

Self-harm and Suicide Prevention

Guidance for Schools, Colleges, and Youth Services



Understanding Self-Harm and Suicide –
Kingston, Richmond & Wandsworth, Croydon, Merton and Sutton Borough Councils.

visit: www.swlportus.co.uk



Understanding Self-harm

How to develop an effective response to self-harming behaviours

Safeguarding

This guidance is not intended for use in circumstances where there is an immediate threat to life or risk of significant physical harm.

If you have serious and immediate concerns regarding the safety of a child or young person due to self-harm, suicidal thoughts or other significant risk issue then contact the emergency services by dialling **999**.

Or call 111 and select option 2.

Concerned about a child or young person?

Anyone can make a referral if they are worried about a child or young person and think they may be a victim of neglect or abuse, whether as a member of the public or as a professional.

Professionals across all agencies have a responsibility to refer a child to Children's Social Care when it is believed or suspected that a child/young person:

- Has suffered significant harm and /or;
- Is likely to suffer significant harm and/or;
- Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent).

If you are worried about a child or young person under the age of 18, you should contact one of the [Single Points of Access](#) below. If your concern is outside of normal office hours, you should contact the emergency duty team.

Contact Kingston & Richmond

To make a referral online contact:

[Single Point of Access](#) ►

During Office Hours, call: **020 8547 5008**

Outside Office Hours,
Emergency Duty Team call: **020 8770 5000**

Contact Wandsworth

To make a referral online contact:

[The Multi Agency Safeguarding Hub](#) ►

During Office Hours, call: **020 8871 6622**

Outside Office Hours,
Emergency Duty Team call: **020 8871 6000**

Contact Merton

During Office Hours, call: **020 8545 4226 or 020 8545 4227**

Outside Office Hours,
Emergency Duty Team call: **020 8770 5000**

Contact Sutton

During Office Hours, call: **020 8770 6001**

Outside Office Hours,
Emergency Duty Team call: **020 8770 5000**

Contact Croydon

During Office Hours, call: **020 8255 2888**

Outside Office Hours,
Emergency Duty Team call: **020 8726 6400**

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Introduction

Many lifelong experiences of mental health difficulty begin before the age of 25, and the environments young people are growing up in today often include pressures and uncertainties that can affect emotional wellbeing.

The most recent **Mental Health of Children and Young People in England 2023 Survey** shows that...



around

20.3%

of children and young people aged **8–25** were identified as having a probable mental disorder in 2023.

This includes:



Mental health experiences vary widely between individuals. Within older adolescent groups, young women continue to report higher rates of difficulty than young men, reflecting the impact of social pressure, gendered expectations, online harms, and life transitions.

In 2023, the survey also highlighted significant increases in eating disorders among young people, particularly among 17–19 year olds, with 12.5% in this age range meeting criteria—up from 0.8% in 2017.

Rates were notably higher for young women (20.8%) than for young men (5.1%).

Young women with a mental health disorder between the ages of 17 and 19 have been identified as a particular high-risk group with just over half (52.7%) reporting that they had self-harmed or made a suicide attempt.

Growing up can be difficult

Growing up can be challenging, and children and young people commonly report experiencing pressure relating to exams, family expectations, friendships, identity, social media, and concerns about the future. These experiences can contribute to emotional distress over time. It is important to recognise that children and young people are not “resilient by default” — distress is a valid response to difficult environments, and with the right support, young people can recover, adapt, and thrive.

A child or young person who is experiencing emotional distress, self harm, or suicidal thoughts is communicating a need for understanding, safety, connection and support. For some, especially neurodivergent young people, emotional expression or communication may look different, but their experiences and feelings are equally valid. Many young people who receive compassionate support from trusted adults, parents, carers, teachers, youth workers, or health professionals, go on to feel better and rebuild their sense of wellbeing..

Resources to Help and Support.

This guidance provides support for staff working with children and young people under 18 (or under 25 for care leavers or those with disabilities) who may be experiencing emotional distress, self harm, or suicidal thoughts. It is designed for use in schools, colleges, youth groups, and community settings. The resource outlines key principles and approaches but does not replace organisational safeguarding procedures. Instead, it serves as a tool to support reflective practice, guide conversations, and highlight the importance of training and multi agency collaboration when responding to self harm and suicide risk.

Young people can and do recover. With consistent care, safe relationships, and environments that affirm their identity and needs, children and young people can regain stability and move toward healthier futures.

Understanding Self-harm

Some children and young people use self-harm to cope with emotions or experiences that feel overwhelming, confusing, or difficult to express. For many, it can provide a sense of relief, grounding, or control when they are navigating distress, sensory overload, or internal pressure. Self-harm may involve causing physical injury, but it can also include placing themselves in situations that feel familiar or regulating, even if those situations carry risk.

At times, self-harm may be part of exploring boundaries or experimenting with behaviours without an underlying wish to cause harm. It is important not to assume the motivation behind a young person's actions; everyone has their own reasons and internal logic for the strategies they use.

Self-harm is not usually about wanting to end life. More often, it is a way of trying to manage feelings that feel too intense or too hard to communicate. Some young people may talk about suicide when what they are really expressing is a need for the distress to stop, or a desire to escape the situation they are in. Others may genuinely feel unsure about whether they want to live or die, and this uncertainty can feel frightening for them.

Some young people do experience suicidal thoughts, and some may use self-harm in ways that are physically dangerous. In these situations, there is a possibility of accidental death, even if the young person's intention was not to end their life. This is why it is essential to approach every disclosure with care, curiosity, and compassion, ensuring the young person feels heard, believed, and supported.

What is Self-harm?

Self harm describes actions a young person may use to cope with emotions or experiences that feel overwhelming or difficult to express. For many, it is a strategy to regulate intense feelings, create a sense of control, or communicate distress when words feel inaccessible. While some young people who self harm may also experience suicidal thoughts, self harm itself is most often a way of trying to manage rather than end life.

Self-harm can take many forms including:

- Cutting
- Hitting, bruising, or scratching
- Take more or less medication than intended
- Burning
- Restricting breathing
- Avoiding food or binge-eating
- Placing themselves in situations that feel risky or unsafe
- Entering fights or confrontations
- Using alcohol or substances to numb or regulate feelings

Why do people self-harm?

Self-harm can serve many different purposes for a young person, often helping them cope with experiences or emotions that feel intense or difficult to express. It may be used to:

- Manage overwhelming or intense emotions
- Release internal tension or sensory overload
- Create a physical sensation that helps them feel more present and steady during emotional distress
- Express feelings such as hurt, anger, confusion or frustration
- Find a sense of escape or relief from overwhelming situations
- Regain a feeling of control when life feels unpredictable or unmanageable
- Respond to feelings of shame, self-blame or emotional pain
- Communicate distress when words feel inaccessible or when they fear not being heard
- Feel connected to peers who share similar lived experiences

Every young person's experience is unique, and their behaviour reflects an attempt to cope with distress in the best way they can at that moment.

Recognising self-harm

Self harm can include actions that cause injury, but it can also involve behaviours that place a young person in situations that feel risky or overwhelming. Some young people may also use alcohol or drugs to cope, even if they do not recognise this as self harm. These behaviours are important to notice, as they can communicate distress just as clearly as more visible forms of harm.

Self harm exists on a broad spectrum, from minor injury to actions that may carry significant physical

risk. What matters most is understanding why the behaviour is happening, as this helps adults respond in a supportive and meaningful way.

Whatever form it takes, self harm is usually a sign that a young person is experiencing emotional pain or overwhelm. Recognising this underlying distress allows us to respond with empathy, curiosity, and care.

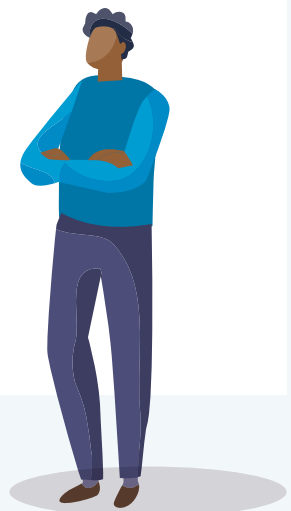
To understand how self-harm can become habitual, the diagram below provides an insight into the cyclical nature of the behaviour.



The Addictive Model of Self-Harming Behaviour (Non-suicidal and Suicidal) - PMC (nih.gov)

As a member of staff, you may wish to get advice and support to help you work with the child or young person to access services.

Further information regarding the pathway of support for children and young people who deliberately self-harm can be found in this resource.



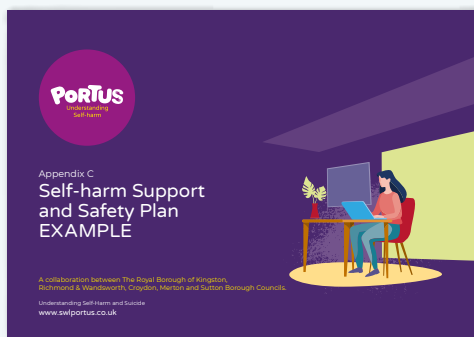
Self-harm and suicide risk

Self harm and suicidal thoughts can sometimes occur together, but it is important to remember that while self harm is relatively common among young people, suicide remains rare. Suicidal behaviour is uncommon in childhood and early adolescence, though risk can increase in later teenage years and early adulthood.

Everyone supporting children and young people should remain aware of the possibility of suicide and work together to ensure no young person feels it is their only option. If you are worried that a child or young person may be experiencing suicidal thoughts, the most supportive approach is to ask them directly. This can feel difficult, and it's normal for adults to feel unsure, but open, calm conversation can provide safety and relief for the young person.

Self-Harm Safety Plan

To help you co-produce a personalised a step-by-step plan, you can use this **Example Safety Plan** ►



Download PDF here

<https://www.swlportus.co.uk/portus/files/self-harm-support-safety-plan-example.pdf>

The following Link provides excellent online training session to help you understand the process of developing a safety plan.
(You will need to register first).

MindEd self-harm online training ►

VISIT MindEd

The role of Youth services

The guidance in this document can help you understand how to support a young person who is hurting themselves because of emotional distress.

Youth services can support young people to find the help and support they need to cope with the difficulties they may be facing.

It's important to discuss sensitively with the young person how to help them and identify who to involve in the process. In most situations this will be someone from their school/college and or their GP.

Discuss with the young person who they would most like to help them.

Working with others

It is important to ensure parent's and carer's are involved in this process unless there are safeguarding concerns relating to the young person's family.

As young people should be attending an educational setting on a regular basis, schools and colleges are also well placed to support anyone who is facing emotional distress.

Many schools and colleges have Mental Health Support Teams or student well-being services to provide care and support. Each school and college will have a Mental Health Lead who can offer you advice and support.

The Portus Pathway and Toolkit provides important information to help schools and colleges support their students most appropriately.

In some situations a young person may not want their school or college to know about their self-harm if this is the case the toolkit and pathway can help you provide initial support and help you find the best support for the young person through their GP or through another appropriate person or organisation.

If a young person has disclosed that they have been thinking of suicide speak to the Designated Safeguarding Lead at their school or college.

If the young person requires an urgent response contact the 24/7 Crisis line 0800 028 8000.

Talking about suicide

Research tells us that talking about suicide does not put the idea into their head. In fact, talking with a child or young person about suicide creates a safe space for them to be open and honest about how they feel, and they will see you as a safe person to turn to.

How to respond

As a professional, you may be one of the safe adults a child or young person feels they can turn to. If they share that they may be self-harming—or if you have concerns—talking about it can feel daunting. However, giving a young person space to speak openly is often a huge relief and an important first step toward support.

Use the **Self-Harm and Suicide Prevention Pathway** ► to guide your response and help you and your colleagues decide on the next steps.

To create a supportive environment, you should:

- Provide a calm, private, and safe space
- Listen openly and explain the limits of confidentiality
- Reassure them that their feelings are valid and that talking about them is okay
- Acknowledge their courage in sharing difficult thoughts and emotions
- Respond with empathy and without judgement
- Use the **Risk and Strengths Assessment** ► to understand their situation and plan support
- Check in regularly to ensure the support is helping

You may be the first person they have confided in, so establishing trust and acceptance is essential. Young people may feel shame, confusion, or fear—your steady, compassionate presence can help them feel understood and less alone.

Be Open: Listen, Believe, Support

You may be the first person that they have spoken to, and it is important to establish a non-judgemental and trusting relationship. Often, individuals may feel ashamed, embarrassed, confused, or powerless. Take time to listen, to believe in what they are telling you and to support them through their journey.



Keep talking

Good communication between all those involved can help to coordinate care for the child or young person and improve their feelings of distress. Consent is the key to shared care it can be helpful to be clear about this from the outset with the child or young person, their family and their GP.

The following open questions can help to keep an ongoing dialogue:

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



The child or young person's GP (General Medical Practitioner) can offer confidential and regular support for a wide range of health problems including the psychological distress and physical injuries of self-harm. Quick access to advice and, if necessary, an appointment should usually be available for urgent matters.

Talking to a child or young person about suicide

Talking to a child or young person about suicidal thoughts is not easy. Having the conversation is the most important thing.

What not to do

Children and young people have reported that the first time they speak to a professional they want to be treated with care and respect. It's really important to listen carefully and take what they say seriously, or they may not talk about it again.

Let them say and talk about what they need to, while you listen and empathise, before you jump in with any safeguarding policy that may apply. If/when you do apply this, allow the child/young person to feel involved in this, rather than all control be taken away.

It is important to understand that certain approaches can be unhelpful.

Please do not:

- Use a space that does not provide a safe and quiet environment to discuss the issue
- Be distracted by other priorities
- Overreact and panic
- Be dismissive, or assume it's 'attention-seeking' behaviour
- Add to their guilt by suggesting their behaviour will hurt others

Young people facing additional pressures

Some children and young people may be at greater risk of emotional distress when they have limited reliable support around them. This can include those who are in care, those not currently engaged in education or employment, or those who experience instability or stress within their home environment. Young people whose families are coping with challenges such as health conditions, substance use, or relationship breakdown may also have fewer sources of consistent support.

These circumstances do not reflect a young person's abilities or resilience, they highlight situations where additional connection, understanding, and support can make a meaningful difference.



Asking the question

The following steps can help you find out if a child or young person is thinking about suicide.

- Ask directly. Use the word suicide. Practice asking first if this helps. It may give you more confidence.
- Stay calm. This is important as the child or young person may be looking at how you react to decide how much they should tell you.
- **Be clear and direct.** Look them in the eye and ask, 'are you thinking about suicide?'

What if they say yes?

If the child or young person says that they have had, or are currently experiencing, suicidal thoughts the most important thing to do is **stay calm**.

Acknowledge how difficult it must be for them to talk about these thoughts to you and tell them you are there to listen.

The reasons why people experience thoughts of suicide are complex and differ from person to person. You may never fully understand them and that is OK.

Let the child or young person know that there is support available to help them and that your priority is to keep them safe.

Questions you could ask include:

How are things
for you right
now?

Can you
say what's
bothering you?

What might
help you?

What would
you like to
happen next?



Assessing Suicide Risk

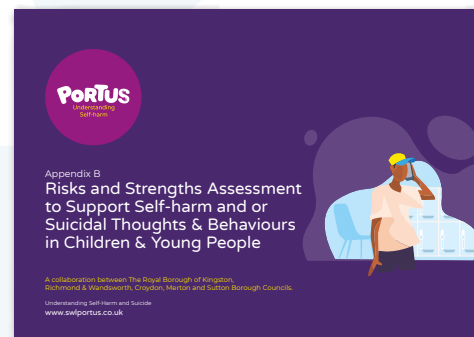
If you feel that the child or young person is at risk of suicide, then it is necessary to understand the seriousness and immediacy of the risk. Depression, hopelessness and continuing suicidal thoughts are known to be associated with high risk.

If the child or young person talks about killing themselves always take this seriously as many people who die by suicide have previously told a professional about their intention.

The following warning signs suggest that the risk is high:

- Self-harming behaviour is characterised by using a variety of harming methods
- Thoughts of suicide are frequent and not easily dismissed.
- A specific plan to die by suicide.
- Access to the means to die by suicide (for example, stockpiling tablets).
- Significant drug or alcohol abuse.
- A situation felt to be causing hopelessness, unbearable pain, or distress.
- Previous, especially recent, suicide attempt.
- Evidence of current mental illness.
- Limited protective factors that may prevent them from attempting suicide or harming themselves, for example, being socially isolated, poor relationships with parents/carers etc.
- No support mechanisms when distressed.
- Not accepting help from family and friends

Complete a **Risks and Strengths Assessment ► for next steps**

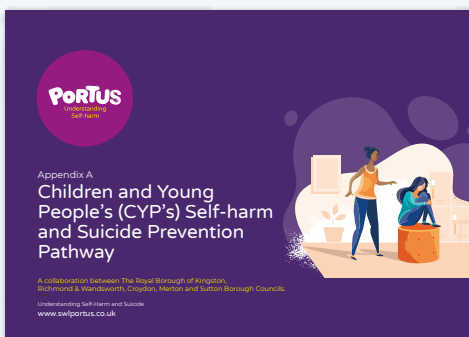


Download PDF here

<https://www.swlportus.co.uk/files/professionals-risk-assessment.pdf>

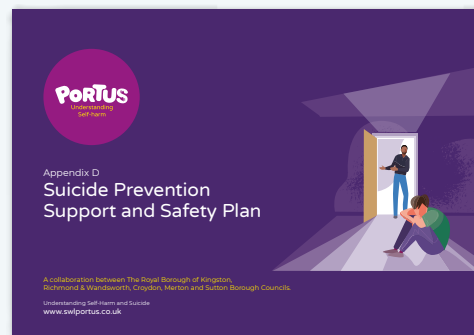
There is also a **Suicide Safety Plan** ► example included in this resource. This easy to follow template can help you work with the child or young person to put together a personalised plan to help to keep them safe.

Refer to the **Self-harm and Suicide Prevention Pathway ► for next steps**



Download PDF here

<https://www.swlportus.co.uk/files/cyps-self-harm-suicide-prevention-pathway.pdf>



Download PDF here

<https://www.swlportus.co.uk/files/suicide-prevention-support-safety-plan.pdf>

Supporting young people affected by online sexual exploitation or sextortion

Online child sexual exploitation and “sextortion” (sexual extortion) are increasing threats to young people. Victims may be groomed, pressured into sharing sexual images, blackmailed, or threatened with having images shared online. These experiences can have a significant impact on mental health and may increase the risk of self-harm or suicidal thoughts.

If a Young Person Discloses Abuse

1. Listen and Reassure

- Stay calm and listen.
- Thank them for telling you.
- Reassure them that they are not to blame.
- Explain that support is available.

Key message: “You have done the right thing by telling me. This is not your fault.”

2. Assess Immediate Safety

Consider:

- Are they being threatened or blackmailed?
- Are they self-harming or having suicidal thoughts?
- Are they at immediate risk of harm?

If there is an immediate risk to life, call **999**.

3. Preserve Evidence

- Encourage them to keep screenshots, messages and usernames.
- Advise them not to delete evidence immediately.
- Do not encourage further contact with the perpetrator.

4. Follow Safeguarding Procedures

- Follow your organisation’s safeguarding policy.
- Consult your Designated Safeguarding Lead (DSL) where applicable.
- Consider referral to children’s social care and other relevant services.

5. Support Reporting

Report concerns to CEOP if a child has experienced online sexual abuse, grooming, exploitation or sexual blackmail.

CEOP Reporting:

www.ceop.police.uk/ceop-reporting

6. Provide Ongoing Support

Young people may experience shame, anxiety, depression, self-harm and suicidal thoughts following exploitation. Continue to check in, provide reassurance and consider referral to mental health support where needed.

National Crime Agency:

www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/child-sexual-abuse-and-exploitation



Roles and responsibilities

THE SCHOOLS OR COLLEGES GOVERNING BODY

The governing body has the legal duty to safeguard and promote the welfare of their students. There should be a nominated governor for safeguarding who will have an oversight of responses to self-harm and suicide.

THE HEADTEACHER OR PRINCIPAL

The Headteacher/Principal has responsibility for establishing effective safeguarding procedures relating to self-harm, to ensure the duty of care of students and staff.

This should be supported by the implementation of a **Self-harm Policy** ► using the **Self-harm Suicide Prevention Guidelines Checklist** ►



Download PDF here

<https://www.swlportus.co.uk/files/schools-colleges-checklist-supporting-effective-practice.pdf>

STAFF

Students may choose to confide in a member of staff if they are concerned about their own well-being, or that of a peer. Students may present with injuries to student services or reception staff in the first instance and it is important that these frontline staff are aware that an injury may be self-inflicted.

Staff should know what to do in such situations and follow a clear protocol agreed by the school/college in advance.

Staff may experience a range of feelings in response to self-harm in a student. However, to offer the best possible help to students it is important to maintain a supportive and non-judgemental attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

Staff should:

- Enable students to feel in control by asking what they would like to happen and explore what they might need to help them
- Provide reassurance that help is available
- Use active listening techniques -
- Be non-judgemental
- Be reassuring and support them to seek help
- Check that they have access to self-care and treatment of wounds, if relevant
- Involve them in any safeguarding or disclosures to parents/others

Staff should try to avoid the following:

- Avoid saying 'self-harmer' – it is important to talk about a behaviour and not label a person. The best terminology is to refer to 'self-harming behaviour'
- Avoid 'commit' suicide – use take their own life or die by suicide
- Avoid asking a student to display injuries or scars or push for detailed information on the self-harm behaviour (unless they wish to share)
- Avoid making assumptions or stereotyping behaviour - don't say 'people generally/ usually...' Everyone is different
- Never refer to self-harm as a 'failed suicide attempt'
- Avoid asking a student to stop self-harming as this may be the only coping strategy they have
- Not work outside their remit and seek appropriate guidance from designated leads.

Confidentiality/information sharing

Students are entitled to expect personal information to remain confidential. This means that the information should not be disclosed to anyone including the student's parents/guardians.

Unless it is considered:

- In the interest of the health and safety of the child.
- For the prevention or detection of crime Even then care must be taken to limit disclosure to only those who 'need to know'.

Explaining Confidentiality

It is important not to make promises of confidentiality that a member of staff cannot keep, even though the student may put pressure on them to do so. If this is explained at the outset of any meeting the student can make an informed decision as to how much information they wish to divulge.

Students should be made aware that confidentiality will be maintained but that it cannot always be guaranteed. If a member of staff considers that a student is at risk of harming themselves or others, then confidentiality cannot be kept.

DSL, MHL Information

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Mental Health Lead (MHL) or Designated Safeguarding Lead (DSL) but in an emergency then any member of staff should assess the situation, administer first aid and/or call for an ambulance for emergency assistance.

Once informed, the Mental Health lead or DSL will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g., doctor, nurse, social services
- Arranging an appointment with a school/college-based counsellor or therapist
- Removing the student from lessons immediately if remaining in class is likely to cause further distress to themselves or their peers
- Always remaining with the student if they are acutely distressed

Schools/colleges can make adjustments to help a student but be aware that they may not want you to be involved and you may not be aware of the situation.



Risks and strengths assessment.

It is important to ensure that there is a risk assessment in place which relates to the self-harming and or suicidal behaviour, possible triggers, and strategies to be used to minimise risk. The example **Risks and Strengths Assessment** ► is for guidance only and should be adapted according to individual need.

Following a risk assessment schools/colleges can refer to the **Self-Harm and Suicide Prevention Pathway** ►. The Pathway has been developed using a graduated needs-based approach: Getting Advice, Getting Help, Getting More Help and Getting Risk Support.

Meetings Advice

Be mindful that some of the student's problems may arise from issues at home and they may wish for any initial meeting to be on their own. Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- Reference to the safety plan
- Concerns raised
- Details of anyone else who has been informed
- **Risks and Strengths Assessment** ► This information should be stored in the student's confidential child protection/safeguarding file.

Dealing with contagion

When a student is engaged in self-harming behaviour it is important to be vigilant in case close contacts of this individual are also engaging in similar behaviours. Occasionally, schools/colleges or residential settings may discover that several students in the same peer group are harming themselves.

Self-harm can be seen as an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in staff, parents and carers, as well as in other students.

Students may have different reasons for their self-harming behaviour and should be given the opportunity for appropriate one-to-one support.

In general, it is not advisable to offer regular group support for students who self-harm. Where there appears to be linked behaviour or a local pattern emerging, a multi-agency strategy meeting should be convened organised through Children's Services.



Download PDF here

<https://www.swlportus.co.uk/files/professionals-risk-assessment.pdf>

Peer group support

It is important to encourage students to let staff know if one of their friends is in trouble, upset or showing signs of self-harming behaviour. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a student who self-harms may value the opportunity to talk to a member of staff either individually or in a small group.



Training for Staff

Staff are recommended to regularly access training on self-harm and suicide prevention.

Staff supporting students with self-harm should take the opportunity to attend training days on Mental Health First Aid, self-harm and suicide prevention as well as obtain relevant literature including this resource and pathway.

Many schools/colleges will struggle to release staff for training, but it is vitally important that staff feel confident to support students experiencing psychological distress.

Supporting Staff

Staff giving support to students may experience all sorts of reactions to this behaviour in students (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with Mental Health Leads, Mental Health Support Teams and members of the Senior Leadership Team.

Managing PE/Sport Lessons

Students who self-harm should be actively encouraged to participate in sport. PE/Sport colleagues may need to be aware of the self-harm so that adjustments to normal clothing guidelines can be applied such as wearing a long sleeve top and alternative changing areas.



Training and Support Organisations

SUPPORT AND TRAINING FOR YOU

Crisis Tools

The tools to help you support young people in crisis.

National Institute for Health and Care Excellence

NICE guidelines on Self-harm.

Mental Health First Aid England

Providing expert guidance and training to support mental health. Mental health training online and face to face.

MindEd is a free educational resource on children, young people, adults and older people's mental health.

The PSHE Association

A membership association and charity, we support over 50,000 teachers and schools with resources, training, guidance, and advice.

YoungMinds

A charity that provides support and advice to children, young people, parents, and carers and those working with children and young people.

Zero Suicide Alliance

FREE online training courses teach you the skills and confidence to have a potentially life-saving conversation with someone you're worried about.

Ripple Suicide Prevention

Ripple is an interceptive tool designed to present a visual prompt when a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide. These phrases include any words or terminology which have been identified as displaying potentially damaging online content.

Free E-Learning Course

Access an e-learning module to provide practitioners with an engaging and interactive way to learn about internet safety, suicide and self-harm.



SUPPORT FOR CHILDREN, YOUNG PEOPLE, AND FAMILIES

Helpful Resources for Families

The following resources can help families feel more confident about supporting their child:

- **Coping with Self-harm, a guide** for parents and carers
- **Free online course** helps parents discuss self-harm with their children.
- **Free e-training by the Zero Suicide Alliance** (20 minutes)
- **Self-harm: Parents' experiences - Overview** (healthtalk.org)
- NSPCC self-harm **support for families**
- Young Minds Parents **support line and webchat**
- MindEd for Families **website**
- **Calm Harm** is a free app that helps you manage or resist the urge to self-harm
- **7 ways to support children and young people who are worried or anxious** (annafreud.org)
<https://www.annafreud.org/schools-and-colleges/resources/7-ways-to-support-children-and-young-people-who-are-worried/>
- **How to Talk to Your Child about Mental Health** | YoungMinds
<https://www.youngminds.org.uk/parent/how-to-talk-to-your-child-about-mental-health/>
- **Families Under Pressure** - Maudsley Charity.
<https://maudsleycharity.org/familiesunderpressure/>

South West London and St. Georges Mental Health NHS Trust

24/7 Mental Health Crisis Line
Dial 111 and select option 2.

Samaritans

Tel: **116 123 (24/7)**

YoungMinds – Self harm factsheets for young people Parent Helpline and webchat. You can call us for free on **0808 802 5544** from 9:30am - 4pm, Monday - Friday.

Childline - If you're under 19 you can confidentially call, chat online or email about any problem big or small. Free 1-2-1 counselling available.
Call: **0800 1111**

Kooth. Online well-being community. Free 1-2-1 online counselling.

Shout

Text YM to **85258.**

Shout provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.

All texts are answered by trained volunteers, with support from experienced clinical supervisors.

Texts are free from EE, O2, Vodafone, 3, Virgin Mobile, BT Mobile, GiffGaff, Tesco Mobile and Telecom Plus.

Texts can be anonymous, but if the volunteer believes you are at immediate risk of harm, they may share your details with people who can provide support.

Opening times: 24/7

The Mix

Offers support to anyone under 25 about anything that's troubling them.

Email support available via their online contact form.

Free 1-2-1 webchat service available.

Free short-term counselling service available.

Opening times:

3pm - 12am, seven days a week

Call: **0808 808 4994**

Calm Harm

A free app providing support and strategies to help you resist or manage the urge to self-harm.
Can be downloaded from Google Play or App Store.

Tellmi

A free app for teenagers (11+) providing resources and a fully moderated community where you can share your problems, get support and help other people too.
Can be downloaded from Google Play or App Store.

Combined Minds

Supporting young people's mental health.

Be Headstrong

Real Life and Real Faith in the Real World |
Head Strong

National Self-Harm Network

A supportive and dedicated forum.

Alumina

Free online self-harm support for 11-19's.

CEOP (Child Exploitation and Online Protection)

National Crime Agency – Child Sexual Exploitation

Childline

Call: **0800 1111**

NSPCC Helpline

Call: **0808 800 5000**

Remember

- Take every disclosure seriously.
- Reassure the young person they are not to blame.
- Assess safety and suicide risk.
- Follow safeguarding procedures.
- Support reporting and ongoing recovery.



Self-harm and Suicide Prevention

Guidance for Schools, Colleges, and Youth Services

PORTUS - Understanding Self-Harm and Suicide

A collaboration between The Royal Borough of Kingston, Richmond & Wandsworth, Croydon, Merton and Sutton Borough Councils.



visit: www.swlportus.co.uk