On the edge
ChildLine spotlight: suicide
<table>
<thead>
<tr>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The role of the internet ....................................................................................... 12</td>
</tr>
<tr>
<td>3. Supporting a friend or family member ............................................................... 16</td>
</tr>
<tr>
<td>4. Case study: How ChildLine has helped Leanne .................................................. 21</td>
</tr>
<tr>
<td>5. Who’s ready to listen? .......................................................................................... 23</td>
</tr>
<tr>
<td>6. Recommendations: what can be done to help? ..................................................... 27</td>
</tr>
</tbody>
</table>

- Support from friends and family
- It’s good to talk
- Challenging the stigma

Acknowledgements ........................................................................................................ 34
Overview

Suicide is a wide-ranging and complex issue, and young people with suicidal thoughts and feelings need to know that they will be listened to. Too often, people are failing to hear young people’s distress early enough and missing opportunities to get them the support they need.

Nevertheless, we do know that young people are contacting ChildLine. The high level of confidentiality, choice of ways to contact, and 24-hour availability make it a trusted place they can turn to for support.

This report looks at what these young people have told ChildLine, and examines what they need when they are already distressed and contemplating taking their own lives. It outlines the key issues young people raised and how the stigma of suicide means that the adults in their lives (including professionals) are failing to spot the signs, finding it hard to listen to their distress, and are sometimes providing inadequate levels of support.

We have also worked with other organisations, combining their expertise with what we’ve learnt through ChildLine, to create a series of recommendations. These show how simple changes in the way we listen to and support young people can make a huge difference. Helping children to get support earlier, and breaking the silence and stigma that surrounds the issue of suicide.
What we’ve found...

34,517
ChildLine counselling sessions about suicide in 2013/14
An 18 per cent increase compared to 2012/13 and a 116 per cent increase since 2010/11

36%
Young people mentioned self-harm in 36 per cent of counselling sessions about suicide
A 192 per cent increase in counselling about suicide where self-harm was mentioned since 2010/11

5,846
ChildLine counselling sessions with young people who said they had previously attempted suicide
43 per cent increase year on year

Since 2010/11...

142%
increase in counselling about suicide with girls

32%
increase in counselling about suicide with boys

6:1 girl to boy ratio for counselling about suicide compared with 4:1 girl to boy ratio for ChildLine contacts overall

82%
of all counselling about suicide happens online (121 chat or email)
40 per cent increase in online counselling about suicide compared to the previous year

37,000
visits to the ChildLine website pages relating to suicide in 2013/14 – an increase from 18,000 in 2012/13
Who contacts ChildLine about suicide and why?
ChildLine counsellors support children and young people through a range of suicidal thoughts and feelings and provide immediate help for young people who have planned or attempted suicide.

34,517

counselling sessions about suicide

90%
of young people counselled were categorised as feeling suicidal

10%
had planned or attempted suicide

Highest number of counselling sessions about suicide were on Sundays and Mondays. The most common time was between 8-10pm.

Young people’s suicidal feelings often increased alongside a developing situation, such as the gradual breakdown of a relationship, loneliness, or abuse. As situations worsened they described how they found it increasingly difficult to cope.

Many young people said they hadn’t acted on their suicidal thoughts because they didn’t know how to end their own lives, were too scared to do it, or the thought of how it would impact their loved ones was stopping them. Some saw their fear of ending their own life as a weakness that they should punish themselves for. They spoke about cutting themselves, food deprivation and purging.

However many felt that suicide was the only feasible solution to ending how they felt or resolving the problem. They often felt like a burden and believed that people would be better off without them.
Who contacts ChildLine about suicide and why?

Age

ChildLine has seen an increase in younger children feeling suicidal – with the largest increase in counselling sessions being with children aged 11 or younger. However, the majority of counselling sessions for suicide takes place with 12-15 year olds. And this year, more 15 year olds were counselled than any other age group. Previously, this had been 17 year olds. Suicide first appears as a top main concerns for girls aged 12. For boys, it becomes a top concern at the age of 14.

The majority of contacts about suicide come from 12-15 year olds.

<table>
<thead>
<tr>
<th>Age group</th>
<th>2013/14</th>
<th>2012/13</th>
<th>% year on year change</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 or younger</td>
<td>18</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>12-15</td>
<td>503</td>
<td>403</td>
<td>25%</td>
</tr>
<tr>
<td>16-18</td>
<td>399</td>
<td>310</td>
<td>29%</td>
</tr>
<tr>
<td>Unknown</td>
<td>356</td>
<td>373</td>
<td>-5%</td>
</tr>
<tr>
<td>Total</td>
<td>1276</td>
<td>1095</td>
<td>17%</td>
</tr>
</tbody>
</table>

When young people who contact ChildLine are thought to be in immediate danger, we refer them to 999 services. 65 per cent of the 1,960 referrals made on behalf of children and young people were about suicide – up from 60 per cent the previous year. Referrals for children aged 11 or younger doubled.
I feel so hopeless that all I think about is dying. My family don’t know how depressed I am – I don’t see the point of telling them because there’s nothing they can do to help me. I’m tired of being here.

Boy, age unknown
Self-harm
Research has shown a direct and increasing link between self-harm and suicide, and the number of young people contacting ChildLine about these two issues supports these findings.

29%
One in three young people counselled about suicide also mentioned self-harm. This has increased by 29 per cent compared to the previous year and 19 per cent from 2010/11.

I’ve been self-harming for a while because the voices in my head tell me to do it – they tell me to hurt myself all the time. I’ve got depression so I’m having counselling. It helps but I can’t tell them everything because I’m worried they’ll judge me. I hate being like this.

Anonymous

Young people told ChildLine that they self-harmed instead of talking about their feelings, or as a way to cope and distract themselves from their suicidal thoughts. For those who had been self-harming for many years and were “too used to the pain”, suicide had started to seem like the only way to escape from the hopelessness and desperation they felt.

The thought of not waking up to face another day was the greatest appeal of suicide for these young people. They said that every morning they felt worse. Scars from cutting acted as a permanent reminder of their depression and unhappiness so they felt that they couldn’t move on.

Young people were reluctant to seek support for their suicidal feelings and self-harming, fearing that self-harm paraphernalia or pills would be taken away from them. This made it much harder for them to cope with their problems.
Mental health
In 3,011 counselling sessions about suicide, young people also told the counsellor they had a mental health issue. This was a 47 per cent increase from the previous year.

Issues commonly discussed in these counselling sessions included:

- Hearing voices (1,000 counselling sessions)
- Feeling like a failure
- Depression
- Insomnia (nearly 2,500 counselling sessions)
- Eating problems (just over 1,000 counselling sessions) including using starvation as a way to end their life
- Feeling abnormal or “weird”
- Not feeling in control of their lives
- Reclusive behaviour
- Low self-esteem

Young people told us how they struggled to cope with these issues, and that suicide felt like the only way to escape the depression and anxiety they experienced. In many cases the feelings of hopelessness and negative self-perception which stemmed from these issues led to young people feeling that their life had little value and that they were not good enough to be ‘here’.

As young people became more conscious of their issues, they talked about losing the confidence to leave the house or their room. They began to feel so isolated that they did not see the point in living anymore, so started to consider ending their life.
I feel so alone and worthless – I can’t carry on like this anymore. I’m so depressed that I don’t even leave the house because I’m scared of what people will think of me. I’m having counselling but it’s not helping me with my confidence.

Girl, aged 12-15
The role of the internet
Young people contacting ChildLine about suicide prefer getting in touch online rather than over the phone. They also mention getting help and emotional support from other websites, particularly through joining in with suicide and self-harm-related discussion forums and chat rooms. They often establish positive online relationships with other young people experiencing similar issues and in doing so feel reassured that they are not alone.

The ChildLine website had 18,000 visits to the pages relating to suicide in 2012/13. A year later this has increased to 37,000.

Feedback from young people who used the ChildLine website

- Reading this has made me realise I need to speak to someone
- It made me feel better
- I realise now that I am not alone
- It tells me ways to distract myself from my thoughts
- The page helped me a lot by giving me ideas on how to cope
- The page helped me a lot by giving me ideas on how to cope
The negative impact

I’m in such a dark place at the moment so I’ve researched online ways to end my life. My depression has got so bad that I can’t face living anymore. Everything just seems to be getting worse. I feel like dying would be less painful than how I feel each day.

Anonymous

Young people told ChildLine how they had used the internet to research painless ways they could end their life. Some explained how websites advised how and where to buy products for this purpose. This was particularly the case for methods such as overdosing and self-poisoning.

Some young people told ChildLine that their suicidal feelings had been triggered by harmful content they had seen on websites. Graphic blogs and videos relating to suicide and self-harm normalised suicidal behaviour, making young people believe it was a viable way out of their desperate situation.

Young people who talked to ChildLine about online bullying and suicide frequently described incidences where they had been bullied through social networking sites. They sometimes used social networking sites to seek approval or support from others, however, this didn’t happen. Instead, these young people were subjected to abuse and hate messages telling them to self-harm or kill themselves, and even death threats.

There have been a number of reports in the media about tragic cases that demonstrate the intensely damaging effects of online bullying. In these cases, we have seen young people suffer such cruel, relentless abuse online that they have believed the only way out is to end their life.
Creating a safe environment online

We know from the ChildLine website and other online support communities that the internet can be a really positive tool for young people. However, it’s clear that greater action is also needed to protect young people from harmful and inappropriate online content.

Social networking sites, for example, must have clear policies and take action as part of their duty of care for protecting children and young people. Filters and parental controls should also cover harmful content, which can trigger distress amongst children and young people. There must be continued independent evaluation of these controls to make sure they are protecting children, while not blocking access to appropriate, supportive sites.
Supporting a friend or family member
Getting support from a friend can be a lifeline for young people with suicidal feelings. However, this is a huge responsibility for anyone to bear. Young people supporting suicidal parents also find themselves under enormous pressure, and in need of support. Later in this report, we set out recommendations for helping young people who are supporting a friend or family member. This section explores the problems they face.

My boyfriend says he wants to kill himself. I am afraid and scared that he will act on his feelings. Supporting him is hard, he refuses to talk to a professional or accept help from anyone else. I feel pressured into not telling anyone else as he says things like ‘if you love me you will not tell anyone else’. I feel emotionally drained.

Girl, aged 16-18

In 2013/14, ChildLine carried out 2,997 counselling sessions with young people who were concerned about someone else who was feeling suicidal, had attempted suicide, or had ended their own life. This was a 22 per cent year on year increase.
Supporting a suicidal friend

Some young people who had experienced the trauma of a friend or partner having taken their own life talked about how it had made them seriously consider it themselves. Often the person they had lost had been their greatest support, so without them they felt alone, isolated, and like no one understood them. Many felt overwhelmed with guilt for not being there for their friend and not spotting the signs.

I am really worried about my friend. She said that she is thinking of killing herself and has been posting things about being suicidal on her Tumblr account. I'm not sure who I can talk to about it because I don’t have an adult I can trust to speak to. I don't want to get her into any trouble but I’m really worried about her.

Girl, unknown age

The most common issues experienced by young people who were supporting a suicidal friend were:

- Feeling under constant pressure to “always be there”
- Partner threatening to end their own life if the relationship ended
- Being emotionally blackmailed to promise not to tell anyone else
- Not feeling equipped to help, and scared of saying the wrong thing
- Feeling exhausted and drained
- Wanting to tell their friend’s family but worrying it would make their friend act on their suicidal feelings
- Being bombarded with emotionally charged texts and calls
- Frustration and anxiety over their friend refusing to speak to a professional or get help
- Being unable to sleep or focus due to constantly worrying about their friend
- Not feeling equipped to help, and scared of saying the wrong thing
Supporting a suicidal parent

My mum has said she wants to kill herself and I am scared – I don’t want her to die. She has been depressed for a while, she cries all the time and doesn’t want to get out of bed. I haven’t told anyone and I do my best to take care of mum and my little sister, but I don’t know what to do to make her feel better?

Girl, age unknown

Some of the common experiences for young people with a suicidal parent were:

- Hiding tablets and alcohol from their parent to prevent overdosing
- Feeling they had to ‘babysit’ their parent to make sure they didn’t hurt themselves
- Adopting responsibility for younger siblings
- Providing a carer role for their parent
- Not sleeping in case their parent attempted to end their own life during the night
- Never having friends round or going out
- Parent telling the young person things that are painful or difficult to hear
- Not attending school in order to stay home to look after their parent
- Feeling guilty or helpless
Losing a suicidal parent

My dad killed himself a few years ago. We were close, I have never been very close to mum. I have been diagnosed with eating disorders, depression and self-harm badly. I have been bullied all my school life and have tried to kill myself in the past. I feel I have nobody to support me – Mum calls me an attention seeker. I have been to my GP and loads of different counsellors - nothing has worked. I think I need a residential place where I can feel safe from harming myself.

Girl, aged 12-15

In addition to normal emotions that come with bereavement, young people experienced the following feelings and difficulties after a parent had ended their own life.

- They felt unloved, rejected and abandoned by their parent
- They felt isolated, unable to talk to people about what had happened due to the stigma of suicide
- They felt ashamed
- They started self-harming, misusing drugs/alcohol and had suicidal feelings themselves
- They experienced extreme guilt and self-blame
- Their school work was affected and they were absent from school
- Young people who had found their dead parent experienced flashbacks, post-traumatic stress disorder (PTSD) and nightmares
- Peers often made inappropriate jokes/comments or spread rumours
- Young people were confused as to why their parent ended their own life

Sad some young people contacted ChildLine after a parent had ended their own life.

The death of a parent is always difficult for children and young people to understand, but a young person bereaved by a parent’s suicide is likely to find it even more difficult.
Case study: How ChildLine has helped Leanne
I didn’t really know what I was looking for when I decided to search for help over the internet but I quickly became distracted by the ChildLine messageboards. Being able to read the experiences of other young people without having to share my own was really comforting.

I wasn’t quite ready to open up to anyone about my problems, but seeing that I wasn’t alone made me feel less self-conscious.

Still feeling unable to verbalise her concerns, Leanne opted to use the 1-2-1 chat service.

“If there hadn’t have been an online chat service, I’m not sure if I would’ve contacted ChildLine when I did. I was feeling really emotional after someone at school saw my scars – before I knew it, everyone was talking about me. I felt totally alone. When I got through to a counsellor I told them that I didn’t feel like I could go on anymore. I told them about what had happened at school and about my previous suicide attempts.”

Throughout their chat, the ChildLine counsellor sought to ensure Leanne was safe and they discussed other ways to help her cope when she was feeling so low.

“It was nice having someone to talk to who wasn’t judging me and who could give me practical advice,” Leanne said.

Leanne continued to use ChildLine to help her deal with her issues. Through her regular interactions she grew more confident about describing how she felt.

“By being able to talk about how I was really feeling, I could explain what I was going through to my parents more clearly. They found it upsetting but we agreed on ways they could better support me. I let them come to my first counselling appointment when I finally got it because I knew they wanted to help me get past my problems. Even though I had people around me who were helping, I still used ChildLine – they were always there when I needed someone to talk to but had no one around, like late at night or at the weekend.”
Who’s ready to listen?
Talking to parents

I figured if I told my parents how I was feeling whenever they asked, they would smother me even more. I wasn’t in a good place so I decided to isolate myself from them as much as I could. It made me feel worse and I could see how much I was hurting them so just kept thinking that if my suicide attempts had been successful, I would’ve been able to end their misery as well as my own.

Girl, age unknown

Overwhelmingly, young people talked to ChildLine about not receiving the response they expected when they spoke to a parent. They told us they had been ignored, told off, shouted at for crying, laughed at, and told they were “being silly” or to needed to “grow up”. In many cases the parent merely refused to enter into any further discussion or tried to distract the young person by changing the subject.

Those reactions made the young person think there was no point in addressing their concerns with their parents, or anyone else they trusted.

When parents did help their child to get help, they often insisted on attending appointments with them. Young people spoke about censoring what they said, fearing that if they were too honest, it would upset their parents, or make them become overbearing.

Many young people recognised that their approach was having a negative impact on their own wellbeing, and that bottling up their emotions was making these feelings escalate. This inability to be honest meant they were unable to receive the support they required, which in turn made these feelings feel hopeless in their situation. It was often at this point that the young person’s thoughts turned to suicide.
In just over half of suicidal counselling sessions, the young person mentioned whether they had told anyone else about their suicidal thoughts and feelings before contacting ChildLine.

<table>
<thead>
<tr>
<th>Who they told</th>
<th>Total counselling sessions</th>
<th>Percentage¹ (where who they told was mentioned)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Mental Health Services (CAMHS)/GP/Psychiatrist</td>
<td>2,473</td>
<td>26%</td>
</tr>
<tr>
<td>Friend/Child/Partner</td>
<td>1,845</td>
<td>19%</td>
</tr>
<tr>
<td>Nobody</td>
<td>1,800</td>
<td>19%</td>
</tr>
<tr>
<td>Parent/carer</td>
<td>1,672</td>
<td>17%</td>
</tr>
<tr>
<td>Teacher/Education professional</td>
<td>870</td>
<td>9%</td>
</tr>
<tr>
<td>Other professional eg. social worker</td>
<td>470</td>
<td>5%</td>
</tr>
<tr>
<td>Other family member</td>
<td>410</td>
<td>4%</td>
</tr>
<tr>
<td>Known to contact</td>
<td>113</td>
<td>1%</td>
</tr>
<tr>
<td>Online contact</td>
<td>36</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9689</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

¹ In just over half of suicidal counselling sessions, the young person mentioned whether they had told anyone else about their suicidal thoughts and feelings before contacting ChildLine.

1,800

In 1,800 ChildLine counselling sessions (19 per cent), young people said they had not told anyone else about their suicidal feelings.

The percentage was proportionately higher for boys (23 per cent) than girls (17 per cent).
Professional support

I had been feeling suicidal for years before I got counselling. I was referred to a counsellor and it was going well but after a few sessions they decided I was cured. I had only just started opening up so I don’t understand why they thought it was a good time to end our meetings? I don’t trust anyone now. I feel so alone, depressed and like no one cares. I just want my life to end.

Boy, aged 16-18

The fact that 19 per cent of young people who contacted ChildLine about suicidal feelings had not told anyone else shows how difficult it can be for children to talk to adults.

Often, the first opportunity for a young person to be helped is through contact with a professional in a universal service, such as a teacher or a GP. However, research shows that professionals don’t always feel confident talking to young people about suicidal feelings or know how to support them, meaning children can be left with an inadequate response and opportunities to help them earlier can be missed.

When young people did get referred through to specialist services, they often found these provide the appropriate support. Young people who were referred to specialist services often contacted ChildLine to talk about how their needs were not being met. These specifically included:

- being kept on waiting lists for too long
- not believing that intervention would make a difference
- a lack of knowledge of what services do or how they could help
- appointments being cancelled
- the lack of urgent response making young people feel like nobody cared about them
- fear that if they told a GP or counsellor, particularly a school counsellor, their parents would be told
- fearing judgment or repercussions, such as being sectioned
- services and support not being available at the times when they most needed it – this is evidenced by the fact that young people feeling suicidal turn to ChildLine at weekends and evenings when services are closed
- finding the coping mechanisms given to them by experts didn’t work and that medical intervention failed to have any lasting impact – leaving the young person feeling “incurable” or “abnormal”.

Although young people often initially found services good, they reflected how they struggled to be honest about their suicidal thoughts. They believed that through holding back they had falsely given the counsellor the impression that they were more able to cope. This resulted in counsellors evaluating the young person as being ‘better’ when in fact the young person had not even started to truly open up and had not yet benefitted from the counselling process.

Many said that they preferred to talk to ChildLine online as it was anonymous and they found it easier to discuss their thoughts openly and honestly when they couldn’t see or hear the person they were talking to.
Recommendations: what can be done to help?
What can be done to help?
This report features practical recommendations for how to make sure children and young people get the support they need, when they need it. We’ve spoken to a range of partners who have experience of working with young people on these issues, and brought this expertise together with the experience of ChildLine.

We found that, too often, children are not being listened to and their distress goes ignored or unnoticed. So, we have put together some advice which we hope will help adults have conversations with young people about suicide and self-harm. We also make recommendations to government and service providers to improve the response young people get from both specialist and universal services, and reduce the stigma that surrounds these issues.
Encouraging peer-to-peer support

It’s important that we empower young people and build their resilience to deal with these issues and support others. These tips are designed to help adults enable peer-to-peer support, and put in place practices to safeguard young people who are supporting friends or family who are self-harming or feeling suicidal.

Talk about mental health

The stigma associated with self-harm, suicide and mental health won’t be broken until we are ready to talk about it. Look for information that will help you as an adult in a supporting role or for young people supporting others. Try to understand the issues from a young person’s viewpoint. Try websites like youngminds.org.uk or childline.org.uk

Young people can also sign up to campaign for better support for mental health issues at youngmindsvs.org.uk

Explain how they can support others

Give some tips and suggestions. Tell them to:

• listen carefully and let their friend know that they are always there to listen
• boost their friend’s self-esteem - let their friend know how important they are
• encourage their friend to get professional help and offer to go with them when they do
• support their friend to build up a routine of positive things, like going to the cinema or on a bike ride.

Teach active listening skills

Explain how valuable listening is and that often this can be the best thing you can do to support a friend. The Samaritans have some very useful “active listening” tips on their website, samaritans.org.uk

Direct them to sources of support

ChildLine (0800 1111), PAPYRUS’ HOPELineUK (0800 068 4141), Young Minds: youngminds.org.uk

It’s vital that young people who are supporting a friend get the support they need for themselves. Let them know they can come to you when they are worried or frightened, and emphasise that it’s not their responsibility to stop their friend hurting themselves. You can also let them know where they can get help anonymously – for example, by contacting ChildLine or by using one of the message boards on the ChildLine website. Other peer support sites can also be really helpful, such as thesite.org
Advice for parents and carers

Children and young people need to know it’s OK to talk about their feelings – safe in the knowledge that they will be listened to and taken seriously. Everyone who comes into contact with children and young people has a responsibility to listen and act when young people show signs of self-harm and suicidal feelings.

Seek help from professionals
If you are concerned about your child and feel the issue is getting too much, or you are not able to deal with it on your own, you should ask for professional help. Speak to your GP in the first instance, who can refer you to the right service. This might be the Child and Adolescent Mental Health Service (CAMHS), or another specialist service.

Be patient
Children may be reluctant to talk initially, but be patient. Show you understand but let your child know that you are concerned and are there for them when they feel ready to talk. They might prefer to talk to someone anonymously, so you could give them ChildLine’s number (0800 1111) or point them to the website childline.org.uk

Listen carefully to what they say
When you speak to your child, it’s vital you listen carefully to what they are telling you. Show them you understand by repeating what they say to you.

Ask your child what they need
Before you offer advice, ask your child what they need from you and what they think would help. Trust them, they will have a good idea of what they need.

Reassure
One of the most important things you can do is reassure your child that you love them, are proud of them, and are not angry with them. Explain to them that their feelings are not uncommon and that they can overcome them and move forward. Make sure they know it’s OK to talk about their distress and encourage them to continue talking to you and others they trust about how they are feeling.

Don’t ignore what has happened
It can be difficult to deal with discovering your child is self-harming or feeling suicidal but ignoring it will only make it worse. Be open, discuss concerns and try to deal with them together, keep an open mind and be accepting. If they say that they’re thinking about suicide, aim to agree what you will do together and get immediate help.

Encourage them to get help
Encourage your child to get extra support. It’s often helpful to do some research yourself on what support is available locally – Young Minds have a range of advice on accessing services and Get Connected (getconnected.org.uk) has details of services in your local area.

Offer support, but let them take the lead
Offer to support your child, for example by contacting local services or the GP for them, or going to an appointment with them. However, it’s very important to let your child take the lead and decide the level of involvement they want from you.

Seek support for yourself
Finding out your child is feeling suicidal or self-harming can be distressing. So give yourself time to understand your own feelings and recognise when you might need support. Talk about what’s happened with someone you trust or call one of the dedicated helplines such as NSPCC’s helpline (0808 800 5000), Young Mind’s Parent’s Helpline (0808 802 5544), PAPYRUS’ HOPELine UK (0800 068 4141) or the Samaritans (08457 909090), or speak to your GP. The better supported you are, the better you will be able to help your child.
Advice for all adults working with young people

Adults, particularly those who work in universal services such as education or health, may find that young people present with signs of suicidal feelings or self-harm. Knowing how to respond can be daunting, and often people fear saying or doing the wrong thing. Based on what children and young people tell us through ChildLine, we’ve drawn together some advice to encourage confidence in speaking to young people about these issues.

The first step is awareness
This is an issue for many young people and they need all professionals to be aware of it and able to provide support. If you are worried about a young person, follow your instinct and try and get them to talk to you. Often, young people are just waiting for someone to ask them how they are before they talk, so try broad, open questions such as “How are you feeling about...?”. 

Be patient and offer consistency
Try to make sure you have regular contact with the young person. Remember to be patient. Give the relationship time to develop and for them to feel comfortable opening up to you. Don’t give up if the young person doesn’t stop self-harming or suicidal feelings remain, and equally, don’t assume everything is fine and stop support. Measure success by asking the young person how helpful they are finding the support and what is and isn’t working. 

Ask the young person how they are feeling and how you can help
It’s important to hear the person’s perspective. Ask them how they are feeling and listen to the response – everyone is individual and self-harm and suicidal thoughts can be caused by a variety of reasons. Give the young person the opportunity to describe in their own words why they are feeling the way they are.

See the young person
Sometimes the distressing nature of self-harm and suicidal feelings can make us unsure how to communicate and offer support. It’s important to remember to see the young person as you would anyone else – look beyond their self-harm or suicidal feelings and relate to them like anyone else. Don’t just ask questions which focus on these concerns. Ask how they are and what they are interested in.

Give advice and support
You can support the young person by giving them information about services and local support available, offering to initiate the call or making appointments for them. It can be helpful to suggest that someone go with them. Talk to them about how to manage their feelings and signpost them to services they can access at any time, like ChildLine.

Allow the young person to remain in control as much as possible
Give them advice, but try and let them make their own decisions by asking them what they think would help them the most. People who self-harm commonly describe feeling out of control and afraid – so helping them to feel in control is incredibly important. When decisions have to be made, keep them involved as much as possible. When someone is reluctant to access help that you think is vital, talk it through with them – find out why they are reluctant and try to address their concerns.

Show you are listening and understand
Repeat what the young person has said to you, and follow up with appropriate questions. Respond in a non-judgmental way and show them you care.

Offer hope
Show the young person that you believe they will overcome the feelings they have. Explain their options, reassure them that things can and probably will get better, and help them focus on the future.

Confidentiality
Be clear about how they will be involved in making decisions to get further help. Take the initiative and don’t let this stop a conversation.
Get support for yourself

There are many resources out there for professionals and it can be worthwhile taking time to look at these. Talk over concerns with colleagues or contact a dedicated helpline like NSPCC’s helpline (0808 800 5000), or PAPYRUS’ HOPELineUK (0800 068 4141) for further advice.

Working together

Statutory agencies need to work together to promote good practice locally. A great example of an initiative that is developing best practice is Nottingham-based organisation Harmless www.harmless.org.uk and its Tomorrow Project. A city-wide approach to promote early intervention for those at risk of self-harm or suicide. The community-based project is developed to target hard-to-reach groups like young men, members of rural communities or those reluctant to access traditional healthcare.
Recommendations for governments and service providers

Suicide and self-harm are still, unfortunately, characterised by stigma and misunderstanding. We need to encourage more open, frank conversations so that young people feel able to talk about their own concerns. It will increase understanding for peers, parents and professionals, so that those experiencing self-harm or suicidal feelings feel more able to speak out without fear of judgment. It also means that we can provide them with a better level of understanding and support when they do.

Commissioners and service providers

We recommend that commissioners across the four nations of the UK prioritise the mental health and wellbeing of children and young people as a key aspect of local public health strategy, and make sure that young people’s mental health needs are included in local strategies.

Young people need to have greater involvement in designing and improving local statutory services and other suicide and self-harm support. In particular, attention must be focused on the type of support young people need, designing services which they can access when and how they want. This increasingly means having a greater online presence and services that operate in the evenings and at weekends.

The recommendations below relate to England and Wales only.

Ministry of Justice

We support the call to the Ministry of Justice in England and Wales that they should urgently review the burden of proof required for a suicide verdict lowering this to be in line with other causes of death which require the ‘balance of probabilities’. The current threshold of proof ‘beyond reasonable doubt’, being the same as that required for criminal verdicts such as murder and unlawful killing. It perpetuates the stigma of suicide as a crime and fails to reflect the changes made in the Suicide Act of 1961, which decriminalised the act of suicide. While a verdict of suicide can be upsetting for parents and families, we believe that lowering the burden of proof will help tackle the stigma still associated with suicide and create a more accurate, appropriate figure for the scale of suicide. This will encourage a more open conversation about how to better prevent suicide and support people at risk.

Education and whole schools approach to promoting pupil resilience

Schools have a key role to play in tackling stigmas around suicide and self-harm. There should be a statutory entitlement to PSE/PSHE for all children and young people, where this does not already exist, of which education about mental health should be a key part.

We also want to see an improved accountability framework that judges how well schools support pupils, signpost to relevant services and promote emotional wellbeing. Headteachers should consider a range of methods for achieving this, including commissioning specialist mental health services to work with students where necessary.

This could draw upon work already being completed in Scotland – where ‘Curriculum for Excellence’ includes, for the first time, health and wellbeing – and Northern Ireland – where work is being completed to develop a Pupils Emotional Health and Wellbeing Programme to engage schools in positive and proactive approaches to emotional health and wellbeing.

A key aspect of an improved role for schools will be better training for education and support staff (both initial and continuing professional development) which adequately covers mental health, so that teachers have the confidence and understanding to be able to address these issues with students and direct them to appropriate support.
Recommendations:
What can be done to help?

Prevalence of mental health
The Department for Health should liaise with counterparts across the devolved nations to take forward a study on the prevalence of mental health of children and young people as a matter of urgency. We recommend that the Department of Health needs to better understand the current situation and enable improved development of services embedded in an understanding of the current needs of children and young people. The last prevalence study in England was completed in 2004, making it over 10 years old, and pre-dating much of the internet as we know it today. Given that this data is commonly used as a basis of commissioners’ assessments of demand, it is vital that a repeat of the prevalence study is carried out as soon as possible.
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Key contacts

Young Minds Parent's Helpline: 0808 802 5544
youngminds.org.uk

PAPYRUS Prevention of Young Suicide
papyrus-uk.org
HOPELineUK: 0800 068 4141

Professional suicide prevention advice for young people and those who support them

NSPCC Helpline: 0808 800 5000
nspcc.org.uk

ChildLine: 0800 1111
childline.org.uk