Pan Bedfordshire Guidance: What to do if you believe a child or young person might be at risk of suicide

Version 1 November 2022

Contents

1. Introduction

This guidance has been produced for anyone who engages directly with children and young people in their day to day work and who may become aware of a young person's suicidal thoughts or intentions. It is aimed at:

1. School and college professionals.
2. Children's practitioners (such as children's social care and youth justice practitioners), who have no training or expertise in the field of mental health and who do not have a role in the formal assessment of risk.
3. Voluntary/ community services provider (such as sports clubs, Cadets, Scouts and Guides).

The aims of this guidance are to:

- Develop a shared language.
- Standardise the response.
- Provide tools for practitioners to support the early identification of risk.
- Provide information about the respective roles of services.

National Picture

- It is estimated that two young people take their own lives every day in the UK.
- Whilst females are more likely to self-harm, three times more males than females die following suicide.
- Suicide is rare in young people, but risk increases with age.
- Suicide is the leading cause of mortality in children and young people (CYP) accounting for 14% of deaths in 10-19 yrs.
- Hanging is the most common method, followed by jumping, causing multiple injuries.
- Suicides are more common from January, peaking in May.
- Higher risk groups include, Looked After Children, and young people who are LGBTQ+.
- 60% of children and young people (CYP) who have died by suicide are known to services, 26% have recently been seen by CAMHS.
- Previous self-harm is noted in over 50% of suicides however **very many CYP who self-harm do not attempt suicide**.

The Bedfordshire and Luton Picture

The Bedfordshire suicide Review (2018) found that of those young people under the age of 18 years who died as a result of a suspected or registered suicide in Bedfordshire and Luton between 2012 – 18, most were not known by specialist services such as CAMHS, social care or youth offending. Equal amounts of boys as girls died by suicide in this time period, with hanging and strangulation the most frequent cause of death. It is not possible to be specific about the numbers of attempted suicides due to difficulties in establishing whether a self-harm episode is an attempt

at suicide or not. Self-harm is a common precursor to suicide and children and young people who self-harm may kill themselves without intending to.

2. Principles and values

Any child or young person, who expresses thoughts about suicide, must be taken seriously and appropriate help and intervention should be offered without delay.

- It is acknowledged that suicide issues can be extremely challenging for practitioners, family members and communities. It is normal to feel worried and anxious if you are presented with a child who may feel suicidal.
- Anyone who finds themselves in a situation where they suspect a child or young person may be suicidal should always work within their competency for the sake of themselves and the young person.
- Assessments should be based on the unique experiences and feelings of each young person and not on the perceptions of adults.
- Young people should not be stigmatised or discriminated against because of suicidal thoughts or behaviour.
- It is acknowledged that belief systems can impact on individual attitudes towards suicide.
- A co-ordinated response by agencies is in the interests of young people at risk of suicide.
- Confidentiality and consent issues should not be barriers to effective joint working.
- Creating a safe and supportive environment should be a key aim.
- Conversations about suicide risk with young people should be encouraged.
- Persons supporting young people should be offered appropriate advice and support by their organisation. Families can access support via the organisations directly and / or local websites.

3. Definitions

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

Suicidal thoughts imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

Suicide is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

Self-harm is the term used when someone intentionally injures or harms themselves. It can be a common pre-cursor to suicide and children and young people who self-harm may kill themselves by accident. Self-harm can include:

- Cutting behaviours;
- Burning, scalding, head banging, hair pulling, punching themselves or objects such as walls;

- Self-poisoning including overdoses of tablets, medicines or alcohol;
- Self-neglect;
- Direct injury such as scratching, cutting, burning, hitting themselves.
- Inducing vomiting (purging), refusing to eat.

Suicide prevention is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour and identifying and promoting factors that protect against engaging in suicidal behaviour.

4. Identifying risk factors

Advice for Children's Services practitioners and voluntary/community services providers

Children's services practitioners and staff working in community organisations may become concerned about a child or young person's risk of suicide based on the **warnings signs** and **levels of risk** detailed below.

If any children's services practitioner is concerned that a child or young person is at risk of suicide they should speak to the parent and ask them to see their GP who will make a referral to the Bedfordshire CAMHS.

Please also refer to page 10 - If immediate medical attention is needed or the young person is in immediate danger.

Advice for school and college professionals

If a school/college professional is concerned that a child or young person is at risk of suicide, they should follow the risk assessment steps set out in Section 5 of this guidance.

Risk assessments may be informed by the **warning signs and levels of risk** listed below. These risk factors give an indication of the potential for serious harm to occur but cannot provide an accurate prediction of what will happen. There may be a lack of identifiable stressors / risk indicators and even when present they can be transient.

Warning signs - Personal History

- **Family history of Suicide.**
- **Previous self-harm, suicidal thoughts or suicide attempt.**
- Substance use.
- Easy availability of prescribed medications.
- Neuro-developmental issues.
- Evidence of mental health problems, especially depression, psychosis, post-traumatic stress disorder or eating disorder.

- History of experiencing physical, emotional or sexual abuse.
- Loss or bereavement – could include loss of relationships or social status (anniversaries can be significant).
- Pressure on social media.
- Self-harming behaviour within peer group.
- Family factors – instability (divorce, separation, changes of care giver, repeated house moves), conflict, arguments, domestic violence, looked after child, times of change.
- **Family history of** mental illness or substance misuse.
- Issues of gender or sexual orientation, especially if any family member is not supportive.
- Children and young people who may have been radicalised.
- Persistent Bullying / peer rejection.
- Religious / cultural identity dilemmas / conflicts.
- Living alone/ Loneliness / isolation.
- NEET and worklessness.
- Poor support network.
- Difficulties with peer relationships (i.e.: break up of friendship groups/ relationships).
- Known Adverse Childhood Experiences (ACES) .
- Experiencing bullying.
- Academic pressures.
- Those known to the Youth Justice Service.
- Care leavers and looked after children.
- Coming from an area of significant deprivation.

Warning signs - Personal functioning

- Changes in anxiety levels, problem solving skills, social withdrawal, feelings of hopelessness, personal appearance, sleeping and eating habits.
- Altered mental states, e.g. feelings of agitation, hearing voices, delusional thinking, aggression, hopelessness.
- Statements of suicidal intent: letters, comments, Facebook status, social media messages, text messages, etc.
- Tendency to impulsive behaviour.
- Running away from home.
- Anger, hostility or anti-social behaviour.
- Use or increased use of drugs/alcohol.
- Feelings of ambivalence about the future e.g. no reason for living, no purpose in life.
- Difficulty in coping with exam stress.
- Low self-esteem.
- Conduct disorder.

- Poor problem solving.
- Current substance misuse.
- An apparent lift in mood following a significant period of low mood, which may indicate a higher risk factor.

Warning signs - verbal

- 'I can't take it anymore'
- 'Nobody cares about me'
- 'I can't see the point anymore'
- 'Everyone would be better off if I weren't here'
- 'Nothing matters any more'
- 'I'm going to top myself'

Levels of risk

High Risk	• Previous suicide attempts • Young people who identify as LGBTQ+ who have recently come out and their family are unsupportive • Frequent suicidal thoughts which are not easily dismissed • Specific plans with access to potentially lethal means, e.g. time, location and method • Evidence of current mental health problems • Extremely impulsive and highly emotional young people • Significant or increasing drug or alcohol use • Situation felt to be causing unbearable pain or distress • Increasing self-harm, either in frequency or potential lethality or both.
Medium Risk	• Suicide thoughts • No specific plan or immediate intent • Known current mental health issue • Use/increased use of drugs or alcohol • Situation felt to be painful but no immediate crisis • Previous, especially recent, suicide attempt
Low Risk	• No suicidal thoughts in the last 12 months • No recent signs or periods of low mood within the last 6 months • No self-harming behaviour • Current situation felt to be painful but bearable

5. Risk assessment – School/College practitioners only

Information gathering conversation

'There is no evidence that asking a young person whether they are having suicidal thoughts will put the thought in their mind if it were not there before. There is, however, a great deal of evidence to suggest that being able to talk to clients about suicide is extremely important in providing a safe space for them to explore their feelings.' (Rudd (2008), Barrio (2007)

Possible questions for an information gathering conversation are contained in Appendix 1. You will need to start the conversation by explaining the reasons for your concern, these questions aim to guide you through a conversation in which you can find out about suicide risk, which will inform your next actions. The conversation should be supportive and take account of the young person's individual situation and his/her needs. Ideally, the conversation should be held by the worker who knows him/her best. Young people say that questions using a scale from 1-10 might also be useful.

If the young person does not engage with the conversation, then follow advice in Section 7: young people who do not engage.

If there are no concerns about suicidal thoughts or behaviour:

- If the young person is low risk in respect of suicide but has additional needs (not impacting on welfare) then consider a referral to the Early Help Hub or to other services (details at Appendix 4) if appropriate.
- If the young person is low risk in respect of suicide but has other needs which impact on their safety or welfare, please consider making a referral to Children's Social Care via the MASH team (details at Appendix 4).
- If the young person is low risk in respect of suicide but is showing early signs of mental health and emotional problems, please consider making a referral to CHUMS/CAMHS

If your conversation indicates medium or high risk of suicide:

- Explain that you will need to share this information with relevant professionals
- Ensure that the young person is not left alone at any time and seek support from colleagues
- Contact the Child and Adolescent Mental Health Service (CAMHS) for consultation and/or referral**.** See Appendix 5
- Inform Children's Services if you think that the child may already be open to social care
- Inform the young person's GP
- Refer to MASH if the young person or parents/carers do not engage (**see Appendix 5**).
- Inform the parents/carers unless this increases the risk. In this instance, seek consultation from CAMHS and/or Social Care.

If immediate medical attention is needed:

- **If a young person has immediate plans and /or means to carry out suicide take the young person to the Accident and Emergency department at the local hospital or consider dialling 999 and asking for an ambulance.**
- **If a young person has carried suicidal actions or the level of self-harm has caused significant physical injury (e.g. recent overdose or serious cutting), take the young person to the Accident and Emergency department at the local hospital or consider dialling 999 and asking for an ambulance.**
- Inform the young person's parents/carers.

If a young person tells you that they are imminently about to take their own life:

- Do not leave the young person on their own.
- If urgent assistance is required contact the emergency services.
- Ring the CAMHS Access and Assessment team for an emergency assessment to be arranged (office hours and out of hours).

Safety Planning

You could also consider helping the young person to put together a safety plan. It is best to have someone complete this before a crisis so they can refer to it as a protective measure.

CAMHS safety plan and going home plan can be found in the 'useful links' section of the CAMHS website.

6. Important things to remember

DO

- Be clear about confidentiality.
- Work within your competency.
- Seek support from a qualified person for further assessment if needed.
- Take suicide gestures seriously.
- Keep conversations friendly and informal, finding somewhere comfortable to sit.
- Show empathy.
- Give YP opportunity to speak in private / alone if adults present.
- Establish and agree what help might be needed.
- Give the young person hope for improvement and change.
- Listen, be non-judgmental and think about what you say.
- Be aware about potential power imbalance, so sit next to them on the same eye level and match their level of eye contact.
- Once the young person has started to open up and talk to you, ask direct questions early on to establish any immediate risk.
- Ask about other problems such as bullying, substance misuse, bereavement, relationship difficulties, abuse, sexuality issues.

- Check how and when parents/carers will be contacted.
- If you believe they may have a learning/intellectual disability, ensure they understand what you're saying.
- Encourage contact with friends, family, trusted adults.
- Ensure immediate support for the young person is in place and that medical attention is provided if necessary.
- Consult with specialist services for advice.
- Make sure you record your conversation, concerns and actions in line with your agency's procedures.
- Action appropriate referrals.
- Engage with processes for developing Risk Management and Safety Plans.
- Ensure actions to be taken by your agency to manage risk are implemented.
- Consider protective factors and provide ongoing opportunities for support and monitoring.
- Ensure they understand what is happening next and give recurrences that you are going to get them some support (don't specify what that support is yet).
- Respond to escalating concerns about the risk of suicide.

DO NOT

- Promise confidentiality.
- Ask too many direct questions at first.
- Avoid difficult topics.
- Rush the conversation.
- Have an emotional reaction.
- Problem solve.
- Make assumptions or react without considering all of the risks.
- Dismiss/ criticize / blame or confront what the young person is saying.
- Presume that a young person who has threatened to harm themselves in the past will not do so in the future.
- Disempower the young person. by interrupting, taking over, preventing the YP making their own decisions.
- Dismiss self-harm or expression of suicide thoughts as attention seeking.

7. Young people who do not engage

If a child or young person is at risk of significant harm (S47 Children Act 1989), you have a duty to share concerns and information relevant to the risk. Seek support and guidance from specialist agencies (as well as your line manager/safeguarding lead). Remember to keep a record of your actions and also ensure that you continue to engage with the young person where appropriate or you are confident that another service has taken full responsibility. It is also very important to remember to follow up/check back on any actions that other services had taken responsibility to complete.

8.Engagement with parents and carers

Consider with the young person, how and when parents/carers can be contacted. When parents/carers are informed they become part of the assessment, safety planning and risk management. Informing parents/carers can be very stressful for the young person. Some young people may be relieved that someone else liaises with their parents/carers and engages with them to be supportive.

Parents/Carers may need some additional advice on how to best support their child. Please see Appendix 5 for agencies that may be able to help, and Appendix 6: for national organisations/ websites.

- If the young person does not wish their parents/carers to be informed, then workers should explore the reasons for this so that concerns of the young person may be able to be addressed. The worker should seek the support of their manager/supervisor. A consultation with MASH about whether parents should be informed as part of safeguarding the young person may be helpful.
- If the young person has disclosed that their self-harm or suicidal thoughts/intentions are a response to alleged abuse by their parents/carers then workers should consult their line manager/safeguarding lead and follow their organisation's procedures for reporting child protection concerns without delay.
- Consult with MASH (Children's Services) about what action to take next if parents of the young person who is at high risk of suicide will not engage with any practitioner.

9. Looking after yourself

When you are supporting young people with suicidal thoughts/feelings, it can be challenging and create a range of feelings in ourselves, such as anxiety, fear, confusion, sadness, frustration, hopelessness and powerlessness. You need to think about ways of looking after yourself when supporting young people in situations such as these.

Share the load with your manager/senior lead and ask for support when you need it.

The New Economics Foundation's 'Five ways to well-being' may also be helpful to consider.

Appendix 1 Questions which may be helpful to ask

If a young person's presentation/behaviour causes concern that they may have suicidal thoughts or intent, have an information gathering conversation as detailed in section 5. Feel free to adapt the questions appropriate to the young person's needs and ask other relevant questions.

Tell me, is something troubling you (home, family, school, friends)? Or: I am aware that you have talked about xxx, tell me a bit more… How is this making you feel?
How often have you had these thoughts?
Are other people also worried about you? Who, why?
Have you ever felt like hurting yourself? Have you ever hurt yourself?
Have you ever felt like ending your life?

If the answer is no, then you will not need to go on with the suicide specific questions, but you may wish to continue with further questions (see below), in particular if the young person is self-harming. The general questions at the end are likely to be appropriate for everyone.

How often do you think about suicide? How long have you been having suicidal thoughts? When did you last think about suicide? Are you currently thinking of ending your life?
What makes you think of suicide (e.g. worries, fears, loss)? Have you ever made a suicide attempt?
What stops you acting on these thoughts?
Have you thought about how you would kill yourself/Do you have a plan? Do you have ways of taking your own life? (tablets, weapons, other?)
Is anyone aware that you think about suicide (family, friends, practitioners)?
What helps to stop you thinking about taking your own life?

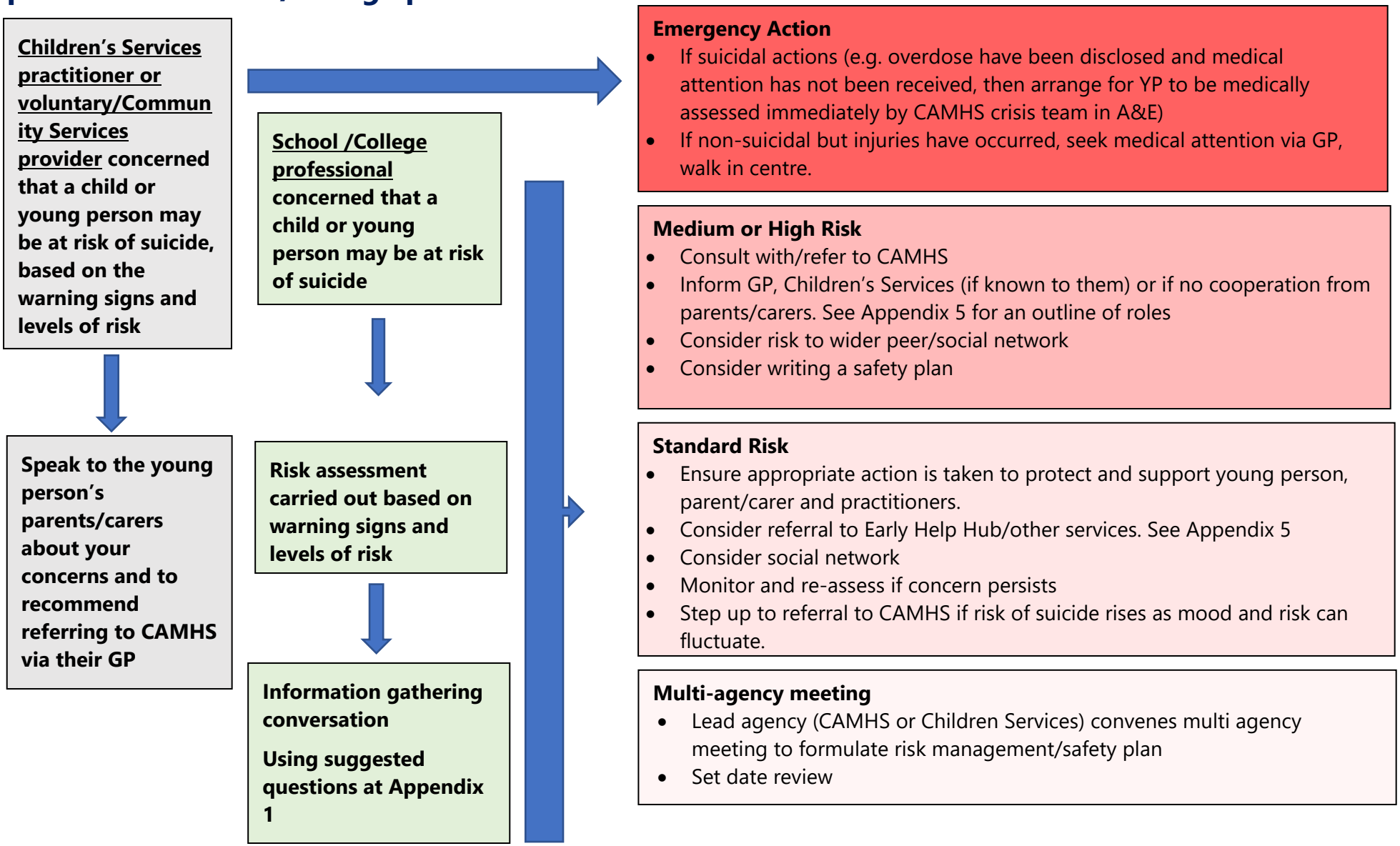
Further questions:

Are you experiencing harm from others (bullying, threats, abuse)?
Do you use drugs or alcohol? Does this make you feel better or worse?
Have you used drugs/alcohol or stopped taking prescribed medication?
What helps to stop you thinking about harming yourself?
What helps to stop your self-harming behaviour from getting worse?
Have you spoken to anyone else about how you are feeling e.g.GP, School Nurse, friends etc?
If you have seen your GP have they prescribed medication or referred you to CHUMS/CAMHS (adolescent mental health services). Are you still taking the medication?
If have seen the GP, have they referred you to CHUMS/CAMHS (adolescent mental health services) or other counselling service

General questions:

Are you getting support with your feelings (from family, friends or professionals)?
How are you feeling generally at the moment (mood, health, social life)?
What do you think needs to happen to improve the situation and make you feel better? (Do a safety plan – see section 5 – if appropriate). Agree what will happen next.

Appendix 2: Flowchart Children's Services practitioner or voluntary/Community Services provider for school/college practitioner



Appendix 3: Links between self-harm and suicide

In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state.

A small percentage of individuals who self-harm do go on to complete suicide, although this may be accidental. Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours.

Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks; either of serious risk to the young person's health or wellbeing, of the risk of death by misadventure, or the risk of intentional suicide.

For further information about self-harm please see Appendix 6

Appendix 4: Guidance on sharing information

The purpose of sharing information is to ensure young people who are at risk from suicidal thoughts and behaviour receive help and support appropriate to their level of need.

Seven Golden Rules to sharing information

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

- Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
- The most important consideration is whether sharing information is likely to safeguard and protect a child. If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

Appendix 5: Roles and responsibilities

Roles and responsibilities

All people who come into contact with children and young people, including professionals who deliver specific services to some groups of young people (e.g. youth workers, sport coaches) are likely to meet young people who are engaging in self-harming behaviours, who are expressing suicidal thoughts or intentions, or who have attempted suicide previously. Everyone plays an important role in terms of identifying young people who are at risk of suicide, making an appropriate referral, and playing an important part in safety planning and risk management. These are the key agencies who will be able to support young people and their family.

Accident and Emergency Department

Accident and Emergency Departments at local hospitals can treat young people who have self- injured or taken overdoses. Generally, young people who are expressing suicidal thoughts or behaviours, but who have not physically injured themselves or taken an overdose, should not be taken to Accident and Emergency Departments in the first instance, but CAMHS should be contacted for the initial risk assessment. When young people attend due to injuries/overdoses, A & E Doctors can undertake immediate risk assessments where there is a risk of suicide and, if required, access advice from CAMHS or the all-age out of hours mental health services.

Children's Social Care Services

Children's Social Care is the lead agency for responding to children and young people for whom there are welfare concerns or where there is a risk of significant harm. Young people who demonstrate self-harming behaviours or who express suicidal thoughts or intentions will not automatically require a service from Children's Social Care, however consideration should always be given to making a referral. A referral should always be made where there are concerns about the reasons for the young person's suicidal thoughts or intentions, such as abuse or neglect, or where young people are at high risk of suicide and do not want CAMHS support, and/or when parents or carers are not engaging. If you are uncertain as to whether a referral should be made to Children's Services, you are encouraged to seek advice from their front door teams;

Bedford Borough Integrated Front Door: 01234 718700
Central Bedfordshire Access and Referral Hub: 0300 300 8585
Luton MASH: 01582 547653

Child and Adolescent Mental Health Services (CAMHS)

CAMHS provide support to children and families where the young person is experiencing emotional, behavioural or mental health difficulties. Young people who are demonstrating self-harming behaviours and are at medium or high risk, or who are expressing suicidal thoughts or intentions may require a service from CAMHS. CAMHS will accept referrals from Primary Care, Midwifery Service, Community Paediatrics, School Nursing, Health Visitors, Acute Hospitals (incl. Emergency Departments), Police, Drug and alcohol treatment service, Schools and college, Youth Offending Service and any professional competent to undertake an initial mental health assessment (screening), including Children's Services (Social care and Early Help). CAMHS do not currently accept direct referrals from young people, parents or carers (October 2019).
The CAMHS referral pathway can be found in the 'useful links' section of the CAMHS website

General Practitioner (GP)

GPs are trained to consider the mental health of patients in primary care consultations and play a significant role in the prevention, detection and management of mental health issues in respect of their patients. A young person's GP will be able to make an initial assessment of the risk of suicide and take the appropriate action to address this risk. They will also take responsibility for making a medical assessment of the need for treatment following a serious self-harm incident or suicide attempt. Out of hours responses are available and information about how to access these will be publicised by the GP's surgery. Professionals do not need to contact the GP to access CAMHS/Youth service support for a young person.

Ambulance Service

The ambulance service is in a unique position when treating the public to pick up on signs & symptoms which may lead clinicians to believe a child has harmed or is at risk of harming themselves. The Ambulance service will report any concerns to children's social care via single point of contact (SPOC) ensuring any concerns are handed over in A & E if they are conveyed. A copy of the child's safeguarding referral will automatically be sent to the child's GP.

Bedfordshire Police

The Police will respond when there is an imminent risk of suicide or serious self-harm. In any such emergency police should be called on 999. Police are able to use their powers of Police Protection under The Children's Act 1989 or utilise s.146 of the Mental Health Act to detain any person who is at significant risk of harm and detention is required either to protect that person or for the protection of others.

School Nursing Service

School Nursing Services provide support to all children of statutory school age and their families and/or carers. Children and young people can be seen in a variety of settings, including their school, a health clinic or at home. School Nurses offer one to one confidential appointments for all children and young people and 'open access' clinics for young people aged 11 and above (support and advice is given on a variety of issues including self-esteem, anger management, contraception/ sexual health issues, mental health, self-harm, relationships, diet, smoking).
Bedford Borough, Central Bedfordshire and Luton School Nursing Service contact number: **03005550606.** Referrals can be emailed to **Ccs.bedsandlutonchildrenshealthhub@nhs.net**

Chathealth text messaging service

The 0-19 services in Bedfordshire also offers ChatHealth: a confidential text messaging service for 11-19-year olds. ChatHealth is an easy way for young people to confidentially seek help about a range of issues, make an appointment with a school nurse, or find out how to access other local services including emotional support or sexual health services. Messages sent to the dedicated number are delivered to a secure website and responded to by a school nurse. Out of hours, anyone who texts the service will receive a bounce back message explaining where to get help if their question is urgent, and when they can expect a response. Texts are usually replied to within one working day. Text Bedfordshire **07507 331450** or Luton 07520616070.

Online counselling service- KOOTH

Kooth (www.kooth.com) is an online counselling and emotional well-being service for children and young people, accessible through mobile, tablet and desk top and free at the point of use. The service is provided across Central Bedfordshire, Bedford, Luton and Milton Keynes. Children

and young people can access information at any time and chat to counsellors online 365 days a year from 12 noon to 10pm Monday to Friday, and 6pm to 10pm Saturday and Sunday.

Appendix 6: Useful national organisations and websites:

Charlie Waller Trust

The Charlie Waller Trust was set up in 1997 in memory of Charlie Waller, a young man who took his own life whilst suffering from depression. Shortly after his death, his family founded the Trust in order to educate young people on the importance of staying mentally well and how to do so. Telephone 01635 869754.

Childline

Telephone 0800 1111.

Mind Infoline

Telephone 0845 766 0163.

NHS Direct

Telephone 111 for non-emergency advice and support on all health conditions.

Papyrus

Confidential support and advice for prevention of young suicides. 0800 684141 Mon – Fri 10-5pm and 7-10pm.

Royal College of Psychiatrists

Advice on the support available, how to access it and how to stay safe.

SelfharmUK

A project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. It also has an online course that gives you an opportunity to think more about self-harm and work out what your next step might be.

Young Minds

For young people or anyone concerned about a child's mental health. Telephone 0800 018 2138.

Samaritans

Confidential advice and support available 24 hours a day. Samaritans is a charity dedicated to reducing feeling of isolation and disconnection that can lead to suicide. Telephone 116 123.

Further information

Health Education England (2018) Suicide and Self Harm Prevention Competency Framework Community and Public Health. This document aims to ensure that these people are supported in line with best practice when they come into contact with a broad range of individuals who can help.

See the Signs, Save a Life is a Milton Keynes, Bedfordshire and Luton based campaign to encourage awareness of how to support someone with suicidal thoughts and encourage us to talk openly about suicide.

Universities UK and Papyrus, the UK's national charity dedicated to the prevention of young suicide, have published guidance to help university leaders prevent student suicides. Suicide Safer Universities can be accessed here.

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