

# Suicide and self-harm

Guidance for schools, voluntary sector organisations and other settings in Newham

January 2025

**WE ARE NEWHAM.**

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# Introduction

It can be distressing to find out that a child or young person self-harms. It can feel uncomfortable to bring this topic up with them and difficult to know how to help them. This is a common challenge and this guidance outlines what you can do. By increasing awareness and knowledge of support for self-harm, we hope to build confidence within the community and reduce incidents of self-harm.

This guidance is aimed at adults who work with children and young people in a wide range of settings, such as schools, colleges, youth spaces, voluntary and community groups.

It provides information about self-harm including recognising the signs of self-harm, understanding why people self-harm and guidance on how to talk with and support a young person who is self-harming. It also provides practical strategies and examples of healthy coping techniques that a young person can try.

This guidance should be used alongside an organisation's own safeguarding procedures and policies. Mental health professionals should be consulted in complicated cases and crisis support should always be accessed if there is risk to life.

## Important Notice: Sensitive Content & Support Information

This guidance document contains information on suicide and self-harm, which some readers may find distressing. It is essential to approach this material with care and be mindful of your own emotional well-being while engaging with it. If you find any of the content upsetting, please take a break, speak to a colleague or supervisor, and seek support if needed.

If you require support, a range of services are available to help.

National helplines such as Samaritans (116 123), Shout (text "SHOUT" to 85258), PAPYRUS HOPELINEUK (0800 068 4141, text 88247).

For local assistance, Newham offers information and resources through the [Well Newham website](#).

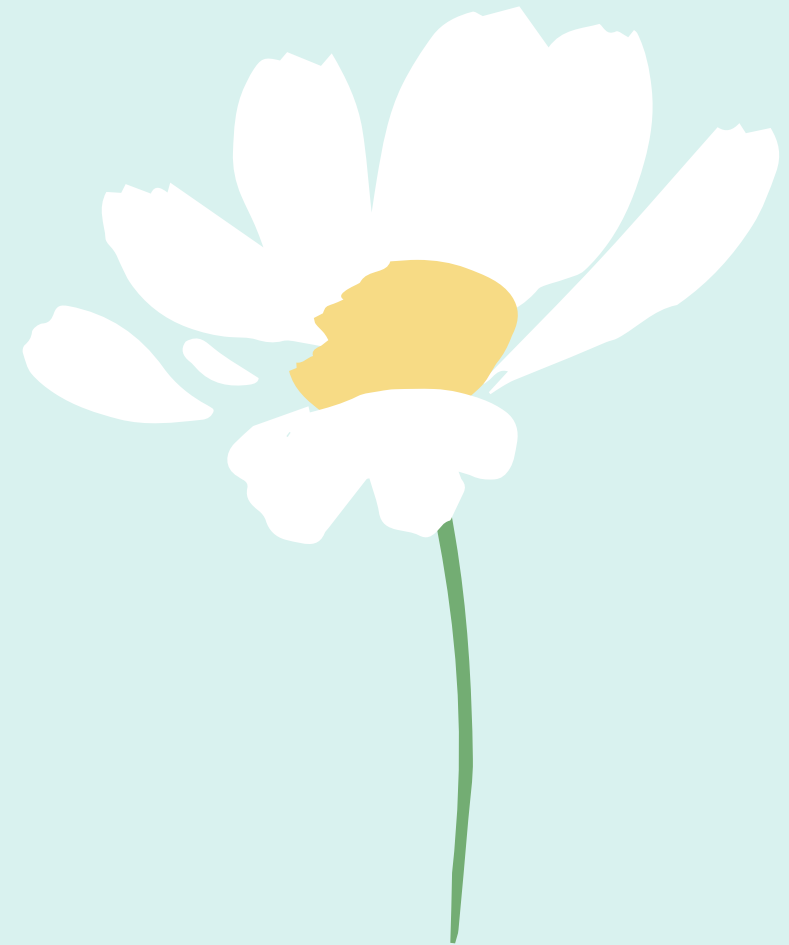
If you are concerned about your own safety, or the safety of another, please call 111 to speak to a healthcare professional.

# Supporting Children and Young People: A Trauma-Informed Approach

When discussing suicide and self-harm, it is essential to approach these topics with care and sensitivity. We understand that these conversations can be difficult and may have an emotional impact on you. A trauma-informed approach helps create a supportive environment for both the young people in your care and the professionals working with them. By being trauma-informed, we understand that past trauma can negatively impact an individual's ability to feel safe and develop trusting relationships. It acknowledges the need to see beyond someone's presenting behaviour and ask 'What does this person need?' rather than 'What is wrong with this person?'

- **Creating a safe and supportive space** - It's important to feel emotionally safe when discussing suicide and self-harm. You could ask the child what they need to feel safe, ensure the room is comfortable, and let the child know they can take a break or leave at any time.
- **Building trust and being transparent** – Explain your role and the purpose of the conversation beforehand. Set realistic expectations and avoid overpromising which can lead to disappointment and breakdown of trust.
- **Empowering yourself with knowledge and resources** - Providing clear guidance, attending training, and referring to useful resources ensures that you feel confident and prepared to support others.
- **Validate and be compassionate of feelings** – By listening and acknowledging a child's struggles, they can feel supported and be more likely to open up. Try to avoid making decisions on their behalf, always aim to make decisions together.

By taking a trauma-informed approach, you can ensure that you feel supported and equipped to handle these sensitive conversations in a way that prioritises everyone's well-being.





## What is self harm?

The term 'self-harm' usually refers to someone intentionally causing themselves harm. Self-harm is often a physical response to emotional pain and/or intolerable experiences.<sup>1</sup> It can also include self-neglect and engaging in risk-taking behaviour<sup>2</sup>.

Self-harm is common in young people: at least 10% report having self-harmed<sup>3</sup>. It is more common in females than males, especially in early adolescence<sup>4</sup>. Self-harm is much less frequent in younger children, but under the age of 11 self-harm is more common in boys than in girls<sup>5,6</sup>. Self-harm may present somewhat differently in this age group; for example, scratching, picking scabs, head-banging, other forms of self-injury or reckless behaviour<sup>7</sup>. Some young people who self-harm may also experience suicidal thoughts, and self-harm is a risk factor for suicide, although fortunately suicide in young people is relatively rare.

# Signs of self-harm

Unexplained cuts, bruises or burns anywhere on the body<sup>8</sup>



Talking about self-harm or suicide<sup>9,10</sup>



Abusing drug and alcohol<sup>11</sup>



Changes in eating/sleeping habits



Changes in activity and mood e.g. more aggressive than usual<sup>12</sup>



Unexplained blood stains on tissues, sheets or clothing



Keeping themselves fully covered at all times, even in hot weather



Low self-esteem and self-loathing behaviours such as feeling they need to punish themselves<sup>13,14</sup>



Becoming very withdrawn and not speaking to others<sup>15</sup>



Unusual weight loss or weight gain, or changes in eating habits. A young person may try to hide this by wearing loose clothing or being secretive about eating<sup>16,17</sup>



Evidence of vomiting in toilets, wash basins, showers or baths (drains may become blocked)



Head banging<sup>18</sup>



Evidence of having tried to use a ligature



Signs that someone has pulled out some of their hair<sup>19,20</sup>



Sometimes there may be no warning signs at all. There are several signs in children and young people that, while not directly related to suicide or self-harm, can indicate underlying mental health concerns or distress. Staff should be aware of these signs as they can be early indicators of broader emotional or psychological issues. Some of these signs include:

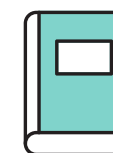
### Changes in mood and behaviour<sup>21,22</sup>

- **Increased irritability or anger** – Frequent outbursts, aggression, or mood swings that are uncharacteristic for the child.
- **Withdrawal from social activities** – Avoiding friends, family, and activities that were once enjoyed.
- **Loss of interest or motivation** – A sudden drop in enthusiasm for schoolwork, hobbies, or daily activities.



### Academic and school-related issues<sup>23,24</sup>

- **Decline in academic performance** – Unexpected drops in grades or a noticeable lack of effort in schoolwork.
- **Frequent absences** – Missing school often or showing reluctance to attend.
- **Difficulty concentrating** – Struggling to stay focused or frequently daydreaming during class.



### Physical complaints<sup>25</sup>

- **Frequent headaches or stomach aches** – Complaints of physical ailments that have no clear medical cause.
- **Changes in sleep patterns** – Sleeping too much, too little, or experiencing frequent nightmares.
- **Changes in eating habits** – Sudden weight loss or gain, or avoiding meals.



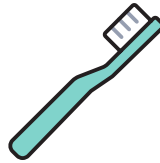
### Social and interpersonal issues<sup>26</sup>

- **Conflict with peers or family members** – Increased arguments, isolation, or difficulties maintaining relationships.
- **Bullying behaviour** – Either becoming more aggressive toward others or becoming more withdrawn due to being bullied.
- **Relationship difficulties** – Problems with friendships or family relationships that were previously stable.



## Changes in personal appearance<sup>27</sup>

- **Neglecting personal hygiene** – A noticeable decline in grooming, such as unwashed clothes or dishevelled appearance.
- **Unexplained injuries** – While not necessarily self-harm, frequent unexplained bruises or injuries can be a sign of distress.



## Risk-taking behaviours<sup>28,29</sup>

- **Substance abuse** – Experimenting with drugs or alcohol at an early age.
- **Engaging in unsafe activities** – Taking unnecessary risks, such as reckless driving or participating in dangerous challenges.



## Emotional symptoms<sup>30</sup>

- **Frequent crying** – Displaying sadness or tearfulness without a clear reason.
- **Feelings of hopelessness or worthlessness** – Expressing thoughts like “nothing matters” or “I’m no good.”
- **Increased sensitivity to criticism** – Overreacting to feedback or perceived rejection.



## Changes in communication<sup>31,32</sup>

- **Sudden secrecy** – Withdrawing from conversations or being overly secretive about daily activities.
- **Excessive use of digital devices** – Becoming overly reliant on social media or online interactions, especially if it coincides with reduced face-to-face communication.





## Why do young people do self-harm?

Self-harm can have a range of functions, which will be different for each person. Reasons for self-harm can include<sup>33,34</sup>:

- to manage emotional upset
- to reduce tension
- to provide a feeling of physical pain to distract from emotional pain
- to express emotions such as hurt, anger or frustration
- an expression of abuse or harm from another person (Significant trauma)
- a form of escape
- an effort to regain control over feelings or problems
- an attempt to punish oneself or others
- to elicit care from others
- to identify with a peer group
- family relationship difficulties
- self-harm portrayed or reported in the media
- feeling under pressure from families, school, or peers

Self-harm is used as a way of coping with life stresses and extreme emotions. It does not always mean that a child is thinking of ending their life, but in some cases it can. That is why it is important to understand why a child is self-harming and whether they have thought about ending their life.

# Managing suicide and self-harm in children

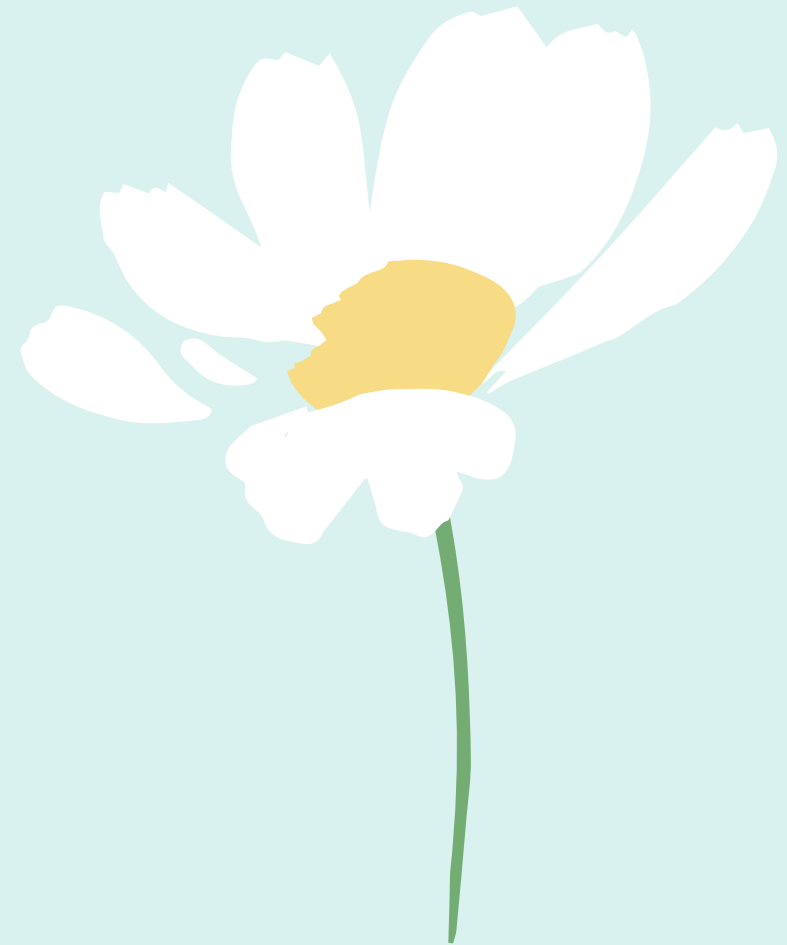
As a member of staff, you may be seen as a safe person by children and young people and by parents and carers<sup>35,36</sup>. If a child or young person has come to you, or you think they may be self-harming, we understand that talking about the subject can feel harder than talking about other risk-taking behaviours such as unsafe sex or alcohol use<sup>37,38</sup>. However, for the child or young person, it can be a huge relief to have it voiced<sup>39</sup>.

## Be open: Listen, Trust, and Support

You may be the first to notice that a child has been self-harming. This can be distressing and it can be hard to know what to do. However, it is important that you don't ignore signs of self-harm. If you suspect self-harm, let the child know that you have noticed a difference in their behaviour and be open about your concerns in an empathetic and caring manner<sup>40</sup>.

Young people may present with injuries to first aid or reception staff in the first instance and it is important that you are aware that an injury may be self-inflicted, and pass on any concerns. As a member of staff, you may experience a range of feelings in response to a child's self-harm, including anger, sadness, shock, disbelief, guilt, helplessness, disgust, and rejection. However, in order to offer the best possible help to the young person it is important to try and maintain a supportive and open attitude. Young people will respond best if your reaction is calm, non-judgmental, and understanding<sup>41</sup>.

Sometimes negative terms are used for self-harm, such as 'attention-seeking' or 'manipulative'. This language is unhelpful and may make it harder for young people to open up or ask for help – some young people do need attention but aren't able to find a positive way to get it<sup>42</sup>.





# Self-harming behaviour in children with special education needs and disabilities

When addressing self-harming behaviour in children and young people, it is crucial for staff to consider the underlying causes, as these can vary significantly<sup>43,44</sup>. The approach to supporting a child with special educational needs and disabilities (SEND) who engages in self-harm as a sensory-seeking behaviour or non-verbal expression of distress should differ from how one would respond to a child using self-harm as a coping strategy for emotional or mental distress<sup>45,46</sup>.

For children and young people with SEND, self-harming behaviours may be a way to communicate discomfort, sensory needs, or anxiety when they cannot verbalise their feelings. In such cases, staff should focus on understanding the sensory triggers or communication barriers and seek specialist advice to create a tailored management plan<sup>47</sup>. This might involve collaboration with SEND coordinators, occupational therapists, or behavioural specialists<sup>48,49</sup>.

In contrast, when self-harm is used as a coping mechanism by SEND children to manage overwhelming emotions or mental health issues, a different intervention is required<sup>50,51</sup>. This often involves mental health support, counselling, and creating a safe environment for the young person to express their feelings and develop healthier coping strategies<sup>52,53</sup>.

It is important to note a child may need mental health support alongside SEND support, and may require a mental health professional with SEND expertise<sup>54,55</sup>.

## Actions to take when self-harm is recognised

Step-by-step guidance on managing self-harm in young people is given below:

### Discovering Self-Harm<sup>56</sup>

- Recognise the emotional impact on yourself.
- Maintain your own emotional well-being.
- Present yourself as calm and in control.



### Respect Your Limits<sup>57</sup>

- Acknowledge your ability and responsibility limits.
- Seek help from a superior, a named child protection officer, or social services if in doubt.



### Assessing Wounds<sup>58</sup>

- With the young person's consent, assess any visible wounds.
- Determine if medical support is needed.
- Refer to the organisation's nurse or first-aider if available.



### Informing Parents<sup>59</sup>

- Advise parents to examine the wounds to ensure adequate medical care is sought.



### Remaining Calm and Non-Judgemental<sup>60</sup>

- Avoid making assumptions about the young person or their behaviour.
- Remain calm and non-judgemental.
- Listen empathetically.



### Understanding Privacy<sup>61</sup>

- Recognise that self-harm is often a private behaviour and difficult to discuss.



### Suspecting Self-Harm<sup>62</sup>

- If you suspect self-harm but have not been approached, talk to the young person in a safe, appropriate, and private setting.
- Be patient and give them time to talk.



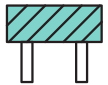
### Responding to Disclosure<sup>63</sup>

- If approached by the young person, understand the courage it took for them to reach out.
- Recognise that your response will affect their willingness to seek further help.



### Confidentiality<sup>64</sup>

- Be honest about the limits of confidentiality from the beginning.



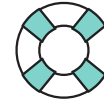
### Planning Next Steps<sup>65</sup>

- Ask the young person what they want to do.
- Plan the next steps together.



### Providing Support<sup>66</sup>

- Provide a safe and confidential space.
- Reassure the young person that their feelings are important and valid.
- Inform them that help is available and it may help to talk about their feelings.



### Acknowledging Courage<sup>67</sup>

- Tell the young person how courageous they are for discussing difficult thoughts and feelings.



### Regular Check-Ins<sup>68</sup>

- Check in with them regularly to ensure the support offered is making a difference.



### Empowering the Young Person<sup>69</sup>

- Enable the young person to feel in control by asking what they would like to happen and what help they feel they need.



## What you should try to avoid<sup>70</sup>

**Avoid saying 'self-harmer' – it is important to talk about a behaviour and not label a person. The best terminology is to refer to 'self-harming behaviour'**

**Avoid 'commit' suicide – use take their own life or die by suicide**

**Avoid making assumptions or stereotyping behaviour - don't say 'people generally/ usually...' Everyone is different**

**Never refer to self-harm as a 'failed suicide attempt'**

**Avoid asking a student to stop self-harming as this may be the only coping strategy they have**

**Don't tell them that they must stop self-harming or make threats.**

**Don't make any promises you can't keep, but be willing to talk.**

**Do not work outside your remit and seek appropriate guidance from designated leads**

Understanding and using sensitive language when discussing suicide and self-harm is essential for providing appropriate support to children and young people. Terms like “committed suicide” and “failed suicide attempt” should be avoided because they carry connotations of crime and judgment, which holds stigma and causes shame, potentially discouraging them from seeking help<sup>71</sup>. Referring to an attempt as “failed” can also diminish the seriousness of their struggle, making individuals feel that only successful attempts are significant and invalidating their pain<sup>72</sup>. Instead, using neutral and empathetic terms like “took their own life”, “died by suicide” or “attempted to take their own life” fosters a supportive environment, encouraging open dialogue and reducing stigma around mental health issues<sup>73</sup>. This respectful language helps children and young people feel valued and understood, which is crucial for their well-being.

## Good Communication

Good communication between all those involved can help to coordinate care for the child or young person and improve their feelings of distress<sup>74,75,76,77</sup>. Consent is the key to shared care and it can be helpful to be clear about this from the outset with the child or young person, their family and their GP. The following open questions can help to keep an ongoing dialogue<sup>78</sup>:

- How are things for you right now?
- Can you say what's bothering you?
- What might help you?
- What would you like to happen next?

## Few helpful questions and statements you could use-

To understand why a child may be self-harming it is important to have an open conversation about their reasons. It can be helpful to convey that you understand some of the functions of self-harm to encourage the child to open up.

For example, you could say:

I wonder what are the sorts of things that make you feel like harming yourself?

Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I'm wondering if that might be why you hurt yourself?

I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?

You must be feeling very upset about something. I'd like to help if I can; would it help to talk about what's troubling you?

I wonder if you're using self-harm as a way of coping with something that is troubling you? It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets/websites that suggest helpful ways of coping?

I wonder if you're hurting yourself as a way of coping with something that is troubling you?

Before you go I'd like to give you some information about people you can contact if you feel like self-harming again.

# Safety assessment

If the child or young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate<sup>79</sup>.

Questions of value in assessing severity of the injury include<sup>80</sup>:

**Where on your body do you usually self-harm?**

**What do you normally use to self-harm?**

**What do you do to care for your wounds?**

**Have your wounds ever become infected?**

**Have you ever seen a doctor because you were worried about a wound?**

When in doubt or if concerned, seek medical attention. In general children/young people are likely to fall into a spectrum of risk:

- **Lower risk children/ young people** - Little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.
- **Higher risk children/young people** - Frequent or long-term self-harm practice, severe injury that causes risk to life, attempts or a plan to end their life, complicated or multiple needs may be present.

These risks and questions serve only as a guide to support you and are by no means exhaustive. Assessing risk should be in collaboration with the young person and designated Safeguarding Lead<sup>81</sup>.

Where there is any doubt about risk, it is important to discuss with the safeguarding lead, CAMHS service, Newham Educational Psychology Service, or go down the route of using the I-Thrive model to request for support.

Children and young people with enduring needs who demand long-term support can be referred to CAMHS, while those at immediate risk are assessed and supported by the CAMHS Crisis team.

- Where a child or parent is unwilling to engage with support services, a referral to the Early Help Hub or the MASH (Multi-Agency Safeguarding Hub) should be considered, as refusal to engage may constitute a safeguarding issue<sup>82</sup>.
- After assessing immediate risk, gaining further information from the child or young person may take place over a number of conversations and should occur at a pace comfortable for them<sup>83</sup>.
- Remember, if you are concerned that the child or young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation's child protection procedure<sup>84</sup>.

# Confidentiality or Information Sharing

Confidentiality is very important to young people, but staff must remember that they cannot promise total confidentiality, in line with their organisation's safeguarding policy. Staff should respect wishes around confidentiality if possible, but young people's health, safety and welfare are the priority<sup>85</sup>.

If you become aware that a child or young person is self-harming, you are obliged to share this with your organisation's Safeguarding Lead. In the context of schools, this should be shared with the school's designated Safeguarding Lead. This information should typically be shared with parents or carers unless there is a risk of greater harm to the child, such as possible abuse at home. Discuss the need to inform parents or carers with the young person and listen carefully to any fears they may have. Decisions should be made in line with the organisation's safeguarding policy<sup>86</sup>.

It is important not to make promises of confidentiality that cannot be kept, even if the child/young person pressures you to do so<sup>87,88</sup>. If this is explained at the beginning of any meeting, they can make an informed decision about how much information they wish to share<sup>89,90</sup>.

The child/young person should be made aware that confidentiality will be maintained but cannot always be guaranteed. If a staff member believes that they are at risk of harming themselves or others, then confidentiality cannot be upheld<sup>91,92,93</sup>.

The child should be informed when the organisation contacts parents or carers about self-harm. It may be helpful to invite the parents or carers into the organisation or school to talk with staff and the young person together to understand the self-harming behaviour and consider ways of providing support<sup>94,95</sup>. Parents and carers need information to support their child and access further help for both the young person and, if necessary, themselves<sup>96</sup>.



# Other practical strategies to support children

The following are practical ways to manage self-harm that can be suggested to children/young people. Although not all of these will work for everyone, some of these suggestions may be helpful. It may take a while to get self-harm under control, but with practice the young person can usually develop positive ways of coping<sup>97</sup>.

## Building a Support Network<sup>98</sup>

It is helpful to identify who can support the young person and how they can get in touch with them. This might be friends, family, schoolteacher, etc. Knowing how to access a crisis line is also important.

## Peer group<sup>99,100</sup>

It is important to encourage children/young people to let staff know if one of their friends is in trouble, upset or showing signs of self-harming behaviour. They should also be aware that their friend will be treated in a caring and supportive manner. The peer group of a child who self-harms may value the opportunity to talk to a member of staff either individually or in a small group.

## Distraction Activities<sup>101</sup>

Replacing self-harm with other safer activities can be a positive way of coping with urges to self-harm. It is important to find things that the young person is interested in. Examples include:

- Going for a walk or other forms of physical exercise
- Getting out of the house and going to a public place
- Watching a film
- Reading a book
- Taking a dog for a walk or caring for a pet
- Watching TV
- Listening to music
- Engaging in self-soothing activity, such as having a relaxing bath

## Coping with symptoms of physical stress<sup>102</sup>

There are a number of strategies that can help to manage the extreme tension in the body that young people may feel. Examples include:

### Calming/stress relief/distraction

- Going for a walk.
- Listening to sound.

- Creating something –drawing, music, writing, cooking, sculpture, crafts.
- Keeping a diary.
- Stroking or caring for a pet.
- Watching TV or a movie.
- Getting in touch with a friend.
- Listening to soothing music.
- Having a relaxing bath.
- Breathing exercises.
- Plan an activity or trip (such as volunteering or going to the cinema or park).
- Looking at self-help websites.

### Releasing or managing emotions

- Clenching ice cube until it melts.
- Snapping an elastic band against the wrist.
- Drawing on the skin with a red pen instead of cutting.
- Sports or exercise.
- Using a punch bag/ punch pillow to vent anger and frustration.
- Listening to or creating loud music.
- Writing down thoughts and feelings on paper and possibly ripping them up.
- Tearing up a newspaper.
- Repetitive counting or writing.
- Sing or shout (loudly).
- Splash face with cold water over a sink.

## Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times, and any concerns you have, and document who else has been informed of any information<sup>103</sup>.
- If you have a number of young people who self-harm in your school, you may consider consulting your Designated Senior Mental Health Lead and Educational Psychology Service.

## Training staff

Staff are recommended to regularly access training on self-harm and suicide prevention. Those supporting children or young people with self-harm should take the opportunity to attend training days on Mental Health First Aid, self-harm, and suicide prevention, as well as obtain relevant literature and resources. While many schools, colleges, and organisations may struggle to release staff for training, it is vitally important that staff feel confident in supporting children experiencing psychological distress<sup>104</sup>. Such training equips staff with the knowledge and skills to recognise early warning signs, respond appropriately, and manage crises effectively, thereby fostering trust and providing a safe environment for children to express their feelings<sup>105</sup>.

The training element plays a crucial role in ensuring the safety and well-being of vulnerable youth by providing staff in schools, voluntary sector organisations, and other settings with the necessary skills to manage suicide and self-harm among children. It is crucial for CAMHS and WINS to enhance support through our existing and developing psychoeducation resources. By integrating comprehensive training programs, we could equip staff with the skills and knowledge to effectively manage suicide and self-harm among children, young people, and their families<sup>106</sup>. These initiatives will not only strengthen our capacity to provide tailored support but also ensure that our services remain responsive to evolving mental health needs. Enhancing staff capabilities through targeted training will create a safer environment, facilitate timely interventions, and connect children with necessary mental health resources, thereby potentially saving lives and promoting long-term emotional health<sup>107</sup>. This supportive approach enables professionals to better respond to and mitigate the challenges of suicide and self-harm in young individuals.

### Supporting Staff

Staff giving support to children may experience all sorts of reactions to this behaviour (e.g. anger, helplessness, rejection)<sup>108</sup>. It is therefore helpful for staff to have an opportunity to talk this through with Mental Health Leads, Mental Health Support Teams and members of the Senior Leadership Team.

Note: Please refer to the appendix for a list of trusted resources. Ensure to verify the appropriateness and current status of any recommendations before suggesting them, and avoid directing individuals to sites that may provide harmful or unsafe content related to self-harm.

# Appendix

Organisation	Description	Audience	Contact
<b>Training and support organisations for you to support young people during self-harm and crisis</b>			
<b>Sorts4Schools</b>	An interactive website that offers free training and resources to help school staff recognise and respond to young people who self-harm. The content was developed by researchers, school staff and young people.	All staff working in schools, including those in admin, support and teaching roles.	<a href="https://sorts4schools.org.uk">sorts4schools.org.uk</a>
<b>WINS Training Offer</b>	Wellbeing In Newham Schools. A national offer also known as Mental Health Support Team. They offer training for staff and parents/carers via their CAMHS Eventbrite page.	Newham Schools	<a href="https://eventbrite.co.uk/o/newham-camhs-workshops-23209370238">eventbrite.co.uk/o/newham-camhs-workshops-23209370238</a>
<b>Crisis Tools</b>	The tools to help you support young people in crisis	Adults supporting a child in crisis	<a href="https://crisistools.org.uk/">crisistools.org.uk/</a>
<b>National Institute for Health and Care Excellence (NICE) guidelines on Self-harm</b>	Evidence-based recommendations for supporting young people.	Healthcare professionals	<a href="https://nice.org.uk/guidance">nice.org.uk/guidance</a>
<b>Mental Health First Aid England</b>	Providing expert guidance and training to support mental health. Mental health training online and face to face MHFA England.	Youth and Adult training available	<a href="https://mhfaengland.org/">mhfaengland.org/</a>
<b>MindEd</b>	It is a free educational resource on children, young people, adults and older people's mental health.	Frontline workers supporting children	<a href="https://minded.org.uk">minded.org.uk</a>
<b>Papyrus, prevention of young suicide</b>	A charity working to prevent young suicide. They offer a helpline, resources and training.	Children and Young people under 35, or an adult supporting a child	<a href="https://papyrus-uk.org/papyrus-hopeline247">papyrus-uk.org/papyrus-hopeline247</a> Call: 0800 068 4141 Text: 88247 Email: <a href="mailto:pat@papyrus-uk.org">pat@papyrus-uk.org</a>

Organisation	Description	Audience	Contact
<b>The PSHE Association</b>	A membership association and charity. They support over 50,000 teachers and schools/colleges with resources, training, guidance, and advice.	Newham Schools	<a href="https://pshe-association.org.uk">pshe-association.org.uk</a>
<b>YoungMinds</b>	A charity that provides support and advice to children, young people, parents, and carers and those working with children and young people.	All age resources	<a href="https://youngminds.org.uk/professional/resources">youngminds.org.uk/professional/resources</a>
<b>Zero Suicide Alliance</b>	Free online training courses teach you the skills and confidence to have a potentially life-saving conversation with someone you're worried about.	Anyone aged 16 and over wanting to support others	<a href="https://zerosuicidealliance.com/training">zerosuicidealliance.com/training</a>
<b>R;pple</b>	R;pple is an interceptive tool designed to present a visual prompt when a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide. These phrases include any words or terminology which have been identified as displaying potentially damaging online content.	Anyone looking to hide harmful internet content	<a href="https://ripplesuicideprevention.com">ripplesuicideprevention.com</a>
<b>Additional resources, sources of support and contact details for parents/carers/children which you could provide</b>			
<b>Samaritans</b>	A totally confidential, 24/7 support service for anyone experiencing emotional distress and/or suicidal thoughts.	All age, telephone support	24-hour national support line: 116 123 Email support: <a href="mailto:jo@samaritans.org">jo@samaritans.org</a> <a href="https://samaritans.org">samaritans.org</a>
<b>Cruse Bereavement Care</b>	For anybody needing support after the death of a loved one.	All age, telephone support and resources	Support line (09:00–17:30): 0808 808 1677 <a href="https://cruse.org.uk">cruse.org.uk</a>

Organisation	Description	Audience	Contact
<b>Papyrus</b>	A charity working to prevent young suicide. They offer a helpline, resources and training.	Children and Young people under 35, or an adult supporting a child	Support line (10:00–22:00 weekdays/14:00–22:00 weekends): 0800 068 41 41 Text support: 88247 Email: <a href="mailto:pat@papyrus-uk.org">pat@papyrus-uk.org</a> <a href="http://papyrus-uk.org">papyrus-uk.org</a>
<b>Childline</b>	National helpline for anybody under the age of 19, offering advice and support on a range of issues including self-harm and suicidal thoughts.	Anyone under 19 in the UK	Support line (24hr): 0800 11 11 Email: Available via registration on the website <a href="http://childline.org.uk">childline.org.uk</a>
<b>YoungMind</b>	Charity dedicated to improving mental health of children and young people.	All age resources	<a href="http://youngminds.org.uk">youngminds.org.uk</a>
<b>Charlie Waller Memorial Trust</b>	Foundation dedicated to raising awareness of depression and suicide that provides resources for schools and parents/carers.	Schools and parents/carers	Resource for schools <a href="https://docs.wixstatic.com/ugd/b5791d_b3807e6a2cd643ed8b29456602afcc01.pdf">docs.wixstatic.com/ugd/b5791d_b3807e6a2cd643ed8b29456602afcc01.pdf</a>  Resource for parents and carers <a href="https://docs.wixstatic.com/ugd/b5791d_7d13f090db464315b2f76a6f614cffffb.pdf">docs.wixstatic.com/ugd/b5791d_7d13f090db464315b2f76a6f614cffffb.pdf</a>
<b>National Collaborating Centre for Mental Health (NCCMH)</b>	Collaboration between Royal College of Psychiatrists and University College London who develop evidence-based guidance and reviews to support the delivery of high-quality mental health care.	Healthcare professionals	<a href="http://rcpsych.ac.uk/improving-care/nccmh">rcpsych.ac.uk/improving-care/nccmh</a>
<b>Anna Freud Centre</b>	A research and policy centre focused on developing, disseminating and delivering evidence-based policy and mental health support for children and young people throughout the UK.	All age mental health resources	<a href="http://annafreud.org/resources/children-and-young-peoples-wellbeing">annafreud.org/resources/children-and-young-peoples-wellbeing</a>
<b>Royal College of Psychiatrists</b>	The Royal College of Psychiatrists provides practical and up-to-date information about the emotional and psychiatric disorders for young people as well as teachers and parents/carers.	Young people and parents/carers	<a href="http://rcpsych.ac.uk/mental-health/parents-and-young-people">rcpsych.ac.uk/mental-health/parents-and-young-people</a>

Organisation	Description	Audience	Contact
<b>Heads above the Waves</b>	A not-for-profit organisation that raises awareness of depression and self-harm in young people.	Children and schools	<a href="http://hatw.co.uk">hatw.co.uk</a>
<b>Kooth</b>	Online well-being community. Free 1-2-1 online counselling.	Aged 11-25	<a href="http://kooth.com">kooth.com</a>
<b>Shout</b>	<p>Shout provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.</p> <p>All texts are answered by trained volunteers, with support from experienced clinical supervisors. Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.</p> <p>Texts can be anonymous, but if the volunteer believes you are at immediate risk of harm, they may share your details with people who can provide support.</p> <p>Opening times: 24/7</p>	All age, UK resident	Text SHOUT to 85258
<b>The Mix</b>	<p>It offers support to anyone under 25 about anything that's troubling them. Email support available via their online contact form. Free 1-2-1 web chat service available. Free short-term counselling service available.</p> <p>Opening times: 3pm - 12am, seven days a week</p>	Aged under 25	<p>Call: 0808 808 4994</p> <p>The Mix – Essential support for under 25s</p> <p><a href="http://themix.org.uk">themix.org.uk</a></p>
<b>Calm Harm</b>	A free app providing support and strategies to help you resist or manage the urge to self-harm. Can be downloaded from Google Play or App Store.	Aged 13+	<a href="http://calmharm.co.uk">calmharm.co.uk</a>
<b>Tellmi</b>	A free app for teenagers (11+) providing resources and a fully moderated community where you can share your problems, get support and help other people too. Can be downloaded from Google Play or App Store.	Aged 11+	<a href="http://tellmi.help">tellmi.help</a>
<b>Combined Minds</b>	Supporting young people's mental health	For families and friends supporting their children	<a href="http://combinedminds.co.uk">combinedminds.co.uk</a>

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