LET'S TALK... Emotional Wellbeing and Reducing the Risk of Suicide

Guidance for Educational Settings
Spring 2025

(This resource may be used by any professional working with Children and Young People)

Contents

Please note that the terms 'school', 'pupil' and 'CYP' are used throughout this guidance for consistency. However, the content is relevant to all children, young people and staff within any educational setting, including early years, enhanced and alternative provision and further education.

Section 1:
A whole educational setting approach

How to promote positive mental health and resilience in settings

Positive mental health is the concern of the whole community, and settings play a key part in this. Settings should consider the ways in which they can promote the development of good mental health and emotional wellbeing for all its CYP and staff.

The whole setting's community should have a shared understanding of what constitutes good mental health. Governors and senior leaders are crucial in building and sustaining a culture and ethos of an emotionally healthy setting which is a safe environment for its CYP and staff. Poor mental health undermines educational attainment, and settings with healthy cultures are more likely to create effective learning environments.

Resilience is the ability to adapt to and manage situations of stress and adversity and to be able to recover from these experiences. It is fluid and dependent on various risk and protective factors which are present at any one time and impact upon an individual's vulnerabilities. The more risk factors present in a person's life, the more protective factors or supportive interventions are needed to counterbalance and promote further growth of resilience. This develops through gradual exposure to difficulties at a manageable level of intensity and can be fostered and grown through the connectedness that is experienced within relationships we have with others around us.

In order to assist schools, we have included a useful Audit tool (Appendix A).

Whole educational setting policies

Promoting positive mental health and wellbeing should already be well supported by other policies. However, you may decide to capture this in a single document (Mental Health and Wellbeing) and ensure the ethos within is reflected in all the complementary polices such as Child Protection/Safeguarding, Anti-bullying, Code of Conduct (staff and pupil), Curriculum, SEND/Local Offer etc.

It is important that all policies complement each other to enable a consistent approach across the setting.

Being trauma-aware

There should be a whole-setting approach to positive mental health and emotional wellbeing embracing mindsets, policies and practice which promote the wellbeing and resilience of all CYP and staff. To achieve this, settings need a clear vision and plan.

Trauma Perceptive Practice (TPP), the Essex approach to understanding behaviour and supporting emotional wellbeing, is the Local Authority's universal training offer that provides settings with the knowledge and understanding to achieve this.

Being a 'bereavement-aware' setting

Settings should aim to become a 'bereavement aware' environment, where loss is acknowledged and discussed in different ways with staff, parents and CYP. It is recommended that all settings have a planned approach to bereavement and that this is communicated to the setting's community in a Bereavement Policy. A model bereavement policy along with information and resources for helping to cope with bereavement and loss can be accessed on the Essex Schools Infolink and via helpful links in Appendix D.

Promoting online safety

"Social media is ever-present in the lives of adolescents, with 70 per cent of 12 to 15-year-olds saying that they have a social media account. Alongside amazing opportunities, social networks open up a wide range of potential harms. Research suggests that online abuse can have as big an impact on young people as abuse that takes place face-to-face."

(NSPCC 2020)

The internet has a dual role in the mental health of CYP:

1. The risks and possible complications of using the internet, particularly when feeling vulnerable, are well documented. Concerns are around social interaction and friendship building and access to inappropriate sites and communities who may either encourage suicidal thoughts or provide access to methods of self-injury/harm. Cyber-bullying can increase a person's unhappiness, loneliness and isolation.

2. The internet can be protective in enabling CYP to access appropriate support. Counselling and listening services are increasingly being accessed via email or online services, particularly at 'out of hours' times such as weekends and at night. Supportive information can be accessed any time.

Families should be vigilant around their child's online activity. Settings may also need to signpost families to useful resources. There is further information about general online safety on Essex Schools Infolink for settings and families.

Understanding depression, anxiety and mental health

It is important that schools understand the key signs of the more common mental health issues such as anxiety and depression. There is a wealth of information available, and by working with the family and supporting agencies there are many opportunities to assist individual CYP with their mental health.

In addition, there are opportunities to train staff to increase their knowledge of mental health issues which they can use to support students and increase the knowledge of their colleagues, such as Senior Designated Mental Health Lead or Mental Heath First Aider.

Working with other agencies

Whilst it is important that schools have a good general understanding of, and whole school approach to, mental health issues in CYP they are not expected to be experts. It is essential to refer to, or gain support and advice from, CAMHS, MHSTs, Inclusion Partners, Educational Psychologists, GPs, School Nurses, etc.

Across SET (Southend, Essex & Thurrock), the Children and Young People's Mental Health Education Board has strategic overview of the emotional wellbeing and mental health of CYP, whilst the All-Age Suicide Prevention Board considers whole-population risk factors, indicators and support for the County.

This multi-agency guidance has been produced by Essex County Council in conjunction with other partners to support settings in promoting positive emotional wellbeing and mental health and to reduce the risk of suicide in CYP. It has also involved consultation with CYP and other professionals.

The Effective Support Windscreen
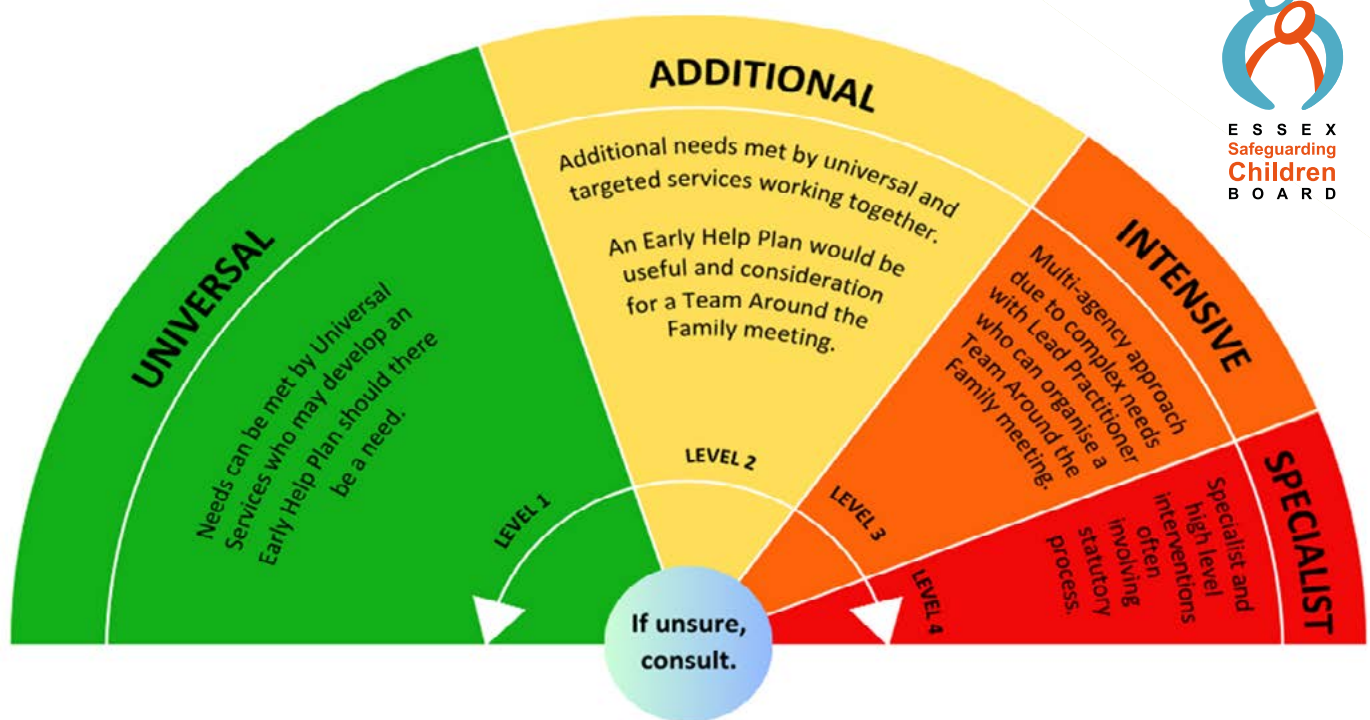
Safeguarding and promoting the welfare of CYP is the responsibility of everyone in Essex who works or has contact with CYP and their families. Partners and professionals who work with CYP and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

From Effective Support for CYP and Families in Essex (ESCB, 2024)

Supporting SEND

Research shows that CYP with SEND, and particularly those neurodivergent students are more likely to struggle with their mental health. They are consistently over-represented in statistics around self-harm, suicide, missing school, disordered eating, gender dysphoria, etc. They report they can be the target of bullying due to their differences which then leads to depression, anxiety and other mental health challenges.

In addition, there are often other issues relating to their SEND such as social isolation, attachment, sensory processing etc. It is therefore important to keep a watchful eye on your SEND students who may be struggling but be unable to ask for help.

Section 2:
Understanding and managing risk

Managing risk

Schools/education settings' staff are often on the front-line supporting a child or young person (CYP) who may be exhibiting high levels of risk within their presentation. This can subsequently lead to the adults who are supporting these CYP feeling anxious and overwhelmed by having to assess and manage significant risk and uncertainty. These occasions can often be incredibly distressing and potentially traumatic for the CYP and the adults involved.

Where there is uncertainty about the level of risk within a CYP's presentation, the response taken has often been to encourage CYP to attend A&E for a crisis assessment. However, this is not always appropriate, and the Let's Talk: Managing Risk guidance has been developed by Essex County Council and partners to support settings in identifying, assessing, and responding to the risk associated with a CYP's mental health presentation.

Please see the Let's Talk: Managing Risk guidance, available here:
Essex Let's Talk resources | Essex Schools Infolink

There are occasions where A&E is the most appropriate place for a CYP to be assessed by mental health professionals and access urgent medical attention if required. However, it is important that professionals and families know how to respond appropriately to concerns to ensure CYP have the right help at the right time and avoid unnecessary attendance at A&E.

Understanding self-injury/harm

Self-injury/harm is a term used to describe a wide range of purposeful behaviours and is understood to be a physical self-regulating response to an emotional pain. It is often thought to be directly linked with suicide. However, this is not the case and assessment of self-injury is not straight forward. The main difficulty in assessment is one of intent. Generally, people who self-injure/harm do not wish to end their lives; whereas suicide is a way of ending life. Self-injuring/harming behaviours may be a way of coping and trying to live with difficulties in life, rather than making a plan to end their life. Although it can be an associated risk factor, the act of self-injury/harm is not believed to lead on to suicidal behaviour. Research suggests that people who have shared plans, made attempts to, or carried out plans to end their life are likely to have previously also self-injured/harmed.

Further guidance specifically to support settings with issues around self-injury/harm is available in the 'Let's Talk' - self-harm management toolkit for educational settings

Interventions and provision

Individualised planning

Use Person-Centred Planning approaches/tools (known as 'One Planning' in Essex) to find out what is important to and for the CYP. This is a plan that is co-produced with the family. Personalised plans may include: an adapted timetable (building on the strengths of the young person); allocation of time for accessing supportive activities to further promote positive mental health and wellbeing; ideas and changes to take account of the social and emotional needs of the CYP across a day. Consideration should be given to any issues that are of concern/worry/stress to the CYP with strategies to support them. These plans should be underpinned by an appropriate risk assessment which is regularly reviewed and updated.

Engaging with the CYP's family

It is important for parents/carers to play an active role in supporting their child's emotional wellbeing and mental health. Settings should consider how to support parents/carers to engage around the wellbeing agenda and be able to signpost them to appropriate resources and guidance to assist this.

Identifying a key trusted adult figure - (for example mentor, Head of Year, Learning Support Assistant, pastoral member of staff) ideally someone identified by the CYP.

The member of staff selected should be someone with an appropriate understanding of safeguarding and confidentiality issues, who is able to establish trusting relationships with CYP and understand the systems in their setting for supporting emotional wellbeing and mental health. Being a key person to someone can be an emotionally demanding role so systems in the setting should also support the supervision and care of adults taking on the role of key additional adult figure.

Train support staff with a focus on supporting emotional wellbeing/mental health

This role may be termed 'emotional first aider', 'wellbeing worker', 'Ready to Regulate practitioner' or 'ELSA' (Emotional Literacy Support Assistant). These adults may take on the role of a key adult for CYP and, if so, will require supervision for the work they undertake.

Identify CYP to take on role of peer support/peer listeners/peer mentors/mental health or emotional wellbeing champions etc.

CYP have told us that they are more likely to speak to someone of a similar age than an adult. Strong systems of support and supervision are required to ensure that the CYP develop their skills in listening to others and promote good practice in terms of how to meet emotional needs; are supported themselves and that they understand how to refer peers to adults where appropriate.

Create opportunities to develop resilience

Resilience is developed and grown through the supportive relationships of people we already have in our lives such as friends and family or members of staff in settings. However, some CYP will require the learning experiences that will foster and develop their levels of resilience. Settings and families can access the Resilience Framework for further guidance, information and advice.

Informal support groups or safe spaces in settings

These may operate as drop-in sessions during lunch times and breaks for pupils who may feel more vulnerable within the larger population and at unstructured times of day. This allows them to interact with a smaller group of people, perhaps with opportunities for structured activities such as board games or access to computer equipment.

Relaxation in settings, mindfulness approaches

Mindfulness is a way of life, a philosophical approach. If a setting wishes to utilise some of the ideas of mindfulness, such as stopping, focusing on the here and now and just 'being' in the current moment, there are websites offering information and training (see Appendix D). However, any undertaking of mindfulness should be within an environment where adults in the setting are regularly practicing mindfulness approaches in their own everyday life.

Section 3:
Let's talk about suicide

Why we need to talk about suicide

- The World Health Organisation (2023) reported that globally, more than 700,000 people die by suicide every year.

- Young Minds (2019) reported that suicide was the leading cause of death of:

    · people aged 5-34 years,

    · and that nearly half of 17–19-year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point,

    · rising to 52.7% for young women.

- Papyrus (2020) also report that over 200 school children are lost to suicide every year in the UK.

In response to this, the Department for Education (DfE) and Department of Health have circulated a number of documents such as:

- Mental Health and Behaviour in school (DfE 2018)

- Transforming Children and Young People's Mental Health Provision (DfE 2024)

- Keeping Children Safe in Education (DfE 2024)

In addition, the government's strategy document Suicide prevention strategy for England: 2023 to 2028 (DHSC 2023) sets out its objectives to reduce the suicide rate in the general population in England; and to provide better support for those bereaved or affected by suicide.

The strategy specifies that providing the right support and environment in schools and colleges is an integral part of suicide prevention. This includes ensuring learners benefit from a safe, calm and supportive environment with early targeted support for those who need it, as part of a whole-school or setting approach to promoting health and wellbeing.

Awareness of risk and protective factors

It is unlikely for a one-off event or risk factor to result in suicide. The evidence shows us that suicide more often follows a cumulative series of events or factors, known as 'stacking'. This is when cumulative risk builds and builds towards a 'final straw' event. The 'final straw' event may be a relationship breakdown, academic pressures, social media pressures etc, but it is important we understand the 'stacking/final straw event' process.

A number of factors can cause young people to become vulnerable to suicide. This includes their brain development during adolescence. A typical brain is not fully developed until age 25. This can be delayed further by experiencing stress, distress or trauma leading to increased risk-taking and impulsivity.

There are sets of risk and protective factors that may be present in someone's life and these factors interact to form feelings, thoughts and actions. The more risk factors present in a person's life, the more protective factors are needed to counterbalance the areas of risk. These factors exist on an individual level, within families and within wider communities.

There are details of risk and protective factors in Appendix B.

Reducing stigma through language

The language used around emotional wellbeing and mental health is complex and ever evolving. It is important that Essex, as a community, demonstrates best practice in the ways in which we talk about sensitive topics and communicate with CYP and families. In this guidance the term 'self-injury' is used alongside 'self-harm'. Self-injury refers to actions which are used as a coping strategy by an individual to manage their emotions, rather than an intention to end their life. In addition, 'attempted suicide' has been replaced by 'tried to end their life', to reduce the historical stigma associated with 'committing', 'attempting' and 'failing' suicide (NSPCC, 2024).

It is a common misconception that talking about suicide might put the ideas in a CYP's head, however the research tells us that talking about suicide does not increase the risk. Education and awareness could save someone's life by ensuring they access the support they need earlier. It is therefore important for settings to talk openly, sensitively and respectfully about suicide. By creating a culture where it is safe to talk about suicide, we can enable CYP to identify the warning signs and seek support without experiencing judgment or fearing stigma. Settings should promote key messages around emotional wellbeing and signpost to appropriate support organisations, including wellbeing display boards in key locations which CYP commonly use.

Addressing issues associated with mental health can be hindered by the stigma attached to it. This may prevent CYP from seeking help as they may fear they will be judged, dismissed as attention-seeking or that people will think there is something wrong with them or that they are 'weird'.

Settings have a key role to play in challenging and tackling stigma. This can begin with planned and regular mental health and wellbeing education in settings. It may be through Relationships and sex education (RSE) and health education (2021), but also through other opportunities within the curriculum to be most effective.

DO say phrases like:	AVOID saying phrases like:
Ended their life, took their own life	Committed suicide (it is no longer a criminal offence)
Died by suicide, killed themselves	Successful/unsuccessful/failed suicide
Sudden and unexpected death (particularly if the death has not been named officially as a death by suicide)	It's not that serious
Tried to take their own life	It was just a cry for help
Having suicidal thoughts and feelings	They were attention-seeking

When being curious and asking about suicide, you can say:	When being curious and asking about suicide, don't say:
When you say you don't want to be here anymore, do you mean that you want to be dead forever	You're not thinking of doing something stupid/silly are you?
Are you having suicidal thoughts and feelings?	That you promise to keep this to yourself
Do you have any plans to seriously harm yourself?	
It's good for you to talk about this.	
I am hearing that you are feeling really overwhelmed right now	
Thank you for sharing this with me	
There's always hope, feelings can change	

Reference: Papyrus' Building Suicide Safer Schools and Colleges booklet (2018)

In order for the impact of support to be maximised, it is important that staff feel confident to appropriately support CYP with their wellbeing. Regular training will assist with this and support staff to have conversations with pupils about emotional wellbeing, mental health and issues such as self-injury/harm and suicide. Settings can access training via the links in Appendix D.

Section 4:
Concerns about an individual's suicidal thoughts and feelings

The following could be signals or indications that a CYP is thinking about suicide. It might be helpful to consider the following communicating behaviours that others may notice e.g. things we hear or see about how someone is feeling:

- speaking about wanting to die; plans to or talk about ending their life; use of 'hopeless' language (e.g. 'there is no point' 'I am at the end')

- speaking about being a burden on others

- saying goodbye to family and friends, tying up loose ends/putting affairs in order

- giving away prized possessions or meaningful items

- preoccupation/focus on death via media such as art, poetry, music or writing about suicide/ death on blogs/internet/in diary

- changes in mood – particularly if the young person is showing feelings of calm and contentedness following a period of distress or depression (as they may be feeling 'at peace' with a decision to follow through with a plan of suicide)

- actively seeking out supplies or artefacts to assist with a suicide e.g. stockpiling medication, searching online for methods

- suicide notes or plans

- increasing use of alcohol or drugs

- sudden changes in behaviour that may be linked to emotionally difficult situations

- withdrawing or isolating themselves

- expressing feelings of loneliness

- loss of interest in hobbies or things they enjoy

It is vital for settings to act on these warnings or concerns.

Remember:

• If a CYP indicates that they have been thinking about suicide, listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement.

• Reassure them that they are not alone, and you can look for support together.

• Let the CYP know that there is help and hope. When young children talk about harm to themselves, it is often a way of them communicating serious distress.

• The CYP is likely to need time, a quiet space and the promise of checking in with them again soon (provide a time scale).

Where there are significant concerns about a CYP or where serious incidents have already occurred, it would be helpful to compile a Risk Management Plan. Plan and work with parents as well as other professionals such as the GP, CAMHS, parents etc

If a child or young person is exhibiting physical and/or psychological risk within their mental health presentation, please see the Let's Talk... Managing Risk guidance.

If you are looking for urgent assistance with a critical incident (e.g. completed suicide or sudden death) please go to Essex Schools InfoLink Critical Incidents page where you will find:

• Guidance for language when talking about suicide

• Guidance for suicide - Safer Schools and Colleges

• Guidance on providing support in the event of a suicide

Section 5:
Signposting to support and training

Education settings

- Social, Emotional and Mental Health Information Portal for schools (ECC)
- One Planning (ECC)
- Online Safety (ECC)
- Critical Incident (ECC)
- Mentally Healthy Schools

Child/Young person and family support

- Anna Freud National Centre for Children and Families
- Every Mind Matters
- NCPCC
- Childline
- Children's Society

Bereavement

- Cruse Bereavement Care
- Marie Curie
- National Children's Bureau
- Winston's Wish
- MindEd

Mental health and suicide prevention

- Youth Mental Health First Aid
- Zero Suicide Alliance
- MindED
- Papyrus

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Acknowledgements

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