Finding relief from what feels unbearable

Escape may mean leaving a place, withdrawing from a conversation, becoming absorbed in activity or seeking a change in bodily sensation. Anger and confrontation can also interrupt a feeling of helplessness or exposure. In some circumstances, substance use or self-harm may serve a relief-seeking function.

The function will vary between people and sometimes between occasions for the same person. A learner who runs from a classroom might be trying to escape sensory overload, public attention, frightening thoughts or something else entirely. We should listen to the person's account and pay attention to whether the means of escape are becoming unsafe or less effective.

Where self-harm is suspected or disclosed, follow safeguarding procedures and seek appropriate medical and mental-health advice. Understanding a possible function must never delay that response.

02 What might a changing story be doing?

When someone exaggerates, denies or changes an account, adults often begin with honesty and accountability. Those remain important, especially when there are safeguarding concerns. Yet a story can also be serving a need that deserves attention. Memory can be incomplete, a young person may be frightened of disclosure, or they may be trying to make an experience bearable.

Navigate's Trauma Processing Programme explores five possible functions of what we have called 'lies'. The terms describe teaching examples, not types of children, diagnoses or a method of detecting deception. An inconsistent account must never be used to dismiss a disclosure.

Hope lies

A child may arrive with an extraordinary story about rescuing an animal or achieving something remarkable. For a moment the story offers a world in which they are capable, important and successful. The useful adult response goes beyond disproving it. We should be interested in whether the child has enough real experiences of recognition, achievement and possibility.

Needs-meeting lies

An account may become larger because the person is trying to secure care, recognition or protection. A genuine achievement can be exaggerated when its significance feels unseen. This invites adults to recognise what is real and meaningful without reinforcing an inaccurate account.

Narrative-control lies

Someone may speak about a painful experience through a different event, a fictional character or a third-person account. Distance can make a difficult feeling easier to share. We should neither assume the story is fabricated nor claim to know its hidden meaning. A young person may need more choice about what is shared, with whom, and how.

Processing lies

A person can come to hold an understanding of events that makes an overwhelming experience feel more survivable. Trauma, memory, guilt and meaning can interact in complicated ways. Educators should avoid challenging or reconstructing memories, attempting to establish a psychological explanation or treating discrepancies as proof of dishonesty. Record what has been said and involve appropriately qualified professionals when needed.

Vulnerability-protection lies

'I didn't do it' may feel less exposing than 'I was frightened', 'I got it wrong' or 'I need help'. Someone who has learned that vulnerability leads to humiliation may find a consequence easier to tolerate than a public admission. Accountability still matters, and the way adults approach it can preserve dignity and make honest communication safer.

03 What happens after vulnerability?

A young person may disclose something difficult, accept comfort and appear relieved, then avoid the same adult the next day. They may regret how much they shared or feel unsettled that another person now knows something intensely private. We sometimes describe this as a vulnerability hangover. It is a useful teaching description of a possible response, rather than a diagnosis.

Some people respond by trying to control harder. They change the subject, manage information, refuse help or attempt to dictate what happens next. Others seek escape through running, withdrawal, anger or self-harm. There may be a frantic movement between adults and situations, with approaches to support that look inconsistent from the outside.

This apparent inconsistency can be misunderstood as manipulation, rejection or evidence that the person no longer wants help. The original need may be unchanged, while the experience of being seen has become difficult to tolerate. Adults can protect the relationship by keeping their response steady, being clear about safeguarding responsibilities and allowing ordinary contact to resume without demanding further disclosure.

A helpful observation to share with the safeguarding lead is what changed after the conversation: who the learner now avoids, where they seek reassurance, whether they have withdrawn, and whether their usual ways of coping have become more urgent or unsafe.

04 When coping begins to take over

A useful starting point is to understand where and how a young person is meeting the four needs. A learner might gain control by refusing adult direction, hold onto a particular explanation of events, put their hope in one relationship and find escape through running or withdrawal. The needs can overlap, and one behaviour may meet several of them.

We also need to notice the windows when those needs are no longer occupying everything. Can the young person eat and sleep? Can they concentrate for a while, join a conversation that distracts or diverts them, laugh with somebody, enjoy an interest or spend time doing something ordinary? Those moments may offer genuine regulation and respite, even when distress remains.

People can maintain an outwardly successful routine while experiencing suicidal thoughts. Ordinary functioning is therefore no guarantee of safety. But when a young person's life becomes increasingly consumed by cycling between control, narrative, hope and escape, with very little space for sleep, learning, connection or relief, I would want a qualified mental-health professional involved. Educators should not be left trying to manage that complexity through regulation strategies alone.

The number of routes available can matter as well. If one relationship carries almost all of somebody's hope, or one unsafe behaviour is their main source of escape, a disruption may leave them struggling to cope. This is information worth sharing with the professional who is assessing their needs and safety. It is not a score or a threshold that staff should use to judge risk.

When the familiar behaviour disappears

Imagine a learner who has long relied on refusal and confrontation to regain a sense of control. One week they become quiet, compliant and apparently settled. That may reflect genuine progress, an improved environment or a new coping skill. We should understand what has changed before drawing a conclusion.

If the distress and circumstances appear unchanged, and no safer route to control or relief has become available, the change deserves careful attention. In some situations a person may appear calmer after reaching a decision about suicide. Calmness alone cannot establish intent, and neither can the absence of incidents establish safety. A concerning change calls for a direct safety conversation and safeguarding action.

05 When death takes on a different meaning

The relationship between control, narrative, hope and escape becomes especially concerning when a person begins to imagine their own death as an answer to several needs at once. In suicidal thinking, death may be perceived as an escape from distress, a means of regaining control, an ending to a painful story and the possibility that things will somehow be better afterwards. These are beliefs or expectations that need urgent professional attention, not outcomes death can provide.

This may be shaped by how a person has come to understand death. Bereavement, remembrance rituals, cultural beliefs, faith and an idea of the afterlife can all form part of a healthy, meaningful response to loss. They are not warning signs by themselves. For many people, faith and continuing bonds with someone who has died offer comfort, belonging and reasons to live.

Our concern increases when someone begins to describe their own death as a desirable route to reunion with a person they have lost, or as a way of achieving peace, relief or hope that feels unavailable in life. The individual meaning matters. Educators should not try to interpret a person's religion or grief clinically. If their words or circumstances raise concern about suicide, prompt safeguarding and specialist mental-health input are needed.

Suicidal thoughts and intent cannot be inferred from these associations, or from the four needs. Nor should anyone wait for a pattern to become complete. Concern about suicidal thinking at any point warrants action.

Intrusive thoughts and the mixing bowl

Trauma can leave someone trying to make sense of fragments: something they saw, a comment they heard, an old fear, a feeling of guilt and a coincidence that seems significant. In our Trauma Processing course we call this the mixing bowl. The fragments can combine into an explanation that feels persuasive even when it rests on uncertain information.

A young person might feel responsible for something they could not control, repeatedly search for confirmation or become frightened by an unwanted thought about death. Intrusive thoughts do not necessarily reflect a wish to act. Equally, we must not assume that somebody is safe because the thought appears unwanted. If the content relates to suicide, or distress is severe or thinking is becoming fixed, professional assessment is appropriate.

Later, when immediate safety is established and the person is ready, a careful distinction between what they saw, heard, thought, felt and know may support understanding. This is a low-pressure reflection tool, never an exercise in recovering memories, investigating an event or challenging a firmly held belief.

06 Recognising the limit of our role

The four needs help educators notice more and explain their concerns with greater precision. They cannot tell us how likely a person is to attempt suicide. Neither a reduction in behaviour incidents nor a successful regulation strategy is a clinical safety assessment.

When distress is becoming consuming, coping strategies are increasingly unsafe, a young person is repeatedly struggling to meet all four needs, or their own death begins to appear connected with relief, control, reunion or hope, seek qualified mental-health expertise. Schools should also act promptly on any disclosure or concern about self-harm or suicide, whether or not the patterns described in this guide are present.

The educational role is to recognise concern, respond compassionately, establish immediate safety needs, inform the designated safeguarding lead and share relevant observations. When suicide is suspected, a direct and sensitive question about suicidal thoughts can be appropriate; staff must not treat the answer as a substitute for the setting's safeguarding process or a specialist assessment. If immediate safety is in doubt, follow emergency procedures and do not leave the young person alone until safe support is in place. Call 999 where there is immediate danger.

It helps the receiving professional to know what has changed, which coping routes are being used, how ordinary life is being affected, what the young person has said in their own words and what support has already been offered. Record facts accurately and avoid speculating about motives or diagnoses.

Regulation, predictable adults and accessible learning remain important after referral. They should sit alongside the professional response, with an agreed plan for follow-up and review rather than becoming the whole response.

Keep the person in view

Good identification depends on revisiting the person even when their behaviour has become familiar. It asks us to notice when the ways someone has relied on to cope are changing, when ordinary life is narrowing and when their needs have become too consuming or complex for educators to understand safely.

We do not need certainty before seeking help.

Guidance and professional boundaries

Navigate's control, narrative, hope and escape framework is a teaching lens, informed by our trauma practice. It is not a validated clinical suicide-risk framework. The five functions of altered stories and the term vulnerability hangover are teaching descriptions, not diagnostic labels. No single behavioural pattern or protective factor is sufficient to rule suicide risk in or out.

This resource complements existing safeguarding, health and local referral arrangements. NICE NG225 recommends specialist psychosocial assessment after self-harm and advises against using risk scales to predict suicide or determine access to care. Education settings should follow current statutory safeguarding guidance and local procedures.

Guidance to use alongside this resource

NICE NG225 | KCSIE 2026 (England) | Keeping learners safe (Wales)

Immediate danger: 999. Urgent mental-health support: NHS 111 (mental-health option in England; press 2 in Wales). Samaritans: 116 123.

Professional safeguarding and clinical review is recommended before public distribution.