

How Serious is
Serious?

Suicide prevention training for
professionals working with
children and young people



Delegate's Handbook



Spot the signs



Ensure you Talk about Suicide



Respond don't react



Inform others THAT CAN HELP



Observe watch Out for relapses



LOOK after **Yourself**



How Serious is Serious INTRODUCTION

Thank you for choosing to implement the 'How Serious is Serious?' suicide prevention model. This course has been developed by Merseyside Youth Association's RAISE team, working in partnership with Wirral Child and Adolescent Mental Health Services (CAMHS) and YPAS. It has been guided by parents of suicide victims, children and young people's participation groups and mental health professionals. Its development was funded by the Liverpool Child Death Overview Panel (CDOP) in response to growing concerns about the number of children and young people who look to suicide as the only answer to the difficulties they are facing.

Over 200 schoolchildren die through suicide every year in the UK. These children left behind parents, siblings, aunts, uncles, grandparents, friends and professionals who might ask themselves for the rest of their lives, "Was there something I could have done differently? Is there something I could have done?"

This training has been designed to help professionals working with children and young people to spot the signs of a young person at risk of suicide and, more importantly, to build confidence in professionals to talk openly with children and young people about suicide.

What is predictable is preventable

Suicide was the leading cause of death for males and females aged between five to 34 in 2019.¹

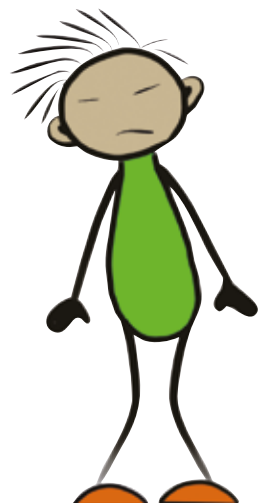
Nearly half of 17–19-year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.² Suicide is something that needs to be on everyone's radar when working with children and young people, and as professionals, we need to realise that every young person is at risk. However, there are certain things we can look out for that will indicate to us certain children and young people are particularly vulnerable when it comes to suicide.

We know that suicide in children and young people is rarely caused by one thing; it usually follows a combination of previous vulnerability and recent events.⁴ Studies show that children who have experienced early adverse experiences such as trauma, poverty, divorce, parental drug/alcohol abuse etc. are especially at risk of ending their lives prematurely through suicide. Teenagers with an Adverse Childhood Experience (ACE) score of more than seven, are over 50% more likely to attempt suicide than children and young people who have experienced less than seven.

Suicidal feelings occur when a person's feelings are very down and not sure where to turn become so deep and intense that the only solution seems to be to end their life.

Nearly 25% of children and young people experience feeling suicidal at least once in their lives, so it is a lot more common than we think.

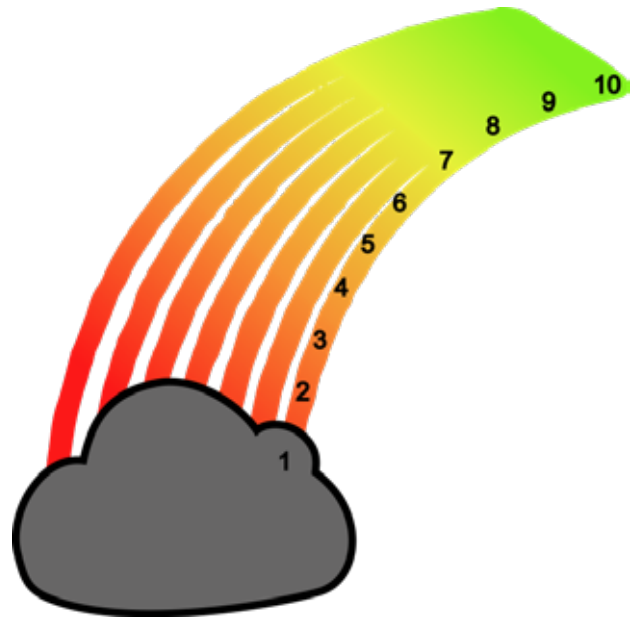
In 2022, 1,796 children and young people under the age of 35 took their own lives in the UK³



WHaT iS SeRious?

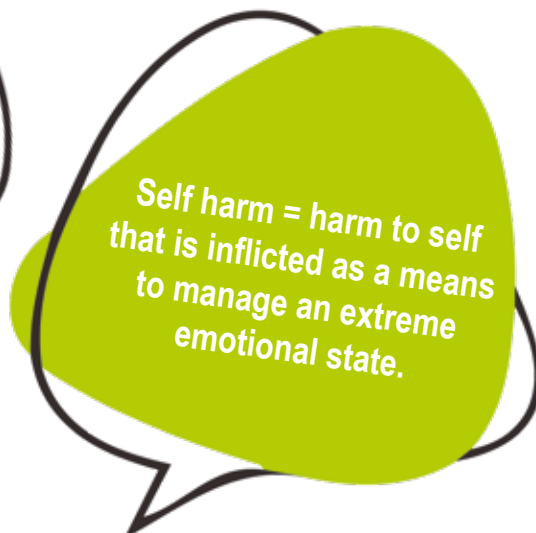
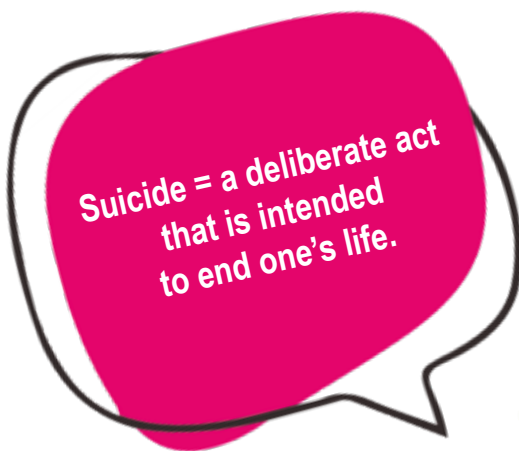
So how you are feeling from 1-10?

When dealing with young people which of the examples given of harmful behaviour would you see as being the most serious?

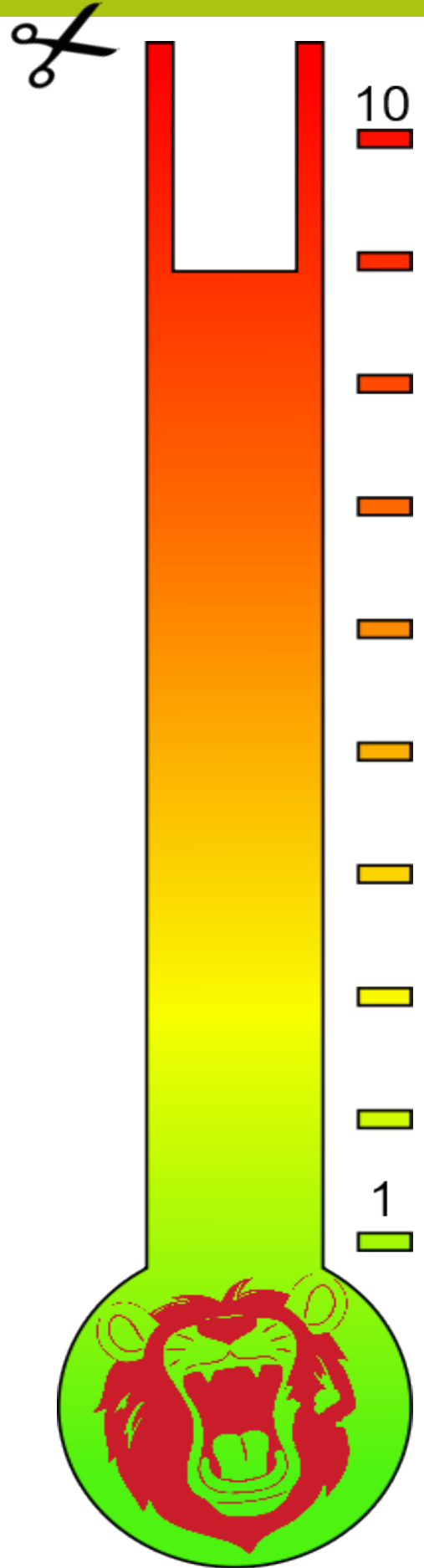
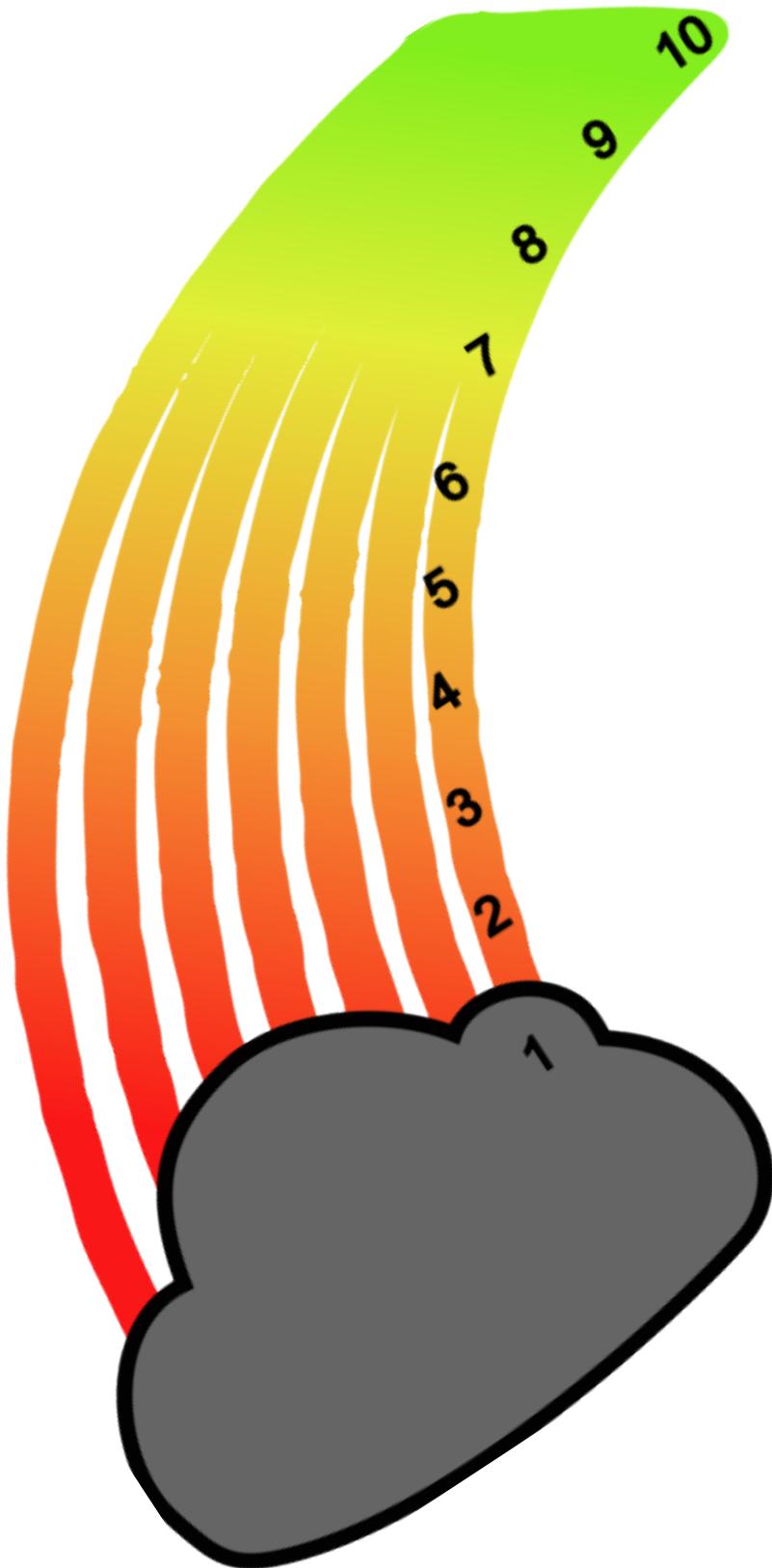


Why?

What do others (parents/carers/other professionals/young people) say about this?



THE ROAR THERMOMETER AND RAINBOW



JUST ASK Me



What signs could they have Spotted?

How could they have **Asked** about suicide?

What signs could they have Spotted?

How could they have **Asked** about suicide?



What signs could they have Spotted?

How could they have **Asked** about suicide?





What signs could they have Spotted?

How could they have **Asked** about suicide?

What signs could they have Spotted?

How could they have **Asked** about suicide?



It seems as though things have been quite difficult for you lately?

Do you get thoughts about wanting to end your life?

Do things ever get so difficult that you feel life isn't worth living?

Have you thought about killing yourself?

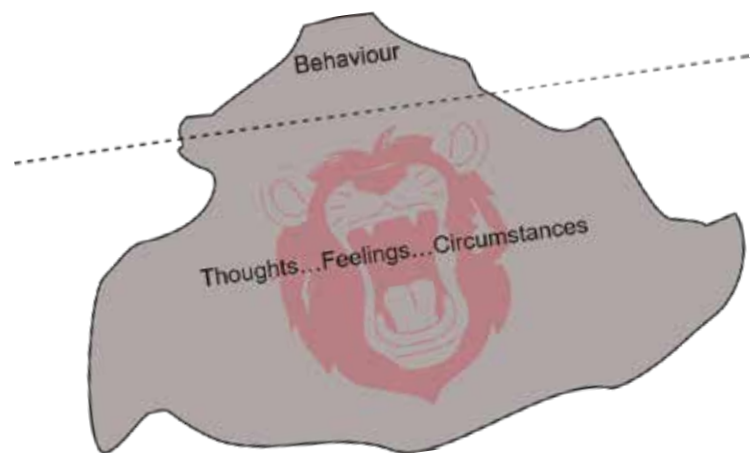
Have you thought about suicide at any point?

SPOTTING the SIGNS

BeHaViouRS

(The things we might see)

- Becoming withdrawn from friends and family/isolating themselves
- Tearfulness and irritability or unpredictable moods
- Sudden outbursts of anger directed at themselves or others
- Loss of interest in activities that they used to enjoy
- Risky or reckless behaviour
- Going out alone, especially at unusual times
- Threatening to, or talking about wanting to hurt or kill him/herself
- Creating suicide notes
- Throwing or giving away, or promising to give away valued possessions to family members or friends
- Talking about not being around in the future or “going away”
- Searching for and trying to obtain weapons, pills, or other means/ways to kill him/herself
- Suddenly in a very positive mood
- Going to bed early, or not sleeping
- Displaying signs of mania or being overbearing
- Not retaining information as if things wash over them
- Self-harming
- Any behaviour that is unusual or out of character.



THoUGHTS

(The things we might not see)

- Worries that stop them from carrying out day-to-day tasks
- Expressing odd or troubling thoughts
- Feeling like a burden to others – “You would be better off without me”.
- Negative view of self – “I am worthless”.
- A sense of hopelessness or no hope for the future.
- Isolation or feeling alone – “No one understands me”.
- Persistent low mood and unhappiness
- “Everyone’s got their own problems”
- “They are just going to pass me on”
- “I can’t trust anyone”
- Fantasy thinking about death – not understanding the finality of it.
- “There’s no way out of this.”

Notes

Do THEY Really Want To Die?

Although a child or young person may have indicated to you that they want to end their life, most of the time, this is not because they want to die, but rather because they want the painful emotions they are experiencing to stop.

we CAN SAY THAT suicide is a PERMANENT SOLUTION To a TEMPORARY PROBLEM.

Suicide exists on a continuum from experiencing fleeting thoughts thought to attempting and completing suicide. Although these feelings may gradually increase over time, research conducted by Professor Rory O'Connor (University of Glasgow) suggests that children and young people often experience these feelings in a cyclical pattern. We can never assume that because someone is doing well today, they won't be at risk tomorrow.

The Integrated Motivational-Volitional IMV model of suicide behaviour (O'Connor & Kirtley, 2011) highlights three key stages of suicidal behaviour:



Fleeting suicidal thoughts are relatively common among children and young people. In 2023/24 suicide was one of the top five main concerns that children and young people talked to Childline about.⁵

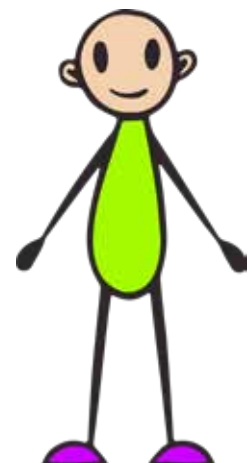
One of the key questions asked by O'Connor and his team is what factors take someone from thinking about suicide to attempting it. The IMV model suggests one of the critical thoughts/feelings that take people to a place of suicidal ideation is defeat or humiliation. This added to a sense of being trapped, evidence suggests, is critical to taking a person from thinking about suicide to acting upon these thoughts.

So, WHAT MAKES CHILDREN AND YOUNG people FEEL DEFEATED OR HUMILIATED?

- Unrealistic academic pressures
- Social perfectionism
- Bullying
- Family dysfunction
- Unemployment
- Breakdowns in the care system
- Questioning their gender or sexuality.

The list could go on, but critically, when a young person starts to feel their situation is hopeless, or there is no way out from the pain they are feeling, that seems to be one of the key factors that move them towards acting on their suicidal thoughts.

So when you are talking to a child or young person about suicide, it's really important to instil a sense of hope and help them to see that there are alternatives to ending their life.



How SeRious: ASSESSING the RiSk

When we are assessing the risk of how serious a child or young person's intent to end their life through suicide is, it is important to first start from this simple point;

THE YOUNG PERSON IS REALLY UNHAPPY
AND DESERVES THE TIME, SPACE AND
EMPATHY FROM ANOTHER TO TALK
ABOUT THESE FEELINGS.

It's also important to remember that children and young people are unique, and what might indicate serious intent for one might not for another. So, we need to be confident and clear, to ask open-ended questions to establish the level of their intent.

So what are we looking for?

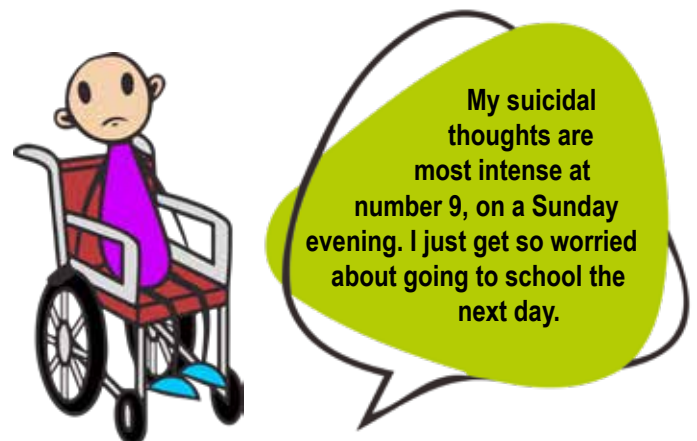
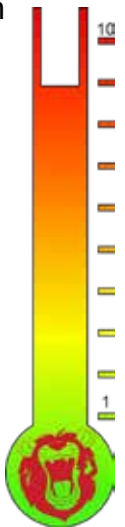
O'Connor's research highlights eight risk factors that significantly increase the likelihood to act on their suicidal thoughts:

1. The child or young person has access to things that they can use to end their life.
2. They have made a plan of how they are going to do it.
3. They have been exposed to suicide or suicidal behaviour through family members or friends.
4. They have a tendency to be impulsive.
5. They are able to tolerate physical pain.
6. They are not afraid of death.
7. They can visualise death or dying.
8. They have previously attempted suicide or self-harmed.

So these are the types of things we need to be asking about when talking to children and young people about suicide.

We can also use the ROAR thermometer to measure how strong these suicidal feelings are (10 being high and 1 being low). If a young person is experiencing suicidal feelings at a high intensity regularly, then the risk to their life is heightened.

The thermometer may also help us to spot key triggers, such as specific environments, activities or events that intensify their suicidal feelings.



This can then help us to identify situations where that child or young person is more at risk.

An easy reminder to assess how serious the situation is:

- P** = Do they have a **PLAN**?
- A** = Do they have **ACCESS** to lethal means?
- I** = How **INTENSE** are their suicidal feelings?
- N** = **NO** previous attempts or exposure

How To Talk To a YouNG PeRSoN aBouT suiCiDe

The following two pages are based on advice pages from The Samaritans.

Often children and young people want to talk, but will wait until someone asks how they are.

- Try asking open questions, such as; 'What happened about...', 'Tell me about...', 'How do you feel about...'
- Repeat back what they say to show you understand, and ask more questions.
- Focus on their feelings instead of trying to solve the problem - this can be of more help and shows you care.
- Respect what they tell you. Sometimes, it's easy to want to try and fix a person's problems, or give them advice.

How do I start a conversation with someone I'm concerned about?

You might feel that you don't know how to help someone because you don't know what to tell them or how to solve their problems.

You don't need to be an expert. In fact, sometimes, people who think they have the answers to a problem are less helpful.

Remember that every person is different, so what works for one person will not always work for another.

Find a good time and place. Think about where and when to have the conversation before you start.

Choose somewhere where the other person feels comfortable and has time to talk.

Ask gentle questions, and listen with care. You might feel you don't know how to help someone because you don't know what to tell them. But it would be best if you didn't tell them anything. Telling doesn't help. The best way to help is to ask questions. That

way, you leave the other person in control. By asking questions, the person you are talking with finds their own answers.

The more open the question, the better

Questions that help someone talk through their problems instead of saying 'yes' or 'no' are the most useful. Questions such as:

- When – 'When did you realise?'
- Where – 'Where did that happen?'
- What – 'What else happened?'
- How – 'How did that feel?'

Why – Be careful with this one as it can make someone defensive. 'What made you choose that?' or 'What were you thinking about at the time?' are more effective.

Samaritans call this style of conversation active listening.

Find out how they feel

Remember to ask how this person is feeling. Sometimes, people will talk you through all the facts of what happened, why it happened, and what actions they are thinking of taking, but they never say how they actually feel.

Revealing one's innermost emotions – anger, sadness, fear, hope, jealousy, despair and so on – can be a huge relief. It sometimes also gives clues about what the person is really most worried about.

Check they know where to get help. If someone has been feeling low for some time, it is probably a good idea that they get some support, whether it is through talking to someone like a counsellor or getting some practical help.

Helpful questions you might ask them include:

- 'Have you talked to anyone else about this?'
- 'Would you like to get some help?'
- 'Would you like me to come with you?'

Or, for someone who is reluctant to get help:

- 'Do you have someone you trust you can go to?'
- 'If it helps, you can talk to me any time.'

You can also suggest to them that the following sources of help may be helpful:

Samaritans by phone on 116 123 or email jo@samaritans.org.

Childline (for under 19's) 0800 1111

NHS 111 offers health advice in the UK and is free from landlines and mobiles.

Respect what they tell you, don't pressure them, stick to your own organisation's safeguarding policy. If you need to pass information on to another professional, let the young person know who they are. Never promise to keep secrets.

It's usually better for people to make their own decisions. Help them think of all the options, but, where possible, leave the choice to them.

Being there for them in other ways, such as, through socialising or helping with practical things, can also be a great source of support.

If you say the wrong thing, don't panic. There is no perfect way to handle a difficult conversation, so don't be too hard on yourself if it didn't go as well as you had hoped.

If you feel able to, put things right: "Last week I

said ... and I realise now that was insensitive, so I'm sorry. What I meant to say was ..."

Show you understand

Ask follow-up questions and repeat back the key things your friend has told you, using phrases like, 'So you're saying...', or 'So you think...?'

Look after yourself and talk to someone. Hearing someone else's worries or problems can affect you too. Take time for yourself to do the things you enjoy, and if you need to talk, find somebody you trust to confide in.

Be careful not to make promises to people you may not be able to keep; this could relate to someone telling you they are experiencing abuse.

Don't take on so much of other people's problems that you start feeling depressed.



Taken from Samaritans:
[samaritans.org/difficultconversations](https://www.samaritans.org/difficultconversations)

CREATING a SaFeTY PLaN

"We CaN'T Go uNDer iT, We CaN'T Go RouND iT, We'LL HaVe To Go THROuGH iT." (M ROSeN)

Sometimes, the only way out is to go through difficult circumstances. As much as we would like to remove pain and adversity from the children and young people we work with, the reality is that many children and young people have challenging lives.

One method of keeping children and young people safe and trying to reduce the risk of suicidal behaviour is safety planning intervention. This involves creating a written document (which can be a digital or paper version) that aims to allow the child or young person to do the following:

- **Spot the warning signs they are heading towards a suicidal crisis.**

These could include certain thoughts, situations, thinking styles, moods or behaviours. For example, they may start wanting to spend a lot of time alone, or find that they are doing a lot of negative thinking.

- **Utilise their own internal coping strategies.**

There are often activities that improve wellbeing or help to distract the young person from their suicidal feelings. Examples could include listening to certain music, playing sports, going for a walk, drawing or even doing homework!

- **Identifying social settings and groups that can act as a distraction from suicidal thoughts.**

These are social situations that the child or young person enjoys and feels a sense of belonging. They can also be places where they are simply around other people, such as a public place.

- **Designate specific friends or family members that they can turn to in a crisis.**

These are the people that the child or young person will turn to if they are in a crisis and feeling as though they will act on their suicidal thoughts. They need to think about people who they would be confident would help the situation and not make it worse.

- **Get in touch with services if needed.**

If the child or young person is already engaged in a particular service then they can give the details of their key worker, therapist or mental health practitioner.

- **Restrict their access to lethal means.**

This could involve keeping tablets, razors and other dangerous items locked up in their house. It could also involve a child/young person identifying means around their homes, and parents taking measures to reduce these presenting risks. This includes access to online suicide or self-harm sites that encourage and give tips on suicide. A young person may have certain songs or things they watch on TV that trigger suicidal thoughts.

Discuss with the young person where they will keep their safety plan. The template on the next page has been designed to fit into a phone-case, wallet or pocket.

Folding Instructions PocketMod.com
© 2005-2006

Note: All folds should be to the lines printed on the paper, and not to the actual edges of the page.

1. Start with front page at top left
2. Fold in halves
3. Cut at dotted line in center
4. Fold to opposite ends.
5. Fold in half vertically
6. Fold in half horizontally
- done. enjoy!

Other helpful numbers are..

Childline:
0800 11111

www.childline.org.uk/get-support/1-2-1-counsellor-chat/

Samaritans:
116 123

jo@samaritans.org

Hopeline:
0800 068 4141

pat@papyrus-uk.org

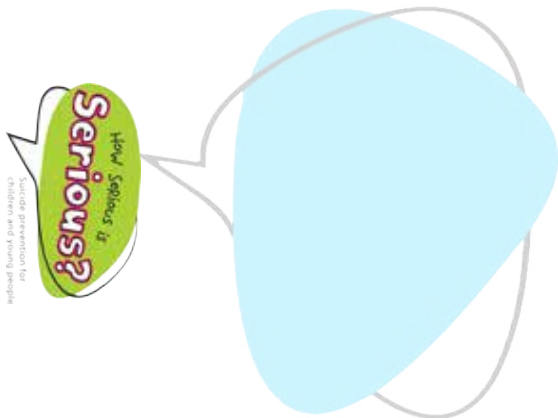
Kooth:
www.kooth.com

Crisis Care: Call 111 and select the mental health optio.

If I'm struggling I will contact..

Someone that cares about me said...

My favourite saying/lyrics...



SAFE

Things that make me feel happy:



What will keep me safe?



Where can I go to be with people?

What do I need to help me to calm down?



Why do I want to be alive?



Things that lead to bad feelings:



How will I know when I'm starting to feel bad?



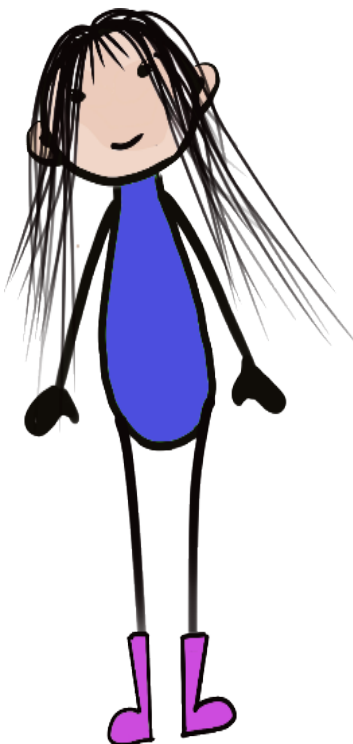
Suicide and Technology

*MaNY CHILDRen aND YouNG PeoPLe uSe the
iNTeRNeT aND SoCiaL MeDia PLATFoRMS To
SeeK aFFIRMaTioN aND SoCiaL VaLiDaTioN
FRoM TheiR PeerS.*

Children and young people often quantify their worth via the number of likes and comments they receive on their social media platforms, evidencing that what other people think of them can significantly impact how they feel about themselves. They also use these platforms to seek approval or support, but for many children and young people, this isn't the case. Instead, many are subject to hateful and harmful messages and abuse.

An estimated 847,000 (19.1%) experienced an online bullying behaviour, in the year ending March 2023.⁶

A quote from one young person stated:



'Bullying on Instagram has led me to attempt suicide and also self-harm. Both caused me to experience depressive episodes and anxiety.'

The relationship between cyber victims and suicidal behaviours appears robust. It may be that the persistent and pervasive nature of cyber victimisation may lead to feelings of

hopelessness, which are associated with suicidal behaviours in adolescents. The rise of social media has meant that children and young people are contactable every hour of

the day, with frequent use of social media having direct links to increased levels of anxiety and depression. Research states that children and young people with one or more offline vulnerabilities are more likely to experience risk online.

Online abuse can have a severe impact on people's lives and is often targeted at the most vulnerable in our society. Cyberbullying has been shown to have psychological and emotional impact. In a large survey of children and young people who had been cyberbullied, 37% had developed depression, and 26% had suicidal thoughts.⁷

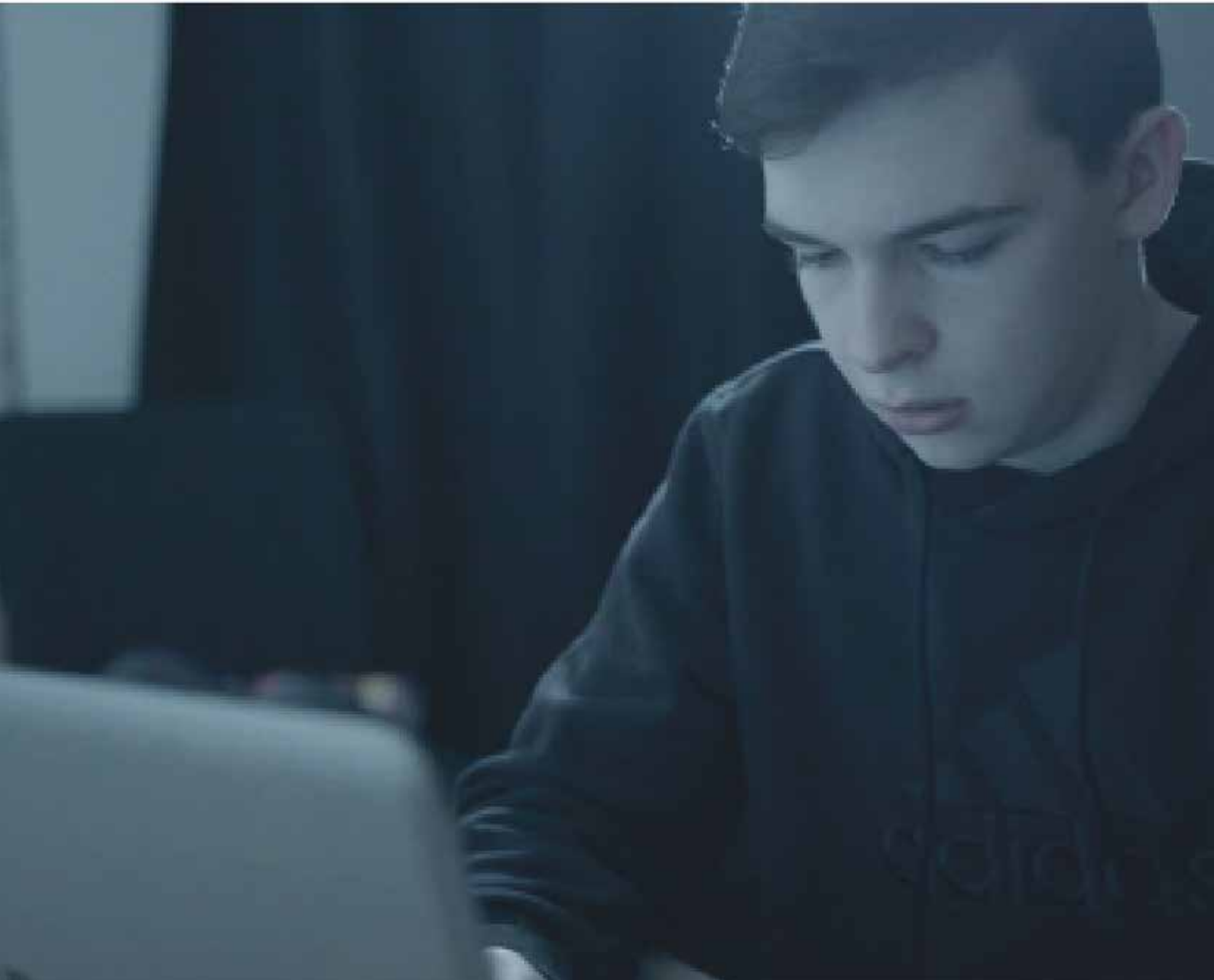
*USiNG DiGiTaL PLATFoRMS GiVeS CHILDRen
aND YouNG PeoPLe NoT oNLY aNoNyMiTY
FoR MaNY SuPPoRT JiTeS, BuT aLSo GiVeS
THEM a CHaNCe To THiNK aBoUt WHaT
THEY WaNT To WRiTe.*

The internet usually takes a lot of blame for the rise in mental health issues for children and young people. However it also comes with its positives. For example, children and young people often establish positive online relationships with those in similar situations, and as a result, feel reassured they are not alone.

However, children and young people also stated they used the internet to research painless ways to end their lives, to which the internet advised.

Little research exists on the effects of technology on primary-aged children in relation to suicide.

A report commissioned by The Children's Commissioner, "Life in likes" focused on 10-12 year-olds and the impact of social media. The report found that although most of the popular social media platforms state age restrictions of a minimum age of 13.⁸



*THRee ouT of FouR TeN To TWELVe-YeaR-oLDS
HaVe THEiR oWN SoCiaL MeDia aCCouNTS.*

When exploring the risks online, children and young people were more than capable of explaining how to stay safe online from a physical perspective but found it more challenging to talk about how they stay safe emotionally. Cyber-bullying was the most talked about issue in this regard, however many children and young people stated they felt they knew exactly what to do if faced with cyber-bullying, by ignoring the comments.

*HoWeVeR, THiS TakeS a LoT of DiGiTaL
ReSiLiENCe To Be aBLE To JHRUG HaTeFuL
CoMMeNTS oFF, HiGHLiGHTiNG the Need
FoR THiS To Be iNGRaINeD iN the
DiGiTaL GeNeRaTiON.*

Suicide prevention and intervention is essential within any comprehensive anti-bullying program and should incorporate a whole-school approach to include awareness raising and training for staff and pupils.

Suicide and Teenage Brain Development

*"the Young are Heated by Nature as
Drunken Men by Wine." (ARISTOTLE)*

Aristotle made that observation 2,300 years ago, and since then, not much has changed about how the adolescent brain behaves.

Research has shown that children and young people's brains aren't fully developed before the age of 25, and this process makes them particularly vulnerable to suicide.

One of the reasons for this is they are still developing their frontal cortex, the area of the brain responsible for reasoning and more complex thinking. **For many children and young people, the reality that death is final may not be something that they fully grasp.**

Dr. Barry N. Feldman, director of psychiatric programs in public safety at the University of Massachusetts Medical School, observes that Suicide is typically caused by a constellation of risk factors and underlying vulnerabilities. "It's an attempt to solve a problem of intense pain with impaired problem-solving skills," he says. So, a young person may feel that suicide is the only option because they aren't able to fully work through their issues and think of alternative ways of dealing with them.⁹

The area of the brain that deals with our emotions and impulses (the hippocampus and amygdala) develops before the pre-frontal cortex, which regulates and problem-solves around them. **So children and young people experience intense feelings and impulses without being equipped to deal with them.** For example when children and young people get sad, they really experience sadness untethered.

As the brain develops and grows, it also goes through an intense time of making and breaking connections with different areas

of the brain. These changes in the brain are particularly susceptible to being shaped by experiences, particularly adverse ones. So, if children and young people adopt negative thinking patterns in their teens, it is really difficult for them to change this thinking later on.



In a breakthrough discovery published on December 17, 2013 researchers at the Douglas Institute Research Centre have isolated a gene called DCC which may be responsible for healthy brain connectivity during adolescence. The researchers believe slight variations in DCC during adolescence can produce significant alterations in prefrontal cortex function later in life.¹⁰

DCC is directly linked to the dopamine network in the prefrontal cortex during adolescence. Researchers examined DCC expression in postmortem brains of people who had committed suicide. In a dramatic finding, teenagers who committed suicide showed levels of DCC expression that were 48 per cent higher than in control subjects.

Dr Andy Curran suggests that one of the simplest ways to maximise dopamine secretion in the brain and, therefore maximise the capacity of a young person to develop their brain healthily, is to make them feel understood and respected.

*Simply Being There For Them and Giving
Them a Safe Space to Belong is often the
Most Effective Therapy.*

TALKING TO CHILDREN AND YOUNG PEOPLE ABOUT DEATH AND DYING

"HEALTHY CHILDREN WILL NOT FEAR LIFE IF THEIR ELDERLY HAVE INTEGRITY ENOUGH NOT TO FEAR DEATH." (ERIK ERIKSON)

Talking to children and young people about death and dying can feel incredibly difficult. However, to understand death, children need honest and straightforward explanations. It is important to use real terms such as 'dead' as euphemisms such as 'gone to sleep' or 'lost' can confuse children and young people - they may become scared to sleep themselves or wonder why, if someone is lost, no one is looking for them.

Children under the age of five do not understand that death is permanent – they may be told that someone has died and then ask when they will next see them. Children and young people need to be told repeatedly that when someone dies, they do not come back to life. It is also particularly common for this age group to think that something they have said or done has caused that person to die – it is important to reassure the child that this is not the case.

Between the ages of five and eight, most children can understand that death is irreversible. However they may still need reminding of this when they ask questions, as cartoons and computer games often portray death temporary. It may, therefore, be helpful to talk to the child about any previous experiences they have had of death, such as the death of a pet or even seeing a plant die. The child must have the opportunity to talk often about death to facilitate their understanding that it is irreversible, universal and has a cause.

From the age of eight most children understand that death is irreversible and will be less likely to ask questions about this. They will understand the concept of death, and may become anxious as they realise that death is inevitable. They may need reassurance that



most people die when they are very old.

Children and young people who have been bereaved through suicide may feel scared and shocked. Because death through suicide can feel very sudden, they may worry that someone else that they love is going to die in similar circumstances. Children and young people who have been bereaved by suicide may appreciate help in explaining what has happened to others. Help them think of a simple way of explaining it in a manner they are comfortable with, such as, 'My uncle died at the weekend. It was suicide. I am very sad. Please don't ask me for any more information. If I feel like I can talk about it sometimes, I will let you know.'

If the person who died through suicide was a child's or young person's friend, the child may need a lot of support. They may wonder if there is something they could have done. It is important that they have plenty of available support – this may be from outside agencies such as specialist bereavement counsellors or helplines.

Finally, it is natural to be afraid that if a child or young person knows someone who has died through suicide, they may grow up thinking that it is an option. It is important to allow the child or young person to talk about what has happened so that it doesn't become a 'taboo' subject. It is also useful to talk with them about their feelings and alternative ways of coping with difficulties.

SPOTTING the INVISIBLE

GOODBYE! HURT the MOST WHEN the
STORY WASN'T FINISHED

We have highlighted what to look out for to spot when children and young people may be at risk of suicide or may be displaying signs that something is very wrong, but what about when there are no obvious signs?

It is not uncommon for parents of children and young people who have attempted or died through suicide to report they had seen nothing to indicate their child was contemplating suicide.

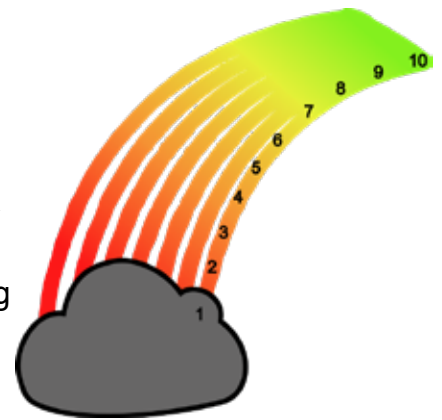
One of the things that often masks suicidal feelings is that, for many people, deciding to end their life can bring a sense of peace and lift their mood. So even if a young person seems in a good place, it's always important to check and ASK.



Ensure you ask about suicide.

A simple way to check on how children and young people are feeling is to use the ROAR rainbow approach. Ask them how they feel on a scale from 1-10. This is similar to the ROAR thermometer, but rather than measuring the level of distress, we are instead gauging general wellbeing and how they are feeling.

Younger children or children with additional needs may find it easier to point at the rainbow scale, whereas for others simply asking them how they feel from 1-10.



This poem is written by Gail Wilson who's son Nathan died through suicide at the age of 17.

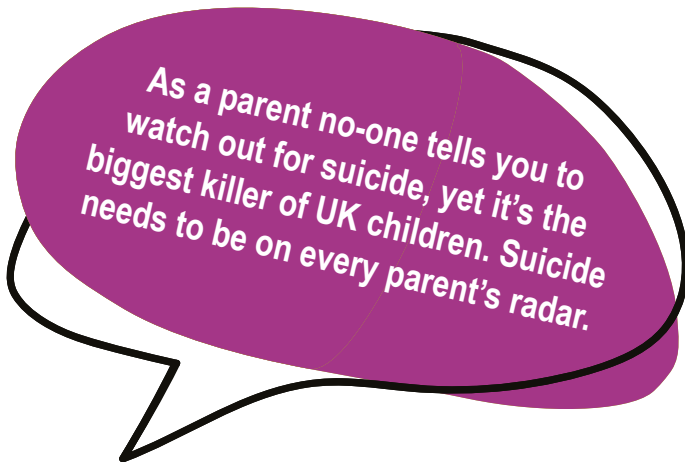
INVISIBLE

I look round at life and see, I sit on the side lines and listen
When I talk it is only a little, no one pays any heed. What will be my destiny.
My mind constrained in a net of my own making or is it nature's cruel joke on me.
I want to break free. I want to love and laugh to join in a task, drink and dine on beer or fine wine.
To learn and grow in confidence and shine.
I feel invisible.
No one sees me,
I am the loner who wants to talk but can't, need a friend who understands, to be patient but not to be a saint, I don't want them to hold my hand.
I don't know where I am going, I cannot see a future.
I don't want to be felt sorry for and I don't want to be a burden.
I just need to find a way in life maybe someone to help me, or me to help myself that's for certain.
I feel invisible.
No one sees me,
I talk to myself often and try and find a way to sort out my mind. Is this sanity or is it madness. Who can I talk to who will understand, am I so different.
I am the person who has systematically built a wall.
So tall...
and hard to reach, to hide away from taunts and ridicule or the fear of being ignored again.
Yet at any time a brick could topple and fall.
The hurt I feel is so damaging, my mind in a whirl, I torture myself everyday. I want a way out of this misery.
Make my self invisible,
So no one can see me.

Please if anyone feels like this I beg that you don't keep it to yourself, I loved my son so much if only he could have talked to me. Yet I understand he needed a friend. Some one of his own age someone he could trust. There are people out there who would welcome you with open arms. So please do not huddle the worries and anxieties to yourself. There is always someone who will help. Please ask, there is no shame in asking. You will prevent a lot of heart ache and tears to all the people who love you.

And all those children/teenagers/adults out there, look around you, can you see that person. You know who they are. Please ask a question, please make a little conversation, make them feel wanted but not used. Life can be cruel enough. These children/teenagers/adults find it so difficult to what others take for granted. You may save someone's life.

Gail Wilson



As a parent no-one tells you to watch out for suicide, yet it's the biggest killer of UK children. Suicide needs to be on every parent's radar.

Basically Bored

This letter was written by 17 year old Nathan Wilson, a few months before he tragically died through suicide.

This is the true me no bs.

To start of with I can't Spell my punctuation is crap and this is probably gona be the dullest thing u have ever read but tuff i want to write my life down and weather u read it or not is your choice, to be honest i don't really care. i have the worst memory in the world and if i don't write stuff down i will just forget, and im not old im 16 just to clear that up.

Secondly this is my story u can say its a load of crap or bullshit and that im lieing or macking this up but the thing is u have no idea unless u have watched my life or can read my mind. I hope u cant read my mind if u can i well i hope u make more sense of it than i do.

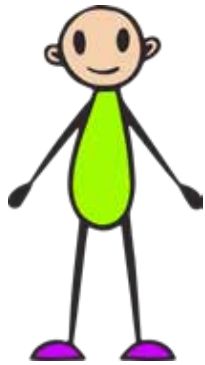
So im N. im not gona write my real name down im shy u might not tell by what im am writing but all this stuff is in my head. im the kind of person who ceeps everything inside. i dont show my opinion, I dont give advise, i dont ask questions basically i like to keep on the sidelines and watch whats going on. Yes iam Knowsy, i like to know everything.

I hate it when i dont thats just me. another thing is that i have no frieds i never have, in not exacly sure why but people bother with me its not like they are mean or anything like say shit to my face (even though i do get those) they just seem to not include me in anything. i mean i thought i had friends once but i realiesed they wernt when i never got invited anywhere, they yoused to laugh at me or say things behind my back or make fun off me, and its not like they had a reason too, like i siad i was shy so i never did anything to draw attention to myself. So for my whole life i have had no one to talk to. what im trying to say is that the only person i can speak to is myself and i do it all the time.

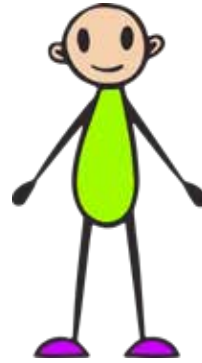
they say the first step to insanity is speaking to yourself or at least i heard it somewhere maybe its true or maybe its not but sometimes i wonder. i wonder if what i do is normal constantly speaking to myself even asking opinion or even justifieng my self to myself its pretty sad. oh i forgot i need to add this before i go any forther i am a compulsive lier i cant help it i lie about everything even the little things that dont even matter i dont know why i do it and i ask my self that question a few seconds after i do. it just comes out and once u get going u cant stop (FYI i am using u instead of you because CBA ok).

With thanks to Len and Gail Wilson for the use of this writing from their son Nathan.

WHAT'S GOING ON?



It's crazy to say I'm alright,
how are you?
But what's going on? Do we
say what is true?
Our body speaks out in its
own clear expression, but our
fear keeps us silent in our
secret confession.
Vulnerability rules with
nowhere to go, trapped with
your thoughts yet unable to show.
As a guy, I'm expected to deal with
my health,
Dismiss all the stigma, and, I guess,
help myself.



I'm alone in my room to rethink in
my privacy
nowhere to turn, who can
understand what I see?

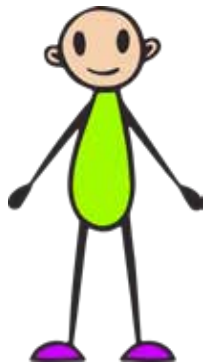


Don't keep it just
speak it, say what's
going on, Coz your
sad day'll be sadder,
don't be weak but be strong.
Depression's for real, it doesn't
make sense.
Doing nothing about it, could
be your consequence.

I can't just come out and say
what's in my head; I'll say
something different, not so
serious instead.
Bit of a nightmare I'm having
today,



Is there someone to turn to,
someone to trust?
Can I beat isolation; Clear my
head of this dust?



But don't worry
about me, I'm
really ok.



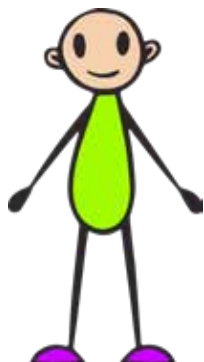
I won't force a
discussion or judge
you at all,
But will listen
intently maybe then
you won't fall.



What's the big deal cos it don't
really matter. It's one of those
days you know how I natter!



This just isn't
working, it sits in
my head,
Negativity ruling;
do I want to be dead?



Feelings are real,
we all have
emotion
Don't deny or suppress them,
get your feelings in motion.



So how are you
doing, what is
going on?



It's time I should
talk, and say what's
really wrong!

ADVeRSe CHILdHooD eXPeRieNCeS aND SuICiDe

Adverse Childhood Experiences (ACEs) come in many forms, from physical and mental abuse to neglect and household dysfunction. They reduce the quality of life experienced by children and young people, and are known to increase the risk of suicide significantly.

In 1998, CDC-Kaiser Permanente published a ground-breaking study that investigated the impact of the following 10 ACEs on physical and mental health problems in over 17,000 adults.

The study showed that these 10 ACEs had significant negative impact on their physical and mental health. This was due to the levels of toxic stress (stress that is unsustainable for prolonged periods) that these ACEs cause.

By understanding how toxic stress affects the minds and bodies of children, we can interrupt these changes by providing safe, stable, nurturing environments, while helping children build social-emotional skills and resilience.

There are other types of adverse childhood experiences not included in the list of 10 ACEs above, including community and environmental ACEs such as racism, bullying and community violence. Researchers have begun to include these experiences as ACEs, too, because they create the same biologic changes as the original 10 ACEs.

Very rarely is suicide caused by one thing, it is usually a build up of a number of stressors. ACEs mean that children and young people may have weakened defences both emotionally for dealing with day to day stressors.



Children and young people with just one ACE are five times more likely to attempt suicide than those without any. So, as professionals, we need to take ACEs seriously.

Toxic stress

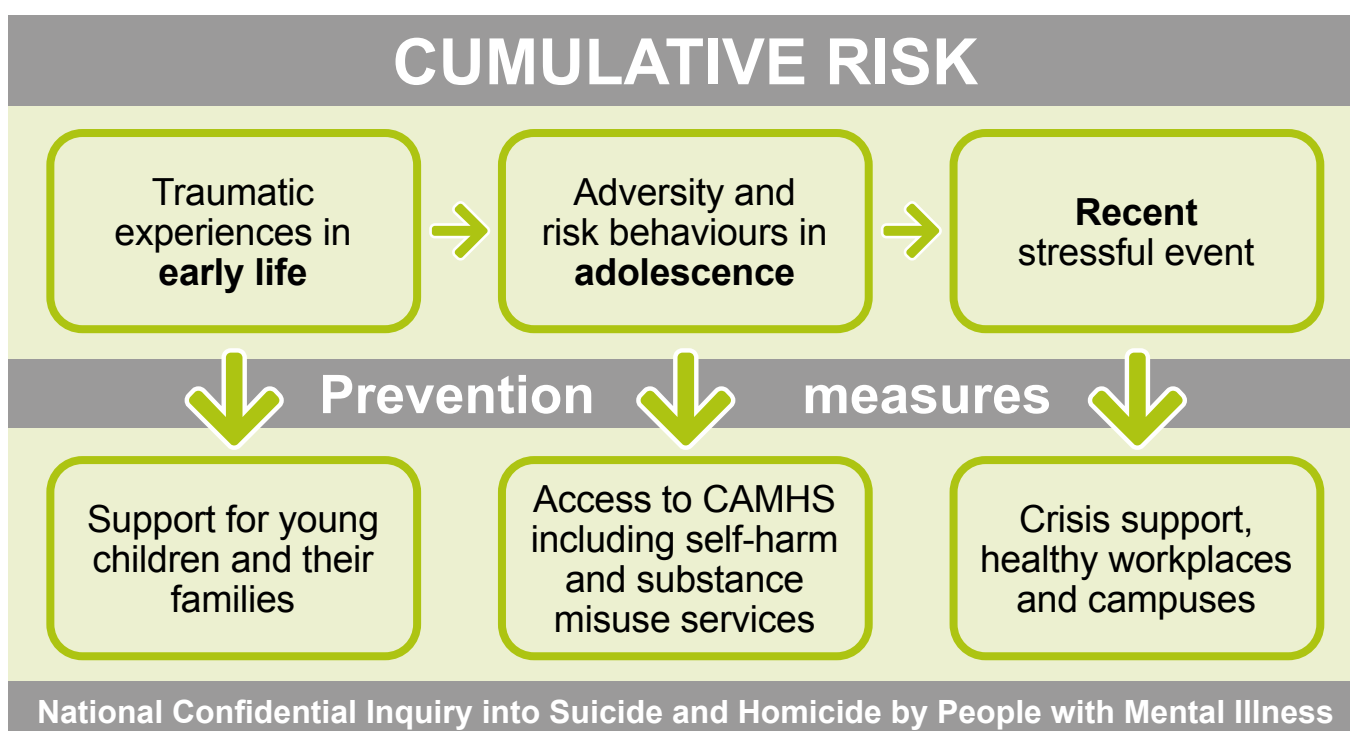
Not all stress is bad. Some stress is healthy and positive because it prepares us to respond to temporary challenges in our lives, such as running a race, public speaking, or starting a new job. Our stress response activates and then quickly returns to baseline. More intense or longer-lasting stressors can be tolerable if we have support systems in our lives to help us cope. If we don't have support, severe or frequent exposure to certain types of stress can have a 'toxic' effect on the body and brain.

When children are overloaded with stress hormones, they're in flight, fight or freeze mode. They can't learn in school. They often have difficulty trusting adults or developing healthy relationships with peers (i.e., they become loners). To relieve their anxiety, depression, guilt, shame, and inability to focus, they turn to easily available biochemical solutions – nicotine, alcohol, marijuana, amphetamine – or activities in which they can escape their problems – high-risk sports, the proliferation of sex partners, and work/over-achievement (e.g.

nicotine reduces anger, increases focus and relieves depression. Alcohol relieves stress).

Using drugs, overeating or engaging in risky behaviour leads to consequences as a direct result. For example, smoking can lead to Chronic Obstructive Pulmonary Disease (COPD) or lung cancer. Overeating can lead to obesity and diabetes. In addition, there is increasing research that shows that severe and chronic stress leads to bodily systems producing an inflammatory response that leads to disease.

As Louis Appleby's Research shows, the circumstances that lead to suicide in young people often appear to follow a pattern of cumulative risk, with traumatic experiences in early life, a build-up of adversity and high-risk behaviours in adolescence and early adulthood, and a 'final straw' or recent stressful event (see image below). This event may not seem severe to others, making it hard for professionals and families to recognise suicide risk unless the combination of past and present problems is taken into account. Therefore, we need to be ACE-aware.



BUILDING Resilience

What is resilience?

Ann Masten describes resilience as “Ordinary Magic’ meaning that in many cases, a resilient outcome doesn’t come about because of something earth-shattering, it’s just everyday stuff - a teacher giving slightly more attention to a particularly disadvantaged child, for example.”

Masten describes it as:

“Positive adaptation to adversity despite serious threats to adaptation or development.”

The Department of Education suggests resilience involves three things:

“Firstly, a sense of self-esteem and confidence; secondly, a belief in one’s efficacy and ability to deal with change and adaption; and thirdly, a repertoire of social problem-solving approaches.”

Mental Health and Behaviour in Schools Departmental Advice for School Staff (March 2016)

There is a lively debate about the meaning of the term, particularly whether we can talk about resilience as something inside us (something we’re born with, if you like), or whether it is more complicated than that. Over the years, we’ve steered more towards definitions that focus on external processes and mechanisms and definitions that help us to think through what those of us in networks supporting disadvantaged people can do to make a difference.

According to the Centre on the Developing Child at Harvard University, one way to understand the development of resilience is to visualise a balance scale. Protective experiences and coping skills on one side counterbalance significant adversity on

the other. Resilience is evident when a child’s health and development tips toward positive outcomes – even when a heavy load of factors is stacked on the negative outcome side.

Children and young people experiencing a high number of risk factors towards their mental health (poverty, substance abuse, low academic achievement, bullying, etc.), will need more resilience factors built into their lives to counterbalance these risk factors.

Significant research carried out by Dr Angie Hart and Brighton University identified a range of ways in which our resilience can be built. These fall into five core categories:

1. Basics
2. Belonging
3. Learning
4. Coping
5. Core Self

On the next page, you will find a copy of the resilience framework outlining the tried and tested methods for building resilience. We have included some examples of how to apply these when applying the ROAR response in each section of the ROAR training.

You can also use the online resilience framework tool created by Merseyside Youth Association which allows professionals, children and young people, and parents/ carers to assess and build their resilience. You can access the framework here:

resilienceframework.co.uk



BASICS

Good enough housing



Enough sleep



Enough money to live



Play & leisure



Being safe



Being free from prejudice & discrimination



Access & transport



Healthy diet



Exercise & fresh air



NOBLE TRUTHS



BELONGING

Belonging



Our place in the world



Tap into good influences



Keep relationships going



Healthy relationships



Maintaining good relationships



Supportive friends



Responsibilities & obligations



Good memories



Where I've come from



Trying new experiences



Make friends and mix with others



Accepting



LEARNING

Make school/college life work as well as possible



Engage mentors for children and young people



Map out career or life plan



Organising myself



Highlight achievements



Develop life skills



COPING

Understanding boundaries and keeping within them



Being brave



Solving problems



Putting on rose-tinted glasses



Fostering their interests



Calming down & self soothing



Remember tomorrow is another day



Lean on others when necessary



Have a laugh



CORE SELF



Instill a sense of hope



Understand other people's feelings



Knowing yourself



Take responsibility for yourself



Fostering their talents



Using tried and tested treatments for specific problems



Enlisting



Commitment



Conserving

Cafe sTuDY ONe – Jake

Jake is a 15-year-old white British male who is a keen footballer. He is a looked after child. Jake lived with his Nan from the age of 11 after social services removed him from his mum following domestic violence from his Mum's boyfriend. His two younger siblings were placed with Foster carers living over 3 hours away and he hasn't seen them since. A year ago Jake's Nan, who he was close to, passed away and with his grandad unable to cope, Jake was placed with foster carers.

Unfortunately, the situation with his first foster carers broke down after their biological son died through suicide. Jake had started to develop a strong bond with their son before this happened. His current foster carers are struggling to manage Jake's declining behaviour. He had to move schools when he moved to his new foster home.

He thinks that he is a burden on his new foster carers after what happened at his previous foster home. He is not happy with his new school, but feels like there is nothing he can do about it.

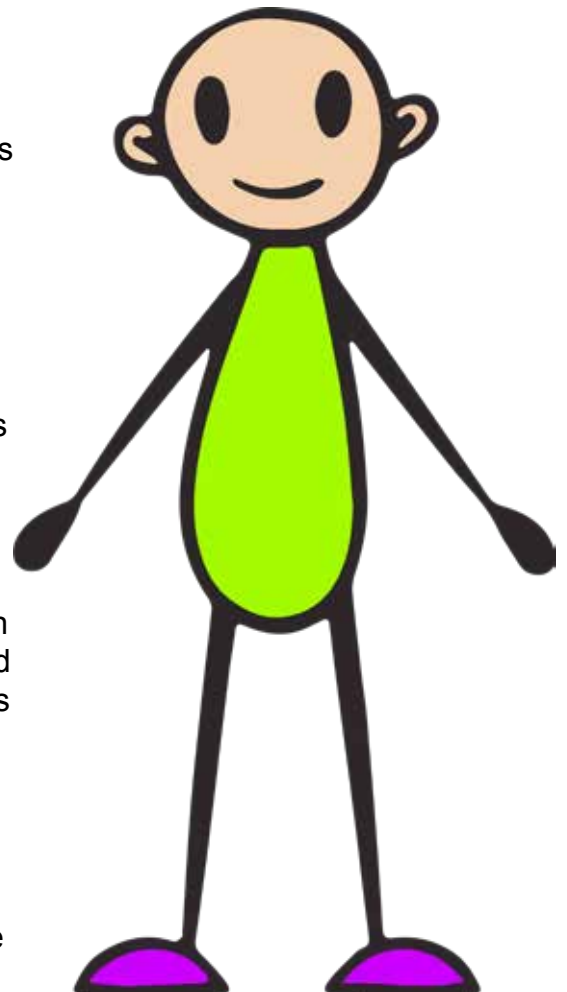
Until recently Jake was playing for a local football team. He had a really positive relationship with the coach and was regularly awarded man of the match. Over the past few weeks Jake's attendance at football has decreased and he hasn't been at all for two weeks. Yesterday Jake went to see his coach to give back his kit.

Jake looks a lot older than 15 and has got in with a group of older boys. They regularly go out drinking and smoke cannabis. He has struggled to make friends in school since his recent school move.

Jake is known to services but is refusing to engage. He has disengaged with his social worker and recently turned down some grief support sessions offered to him after the death of his nan. He attended 10 counselling sessions after a previous overdose when he was 13.

1 week ago Jake had posted on his Facebook page that he was looking forward to seeing his nan again. When his cousin picked up on this with him, he said that he missed his nan and wanted to be with her. Jake was the only one at home with his nan when she died from a stroke. He tried to revive her, but couldn't. He blames himself for her death.

This evening Jake has left his home late at night without telling anyone, and gone walking towards the railway line. He has left his phone at home.



Jake aDDiTiONaL iNFoRMaTiON

You think about suicide regularly.

You feel hopeless and a burden.

Suicide feels like the only way out.

You have sourced a rail time-table for trains running under the bridge near your house. You plan to end your life on Saturday night.

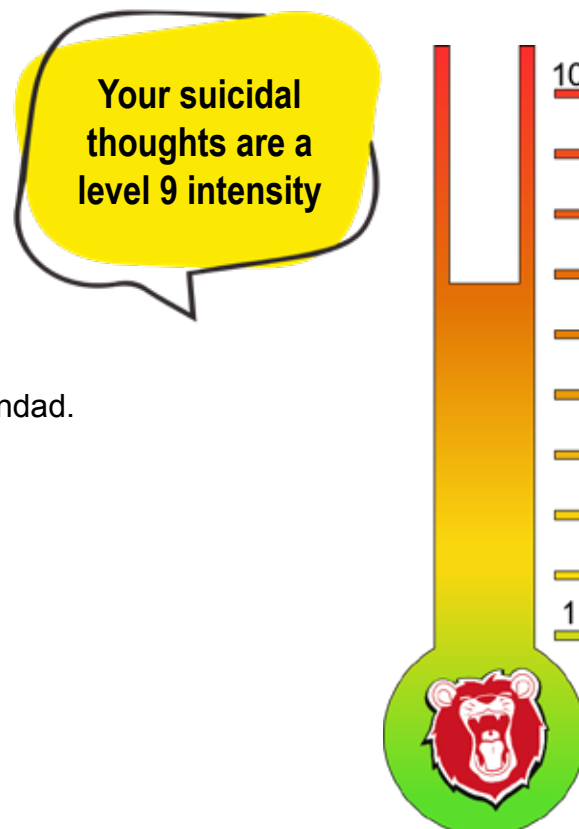
You really respect your football coach and feel that he could help you.

You worry that your grandad will not cope with the news of your death and that upsets you.

You really wanted to be a football coach.

Things that make you want to stay alive:

- Football team.
- Siblings look up to you.
- Used to have a strong relationship with grandad.



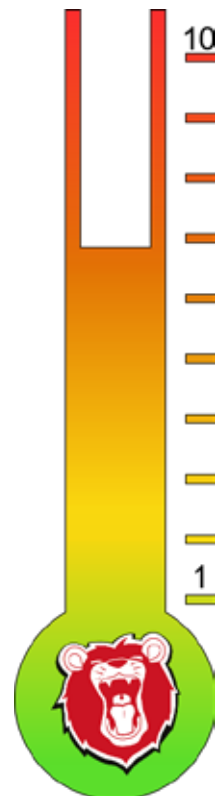
Jake Role Play INSTRUCTIONS

How does the professional engage with this young person?

You are Jake's football coach and have spotted him on the bridge looking over at the train tracks. You could see he was distressed, and when you called him he didn't respond. You have decided to go and speak to him.

Things to think about:

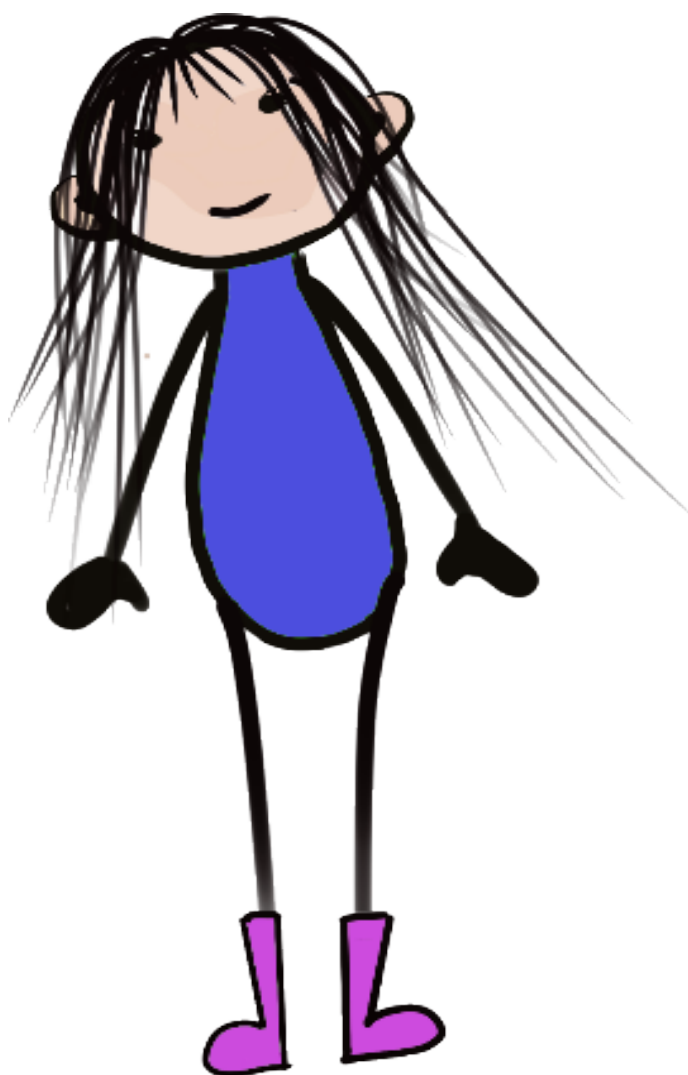
- Confidentiality and safeguarding within your role. You have the contact details for Jake's social worker and also new foster placement.
- Using appropriate language.
- Check out Jake's ambivalence, and use the thermometer.
- Does he fully grasp the finality of death?



Cafe STuDY TWo - AMeeRa

Ameera is a 13 year old Asian female whose parents were born in Pakistan. They are hard working professionals who have climbed the social and professional ladder since arriving in the UK as students. They take education very seriously and Ameera finds herself under a lot of pressure to perform in school. She is a bright and capable student who loves literature and poetry. However, her parents' aspiration for her is to become a doctor and follow in their footsteps. Ameera has four brothers, two of which still live at home and are younger than her. She is expected to take on a lot of domestic duties, including looking after her younger brothers. The house is very male-dominated, which upsets Ameera. Her parents met through an arranged marriage and they plan the same for Ammera.

Ameera likes routine and like things done in a certain way. She often controls friendship groups and struggles when things don't go her way. She had difficulty maintaining friendships and often says things to people that cause offense. Her teachers have concerns that she may be on the Austistic spectrum, but Ameera's parents are dismissive. There is one teacher in particular in English who works with her at lunchtimes because she recognises her talents in writing.



Ameera has been self-harming for the past 18 months. She is quite open about it and regularly shows her cuts. Her parents are very concerned, but show this by being angry with her about it. They say she is attention seeking. The school arranged for Ameera to see the school counsellor, and Ameera had six sessions. She said that they helped her, but that she felt she still needed to self-harm and that it helps her to cope. Recently Ameera has been talking openly about wanting to kill herself. She is telling her teachers, parents and friends that she has had enough and wants to die.

Today her mum phoned the school in a state of distress after Ameera sent her a text message saying "goodbye Ammi (mum) I've got to go. I'm sorry".

AMeeRa aDDiTioNaL iNFoRMaTiON

You think about suicide but don't want to die

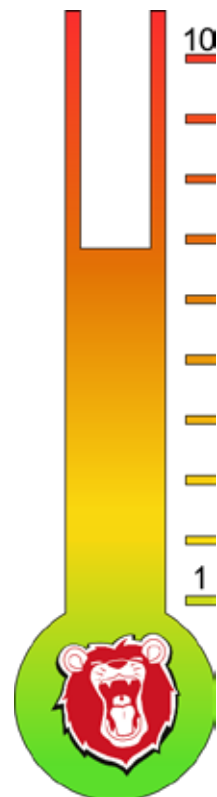
You are deeply frustrated and unhappy and self-harming helps you to express this

You feel trapped by the thought of arranged marriage.

You haven't thought of any ways to kill yourself

You don't realise the impact that you talking about suicide has on other people and the worry it causes, you are just trying to get people to take your pain seriously.

Your suicidal thoughts are a level 5 intensity



Things that make you want to stay alive:

- You don't like pain
- She loves playing piano
- She dreams of being an author and is writing a book that she wants to finish

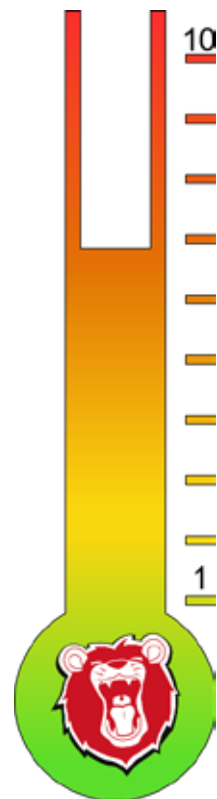
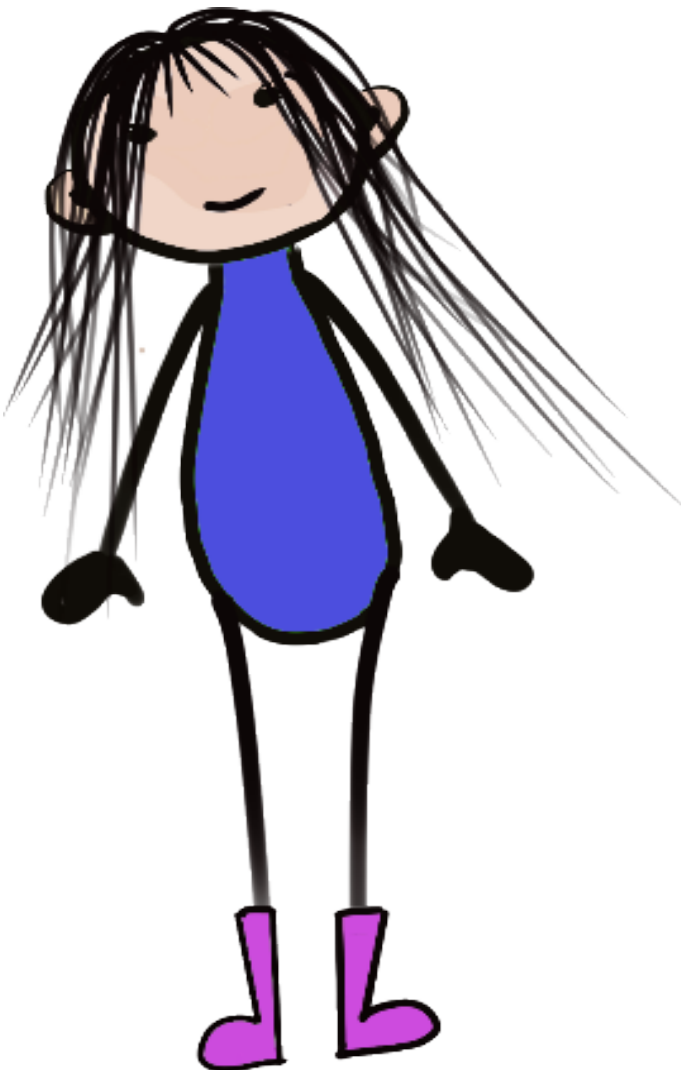
AMeeRa RoLe PLAY INSTRuCTIoNS

How does the professional engage with this young person?

You are Ameera's head of year at school. Ameera's mum has called you today after becoming concerned for Ameera's wellbeing following a text that she sent her. You have been and got Ameera out of lesson and have brought her to the student welfare room to talk.

Things to think about:

- Confidentiality and safeguarding within your role.
- Using appropriate language
- Check out Ameera's ambivalence, and use the thermometer
- Does she fully grasp the finality of death?

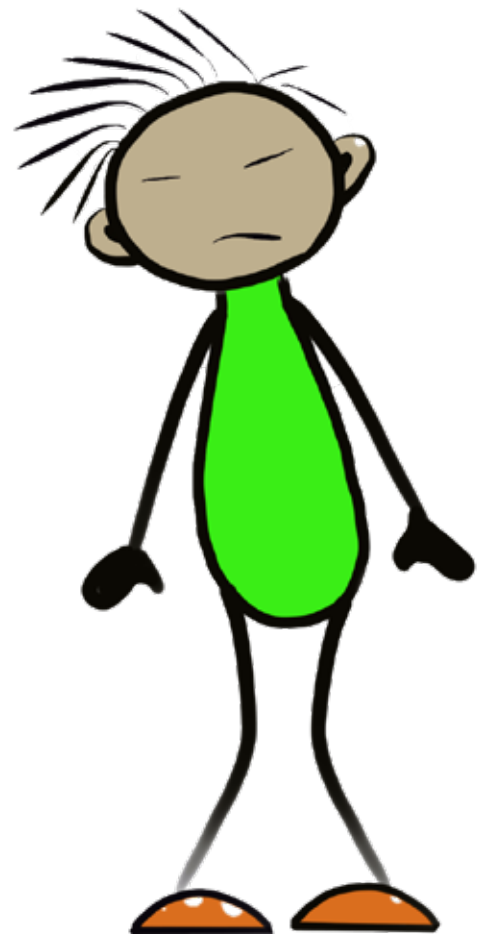
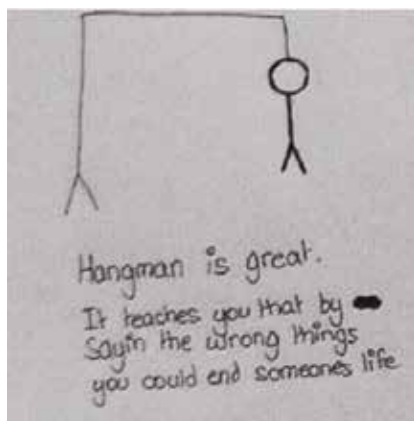


CASE STUDY THREE - KYLE

Kyle is a 17 year old white British male. He has been in an on-off relationship with his boyfriend Lee for the past 8 months, however he is questioning his gender. Kyle is confused as he feels that he identifies as female, and feels that his attraction to Lee is as a female not a male. He has not told Lee about this as he is afraid that Lee will reject him and end the relationship. Kyle's mum is a support worker at a local primary school. She is supportive of Kyle's sexuality and he has spoken to her about his gender concerns. Kyle's mum is struggling to accept this as she does not want to lose Kyle as her Son. Kyle's Dad is less supportive and says that Kyle needs to see a psychiatrist. Kyle's strained relationship with his Dad has led to him feeling depressed.

Kyle has been a victim on ongoing bullying at school from some of the popular lads. However he has a strong social group. Kyle is gifted in the arts and is an amazing graphic artist. He also plays the electric guitar in a band. He is the life and soul of the party within his friendship circle. He wears his heart on his sleeve and his friends view him as being very dramatic. It's not uncommon for Kyle to throw away lines such as "well I might as well kill myself then", or "I know you'd all be better off without me", but he never seems serious about this. He can often be quite impulsive in the things that he says and does.

Kyle has become a bit more withdrawn lately. He has turned down several parties and Lee has noticed he doesn't seem himself. He had fallen out with a few of his friends on social media and they had accused him of being full of himself. Yesterday on snap chat Kyle posted this image. Lee has sent him messages but has had no reply. Kyle is not at school.



KYLE aDDiTiONaL iNFoRMaTiON

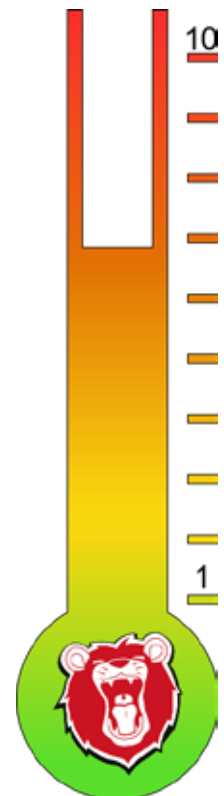
You think suicide is the only way out as you don't want to let your mum down.

Although you act like the life and soul of the party, deep down you are deeply unhappy – you just don't want others to see it.

You are tired of people saying you are dramatic when you say you'll kill yourself – this time maybe you'll show them.

You have a climbing rope in the loft at home

Your suicidal thoughts are a level 7 intensity



Things that make you want to stay alive:

- Got some good friends
- Doesn't want to upset mum
- Hopes to be a singer

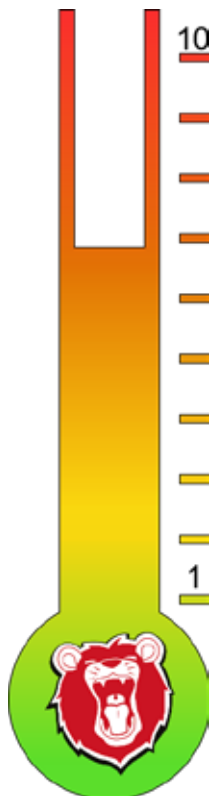
KYLE Role Play INSTRUCTIONS

How does the professional engage with this young person?

You are a learning mentor at Kyle's school and have been sent round to the home to speak to Kyle who has not turned up for school. Kyle's boyfriend Lee came and spoke to you and showed you the picture that Kyle had posted on SnapChat.

Things to think about:

- Confidentiality and safeguarding within your role.
- Using appropriate language
- Check out Kyle's ambivalence, and use the thermometer
- Does he fully grasp the finality of death?



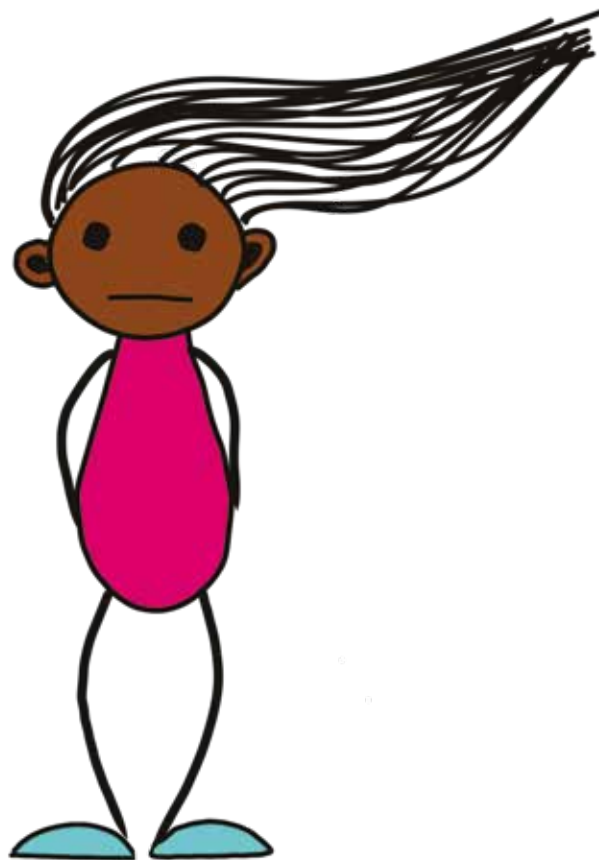
Cafe sTuDY FouR – JoDie

Jodie is an 11 year old Black African female. Her Dad is a teacher and her mum works for a local children's hospice. Jodie has two siblings and is known as a fun-loving girl. Jodie wears a hearing aid and has done since she was 3 years old. It doesn't really cause her any problems but she is starting to feel a bit self-conscious about it.

Jodie meets all of her expected targets at school and is working towards her year 6 SATS exams. She loves dancing, singing and listening to music. Earlier in the year her dad took her to her first concert. Jodie was looking forward to starting secondary school in six-month's time, but didn't get into her first choice school. She is now worrying about making friends as her best friends are going to a different school.

Jodie's pet hamster recently died. Her parents thought she had handled it really well and it didn't seem to cause her any problem. However she has suddenly become really teary over the hamster.

Yesterday, whilst cleaning Jodie's room, her mum came across a journal with lots of song lyrics and pictures relating to suicide. Mum is shocked as this is so unlike Jodie.



JoDie aDDiTioNal iNFoRMaTioN

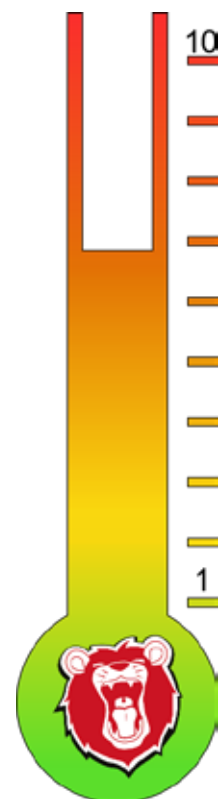
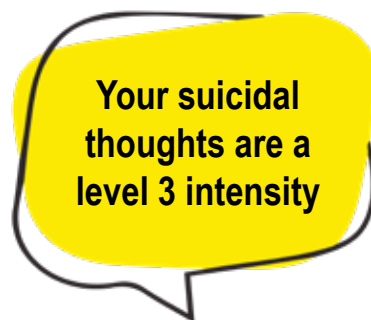
You have become really worried about going to high school and think that the only way out is to kill yourself

You haven't made a plan but have been collecting lyrics and pictures about suicide and have read one story about a girl who jumped from a tower-block.

You are worrying about your appearance as you have started your periods and are developing breasts before your friends.

You are worried about upsetting your parents, especially your dad – you are his princess

You are really missing your hamster. Thinking about death has suddenly brought back all of those emotions.



Things that make you want to stay alive:

- Enjoys school and is doing well
- She loves performing arts
- She has a supportive family

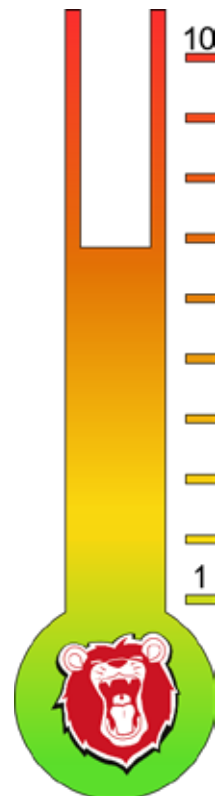
JoDie Role Play INSTRUCTIONS

How does the professional engage with this young person?

You are Jodie's class teacher. Her mum has been on the phone in floods of tears saying that Jodie has written a suicide note. She has pleaded with you to speak to Jodie as she is beside herself with worry.

Things to think about:

- Confidentiality and safeguarding within your role.
- Using appropriate language
- Check out Jodie's ambivalence, and use the thermometer
- Does she fully grasp the finality of death?



DiReCToRY



HOPELINE UK is a specialist telephone service staffed by trained professionals who give non-judgemental support, practical advice and information to children, teenagers and young people up to the age of 35 who are worried about how they are feeling or anyone who is concerned about a young person.

papyrus-uk.org



Childline is open 24 hours a day and 7 days a week. Counsellors are here to listen and support children and young people with anything they'd like to talk about. Call free on 0800 1111 or speak online using the 1-2-1 chats. childline.org.uk/get-support/1-2-1-counsellor-chat/



Call free any time, from any phone on 116 123.

We're here round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call us on the phone. This number is FREE to call. You don't have to be suicidal to call.

samaritans.org/



In Liverpool, there is a range of services offering support for children, young people, and their families struggling with their mental health.

A partnership of NHS providers and 3rd sector organisations works together to provide services across different levels of need, from prevention - being mentally healthy - to high levels of specialist help. Parents, carers, professionals, children and young people can make an online referral at liverpoolcamhs.com



The MYA RAISE team specialises in promoting mental health and resilience among children and young people. They work in partnership with Liverpool's mental health services for children and young people, schools, and youth groups to deliver various projects and events. As a team, they strive to improve the knowledge and understanding of mental health among children and young people, promoting the message that "Mental Health is everyone's business." mentalhealthpromotion@mya.org.uk

MENTAL HEALTH CRISIS SUPPORT HELPLINES FOR CHILDREN & YOUNG PEOPLE



24 hours a day, seven days a week, telephone-based support is available to children and young people who need urgent mental health support.



LOCAL SUPPORT IN LIVERPOOL

Crisis Care

Phone support for children and young people experiencing a mental health crisis can be accessed via NHS 111.

Call [NHS 111](tel:111) and select the mental health option.

For more crisis support visit liverpoolcamhs.com/emergency-advice

NATIONAL SUPPORT			
 HOPELINE247 0800 068 41 41	 mind 0300 123 3393 mind.org.uk	 Samaritans.org 116 123 Samaritans.org	 CAMPAIGN AGAINST LIVING MISERABLY 0800 58 58 58 (5pm - midnight) thecalzone.net

SOURCES

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pmc.ncbi.nlm.nih.gov/articles/PMC4030324/
 11. National Confidential Inquiry into Suicide and Safety in Mental Health.
nspa.org.uk/wp-content/uploads/2022/04/NCISH-2022-report-bookmarked-FINAL.pdf
- ## USEFUL RESOURCES
- World Health Organisation, fact-sheets, suicide.
who.int/news-room/fact-sheets/detail/suicide
- Integrated Motivational-Volitional Model of Suicidal Behaviour, O'Connor & Kirtley (2018)
pmc.ncbi.nlm.nih.gov/articles/PMC6053985/
- Safety Planning Intervention: A Brief Intervention to mitigate suicide risk, Stanley & Brown, 2011, Association for Behavioural and Cognitive Therapies, Elsevier Ltd.
sciencedirect.com/science/article/abs/pii/S1077722911000630
- SUDS: The Subjective Units of Distress Scale - developed by Joseph Wolpe in 1969.[1] It has been used in cognitive-behavioural treatments for anxiety disorders and for research purposes.
- Thriving or surviving. ORDINARY MAGIC: RESILIENCE IN DEVELOPMENT ANN S.
MASTEN New York: Guilford Press, 2014, 370 pp., ISBN: 978-1-4625-1716-9
- Key statistics about children and young people
counselling-directory.org.uk/young-people-stats.html
- nspcc.org.uk/keeping-children-safe/childrens-mental-health/
- On the Edge, Childline, Spotlight report on suicide.
suicideinfo.ca/resource/sieco-20150292/
- nspcc.org.uk/preventing-abuse/keeping-children-safe/mental-health-suicidal-thoughts-children/
- winstonswish.org
- cruse.org.uk/Children/children-understanding-death-childbereavementuk.org
- The Resilience Framework, Dr Angie Hart and Brighton University
boingboing.org.uk/resilience/resilient-therapy-resilience-framework/
- MYA Resilience Framework
resilienceframework.co.uk
- Learning from deaths: Children with a learning disability and autistic children aged 4 - 17 years:
ncmd.info/publications/child-death-learning-disability-autism/
- Understanding neurodiversity and the risk of suicide:
papyrus-uk.org/understanding-neurodiversity-and-the-risk-of-suicide/
- Ethnicity, cultural identity and suicide:
samaritans.org/about-samaritans/research-policy/ethnicity-and-suicide/
- harmLESS assessment - Assessing self-harm and planning support
harmless.nhs.uk/assessment/
- Autism and Suicide Awareness Training
zerosuicidealliance.com/autism-suicide-training
- The Hub of Hope is the UK's largest and most comprehensive directory of community mental health services
hubofhope.co.uk/
- Discreetly intercepting flagged search terms and signposting to free, 24/7 mental health support
ripplesuicideprevention.com/

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