



# Breaking the taboo – talking about suicide and self harm


Clare Stafford, CEO

8<sup>th</sup> November 2019

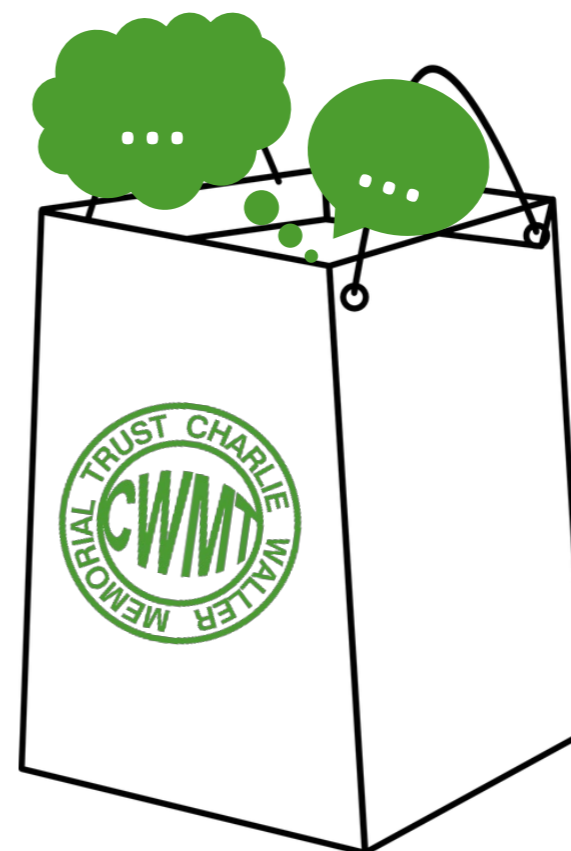


 How can the voluntary sector help in relation to the prevention of suicide and self-harm?

 How can we create a culture in schools, colleges and universities where suicide can be talked about?

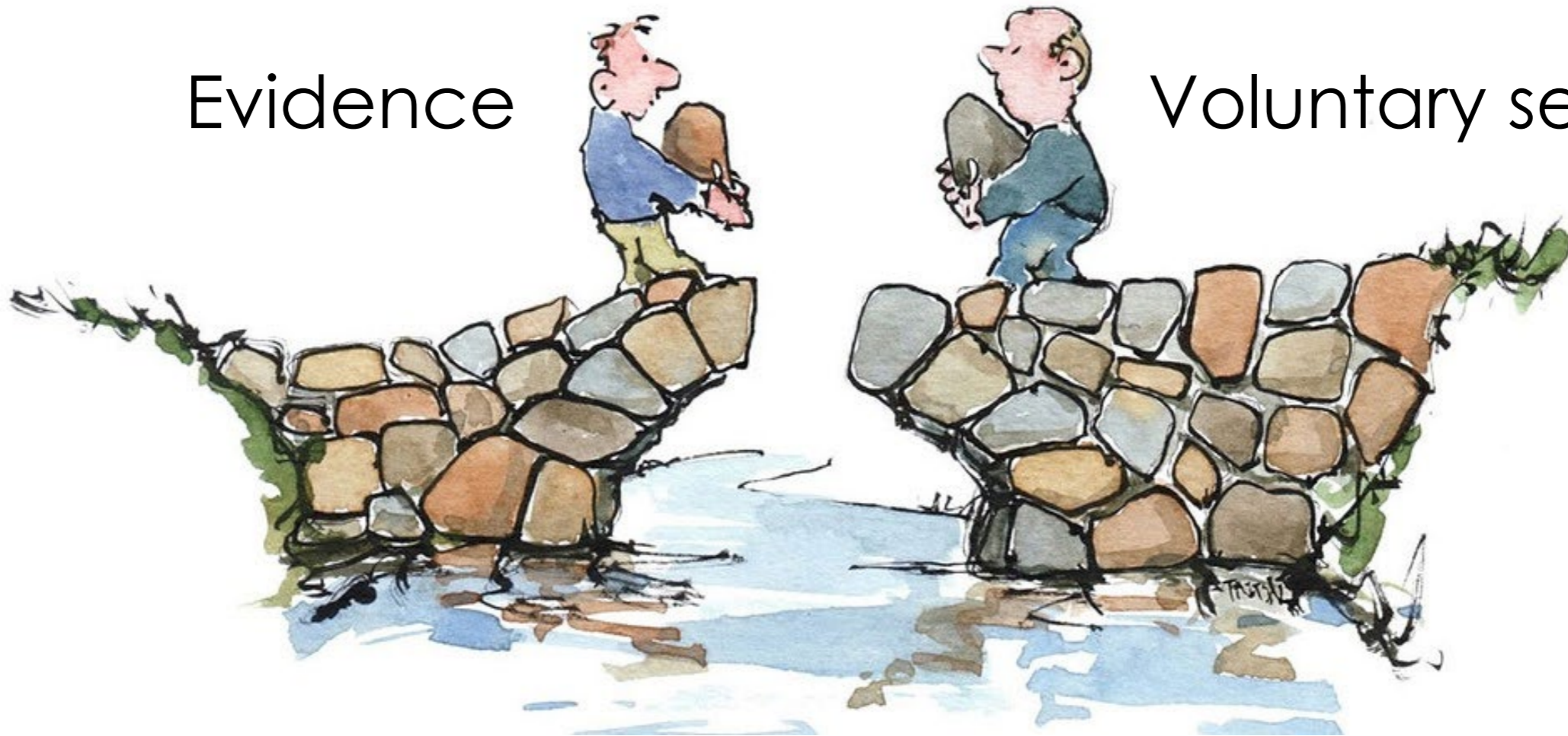
 What practical strategies might bridge the gap between the evidence and what happens in schools and other educational setting?

**Take homes!**



Evidence

Voluntary sector





**REJECTED**



'She went through torment': parents criticise Bristol over student suicide

# A DEGREE OF CONCERN Bristol University in the dock after 10 suicides and sudden deaths in 18 months

Bristol University stands accused of overselling student glamour with immature teens unable to cope with the reality of life away from home

EXCLUSIVE

Miles Goslett

18 May 2018, 22:30 | Updated: 21 May 2018, 18:51

NEWS

INDEPENDENT

The number of men who "went into emergency", a group of

There should be as big a reduction in the number of suicides



News > Long Reads

Northern Ireland is facing a suicide epidemic — but continues to be ignored in UK mental health funding

**SB** Simply Business | Professional indemnity insurance in minutes | [Get a quote](#)

**Mail**Online



## Mentally ill children are forced to travel up to 339 MILES from their homes for NHS treatment, damning investigation finds

- Probe revealed 1,249 children were admitted to units away from home in 2017-18
- Lack of beds near their homes is forcing them to be treated many hours away
- Experts have warned being sent away from home can slow a patient's recovery

By ALEXANDRA THOMPSON SENIOR HEALTH REPORTER FOR MAILONLINE

PUBLISHED: 00:01, 23 July 2019 | UPDATED: 00:17, 23 July 2019

ITV REPORT | 22 November 2018 at 12:01am

Britain's youth mental health crisis is deepening - so why is it so hard for young people to get help?

**INCREASE** IN SELF HARM ADMISSIONS

**93% GIRLS** | **45% BOYS**





# Breaking the taboo – talking about suicide

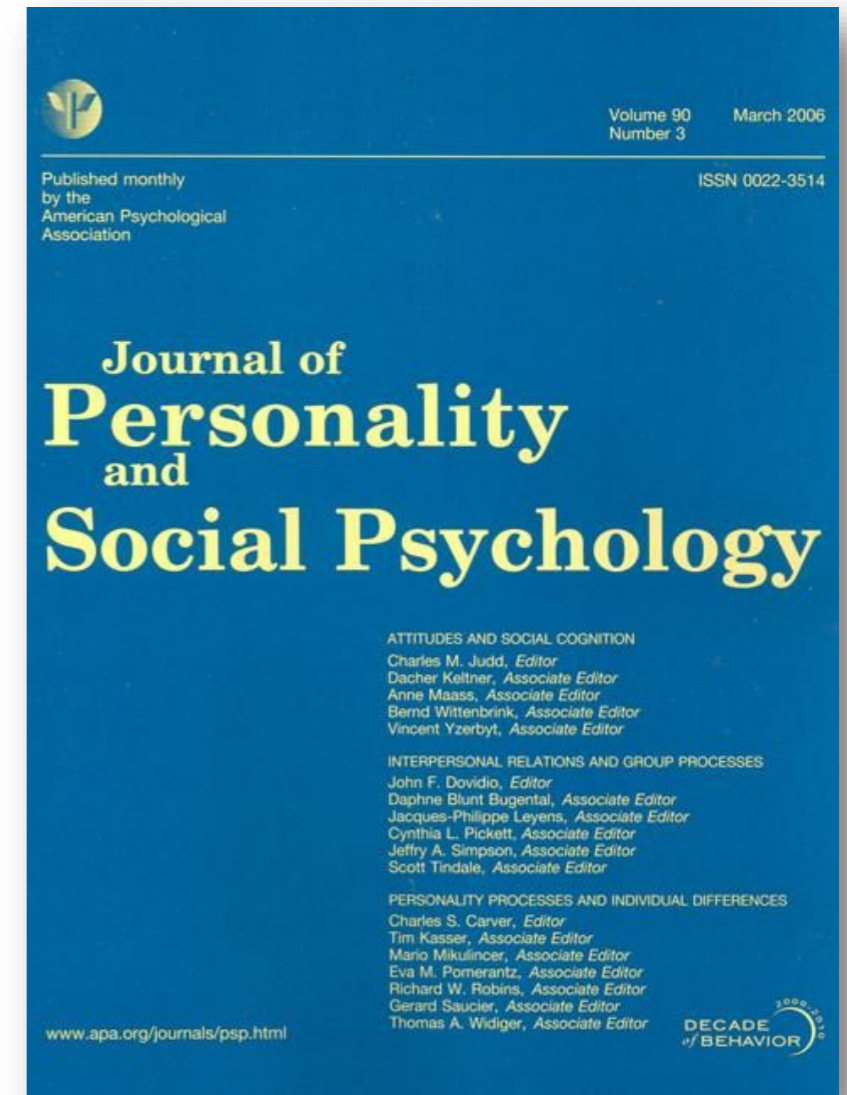
**...We must be able to talk**



People who ask more questions, particularly follow-up questions, are better liked by their conversation partners and yield more accurate information. There is an intrinsic reward of self disclosure.

“Question-asking affects liking in dyads because it solicits self-disclosure from the question answerer. Self-disclosure is enjoyable, and question answerers attribute this enjoyment to the question asker”

Source: Huang, K., Yeomans, M., Brooks, A.W., Minson, J. and Gino, F., 2017. It doesn't hurt to ask: Question-asking increases liking. *Journal of personality and social psychology*, 113(3), p.430. **13**



# What gets in the way?

We actively avoid asking about suicide

We undermine the importance of our relationship with a young person

We can be too quick to be reassured about apparent improvement

We assume young people will experience exploration as clumsy or insensitive

We too can feel overwhelmed or hopeless

‘What we don’t know can’t hurt us’





# The Evidence-Base

Plethora of research into suicide risk factors

Extensive number of risk assessment tools: questionnaires, multiple-choice, inventories, schedules, and so on...

Comfort in the 'application of science' to the human condition

Institutions and individuals drawn to a relief of certainty

Yet, no tool exists that provides proven predictive value for suicide potential in the individual. We have to remember to talk.



# So what can we do?

Good policy always needs to speak of the uncertainty in working with suicide potential

Risk averse vs positive risk taking. Culture of fear and blame leads to more risk



# Relationships – the missing link in working with suicide in young people?

We need to remember that working with suicidality is always a relational process, not a procedural one.

We, and the young people we work with, will best understand suicidality by being brave enough to go to the most difficult place



# Don't be afraid to ask the question:

Have you been thinking about suicide?

Are you having any thoughts/plans about harming yourself?

How do you feel about your life?

Are you feeling hopeless?



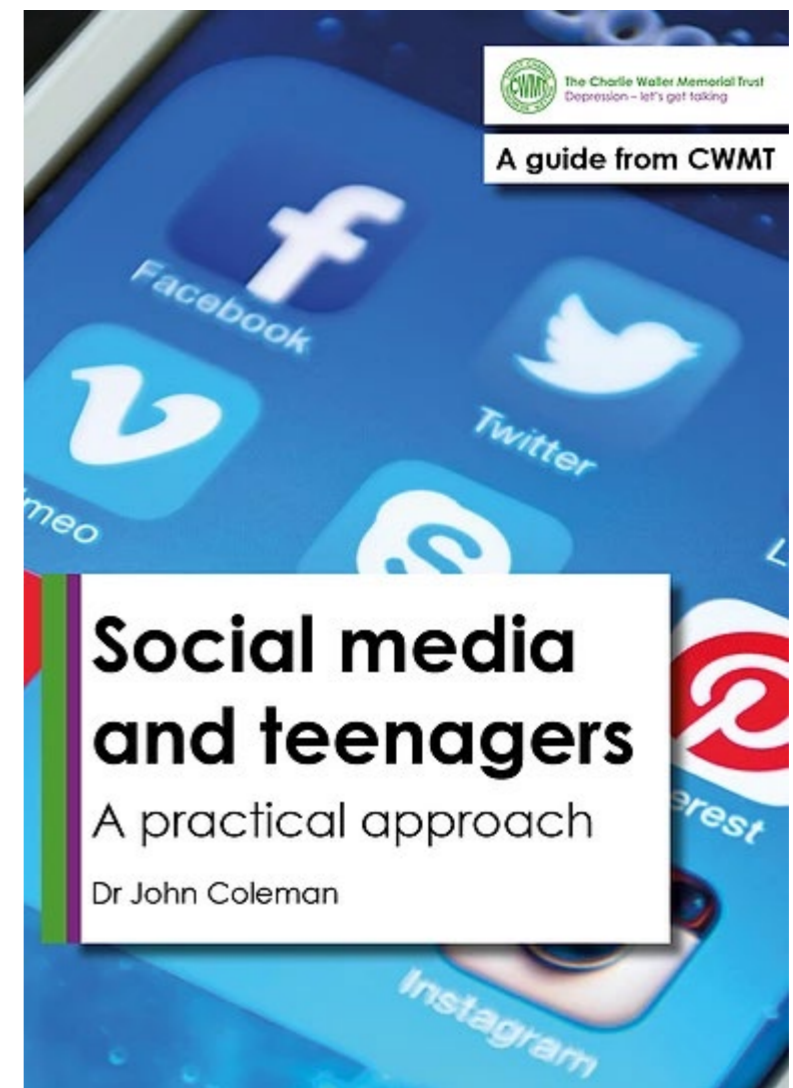
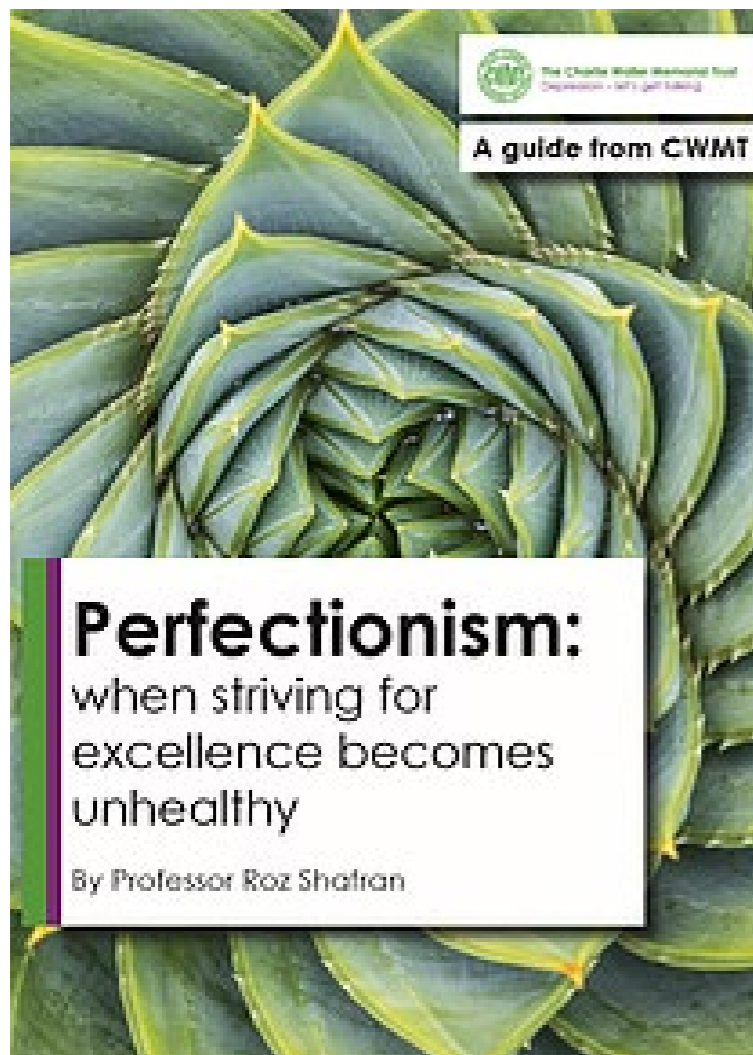
# Practical tools and Strategies

- What will I do differently on Monday?

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23

# Our work with Schools

- Charlie Waller Schools Wellbeing Partnership



# Vulnerability

## Supporting vulnerable learners

An interview series about working with children and young people who are particularly vulnerable to mental health problems.

These podcasts and slide-sets were developed as part of a project delivered by CWMT and funded by Health Education England.

Dr Mina Fazel  
Child Refugees

Professor Tamsin Ford  
Children Whose Behaviour Challenges

Professor Neil Humphrey  
Bullying (Including in ASC)

Dr Andrew Reeves  
Male Mental Health

Mark Hillyer  
Children in Alternative Provision (Outdoor Education)

David Ayre  
Children Living in Poverty

Dr Claire Parker  
Children Excluded from School (or at risk)

Andy Madison and Naomi Handley-Ward  
Body image and image enhancing drugs

Lorraine Khan  
Children from Black & Minority Ethnic Communities

Nick Hickmott  
Young People in contact with the Youth Justice System

Gill Allen  
Children who Experience Domestic Violence and Abuse

Dr Alan Cooklin  
Young Carers

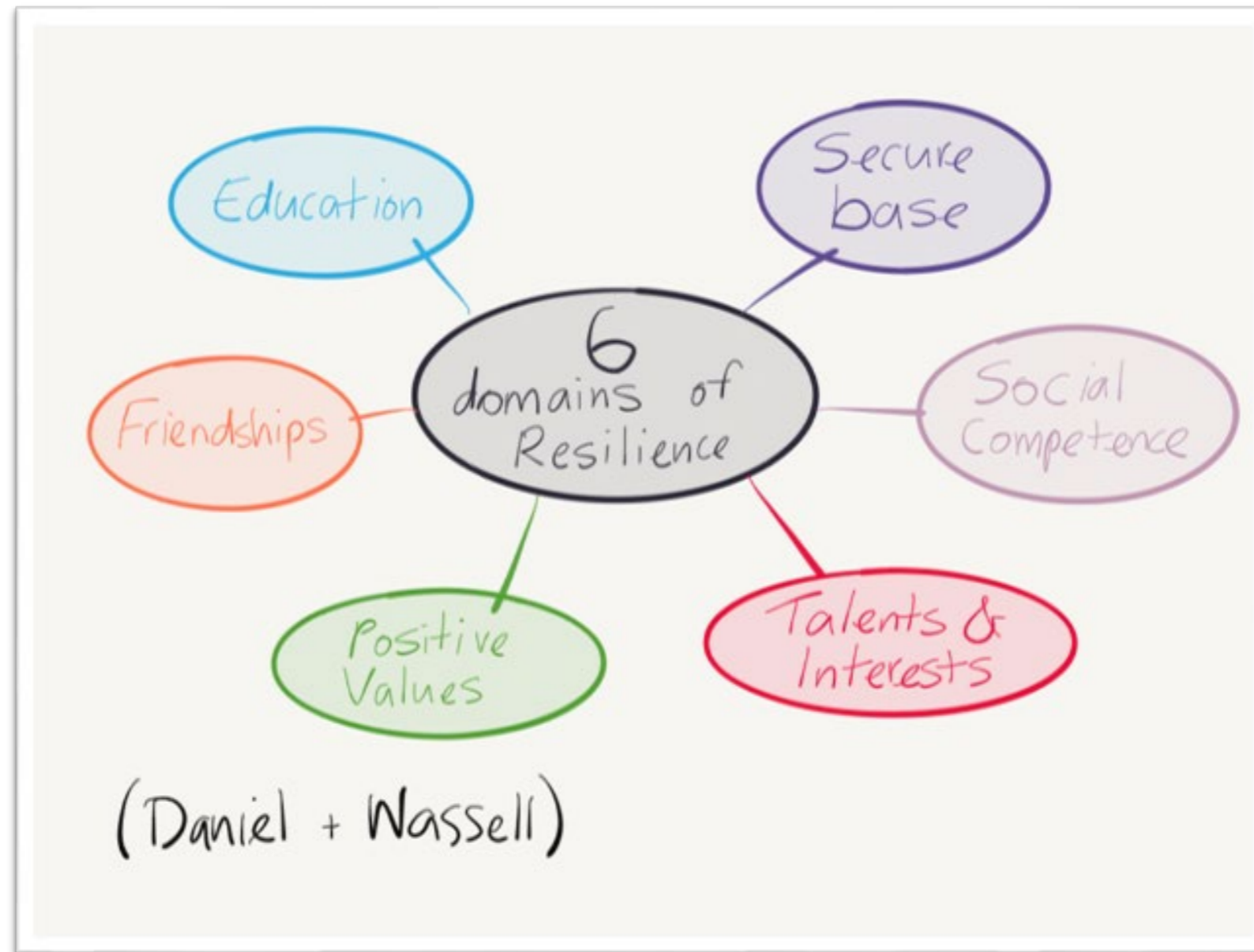




“Thank you so much for this book. It arrived yesterday and couldn't have been more timely. I have a year 6 girl suffering with acute anxiety, really struggling to be in school. We have just read it together and really identified with it. I know we have a long way to go but this book is perfect.”



# Developing resilience



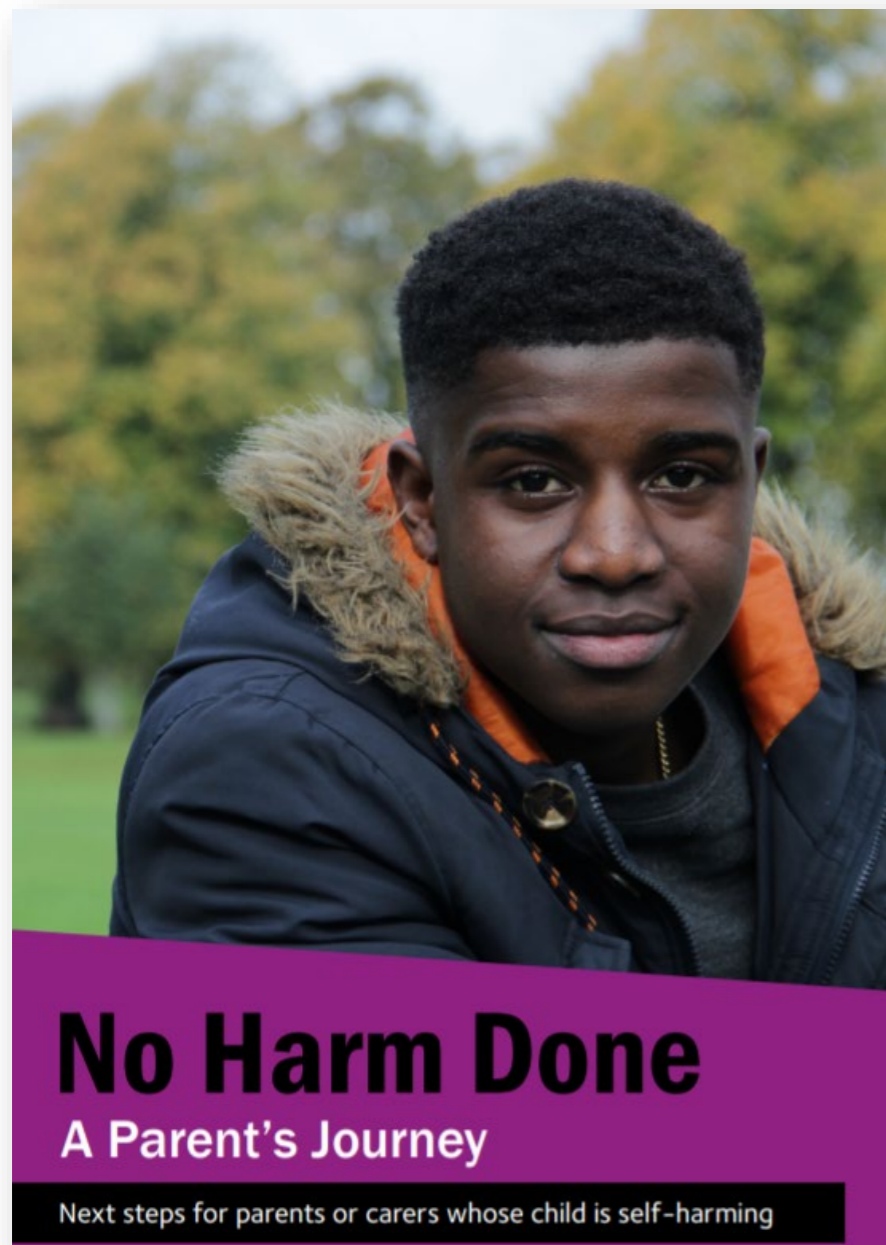
# Ordinary magic



- Developing resilience is not earth shattering!
- Refers to simple adaptations to how we work and interact with each other
- Resilience can therefore mean 'overcoming adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity' (*Hart et al, 2013*)

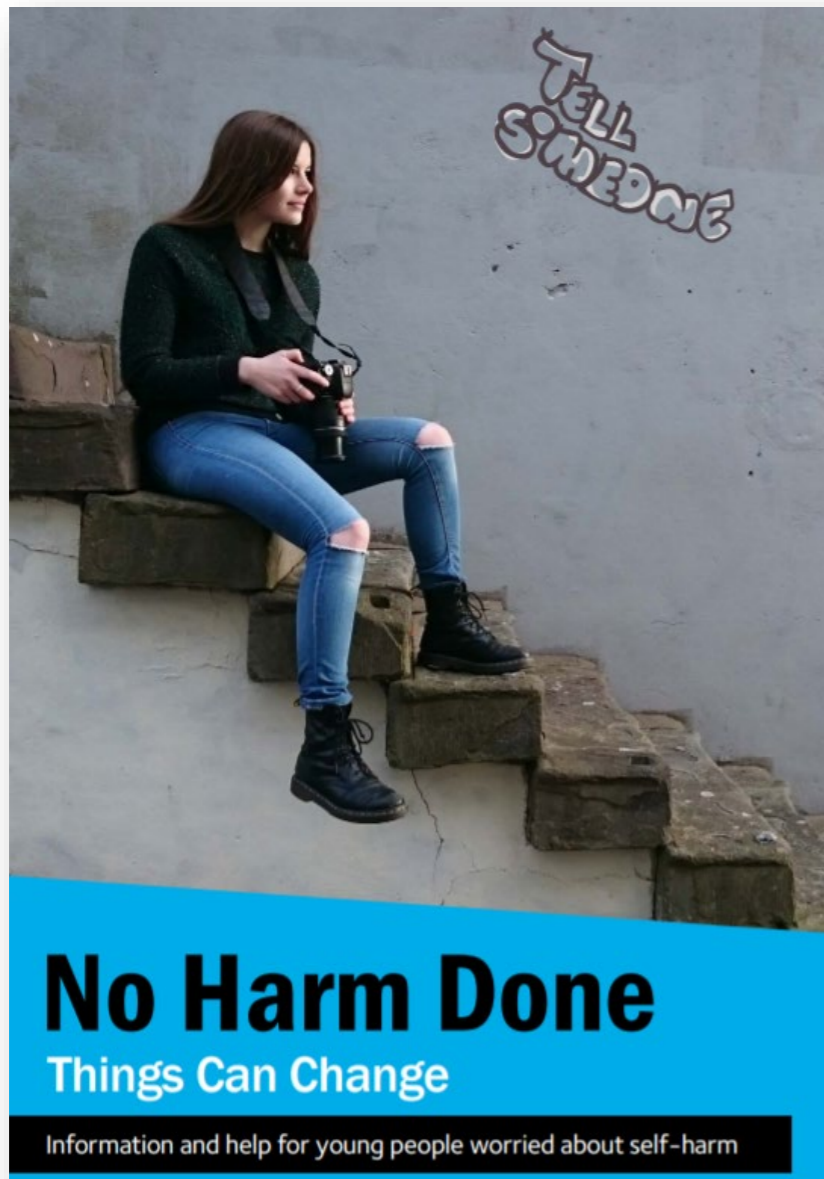
# Self-harm

## Practical tips and resources



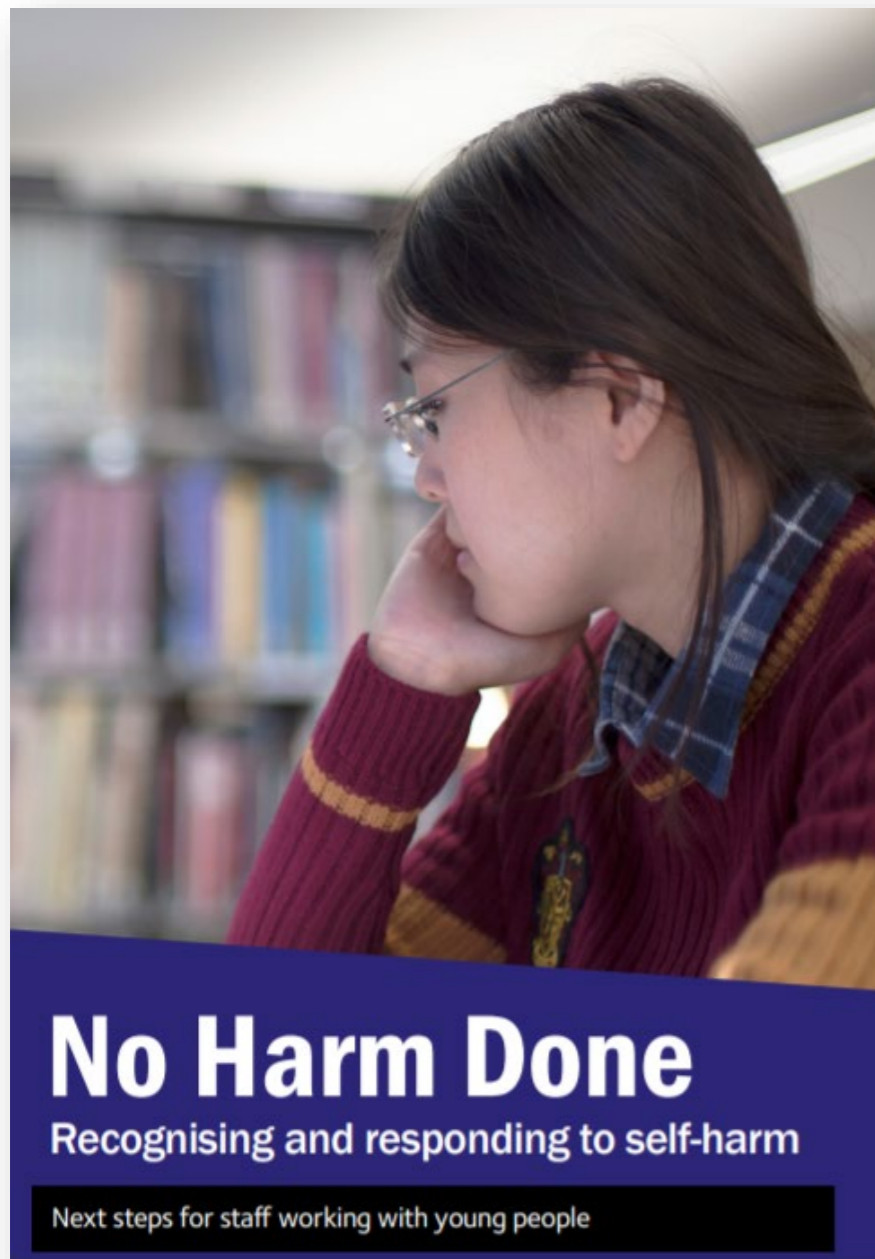
# Self-harm

## Practical tips and resources

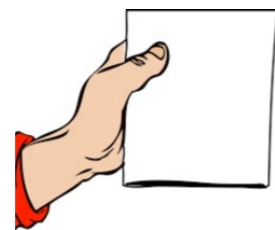


# Self-harm

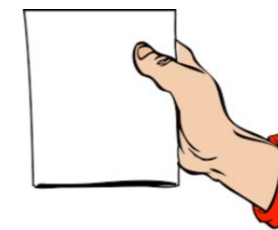
## Practical tips and resources



# Four Helpful Responses:



Offer practical support



Manage your reactions



What do you think?

Involve the student in decisions

What do you think?

Thanking the young person for sharing this information

Showing that you care about them as a person

Giving the young person permission to talk about the self harm

## What can be helpful?

Asking how you can help



Staying calm

Seeing them as  
'just a self-harmer'

Assuming that  
every episode  
of self harm is  
for the same  
reason

Asking the  
young  
person to  
stop

## What can be unhelpful?

Giving a  
negative  
reaction

Giving  
ultimatums  
or applying  
pressure



Telling  
them that  
self harm is  
wrong



# Help the young person to identify less risky ways to cope with difficult emotions





# Our work with Colleges and Universities

Looking at ways in which CWMT can support FE and HE with a wider institutional impact

Working in partnership with universities and colleges to develop bespoke resources and training

Evidence-based/informed resources, with evaluation



Nightline Association  
Suicide calls training  
(Half day session)  
Session Plan

Time	Subject and action	Timing, slide title & No.
00:00 (00:02)	<p><b>Nightline Association - Suicide calls training</b></p> <p>Show this slide as participants arrive - together with flipchart (on the wall) that displays your name and relevant details for the group to be aware of.</p> <p>You may wish to have name plates or name stickers for participants to complete.</p> <p>Introduce participants to session - pilot training that has been developed collaboratively and in partnership with Charlie Waller Memorial Trust and the Nightline Association.</p> <p>Desire is that it is - relevant, regularly evaluated, sustainable.</p> <p>For purposes of this training - all contacts with Nightlines are referred to as 'suicide calls'. This may include Instant Messaging etc. texts and emails.</p> <p>This workshop is set within the context of NI Suicide Policy and Good Practice Guidelines (GPGs).</p> <p>Ask that people ensure they have signed in.</p> <p>(Depending on the composition of the group you are delivering to - you may choose to avoid asking about 'roles' within Nightline as part of group introductions.</p> <p>However, if you want to establish if this is likely to create any dynamics then it may be useful for participants to enter this detail on the sign-in sheet only so that as facilitator you are aware.</p>	Slide 1 Materials Signing in sheet A4 paper Flipchart paper Post-it notes Marker pen 2 minutes
00:02 (00:04)	<p><b>Introduction</b></p> <p>Acknowledge suicide as a sensitive topic - people come from different experiences and we need to be mindful of this.</p>	

**Facilitator Handbook**

# Suicide Calls Training

For the  
**Nightline Association**

in collaboration with  
**Charlie Waller Memorial Trust**

Skills Practice: Instant Messaging

**Nightline Association**  
Instant Messaging (IM)  
(For facilitator use only)

**Option 1: Total time = approximately 35 minutes.**

- See session plan for points to raise in introduction to this exercise.
- Skills practice session has already taken place. However, verbal discussion and tone cannot help when engaging via IM.

**Group instructions**

1. Each person will take the role of either the "caller" or volunteer.
2. If in groups of three - utilise the role of the **shift partner**.
3. Tell the group that there will be less direction for this exercise.

**Handout scenario**

4. The person in the role of the caller will be offered the opening few remarks of a Nightline interaction only.
5. The website to do live instant messaging is [tiklo](#). The first person to open should click 'join' to set up the chat channel. The name of the channel at the top of the screen as a series of letters and numbers. The rest of should go to tiklo/channelname to join the channel. All group members should add a letter/number in the 'name' field to start the conversation.
6. It is participants' responsibility to continue with the IM conversation.
7. Continue with IM contact for time determined by facilitator (like a role play).
8. Encourage feedback in small groups (5 minutes).
9. Reverse roles (if time permits).
10. Large group feedback (10 minutes).

**Participant Handbook**

# Suicide Calls Training

For the  
**Nightline Association**

in collaboration with  
**Charlie Waller Memorial Trust**

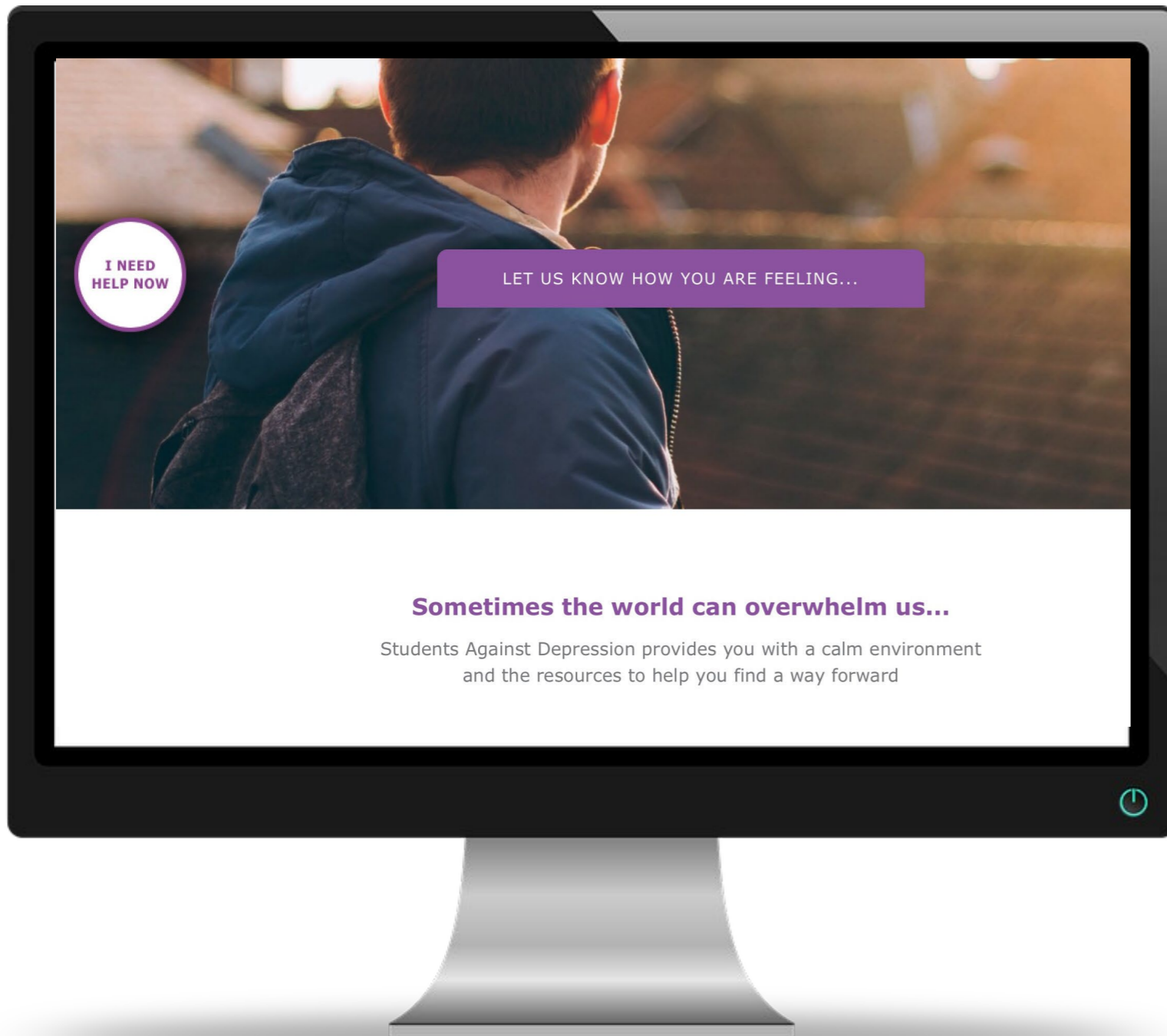
**Workbook**

# Suicide Calls Training

For the  
**Nightline Association**

in collaboration with  
**Charlie Waller Memorial Trust**





# Students Against Depression

STUDENTS AGAINST DEPRESSION .ORG

Free mental health resource for all students

Continues to be seen as one of the primary resources for students experiencing anxiety and depression across colleges and universities



# Keeping Mental Health in Mind: e-Learning

feedback.

## Key Principles



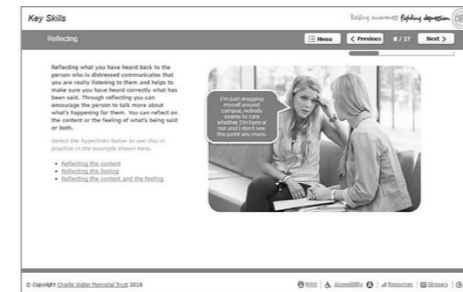
Key principles that need to be considered when supporting students in informal situations, in order to support them effectively, within the boundaries of your professional role.

## Signs to Look Out For



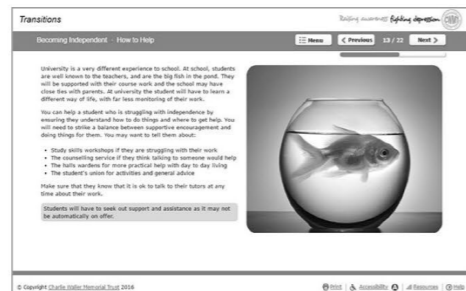
This session will introduce you to signs of deteriorating mental health and how to proceed if you spot these symptoms in students you support.

## Key Skills



This session identifies the skills you need to support someone who is distressed. You should complete the "Key Principles" session before attempting this session.

## Transitions



How some students are affected emotionally and the difficulties they face when they leave home to start university.

## Students at Risk or in Crisis



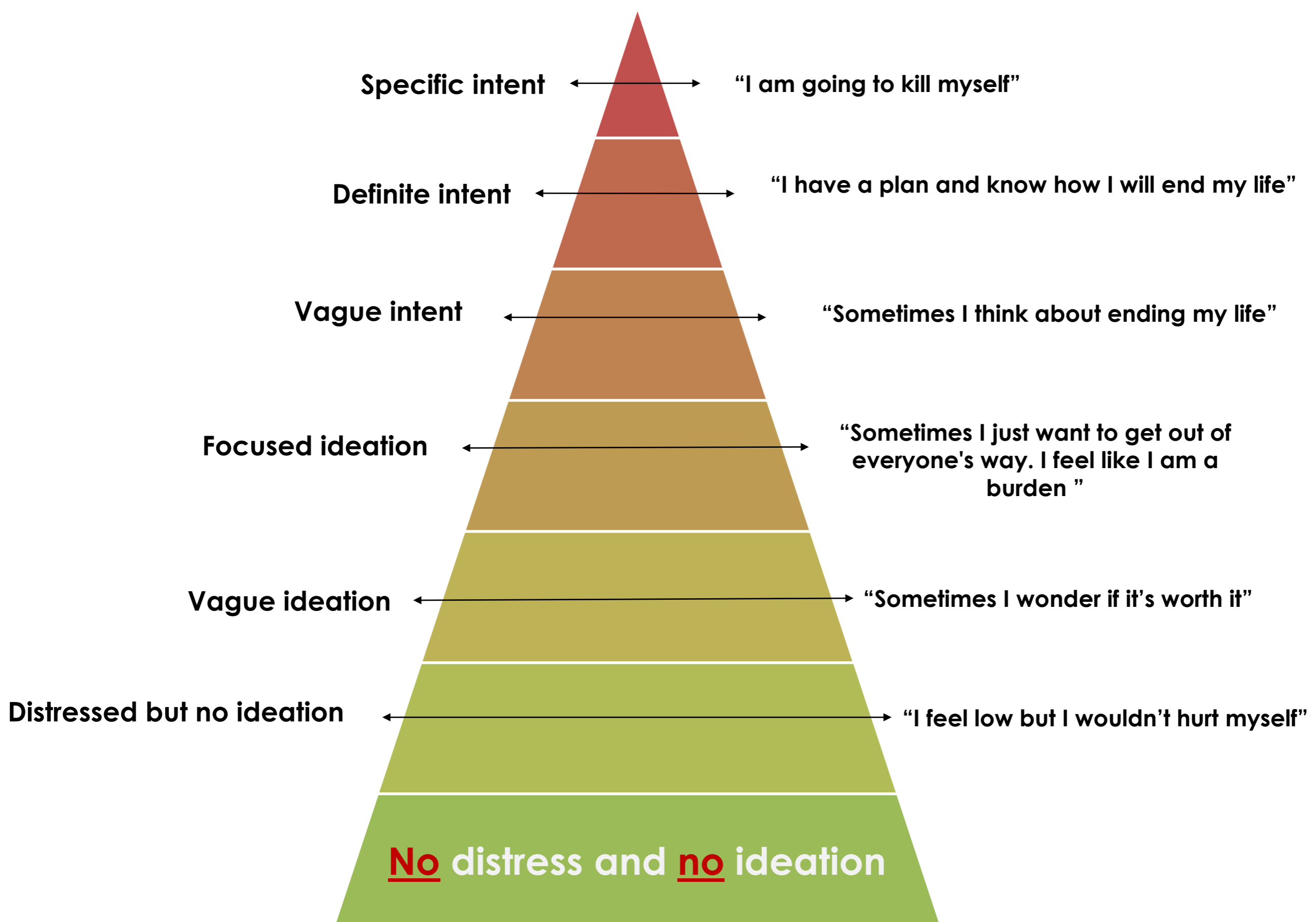
How best to respond to students who are experiencing crises, and/or are take risks with their, or others, well-being.

## Case Study



Bringing together skills from other sessions to provide you with a key summary of how to help students, as well as showing good practice in action.





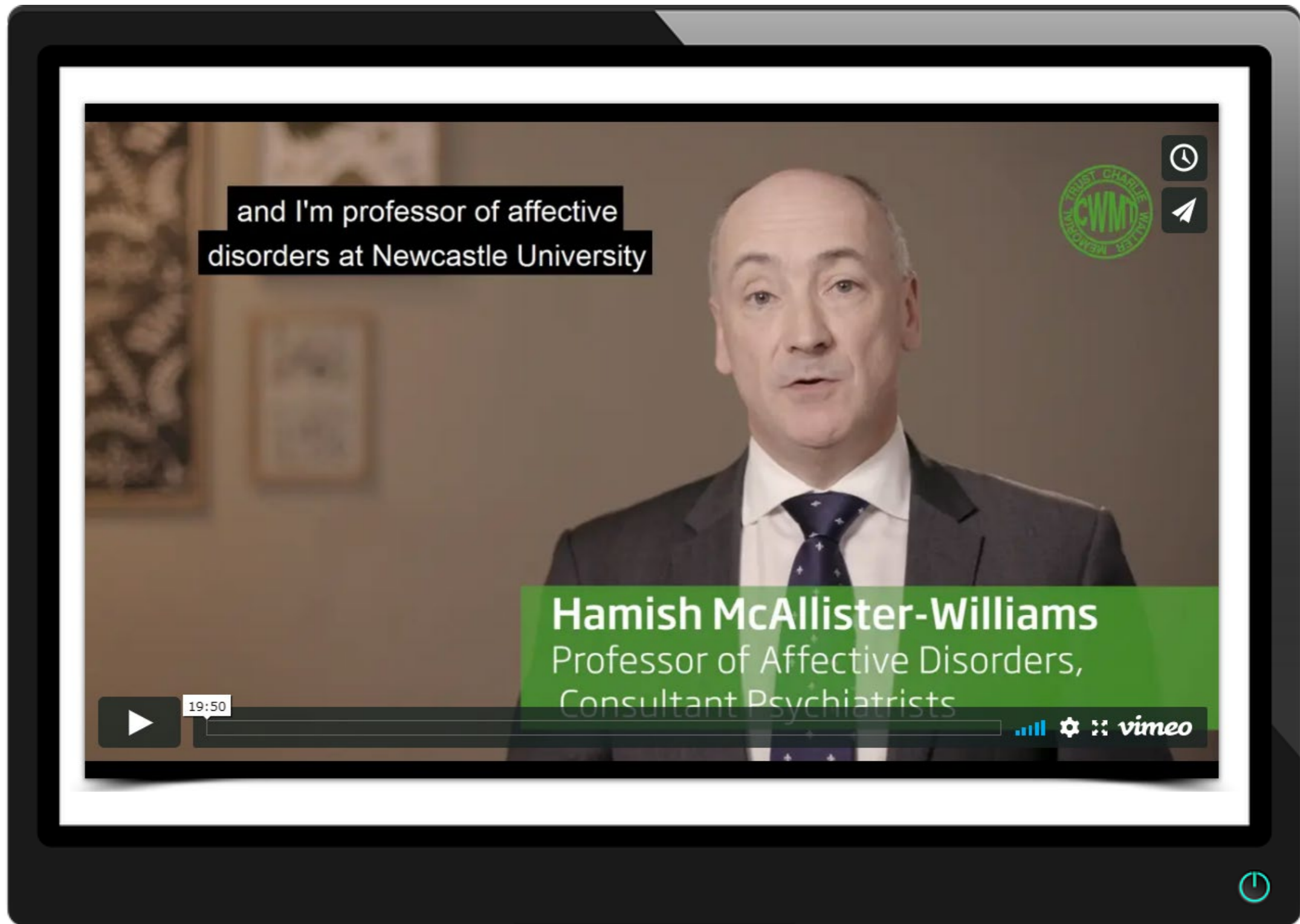
# Parents











# Professionals









# Any questions?



-  Suicidal thoughts should never be treated as attention-seeking.
-  Heightened suicide risk is most often short term and situation specific.
-  Asking whether someone is feeling suicidal does not create or increase risk. It may have the opposite effect.
-  How we talk about suicide is important: we should use words that do not stigmatise or criminalise *(Nielsen, 2016)*.

-  Many suicides are preventable via interventions that build community resilience and target high-risk groups *(WHO, 2014)*.
-  Restricting access to means and high-frequency locations works *(Zalsman, Hawton, Wasserman et al, 2016)*.
-  Responsible media reporting saves lives *(Sisask, Värnik, 2012)*.
-  In contrast, irresponsible and sensationalist reporting is known to increase suicide risk.