Talking to young people about suicide

Trainers: Andy Caress and Zaph Brouard

Webinars@charliewaller.org

Keeping safe

Keep the conversation in the room

Non-judgmental approach: We will 'challenge the opinion, not the person'.

Right to pass: We have the right to pass on answering a question or participating in an activity and we will not put anyone 'on the spot'.

Asking questions: We are encouraged to ask questions…. However, we do not ask personal questions or anything intended to deliberately try to embarrass someone.

Seeking help and advice if needed

(PSHE Association, 2018)

Self-care

We will each relate and connect to the content in different ways:

professional connections

personal connections

Please participate in a way that you feel safe and comfortable with

Step away or take a breather if you need to

About us

Charlie Waller was a strong, funny, popular, good-looking and kind young man, with a close and loving family. To the outside world, he had everything to live for. Yet in 1997, at the age of 28, Charlie took his own life. He was suffering from depression.

In response to this tragedy, his family founded The Charlie Waller Trust, to open up the conversation around mental health, and to ensure that young people are able to understand and look after their mental health and to spot the signs in others.

Charlie sits at the heart of our story, our vision and our purpose.

We're talking mental health

Our vision

A world where people understand and talk openly about mental health, where people and those who support them are equipped to maintain and enhance their mental health and wellbeing, and have the confidence to seek help when they need it.

Evidence based training

Positive

We take a positive approach to mental health. We focus on prevention and early intervention, and recognise the importance of offering hope.

Proven

Our consultancy, training and resources are all based on sound clinical evidence.

Practical

We give people practical strategies and tools to care for their mental health, and to support others in doing so.

Evidence based training

Understanding why

Signs and counter signs

‘Reaching in’: How to open conversations

Suicide

Why would anyone want to die?

Why do people die by suicide?

Thwarted Connectedness

- The sense that one is does not belong

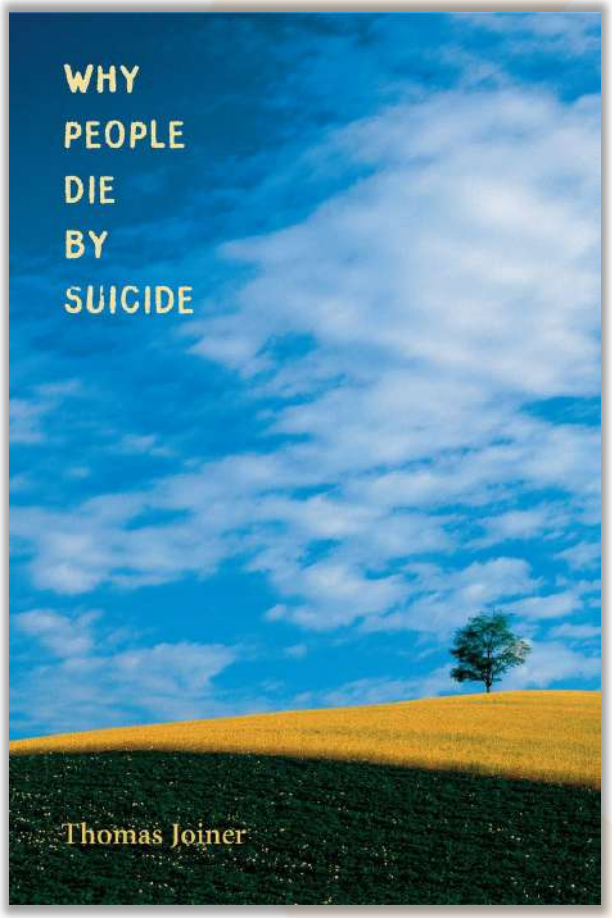
Perceived burdensomeness

- The sense that one is incompetent and a burden to people and/or society

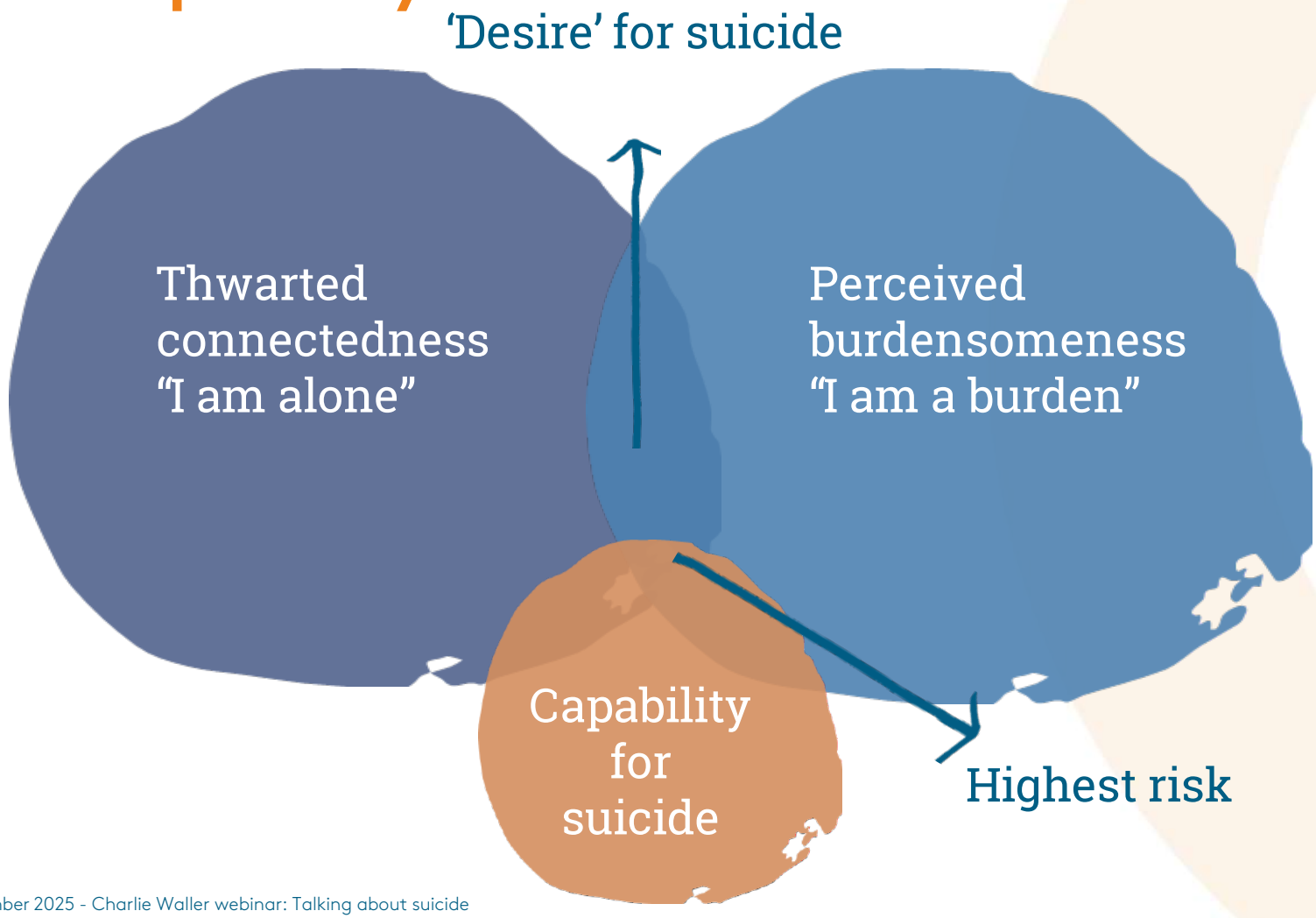
Acquiring

- The ability to enact lethal self-injury – fearlessness and increased pain threshold

(Joiner, 2009)



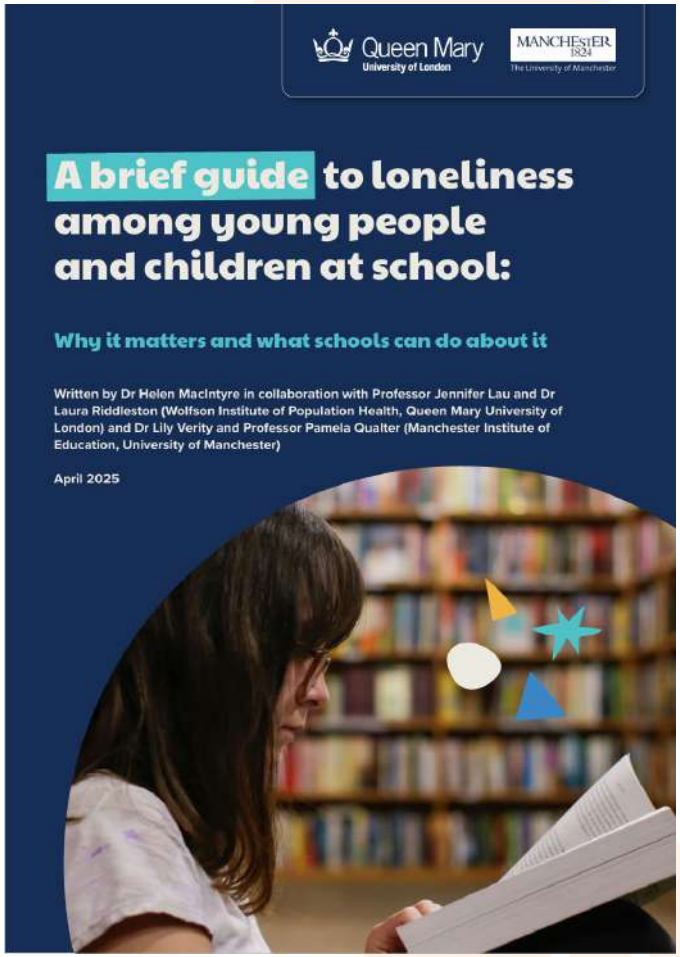
Components of suicide – desire and capability



Thwarted Connection – Loneliness

- Pre-COVID, 11% of 10 to 15-year-olds reported feeling lonely often or always - that is three in a class of 30.
- In 2022, 16% of UK 15-year-olds agreed or strongly agreed that they felt lonely at school specifically.
- Among primary age children, loneliness levels are likely to be closer to adult levels of about 6%

(Befriending Networks, 2025)



Feeling burdensome – Cost of living crisis

- A third of young people (34 per cent) said that worrying about money has made their mental health worse. This rises to 39 per cent among young people who are NEET and 45 per cent among those from poorer backgrounds.
- One in four young people (26 per cent) feel like they are going to fail in life, rising to 35 per cent among NEET young people and 36 per cent among those from poorer backgrounds

(Prince's Trust, 2023)

Feeling Burdensome – perfectionism

People with unhealthy perfectionism often have… very high standards but the standards are not realistic or only attainable with significant negative consequences; such people react to mistakes in an extreme and highly self-critical manner and are very uncomfortable with uncertainty.

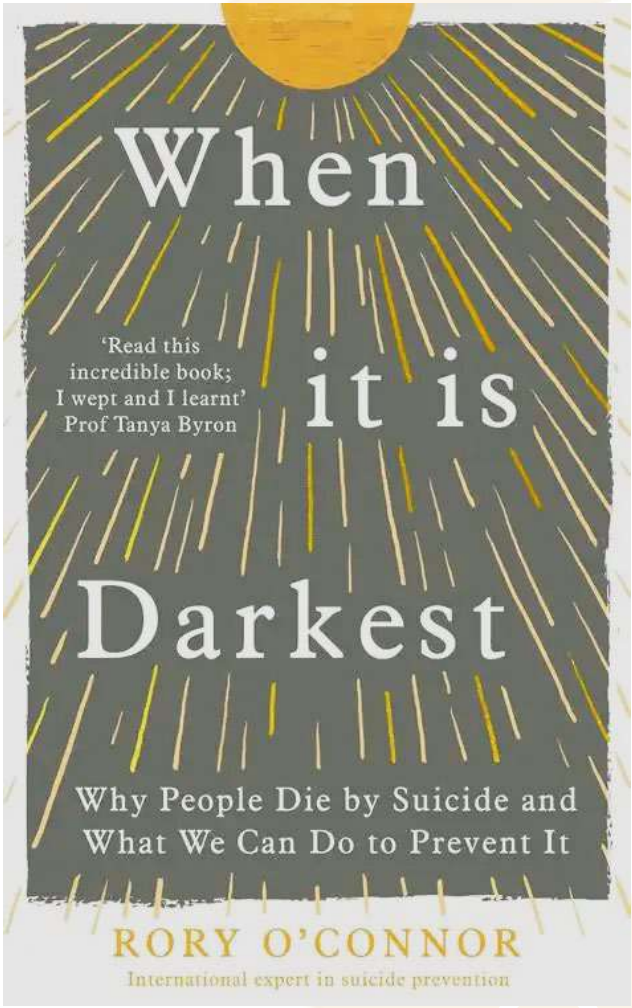
The self-esteem of such perfectionists is almost exclusively dependent on striving and achievement but they constantly perceive themselves to have failed and live in fear of such failure and what it means for them. Such perfectionism was described over seventy years ago as the "Tyranny of the Shoulds" (Horney, 1950).

(Charlie Waller Trust, 2019)

Acquiring - From thoughts to actions

- Access to the means.
- Planning.
- Exposure to suicide/suicidal behaviour.
- Impulsivity.
- Physical pain endurance.
- Fearlessness about death.
- Mental imagery.
- Past suicidal behaviour

(O'Connor & Kirtley, 2018)



Acquiring - Fearlessness and higher pain threshold

For some people, self-harm is a one-off episode but repetition is also common, with 20% of people repeating self-harm within a year. People who have self-harmed are at greatly increased risk of suicide, with a 30- to 50-fold increase in risk in the year after hospital presentation.

(NICE, 2022)

Self-harm might help 'acquire' an ability to harm oneself more over time and make lethal self-harm more 'cognitively available' (O'Connor & Kirtley, 2018).

(Samaritans, 2021)

Acquiring - Impulsiveness

A particular trait, the diminished ability to think through the consequences of one's behaviour before acting, confers risk for suicidal behaviour over and above the presence of suicidal thoughts.

(Psychology Today, 2011)

Adolescent emotions are characterized by polarised, impulsive, and irritable behaviour with poor self-control, which may cause harmful behaviours when stimulated by stress.

(Zhang et al., 2025)

The gender paradox

- Girls are more likely to engage in suicidal behaviour, but boys are three times more likely to die by suicide
- Males 'tend to choose more lethal methods'
- 'Non-fatal suicidal behaviours can be viewed by society as 'feminine' and therefore less acceptable for men than women (Fox et al., 2018)'

(Samaritans, 2021)

- 'For some men, suicide is incorporated into a version of an 'in control' masculine identity.'

(Samaritans, 2012)

Identifying warning signs

What are some of the signs that a young person might be experiencing suicidal ideation?

- Emotional signs
- Physical signs
- Behavioural signs

Warning signs – Suicidal Ideation

A change in someone's personality and behaviour may indicate they're experiencing suicidal ideation/thoughts:

- Becoming anxious and quiet
- Being more irritable and confrontational
- Having mood swings
- Acting recklessly
- Not wanting to be around other people
- Saying negative things about themselves

(Rethink Mental Illness)

Warning signs – Increasing Risk

Signs which may indicate that suggest someone is more likely to attempt suicide:

- Threatening to hurt or kill themselves
- Talking or writing about death, dying or suicide
- Preparing to end their life, e.g. storing up medication, finding means
- Putting affairs in order, e.g. giving away belongings or making a will

(Rethink Mental Illness)

Warning Sign - Counter-signs

Accounts [from family and friends of people who died by suicide] contained a wealth of evidence of "countersigns." We defined these as verbal or non-verbal behaviours that counteracted unusual and potentially troubling signs and suggested to observers that no real cause for alarm existed.

They included the deceased going about his or her normal business, going to work, going out with mates, laughing and joking as usual, making plans for the future, and giving explicit reassurances, typically "I'm OK, mum."

(Owens et al., 2011)

At Crisis - 'In a Bubble'

There were few clear behavioural clues and rarely anything in their mode of dress or appearance to mark them out. What was striking in interveners' accounts of what they saw was the absence of visible emotion.

They described the suicidal person as looking 'vacant', 'glazed over', 'zoned out' or 'as if no-one was at home', but not distressed. This was corroborated in the accounts of survivors, who described themselves as having moved into a space beyond emotion: 'a weird sort of surreal, unfeeling state' in which they were 'completely numb', 'frozen' or 'dissociated', cut-off from themselves, others and the everyday world, to the point where they believed they were invisible.

(Owens et al., 2019)

‘Reaching in’

What are the barriers to young people disclosing suicidal ideation?

CARE

Check in

Ask

Remain

Expert

CALM's CARE kit

CHECK IN

- "'I can see you're not ok, I'm worried about you, I care about you, and I'm here to help"
- Find a quiet time, with no distractions
- *"Listen and make us feel listened to – anything else is a bonus"*

(CALM C.A.R.E. Kit)

Opening a ‘can of worms’

The can of worms represent all the ‘stuff’ we keep ‘canned’ up that we don’t want to face. Perhaps its due to the horrid reality of having to be in close proximity to yucky worms! However what tends to be missed is the process AFTER the worms have been released….

Those worms don’t want to be squished in that can any more than you want them there. Yet sometimes the fear of facing one part of the process, can override the desire for the end goal. Opening the can is the first part.

(Therapy for the Mind)

CALM's CARE kit

ASK

- "Are you thinking about suicide?"
- If yes – "I'm really glad you told me about this. Do you have a plan to act on these feelings?"
- Non-judgemental listening. Be like a swan!

(CALM C.A.R.E. Kit)

Confidentiality concerns – guidance from MIND for young people

In some cases, someone might need to share our information without our consent. This is called 'breaking confidentiality'. Professionals should only break confidentiality if:

- They're concerned that you're at risk of serious harm or you're in danger.
- They're concerned that someone else is at risk of serious harm or that they're in danger.
- You're unable to make the decision about sharing your information.
- Someone is told they have to share, by law. For example, if the information is needed for a court case.

If the professional needs to break your confidentiality, they should always try to tell you first.

(MIND)

CALM's CARE kit

REMAIN

- If in crisis, remain with them and remove the means
- If not in crisis, maintain contact and look at options for support together
- Regular check-ins, and explore safety planning

[(CALM C.A.R.E. Kit)]

Promote agency and feelings of control - Safety planning

- Why do I want to stay safe?
- How can I make my environment safer?
- What can I do right now?
- What strengths do I have?
- Who can I reach out to for help?
- What is my long-term support plan?

(PAPYRUS)

CALM's CARE kit

EXPERTS

- 999 or A&E
- NHS 111 option 2
- PAPYRUS HOPELine

(CALM C.A.R.E. Kit)


HOPELINEUK
DEBRIEF SERVICE
We work with professionals including GPs, teachers, councillors, police, first responders and frontline workers, who have recently had an encounter with suicide, and would like to talk it through with a trained professional.
0800 068 41 41
07860 039 967
pat@papyrus-uk.org
PAPYRUS
PREVENTION OF YOUNG SUICIDE

(PAPYRUS)

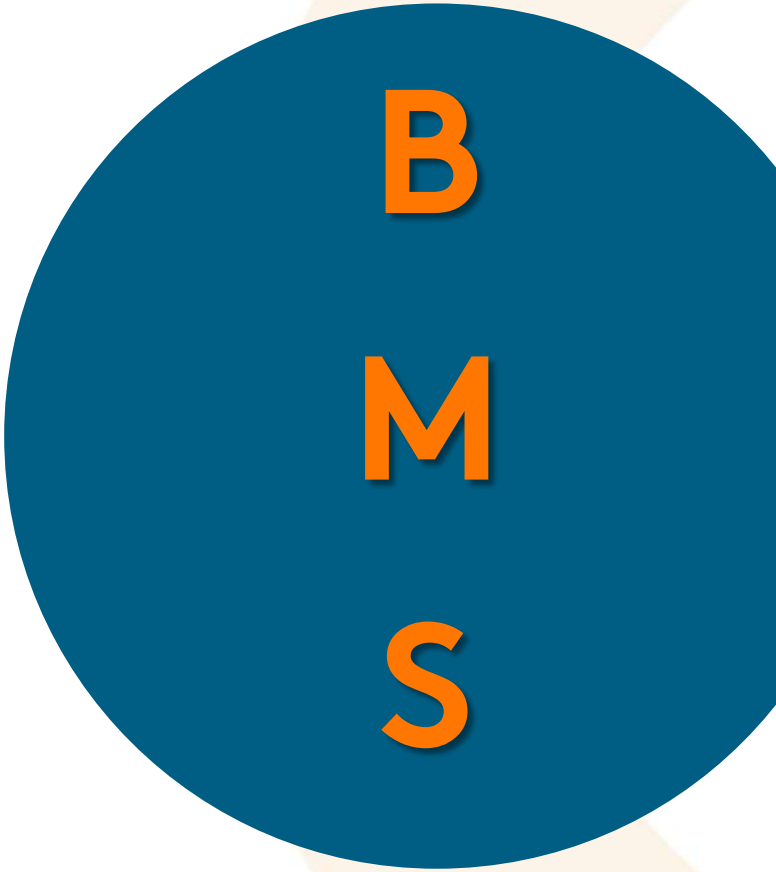
Intervening in a crisis

Intervention

BURSTING THE BUBBLE

MOVE TO A SAFER LOCATION

SUMMONING HELP



‘Bursting the bubble’

Asking simple, factual questions: Interveners went on to ask simple questions in the usual manner of ‘getting to know you’, enquiring where the person lived, whether they worked or were studying and so on.

Keeping it light’, and not asking why…. As they emerged from the ‘bubble’, [people in crisis’] predominant feelings were those of ambivalence about being prevented from carrying out their plan, embarrassment and exhaustion, and their immediate need was simply for the comforting presence of another human being.

(Owens et al., 2019)

Moving to a safer location

Direct appeal ('Please come away from the edge'): This was an option when there was less urgency and it was believed that the person had the capacity to respond.

Indirect ('Let's go somewhere for a coffee'): Offering to buy the person a warm drink and something to eat performed multiple purposes. It could be both a simple act of kindness and validation, and also a ploy to move the person to a safer location.

(Owens et al., 2019)

Summoning help

There were three potential sources of support on which interveners could call: a family member or friend nominated by the suicidal person; other passers-by, and the emergency services.

(Owens et al., 2019)

Boosting protective factors

Looking upstream

"There comes a time when we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in"

Desmund Tutu

(Elevate Society)

Challenging perceived burdensomeness - Reassurance and reducing distress

The big task ahead of us is to tackle the causes of distress, such as the real or perceived pressures of expectation. These pressures can be societal or individual to the person who experiences them. Still, young people and adults can include concerns about present, academic attainment and future success and pressures to conform and fit in.

(Mental Health Foundation, 2017)

Challenging thwarted belongingness – addressing loneliness

Encouraging socialising: You could help your child practice social interactions through role playing. And you might see if there are any clubs or groups your child might be interested in joining.

Building their confidence: When you notice your child is making progress or putting in effort, it's important to acknowledge this and praise them, even if the steps they're taking are small.

Creating a supportive environment: Spending regular, quality time with your child will help them feel supported by you. You can also encourage them to express themselves and their feelings in a way that's safe and that they enjoy.

(NSPCC)

More webinars

Sign up at
charliewaller.org/mental-health-training-support/mental-health-webinars

The Charlie Waller Trust

We provide training and mental health resources for:

Schools

Colleges

Universities

Parents and Carers

Workplace

Learn more at charliewaller.org

Follow us

Charlie Waller Trust
@charliewalleruk