

The logo for Charlie Waller, featuring a stylized speech bubble icon above the name "Charlie Waller" in white and orange text on a dark blue circular background.

Charlie
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Written in
partnership with



Talking about suicide

A guide for college staff

We're talking mental health

This guide was written in response to staff in colleges raising a concern about student suicide and not always feeling well equipped to respond. It has been developed as a partnership between the Association of Colleges and the Charlie Waller Trust. It was written by members of the Charlie Waller team who are experts in the field – Dr Andrew Reeves, Kirsten Amis, Kath Caffrey – and reviewed by Prof. Keith Hawton at the Centre for Suicide Research. We hope it will build capacity and confidence in the whole college community to talk openly about suicide, know what to do in any given situation and help to keep everyone safe in challenging times.

The Centre for Suicide Research translates findings about the extent and nature of self-harm and suicide into implications for prevention and treatment.

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Why is this document important?

This document aims to help staff have a better understanding of suicide and self-harm, although the information might also be useful for learners or anyone unsure how to manage disclosures or concern around suicide. It can assist decision making about what actions can be taken when there are concerns about a learner or member of staff being at risk. It outlines suggested good practice and support for anyone dealing with this issue.

It is not meant as an alternative to assessment of risk by a trained professional, but to help people in making a decision on how best to support someone who they are concerned may be at risk of suicide or self-harm. Assessing the severity of suicidal thoughts is complex and should only be done by mental health professionals – if you're worried you will never be wasting their time by referring on. You could always contact your college counselling service to discuss your fears or concerns before acting. You never need to be alone in this situation and sharing your fears and concerns can help reduce your own anxiety.



It is vital that staff are aware of how to respond to learners, and colleagues, who they feel are at risk of suicide.

Every year, around 700,000 people die by suicide globally. In the UK in 2020 there were 4902 registered suicides. Overall, men accounted for around three-quarters of UK deaths by suicide in 2018.

www.who.int/news-room/fact-sheets/detail/suicide

In the 2021 survey by the AoC, 94% of colleges reported that they were aware of attempted suicide amongst their college population, with 54% showing an increase in the previous year. Therefore, it is vital that staff are aware of how to respond to learners, and colleagues, who they feel are at risk of suicide. This includes having the confidence and language to know what to do.

There is a National Suicide Prevention Strategy for England, which has identified several areas for action for suicide prevention. These include:

- Reducing risk of suicide in high-risk groups (such as young men, people with a history of self-harm, people in contact with the criminal justice system).
- Improving mental health for all and using tailored approaches to mental health support to help reach specific groups (such as children and young people, minority ethnic groups, the LGBTQ+ community and people with chronic health conditions).

By feeling confident about what to look out for, how to talk to the person you are concerned about, and what you can do to help, we can all play a part in reducing suicide.



CASE STUDY: OMAR

Omar, a construction lecturer, has noticed that one of his learners has very poor attendance, and when he is in college appears dishevelled and unkempt. The learner has difficulty focusing and does not seem to engage with peers or the work that is being done. When Omar asked him if he needed any help with his work, the learner replied: "What's the point?" Omar was very concerned at this and didn't know what to do.

Omar called his college counselling service to ask for advice and was advised to speak to the learner again if possible and encourage the learner to seek help and support from them. During the call, they explained to Omar what usually happens when a learner approaches the service. This enabled him to speak to the learner and demystify the counselling process to allay any fears the learner might have. The learner was able to access an assessment with the counselling team.

What do we mean by suicide, how is it different from self-harm?

Lack of understanding can create fear around suicide and self-harm and, sometimes, there is confusion between the two. It can be helpful to understand the difference, so you know how best to support the learner. This can help to have an honest conversation using appropriate language and a supportive approach when discussing this with a learner, so you can establish the risk of suicide.

What is self-harm?

The NICE definition of self-harm is non-fatal intentional self-poisoning or self-injury. It includes acts to deal with overwhelming thoughts or feelings, as well as attempted suicide.

There is no one typical person who hurts themselves. Self-harm can take many forms, including self-injury, self-poisoning and sometimes can include risky behaviours such as getting into fights or abusing alcohol. While self-harm can be an indicator of increased risk of suicide, in itself it does not mean that a learner actively wants to die. With the right support, such as talking therapy, learners can learn to understand themselves and create better alternative coping strategies.

It can be helpful to understand why people self-harm

When people are suffering acute distress, self-harm can be a way to release the feelings; or feel something more manageable. It can reduce overwhelming thoughts or help escape distressing memories. It can help overcome feeling numb or disconnected.



What is suicidal ideation?

Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life. The term 'suicidal ideation' is used to describe a situation where a person may be having thoughts about suicide but have not made plans to act on those thoughts.

Whereas 'suicidal intent' is a term used when someone has thoughts of suicide and these have developed further into thinking about how they may end their life. This could include very specific, detailed plans about what they will do and when, or a stated intention to act on their thoughts, even if some of the details are not decided on. If you suspect someone is feeling suicidal, it is important to be able to ask them if they have made any plans to act on their thoughts, and this may require a more immediate, or urgent, response (depending on what they say).



CASE STUDY: RIVER

River is a student hairdresser. Their tutor Annie has noticed that River keeps their sleeves down when working and thinks that she may have seen scars and fresh scratches on River's arms. River still seems happy and engages well with other learners and the workload. She is worried that River may be self-harming but does not know how to respond.

Waiting until the end of the session, Annie asks River to stay behind for a moment once the other learners have left. She gently asks River if everything is ok, and that she is worried about them. At first River says that everything is fine, so Annie gently mentions that she has seen some scratches on their arms and is worried. River starts to cry and reveals that homelife is extremely difficult and they are struggling to cope. Annie is able to refer River to the college counselling service and wellbeing team for support.

If someone is feeling suicidal, it is important to ask them if they have made any plans to act on their thoughts.



When should you be worried about a learner?

Sometimes it is obvious that a person is thinking about ending their own life and you may notice signs, such as getting their affairs in order or giving their possessions away. You may notice the person acquiring the means to end their life or writing a suicide note. You may overhear them talking about being a burden, or not wanting to be here anymore. Sometimes the thoughts are just fleeting, and there is no real intent to end their life.

What kinds of things might they say? What sort of language might they use?

A person might say:

"I don't want to be here anymore"

"I want to die"

"I wish I was dead"

"It would be easier if I wasn't here"

They might not say anything, but you may have a feeling that all is not well.

Suicidal feelings can happen in response to a range of situations, including when someone is depressed or highly anxious, hopeless, lonely, or struggling with major transitions, for example. Whatever your role in the college, you may notice learners that you are familiar with acting differently



to normal. Perhaps you may notice changes in appearance or behaviour which concern you, such as:

- Significant change in the person's weight or appetite.
- Diminished attention to clothes or appearance.
- Speaking and/or moving with unusual speed or slowness.
- Loss of interest or pleasure in usual activities (e.g. hobbies, outdoor activities, hanging around with friends).
- Withdrawal from family and friends.
- Fatigue or loss of energy.
- Diminished ability to think or concentrate, slowed thinking or indecisiveness.
- Expressing feelings of worthlessness, self-reproach, or guilt.

It is worth remembering however, that it is not always possible to tell that a person is contemplating suicide, and around 30% of people will give no indication.

What makes a suicide more, or less, likely?

Research suggests that there are a number of factors that can make a person who is struggling with suicidal thoughts more likely to act on those thoughts, and also that there are circumstances that can reduce the risk. These are usually referred to as risk factors and protective factors.

Being aware of these can help you understand a person's situation and how they may be thinking of taking their own life.

Risk factors

These increase the likelihood of suicide.

There are many known risk factors, including having attempted suicide previously, having a family member or close friend who has died by suicide, social isolation and financial stress.

Additionally, it should be a concern if a person talks about a feeling of hopelessness, if they say they feel trapped and unable to consider improvement in their situation or mood, if they mention that they feel that those around them would be better off without them, or if they are having a crisis of faith when cultural or religious beliefs have kept them safe in the past.

Protective factors

Protective factors reduce the likelihood of suicide and improve a person's ability to cope with difficult circumstances. Sometimes it can take just one thing to stop a person from attempting suicide.

There are many potential protective factors, including:

- Having loving and supportive relationships.
- Not wanting to hurt the people they love.
- Cultural or religious beliefs that discourage suicide.
- Being able to access support.
- A willingness and capacity to talk about experiences, at least to some degree.
- Making future plans.

While protective factors are important, it is crucial to be aware that they do not necessarily mean that a person will not attempt suicide.

It should be a concern if a person talks about a feeling of hopelessness.





CASE STUDY: NOOR

Noor seems to always be crying. Her work rate has dropped significantly, and her English tutor Paul is concerned that Noor is struggling.

At the end of a lesson he asks Noor if she is ok. Noor breaks down and says she doesn't want to be here anymore. Paul feels scared because he is not sure if she means at college or if she means she is suicidal. He gently asks her what she means and she cries more and tells him that no one would miss her if she wasn't here anymore. Paul has just completed some suicide awareness training arranged by his college and is able to ask her if she has thoughts of dying, and if it is something she would act on. Noor confirms that she has been thinking of suicide. Paul is able to put into action the college action plan regarding learners who are at risk, and supports Noor in accessing help and support through the wellbeing team and her GP.



Don't be afraid to ask direct questions or worry that by asking about an individual's thoughts or feelings you may make things worse.

What to do if you are worried that a learner might be at risk of suicide

It is really helpful if you can be clear about what you should do if you have any concerns that a learner is at risk of suicide, such as having an action plan in mind that you can carry out without hesitation or worrying about 'doing the right thing'. This can reduce your anxiety and make it easier for you to make a decision. Sometimes just having an honest supportive conversation can avert a crisis.

Don't be afraid to ask direct questions about an individual's feelings or thoughts or worry that by asking you may make things worse – there is no evidence that talking about suicide increases a person's intent. We often worry that knowing someone is thinking of suicide will make us more anxious; the reality is that it is always better to know what situation we are responding to so that we can make decisions quickly and effectively. Asking about suicide is often the best option, as by simply naming it, it can reduce the risk of someone acting on their thoughts.

ACTION PLAN 1 – opening the dialogue

- ✓ Take the learner somewhere private and safe and talk to them in a direct and caring manner. Explain your reasons for concern.
- ✓ Don't guess – ask them if they are considering ending their life: "Have you had thoughts about ending your life?"
- ✓ Let them know that you care for their safety.
- ✓ Encourage them to seek help via:
 - Their parent.
 - Their carer.
 - Their GP or college counselling service.

When you feel the situation is serious but do not think that the learner requires the emergency services

If the learner confirms that they are contemplating ending their own life but are not in immediate or imminent danger or crisis – perhaps because they have suicidal thoughts but no plans to act on them – you will need to act and share the responsibility with the staff who are in charge of safeguarding or wellbeing.

ACTION PLAN 2 – risk is expressed but not immediate

- ✓ Offer to help them arrange an emergency appointment with their GP or college counselling service.
 - Offer to accompany them to arrange the appointment.
 - Offer to make the initial telephone call, explaining the urgency of the situation and then passing the phone to the learner to arrange an appointment.
- ✓ Give them the contact details for Samaritans and other relevant contacts from Section 6 of this document. If the situation occurs outside of office hours this might contain the situation for the learner until they re-commence.
- ✓ Contact the appropriate member of safeguarding staff in your college and update them on the learner's welfare.
- ✓ Make a written note of key points and action taken for the safeguarding team so that follow-up support can be initiated.
- ✓ Speak with your line manager about your concerns and your actions as soon as possible.
- ✓ Contact HR or the counselling service manager to arrange a debriefing session.

What to do if you are with a learner who has confirmed they are at risk of suicide

When a learner does not feel they can keep themselves safe, and an appointment with support services is not going to be timely or sufficient, it is time to step up to the crisis action plan.

ACTION PLAN 3 – crisis plan

- ✓ Enlist the help of someone else so the learner isn't left alone, and you aren't left alone with the learner.
- ✓ If the learner is willing, arrange for them to go to the nearest A&E. Phone 999 and explain the situation.
- ✓ If the learner is very upset or uncooperative and you are on campus, call reception and ask them to call the police. The police can arrange for an ambulance if necessary. If you are not on campus, call the police yourself.
- ✓ Stay with the learner until the ambulance arrives and you are able to hand over to the paramedics. It is not necessary for you to accompany the learner in the ambulance to hospital.
- ✓ Contact the appropriate member of safeguarding staff in your college and ask for them to join you.

- ✓ Once you have introduced the safeguarding colleague and the learner is safe with them, excuse yourself.
- ✓ Make a written note of key points and action taken.
- ✓ Speak with your line manager about your concerns and your actions as soon as possible.
- ✓ Contact HR or the counselling service manager or equivalent to arrange a debriefing session and hand over written notes so that follow-up support can be initiated. If the incident occurs out of office hours follow up with them as a priority.



CASE STUDY: NIAMH AND ADEDAYO

Niamh and Adedayo approach their pastoral tutor Lucia in some distress. They have received a text from one of their classmates that talks about suicide.

Lucia calls the wellbeing and safeguarding leads who are able to contact the learner and arrange for immediate assistance for the learner following college protocols. Lucia checks in with Niamh and Adedayo and makes sure they are ok, advising them to contact the counselling service if they are still distressed.

How a college can support identified learners once the initial crisis has passed

Once a learner has been identified as being at risk of suicide it is good to have a follow-up plan to ensure the crisis is averted and the learner has adequate support for their mental health.

ACTION PLAN 4 – follow-up support

- ✓ Once the learner returns to college, don't ignore what happened – ask the learner how they are.
- ✓ Ask the learner who they want to know about the situation but don't tell anyone who doesn't need to know.
- ✓ Involve the learning inclusion team or student support who can work with the learner to put a personal support plan in place. This is developed in full collaboration with the learner to make sure that it meets their needs.



In the unfortunate event a suicide occurs

If a suicide or suspected suicide occurs within the college community, it can be an extremely distressing and confusing time for staff and learners alike. It helps if the college has a formal plan of how to respond to this situation which can be put into action as soon as possible. There are some excellent resources by the Samaritans to help support the college in its response, such as:

www.samaritans.org/how-we-can-help/schools/universities/information-university-or-college-staff/supporting-student-community/

What can a college do to enhance staff awareness and confidence in talking about suicide?

To reduce the stigma of mental health issues a college should have a policy where talking about mental health is everyone's responsibility and helping to protect a learner who is suicidal is part of that. The responsibility is with all staff who are in contact with learners, both academic staff and support staff at all levels. The college should develop a programme to facilitate and develop confidence in this.

Additionally, it would be helpful if each college compiles a list of local services and telephone numbers to support the learners and staff which is easy to access and promoted across the college.

How to ensure effective collaboration across the institution

- Promote a culture of openness and care.
- Staff training to grow and develop confidence in these conversations.
- Peer training and support so learners can support each other.
- Raising the profile of suicide awareness and prevention across the college.
- Effective, accessible system in place to record incidents of risk.
- Support for staff who are affected by this work – self-care/debrief.

Finally

Although this information is aimed at supporting learners, the skills and benefits are applicable to staff, and families of staff.



CASE STUDY: PAULINE

Pauline is one of the site maintenance staff. She finds a learner in one of the college toilets who is sobbing and talking about killing themselves. The learner is extremely distressed and there is a packet of pills in their hand. Pauline does not know if the learner has taken any of the tablets.

Pauline is able to stay with the learner and call for support from the safeguarding team, who arrange for an ambulance to come immediately. Pauline is very distressed after this incident and her manager arranges for a debrief as soon as possible and makes sure that she is ok, offering extra support if needed.

It is vitally important to promote openness in talking about suicide, and knowing what to do for learners, friends, family and colleagues. It can be the difference between a life or death.

Research has shown that people from different ethnic and religious backgrounds may find it hard to access support for suicidal feelings. It is important to be aware of this, and not to avoid these conversations where there are concerns, but to inform how concerns may be addressed with sensitivity while remaining culturally respectful. This could be included as part of cultural diversity and inclusion training.

Links to support agencies

Samaritans – for everyone

Call: 116 123

Email: jo@samaritans.org

Information: If you're having a difficult time or if you're worried about someone else.

Shout – for everyone

Text: SHOUT to 85258

Information: 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help. Every texter is connected with a real-life human being trained to bring people from a hot moment to a cool calm place through active listening and collaborative problem-solving.

The Mix – for people under 25

Call: 0808 808 4994

Text: THEMIX to 85258

Visit: www.themix.org.uk

Information: Support and advice for under 25s, including a helpline, crisis messenger service and webchat.

Papyrus – for people under 35

Call: 0800 068 41 41 – 9am to midnight every day

Text: 07860 039967

Email: pat@papyrus-uk.org

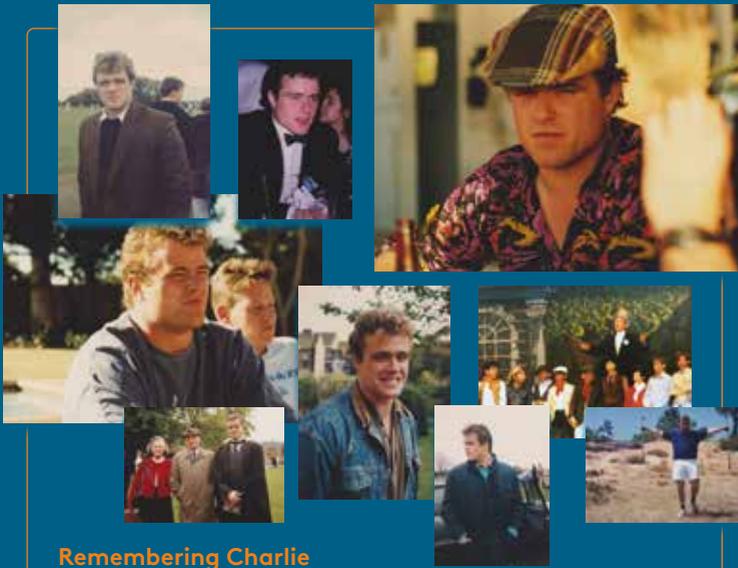
Information: Trained advisers will help you focus on staying safe from suicide. They will provide advice and support that may help you to move forward and stay alive.

Campaign Against Living Miserably (CALM)

Call: 0800 58 58 58 – 5pm to midnight every day

Visit: www.thecalmzone.net/help/webchat

Information: Accredited confidential, anonymous and free support, information and signposting to men anywhere in the UK through the webchat service. Chats are taken by trained staff who are there to listen, support, inform and signpost.



Remembering Charlie

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 depression, 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.

GET IN TOUCH

hello@charliewaller.org
01635 869754

FIND OUT MORE

charliewaller.org

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SUPPORTING US

If you have found this resource useful please consider donating to help us continue our work



Text

To donate £10 **Text 'CWT' to 70085**
This costs £10 plus the cost of a standard rate message



Online

Visit charliewaller.org/donate



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First Floor • Rear Office • 32 High Street • Thatcham • Berkshire RG19 3JD

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