Breaking the taboo – talking about suicide and self harm

Clare Stafford, CEO

8th 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
I DON'T BELIEVE IN GLOBAL WARMING
I DON'T BELIEVE IN...
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

The number of men wh emergency", a group of

There should be as big a reduce the number of sui

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

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: 00:00, 29 July 2019 | UPDATED: 00:17, 29 July 2019

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

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?
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 slides were developed as part of a project delivered by CWMT and funded by Health Education England.

Dr Mina Fazel
Child Refugees

Professor Tomlin Ford
Children Whose Behaviour Challenges

Professor Neil Humphrey
Bullying (including in ASC)

Dr Andrew Reeves
Male Mental Health

Mark Hiley
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 Cocklin
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

6 domains of Resilience:

- Education
- Secure base
- Social competence
- Talents & interests
- Positive values
- Friendships

(Daniel + Nassell)
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

No Harm Done
A Parent’s Journey
Next steps for parents or carers whose child is self-harming

The Charlie Waller Memorial Trust
Depression – let’s get talking
cwmt.org.uk
Self-harm
Practical tips and resources

No Harm Done
Things Can Change
Information and help for young people worried about self-harm
Self-harm
Practical tips and resources

No Harm Done
Recognising and responding to self-harm
Next steps for staff working with young people
Four Helpful Responses:

- **Listen**
- **Offer practical support**
- **Manage your reactions**
- **Involve the student in decisions**

What do you think?
What can be helpful?

- 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
- Asking how you can help
- Staying calm
What can be unhelpful?

- Seeing them as ‘just a self-harmer’
- Asking the young person to stop
- Giving ultimatums or applying pressure
- Assuming that every episode of self harm is for the same reason
- Giving a negative reaction
- Telling them that self harm is wrong

The Charlie Waller Memorial Trust
Depression – let’s get talking
Help the young person to identify less risky ways to cope with difficult emotions
Candy 😛

Funky Stress Ball

A colouring and activity book

Mazes and Word-Searches

Brave (DVD)

A cuddly toy (that also ribbets!!)

Books that make me happy!

Meaningful Journal

Finger Paints

Feather

Chinese Finger Puzzle

Rubber Bands

Coloured pencils

Play-Dough
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
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

## 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 taking 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.
Working in partnership with Nightline

Specific intent
“I am going to kill myself”

Definite intent
“I have a plan and know how I will end my life”

Vague intent
“Sometimes I think about ending my life”

Focused ideation
“Sometimes I just want to get out of everyone’s way. I feel like I am a burden”

Vague ideation
“Sometimes I wonder if it’s worth it”

Distressed but no ideation
“I feel low but I wouldn’t hurt myself”

No distress and no ideation
Parents
Professionals

and I'm professor of affective disorders at Newcastle University

Hamish McAllister-Williams
Professor of Affective Disorders, Consultant Psychiatrist
Looking after your mental wellbeing
A guide for Occupational Health Practitioners
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.