

A partnership between:



**Supporting the mental
health and wellbeing of
children and young people**

Contents

Section one: introduction	3
About this guide	3
What is mental health?	4
What is wellbeing?	4
The mental wellbeing continuum – we all have mental health!	5
Has there been a rise in mental health problems?.....	6
Societal changes, sensitivity and resilience	6
Emotional distress – what’s normal?.....	6
Section two: practical strategies	9
Mental health problems in young people:.....	9
• Spotting the signs using the STRESS acronym	
Supporting a child or young person:.....	14
• Where to start, using the PLEASE acronym	
Activities which promote wellbeing:.....	21
• Using the CLANGERS acronym	
Supporting a child or young person who may be suicidal:.....	25
• Using the ASK acronym	
Section three: helpful information	30
About the author	30
Video links	30
Resources	31
• Support for children and young people	31
• Support for parents and carers.....	32
• Self-care	33
• Mental health training and additional resources	33
References	34



Section 1: introduction

About this guide

This is a guide for parents, carers, teachers and any other adults who support, live with, or work with children and young people. It accompanies a series of **videos** featuring children and young people from primary and secondary schools, who tell us what they need from the adults around them when they are experiencing emotional distress.

We have also produced two **video dramatisations** of adults interacting with young people showing common responses to distress which don't go so well, followed by 'better' responses, using some of the strategies outlined below.

The guide was written by Sarah Ashworth on behalf of the **Charlie Watkins Foundation** and the **Charlie Waller Trust**. The videos were initiated and funded by the Charlie Watkins Foundation and the primary and secondary school films were produced by **Boys in Mind** with thanks to Andrew Hassenruck, Fran Landsman and Kate Murphy and children and young people from the following schools:

- Combe Down Primary School
- St Martin's Garden Primary School
- Beechen Cliff School
- Mendip Studio School

The video dramatisations featuring '**Raman**' and '**Josie**' were produced by **Haleem Clift** and Jesse Roth from **Rexton Films**.



A note on content

The Charlie Waller Trust was set up following the suicide of Charlie Waller in 1997 at the age of 28. The Charlie Watkins Foundation was formed in 2017 following Charlie Watkins' suicide at the age of 22. From 2001 to 2018, suicide was the leading cause of death in the UK for both young men and women aged 20 to 34 years old.¹

This guide and one of the accompanying **videos** include content related to supporting a young person experiencing thoughts of suicide. Talking about suicide is still something of a taboo subject, but it's important that we do talk about it, as doing so can save lives. However, discussions about suicide can bring up difficult emotions, particularly for those of us who have lost a family member, friend or colleague to suicide, or for those of us who have experienced suicidal thoughts ourselves. You will find sources of support in the resources section at the end of this guide.



Perfection not required

This is NOT a guide about how to be the 'perfect' parent, carer or supporter of children and young people. I have yet to meet such a person, and I am certainly not perfect myself! Supporting children and young people can be challenging at times, particularly where there are concerns that they may be experiencing difficulties with their mental health or wellbeing.

“Mental health is an integral part of our general health and wellbeing and a basic human right. Having good mental health means we are better able to connect, function, cope and thrive.”²

As adults who support children and young people, it's natural to want to recognise the early signs of potential mental health issues. Additionally, we strive to learn how to respond appropriately if there are concerns, so that we can offer timely and effective support, preventing any emerging problems from worsening.

While watching the accompanying **videos** it may be helpful to read through the guide and reflect on how Raman and Josie's parents could have responded differently in each clip. This includes considering the 'better' responses, which offer a starting point on how we can respond in better ways and are not presented as 'perfect' examples! You might also reflect on what you are already doing well, and what you could improve.

This is not the 'perfect' guide either! You may have specific concerns which are not covered and it's likely that you will still have questions after reading it and may want to find out more. The Charlie Waller Trust offers **free training** on a range of mental health issues related to children and young people and a **parent carer peer support programme**. You will also find additional resources at the end of the guide.

What is 'mental health'?

“Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future”³

So, what is 'mental health'? Firstly, it's important to recognise that mental health encompasses more than the absence of a diagnosable mental health condition, such as an anxiety disorder or depression. Mental health, much like physical health, varies over time, depending on our life circumstances. The World Health Organisation states that:

'Several factors, both controllable and uncontrollable, influence our mental health. These include our physical health, the quality and quantity of our sleep, our diet and nutrition, our level of physical activity, our relationships with others, our genetics, and socio-economic and cultural factors. Furthermore, events in our lives, whether positive or negative, also play a significant role in shaping our mental health'.

What is wellbeing?

Psychological wellbeing includes the degree to which we can:

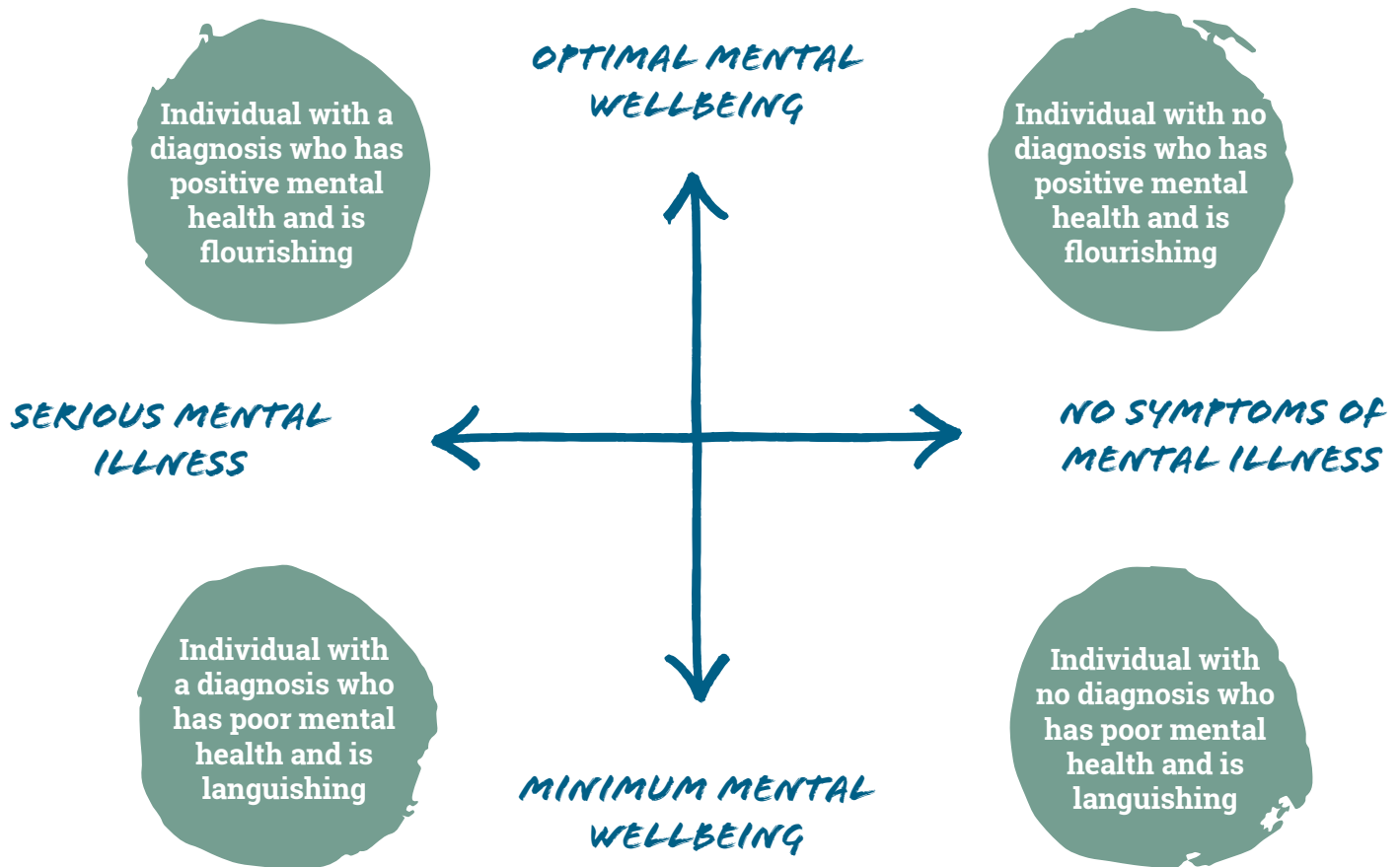
- Accept ourselves as we are.
- Master our environment and the challenges we face.
- Develop positive relationships.
- Develop autonomy and a sense of purpose in life.

Wellbeing is also influenced by how we experience ourselves, our thoughts and emotions and relates to our satisfaction with life, including how happy we feel.

The mental wellbeing continuum – we all have mental health!

Our mental health and wellbeing are not fixed, but dynamic, as they can fluctuate and transform over time. To illustrate this, we can use a dual-axis continuum, as depicted in the diagram below.⁴ The horizontal axis represents a spectrum, ranging from a diagnosis of a severe mental health problem on the left to the absence of symptoms that meet the criteria for diagnosis on the right.

The vertical axis shows a continuum of wellbeing from high levels at the top of the axis to minimal levels of wellbeing at the bottom. I'll use myself as an example to demonstrate how we can move around this continuum over time.



Life wasn't so great during my younger years. Family problems, bullying and school issues had left me socially isolated, feeling really bad about myself and with no one to turn to for help. Based on the diagram above, I was positioned in the bottom-right quadrant of the mental wellbeing continuum. I didn't have a diagnosis, but I had poor mental health and was languishing.

Shortly before my 21st birthday, my father died, and I found myself running his business - not something I had planned. Over the next few years, my mental health deteriorated; I was referred to a psychiatrist and eventually admitted to a psychiatric hospital. The future looked hopeless. At this point, I was positioned in the bottom left-hand quadrant of the mental wellbeing continuum.

Despite the poor prognosis, I began to take action to improve my mental health and wellbeing, and my wellbeing started to improve. Although I still had a diagnosis, I had by this point moved up to the top left quadrant of the diagram.

Eventually, I discovered that I had a previously undiagnosed physical condition, which had been causing many of my mental health symptoms. Once this physical problem was diagnosed and treated, my symptoms resolved, and I no longer met the criteria for a mental health diagnosis.

Nowadays, I am mostly in the top right quadrant of the diagram. I don't meet the criteria for a diagnosis and generally have good mental health. However, like anyone else, my wellbeing can dip down towards the bottom right-hand quadrant from time to time, particularly when life circumstances become challenging, or when I stop using the strategies outlined later in this guide.

Has there been a rise in mental health problems?

In recent years, there has been a significant shift in the way mental health is perceived and talked about. When I was younger, mental health was often stigmatised and considered a taboo subject. Today, there is more awareness and open discussion about mental health issues.

However, we have also seen a concerning increase in the number of children and young people experiencing mental health problems, especially in the last five years,⁵ with one in four 17- to 19-year-olds and one in five 11- to 16-year-olds having a probable mental disorder in 2022, compared to one in ten and one in seven respectively, in 2017.⁶

The increase in awareness and identification of mental health problems may be one reason for the rise in prevalence among children and young people, and there is indeed evidence that more children and young people are seeking support. However, their problems may have become more complex and severe in recent years.⁷

Societal changes, sensitivity and resilience

Some experts suggest that the recent increase in mental health and wellbeing issues among children and young people could be due to a 'mismatch' between a rapidly changing social environment and evolution.⁸ The modern world has seen significant changes, particularly in recent years, which have adversely impacted the mental health of young people.⁹ Increasing pressure to achieve and succeed, the impact of social media and how we see ourselves in relation to others, and changes in family structure and dynamics may all be contributing to the rise.¹⁰

More recently, the COVID-19 pandemic, ongoing wars and conflicts, the climate and cost of living crises and economic inequality have affected everyone to varying degrees, with certain groups facing greater challenges. Children and young people who have experienced adverse childhood events are at greater risk of developing mental health problems, and that risk increases with the number of adverse experiences.¹¹

Recent evidence suggests that changes in our environment can impact some individuals more than others. Studies indicate that approximately 15-20% of the population may be more affected by what happens to them. Researchers suggest these individuals are like 'orchids', requiring optimal conditions to thrive, while the remaining 80-85% of the population are comparable to 'dandelions', resilient even under the most challenging conditions.

However, it's important to note that resilience is a skill that can be developed by everybody. Additionally, while 'orchids' may be more adversely impacted by an unfavourable environment in comparison to their 'dandelion' peers, they are also more positively influenced by an environment which supports them to fulfil their innate potential. In optimal circumstances, they may also outperform their peers.¹²

Although some children and young people may be more sensitive than others, they all need support during moments of emotional overwhelm. The good news is that the quality of the connections we make with children and young people are a better predictor for their future mental health than their history of adversity.¹³ By utilising the strategies presented in this guide, you can create an environment in which all children and young people are able to thrive and reach their own innate and unique potential.

Key points:

- We all have a state of mental health which can change over time and is affected by many different factors.
- It is possible to have a mental health diagnosis and have good levels of wellbeing.
- There is evidence that mental health problems in children and young people have risen in recent years.
- Rapid changes in the way we live our lives may be having an impact on the mental health and wellbeing of everyone.
- Some of us may be more sensitive to these changes than others, being more affected – both positively and negatively - by our environment and what happens to us.
- Adverse childhood experiences are linked to poorer mental health outcomes.
- The quality of the connections we make with children and young people is a buffer against adversity.
- Resilience is a skill that can be developed by everyone.

Emotional distress – what's 'normal'?

As humans, it's natural to experience a wide range of emotions in life. Although we tend to prefer positive emotional states like joy, excitement and contentment, it's normal to also experience less pleasant emotions at times, such as anxiety, anger or sadness.

Emotions

As we will see from the examples below, emotions are linked to what is happening in our bodies, and to our thoughts and behaviour, moving us away from things that we experience as threatening and towards things which are important for our survival.

Anxiety/fear: moves us to take aversive action and move away from something which is threatening, or we perceive to be threatening. Examples might include:

- Taking exams.
- Presenting a talk in front of a large group of people.

Anger: moves us to act to protect ourselves, for example:

- When someone threatens us.
- When someone treats us badly.

Sadness: moves us to seek out comfort from others, or signals to others that we need comfort, for example:

- When we have lost someone who is important to us.
- When we are disappointed by something that has happened.

In different situations, depending on how we perceive them, we are likely to notice changes in our experience, including physiological changes and differences in how we experience our bodies, changes in our emotions, changes in the way we think about things, and changes in the way we behave.

Let's use an example of taking exams, which many people may find somewhat challenging. Emotionally, we may feel anxiety, fear and a sense of dread.

Physiology

When we feel threatened in some way, physical changes occur in the body, which prepare us to deal with the threat. These changes may include:

- Increased muscular tension.
- Heart beating faster.
- Breathing becoming fast and shallow.
- Feeling shaky.

These changes are not pleasant, and they are not supposed to be. They prepare us for a narrow range of actions to avoid something potentially threatening. These actions include to 'fight' or to 'flee' from the threat; we may also 'freeze', if escaping the threat seems unlikely; and if the threat goes on for long enough, or we are at imminent risk of destruction, we may 'flop', and dissociate from what is happening to us.

These responses are automatic and understandable if we are being threatened by a dangerous predator, but are perhaps not so helpful when we are preparing to take an exam! However, it's important to take note that we do not consciously choose these responses, they are automatic. Furthermore, because our nervous systems prioritise survival above all else, we are hardwired to have negative biases in the face of a potential threat, which correspond to the kind of thoughts we will see below.

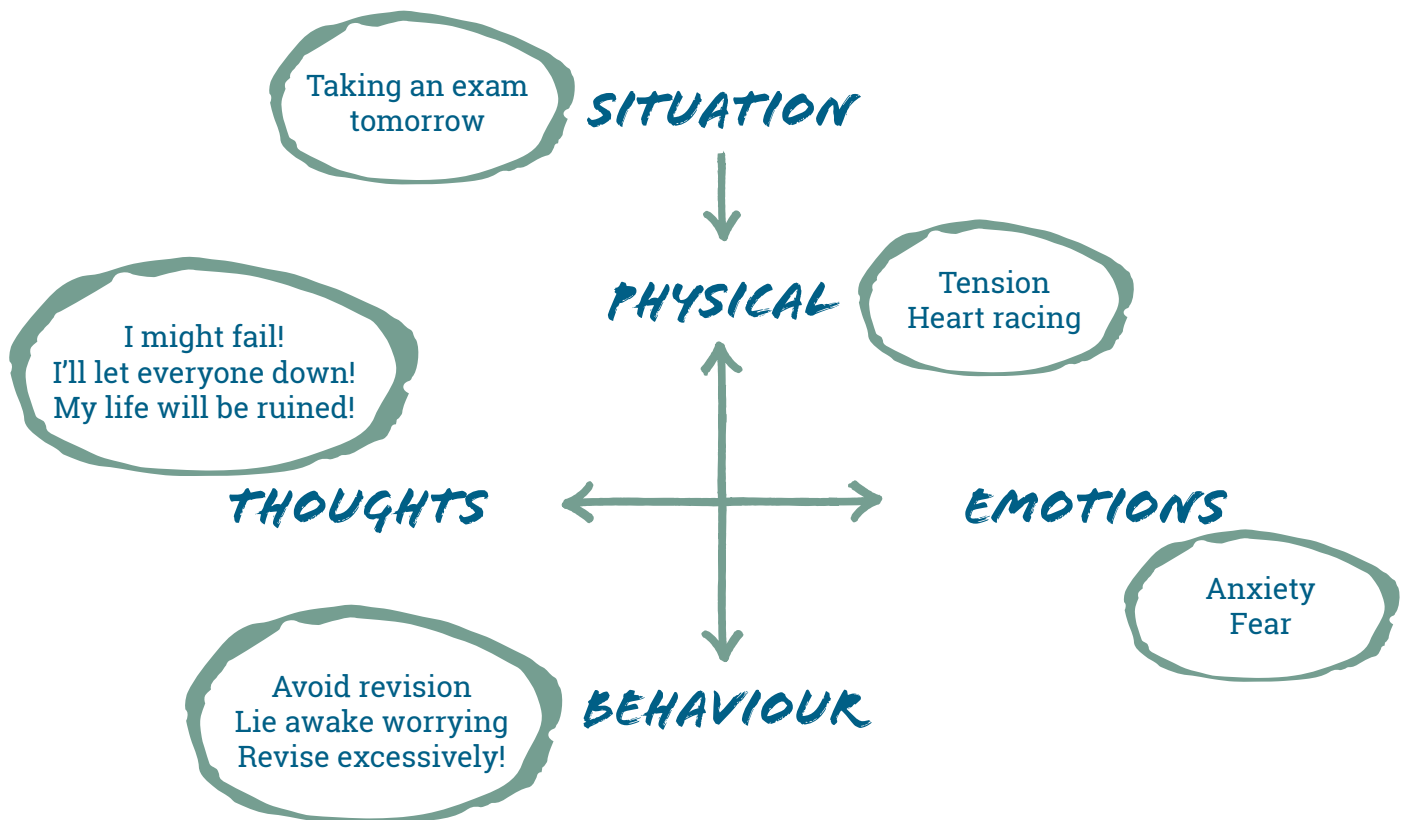
Thoughts

We are likely to experience corresponding thoughts such as:

- "What if I don't do well?"
- "What if I fail?"
- "What if others are disappointed in me?"
- "I can't stand feeling like this!"

Behaviour

I might become more avoidant; I may procrastinate and put off revising, even though it might be helpful for me to do so, or I might spend so much time revising that I don't take the time to take care of myself, including getting enough sleep, or to eat. The figure below shows how this all fits together.



Emotions such as anxiety, and the associated changes to our physiology, thoughts and behaviours, are usually temporary states while aspects of our lives are challenging; this temporary distress usually passes – for example, after the exam is over. However, some of us may experience distress which continues after the exam, or the anxiety may seem disproportionate or disabling and impact negatively on performance.

Sometimes, we might find ourselves starting to experience stronger, more persistent physiological states, corresponding emotions, negative thoughts, and problematic behaviours. This may be because we have one or more difficult things to deal with in our lives or there may be no apparent reason we feel the way we do. When these experiences become more distressing and are having a detrimental impact on our lives, it may indicate that a mental health problem is developing.

When a child or young person is experiencing changes which are longer lasting, severe, or are having a detrimental impact on various aspects of their lives, it is important to recognise and take prompt action to ensure they receive support. Mental health problems can affect a child or young person's ability to learn, socialise and manage other aspects of life.

Key points:

- It's normal to experience difficult emotions such as sadness, anger or fear.
- There is a strong link between our emotions, our physiological state, our thoughts and beliefs, and our behaviours.
- If we perceive a situation to be threatening, we will experience physiological, emotional and cognitive changes which prompt us to take action to avoid the threat.
- Where distressing emotions are extreme, long-lasting and have a significantly detrimental impact on our ability to live our lives and do the things we want and need to do, we may meet the criteria for a mental health condition.

Section 2: practical strategies

What are the signs that a child or young person may be experiencing a mental health problem?

The signs of mental health difficulties in children and young people vary depending on the individual, and some may be more noticeable or obvious than others. It can be particularly challenging to identify mental health problems in some children and young people. For instance, although autistic children and young people are more likely to experience mental health problems than their peers, signs of a mental health problem may be confused with neurodivergent behaviours.¹⁴ Similarly, signs of distress in a child or young person with special educational needs and disabilities may be incorrectly attributed to their diagnosed learning difficulty rather than recognised as indicators of mental health and wellbeing difficulties.¹⁵

The **STRESS** acronym outlined below, stands for evidence of any changes in the way a child or young person may be thinking, how they might be feeling physically and emotionally, and how they are behaving, in a number of aspects of their lives:

Studying, school or college work

Temperament (changes in mood or emotions)

Reactions (changes in behaviour)

Energy and eating

Sleep

Self-harm and suicidality



STRESS

Studying or learning

Learning is a complex process that requires concentration, focus and a calm state of mind. The ability to learn new information and retain it is crucial for success in school, college or university. However, mental or emotional distress can negatively impact our ability to learn and remember information effectively.

Experiencing distress commonly leads to difficulties with study. For example, avoiding starting or completing homework or revision, missing classes, struggling to stay focussed and on task in school, college or university and missing classes or avoiding attending them altogether.

Even students who typically achieve good grades may experience a drop in academic performance or interest, which can be subtle or significant. Some young people may continue to achieve high grades, but at the cost of their personal life, such as no longer spending time with friends, neglecting basic needs like eating and sleeping, or giving up hobbies they once enjoyed.

STRESS

Temperament, mood or emotions

Adolescence is a complex developmental stage that is characterised by significant changes in the brain and hormones. These changes can trigger intense emotions and mood swings, which are a normal part of development.¹⁶ However, if a young person is experiencing more severe and long-lasting mood changes, it may be a sign of a mental health issue that requires attention and support.

Changes in mood which may indicate the development of a mental health problem may include one or more of the following:

- Persistent sadness or low mood
- Excessive worry or anxiety
- Increased irritability
- Feelings of hopelessness, worthlessness or guilt
- Blunted emotional expression.

These changes may be triggered by identifiable events, such as the loss of a loved one or difficulties with peers at school, or may occur without an apparent cause.

STRESS

Reactions

When a child or young person is experiencing mental health difficulties, their behaviour and reactions may change in various ways. For instance, they may start avoiding people or situations that trigger anxiety or feelings of being overwhelmed. They may become more irritable or argumentative than usual and lose interest in activities they used to enjoy. You may notice they appear more tearful than usual. They may become more obsessive about aspects of their lives.

It's normal for a number of behavioural changes to take place during adolescence, which can include increased risk taking and becoming more self-conscious. Some young people may become excessively preoccupied with their appearance, leading to heightened sensitivity and concern than usual. Conversely, in some cases, the young person may neglect their personal hygiene, for example by not washing or brushing their teeth. Some young people may start to use drugs or alcohol.

Some children and young people may also become more withdrawn and spend more time alone. It can be difficult to determine if this is a cause for concern, when spending more time in their rooms and less time with their family is common during adolescence. Conversely, some young people may seek out comfort and reassurance more than usual and avoid being alone.

A young person may exhibit strange or unusual behaviour that is inconsistent with their personality or past behaviour, which may indicate that they are experiencing a first episode of psychosis. Recent evidence found that overall, 18.4% of 17- to 24-year-olds were 'at risk' for psychotic-like experiences, with young people with a

probable mental disorder being at higher risk.¹⁷ Although the highest risk period for developing psychosis is during adolescence, it's important to understand that psychosis can occur at any age, including childhood and later adulthood. Be alert to any changes in young people which include:

- Expressing unusual beliefs which are not based on reality.
- Experiencing changes in perception such as hearing voices or seeing things which others can't.
- Becoming more aggressive, paranoid or withdrawn.
- Having difficulty organising their thoughts and expressing themselves clearly.

It's essential to be mindful of any changes which may indicate the emergence of psychosis and seek professional help as soon as possible. Early intervention is crucial for achieving better outcomes for children and young people experiencing psychosis. Start by speaking to the young person's GP, who can refer them to either Child and Adolescent Mental Health Services (CAMHS) or Children and Young People's Mental Health Services (CYPMHS), or an Early Intervention Team or Service (EIS), which is a specialised service for young people experiencing their first episode of psychosis. See also the resources section at the end of this guide.

STRESS

Energy and eating

A child or young person may appear more tired, with decreased energy levels, which are not typical for them. However, for other young people, there may seem to be an increase in energy and they may be more tense, restless, excitable or agitated than usual. You may notice a young person appears to have less appetite and is eating less; consequently, they may be losing weight.

Other young people may use food to comfort themselves and may gain weight at a rate which is unusual for their age and stage of development. However, for some young people there may not be a change in weight – for example, a young person who is using food to comfort themselves and then subsequently restricts their intake of food to avoid gaining weight, or there is evidence of compensatory behaviour such as purging or using laxatives. Recent data from 2022 suggests a significant increase in eating problems, particularly in young women and girls,¹⁸ with a prevalence of possible eating problems in 12.9% of children aged 11 to 16 years old rising to 60.3% of young people aged 17 to 19 years.¹⁹

It's important to be mindful of the potential link between nutrition and mental health, as addressing any deficiencies through a balanced diet or supplements may improve mental health outcomes. For example, research has identified that some young people with depression may have nutritional deficiencies such as vitamin B12, folate or vitamin D.²⁰ Low levels of vitamin D have also been associated with anxiety²¹ and suicidal behaviour in young people,²² while lower levels of omega-3 polyunsaturated essential fatty acids are linked to eating disorders²³ and depression in adolescents with eating disorders.²⁴

If you have any concerns about potential problems with a child or young person's eating behaviour or nutrition, it is important to seek appropriate professional support as soon as possible. This may involve consulting a suitably qualified healthcare professional or a dietitian to identify and address any nutritional deficiencies. See the resources section at the end of this guide for sources of support.

STRESS

Sleep

Sleep is crucial for both physical and mental health, and for learning and memory. School age children need between nine and 11 hours, and adolescents between eight and 10 hours of sleep each night. Children and young people need a lot of sleep, and they don't always get it; studies have shown that 34% of 7- to 16-year-olds had a problem with sleep for three nights or more in the previous week in 2022.²⁵ In some children and young people, sleep problems are more common: for example, some research suggests that over 60% of autistic children and young people experience sleep difficulties.²⁶

It's worth noting that some sleep pattern changes are normal during adolescence due to hormonal and neuronal changes. For instance, teenagers tend to stay up later and feel less tired, which may be attributed to melatonin, the sleepy hormone, being released up to three hours later in adolescence compared to childhood and adulthood. However, the use of electronic devices emitting bright light before bedtime can further delay melatonin production, affecting sleep onset.²⁷

Sleep problems can manifest in various ways, such as:

- Difficulty falling asleep or taking a long time to fall asleep.
- Waking frequently during the night and having trouble getting back to sleep.
- Nightmares or night terrors.
- Daytime sleepiness.
- Snoring or breathing difficulties during sleep.*

* Researchers recommend that all children and adolescents who snore should be screened for sleep apnoea,²⁸ which affects between 1% to 3% of all children, with a higher prevalence in children and young people with certain medical conditions. A further 6% to 27% of children have symptoms which are consistent with breathing problems during sleep.²⁹ As sleep apnoea can have serious implications for physical and mental health, if you have any concerns, do raise them with your doctor.

STRESS

Self-harm

According to recent evidence, 7.8% of children aged seven to 16 years had reported having self-harmed at some point in their lives, with girls being more likely to do so than boys. Moreover, children and young people who meet the diagnostic criteria for a mental health condition are at a higher risk of self-harming.³⁰

Young people start self-harming for a wide range of reasons, which may include: pressures at home or at school; experience of abuse; a bereavement or other loss; money worries; relationship issues; difficulty managing emotions like anger, anxiety or low mood; and concerns about identity, gender or sexuality. Young people may be more likely to self-harm when they are under the influence of alcohol or other drugs.

Signs of self-harm may include unexplained cuts, burn marks or other injuries to the body. Some young people hurt themselves in other ways, such as punching walls or hitting themselves; others may pull out hair or compulsively pick at the skin. You may not be aware that self-harm is taking place if a young person covers areas of their body where they are self-harming. For example, they may wear long-sleeved clothing in the summer months, or avoid taking part in activities such as swimming, where they would have to expose areas of their body where they have self-harmed.

Although evidence of self-harm does not necessarily mean that a young person is suicidal, evidence suggests that there is a significantly increased risk of future suicide in young people who have engaged in self-harm.³¹ This highlights a pressing need to identify and support young people who are engaging in self-harm.

STRESS

Suicidality

It is important to be alert for any expressions of hopelessness in a young person, such as saying or doing things that suggest they don't want to live. Although some young people may openly admit to having suicidal thoughts, it's not always the case. Therefore, it's important not to assume that they would confide in someone, even if they're typically forthcoming about their feelings.

A young person may be concerned that if they were to tell a parent, carer or other adult they had been having thoughts of suicide, that this would worry or upset the adult, or that they might react with anger or judgement. A young person might also be worried about potential consequences of telling an adult about suicidal thoughts, such as being punished in some way, accused of selfishness, or being subjected to unwanted treatment or medical intervention.

If you are concerned that a young person is struggling with mental health issues, it's essential to ask them directly if they have been having any thoughts about suicide. Refer to the [video scenario with Josie](#) and the section in this guide on [supporting a child or young person who may be suicidal](#) for guidance on starting and managing a conversation around suicidal thoughts.



Key points:

- We are all different and the signs that someone is experiencing a mental health problem differ from person to person.
- Be alert to any significant changes in key areas of a child or young person's life:

Studying

Temperament, mood and emotions

Reactions or behaviour

Energy levels and eating habits

Sleep

Self-harm and suicidality

- It's normal to experience temporary changes in ability to study, in temperament and behaviour and in energy levels and sleep – this does not necessarily mean a child or young person is experiencing mental health problems.
- There are significant changes which take place during adolescence which affect mood and behaviour – this does not mean that a young person is experiencing mental health problems.
- These changes can become problematic when they are extreme, long-lasting and have an impact on our ability to live our lives and do the things we want and need to do.
- Getting support early is important to ensure more favourable outcomes, particularly where there are serious concerns about self-harm, suicidal thoughts, eating disorders or psychosis.
- Physical health problems and nutritional imbalances can also impact on mental health and any concerns should be discussed with a suitably qualified healthcare practitioner.

Supporting a child or young person – where to start?

If you have noticed changes in a young person or have concerns that a child or young person may be experiencing problems with their mental health and emotional wellbeing, what next?

Calm – PLEASE!

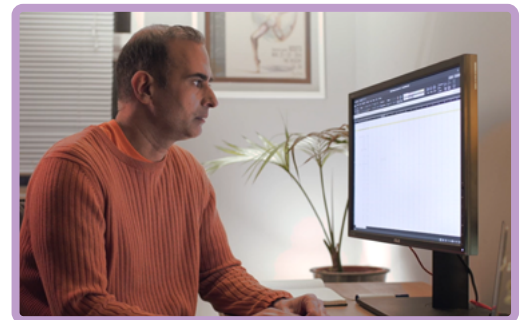
Before initiating any conversation with a child or young person who is distressed, it is essential that we do what we can to develop a calm internal state as adults. Researchers have found that simply watching another person who is feeling stressed is linked to a corresponding rise in stress hormones in our own bodies.^{32,33} It's therefore crucial to manage our own emotions and stress levels as this can help create a more stable and supportive environment for the children and young people around us. This quote, attributed to parenting expert L.R. Knost, sums up the importance of this:

“When little people are overwhelmed by big emotions, it’s our job to share our calm, not join their chaos.”

The good news is that calmness is also contagious, too. Nevertheless, developing inner calmness is easier said than done, particularly when we have challenges of our own and so many changes have taken place which have disrupted all our lives. Working from home has impacted on family relationships, while parents and carers may have lost their jobs or businesses. Similarly, school, college and university staff face unprecedented stress.

When we are under pressure, it can feel more of a challenge to find the time to take care of ourselves. However, acknowledging our stress or overwhelm is an important first step. We can then choose to use it as an opportunity to take time to engage in a calming activity, even if it's something as quick and simple as just taking a few deep breaths.

You can see an example of this **in the video** where Raman’s father, who is busy with work, provides a better response to Raman when he takes a moment to take a deep breath and compose himself, before continuing the conversation with Raman. Taking time to do this can help them both.



We all need a certain amount of stress in our lives; exposure to stress that is predictable, moderate and controlled helps us to develop resilience. However, stress that is unpredictable, severe and prolonged may make us more vulnerable.

The World Health Organisation has produced **Doing What Matters in Times of Stress: An Illustrated Guide** which includes helpful ideas and guidance for managing stress in times of adversity. There are some additional, evidence-based ideas for promoting wellbeing later in this guide – look out for **CLANGERS** later.

So, doing what we can to generate inner calm will help support a child or young person who is in distress. They will pick up on our calmness, and it will help them to feel calmer, too. It's also important to remember that you don't necessarily have to do much to make a difference – simply noticing or smiling at a young person can really help:



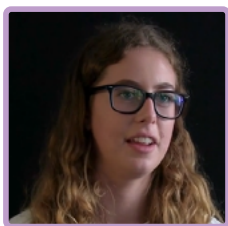
“It can be such a little thing ... when someone smiles at me or says ‘hello’ or ‘how are you’, it can really make a big difference if I’m having a bad day.”
(Olivia)

A calmer environment

As well as doing our best to become as calm as we can be, depending on where we are – whether at home, school, college, university or elsewhere – it will be helpful to find a calm environment or place, to start a conversation.

In the video example, Raman's father might have asked him if he would have preferred going into another room or engaging in an activity which both find calming and enjoyable. Children and young people may feel more

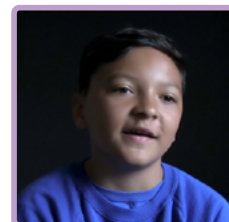
comfortable talking to you if they are alongside you – for example, in a car, or going for a walk – rather than directly facing you. Look for opportunities to make time to encourage children and young people to start talking and sharing how they feel in the right kind of environment for them, or even just spending some quality time with you.



“Taking their own time out of their day to be with me, even if it’s just as simple as going for a walk, you know that there’s someone that you can talk to, and it’s nice to get fresh air, and just feel like you’re not trapped in your rut that you’re in, you get to enjoy something again.” (Siena)

Some children and young people need to be given the opportunity to calm down when they are feeling distressed, particularly when feeling angry, as Preston tells us:

“Give you some time and space to calm down and then they can come and speak to you and find out why you were angry, and then figure out the problem and then solve it.”
(Preston)



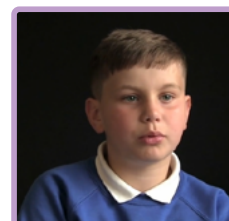
Depending on how they are feeling at the time, other children and young people may prefer to connect with an adult for comfort, in addition to a change in the environment.



“My mum helps comfort me, helps me talk about my worries, she takes me somewhere else, usually in a room, just the two of us ...to help me get over the fear. In school, it’s pretty much the same, where a teacher of mine, she usually takes me in a room or outside and helps me talk about the fear.” (Donovan)

A quiet environment is also important, and, for many young people, this will be somewhere they feel they can talk in confidence, without being overheard by others.

“Take me into a private room and just talk to me privately.” (Aiden)



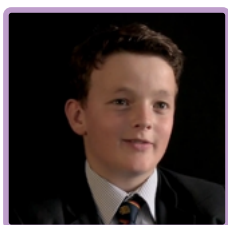
So, you’ve found somewhere suitable, where the child or young person might feel most comfortable to talk about how they’ve been feeling. You’ve done your best to be as calm as you possibly can be. What next?

The acronym **PLEASE** outlines the elements to remember when supporting a child or young person who may be experiencing problems with their mental health or wellbeing, or is simply feeling unhappy about something currently happening in their lives.

PLEASE

Pay attention

Children and young people in the primary and secondary school **videos** said how important it is to them that adults demonstrate that they are available to listen by reducing and eliminating distractions such as smartphones, tablets and other devices.



“If they go on their phone, you know they’re not listening, ‘cause they’re probably more interested in the thing that they have got on their screen. If they give you eye contact, you know that they’ll be listening and you’re free to talk to them” (Owen)

Children and young people want us to make time for them, free of distractions. This is particularly important if it is the first time a child or young person has talked to us about how they have been feeling. If they feel like we are preoccupied and more interested in our smartphone or other device than in them, they may not feel comfortable in seeking support from us in the future.



"If someone's looking out the window or looking at their phone or interrupting you, it's very isolating and really quite damaging as well - it's a very vulnerable thing to talk about things that are difficult for you - if it's the first time you've done that - you feel embarrassed - shut down and then in the future you're not able to have these conversations." (Olivia)

Although technology has many advantages and is an integral part of our lives, it's important that we regulate our usage. There is growing concern that our use of technology, such as smartphones, in the presence of children and young people, may adversely affect their social and emotional development.

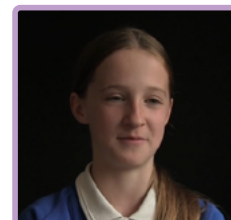
The term **'phubbing'**, which combines **'phone'** and **'snubbing'**, has been coined to describe the behaviour of paying more attention to our mobile phone or other devices, rather than the person in front of us. This is considered a transgression of social rules, signalling a lack of interest, and disengagement in relationships.³⁴

Similarly, **'technoference'** refers to interruptions in communication due to technology use,³⁵ with research suggesting that higher levels of technoference are associated with adults being less sensitive and responsive towards young children, leading to impairments in learning³⁶ and the development of language.³⁷ Studies also suggest that parental technoference is linked to the development of adolescent mental health problems and deviant behaviours.³⁸ Technoference may therefore be a new threat to family relationships and child development.³⁹ Although further research is currently being conducted in this area,⁴⁰ the research to date highlights how important it is to manage our own smartphone use around children and young people.

Balancing various demands on our time can be challenging, especially when working from home. In the initial **video scenario** with Raman, he notices that his father's attention is primarily on his computer screen. However, in the replayed scene, Raman's father deliberately turns away from his computer screen to focus on his son. Even a brief period of focused attention can significantly impact the quality of the interaction.

Eye contact is also very important and demonstrates to children and young people that the adults around them are focussed on them, and not on something else.

"When they are looking at me and they're looking in my eyes and they're not on their mobile phone or something ... and they're not looking at something else ... when they're completely paying attention to me." (Sophie)



PLEASE

Listen

The children and young people in our primary and secondary school **videos** emphasised just how important active listening is when providing support. Depending on the situation, simply listening attentively without interruption may be sufficient in addressing their concerns and help them to calm down.

"Definitely listen - if they're listening, that's all you need. It doesn't matter if they're not giving any advice. As long as they're listening, and they show they're listening, that's the best thing they can do." (Donovan)

"Listen - a lot of fear or anxiety is so much worse when it's in your own head; in the process of verbalising it, you are able to rationalise it and understand it. Having that conversational dialogue with someone else enables you to do that much better." (Olivia)

Children and young people are perceptive and can discern whether we are genuinely listening to them (or not!). They are attuned to the signs that someone is actively engaged and paying attention.



“When an adult’s listening to me it’s eye contact, nodding along when I’m saying something, maybe even parroting some of the words I’m saying, reiterating the situation I’m talking to them about. Reading the energy of the person is really important, in seeing if they are actually engaging in the conversation with you.”
(Harry)

“They will be patient with you ...they will listen and they won’t speak over you, they won’t get distracted, they won’t be staring out a window while you’re talking, they won’t be on their phone, they won’t be doing something else, they’ll be looking at you, and they’ll be listening, and you can just tell. It’s really nice to know that they will always listen to you.” (Charlotte)



“When they aren’t talking or look in a different direction or fiddling with something - and when you’re done talking, they respond with similar words you’ve said.” (Jesse)

Children and young people possess a remarkable ability to distinguish between genuine interest and feigned attention from the adults in their lives. As a parent, I remember picking up my daughter from school one day and being preoccupied with work-related thoughts. She wanted to talk about what had happened at school and despite my efforts to feign attentiveness while I continued to ruminate about work, she said, "you aren't really listening, are you?"

“You can just tell that it’s not fake.” (Charlotte)

She was right, of course. It’s important to acknowledge any distractions that may hinder our ability to listen attentively, and this may mean negotiating a better time when we are able to make a conscious effort to be present and actively listen. So I apologised and admitted that I was preoccupied and I would love to listen to her day properly once we got home, after I’d had the chance to have a cup of tea and switch off from the day’s work.

“The best thing they can do if they know that they don’t have that time at that moment is to not give you a half-hearted response or chat, but rather say ‘would it be alright if we spoke in an hour’ or something, just so you know that when you do get to talk, you’re not going to feel that they’d rather be somewhere else.” (Siena)

The first **video scenario**, Raman’s father is focussed on his screen and not on Raman. Rather than actively listening, he gives unsolicited advice about Raman’s own technology use, prompting Raman to draw attention to his father’s hypocrisy. In contrast, when the scene is replayed, Raman’s father turns away from his screen and genuinely listens to him, resulting in a more positive interaction between them.

PLEASE

Empathise

Understanding the experiences of a child or young person can be challenging, especially if you haven't experienced something similar. For instance, if a child is being called unpleasant names, you might recall being told that "sticks and stones may break your bones, but words will never hurt you." This is certainly something I remember hearing when I was younger, and it’s far from accurate. Being verbally bullied or ostracised by peers can be extremely distressing, and without support and understanding, it may negatively impact a child or young person’s mental health and wellbeing.

However, empathy doesn't necessarily require us to have had similar experiences to another person; instead, it entails understanding and connecting with their feelings, as if we were looking at the world through their eyes, from their perspective.



“Feel about how the kid feels in the situation and how hard it is for the child instead of just thinking ‘I’m the adult, so I’m right, and my viewpoint’s correct, just because I have lived more years on earth’. Listen to the child’s feelings and what they are feeling at the minute, take it in and try to put yourself in their shoes.” (Sulayman)

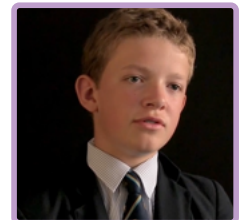
In the **initial video scenario** Raman's father seems too busy to empathise with his son's perspective. However, in the better response that follows, his father takes the time to empathise and understand Raman's concerns, before attempting to look at potential solutions together. In the **second video scenario** Josie's mother demonstrates a far more empathic response to Josie's concerns.

PLEASE

Acknowledgement and authenticity

It's also important to acknowledge and validate the feelings that young people are having. Sometimes this can be enough to help them to feel understood and accepted, and to start feeling better.

“Usually when I feel sad, I go to my parents because I feel like they’re the people who know me the best and they know how to acknowledge my feelings when I’m sad ... sometimes ... they usually let me be by myself... they let me relax and calm down... and then when I’m OK they come up and talk to me about what’s making me feel sad.” (Joe)



In the **second video scenario**, Josie's mother acknowledges her distress, adding that it's understandable when Josie has had so much to deal with in her life. This is both reassuring and validating to Josie.

As well as acknowledging the distress of young people, it's also important to be authentic and appropriately transparent about our feelings. While we should avoid overburdening or oversharing our adult concerns such as work, relationships or the economy, children and young people are perceptive of the emotions of the adults around them and can pick up on our stress and worry about it. As a child, I recall sensing my father's frequent anger and felt anxious around him. However, when I asked him if he was OK, he would invariably shout at me "I am fine, stop bothering me!" This confused me, as I sensed that he was far from OK.

As mentioned earlier, we all have moments of irritability, when we are far from perfect! So, supporting children and young people also involves recognising when we are not feeling our best and acknowledging when our actions may not have been helpful. It would have been more helpful to me (and possibly to my father too), if he had acknowledged my observation and said: "You're right, I am a bit stressed with work. Thank you for noticing and sorry for being a bit snappy."

It can also be helpful to authentically share times when we may have struggled in the past, as this can help normalise the experience, as Siena told us:

“Exam anxiety for me is very real ...when I feel stressed about exams, I often find myself revising constantly, even though I think that’s the best thing for me...my parents know that is not the best thing for me. Spending time with an adult who has been through those experiences before is also really comforting, because you know you’re not alone, and it’s a very normal thing to have exam stress.” (Siena)

PLEASE

Solutions

According to our primary and secondary school **video** participants, there may be instances where a child or young person may struggle to think of a solution to whatever is troubling them and will need the guidance and support of a parent, carer or other adult to suggest potential solutions or to advocate for them to help resolve the issue.

“Reassure me that they are going to fix whatever is making me unhappy and they do whatever they can to stop whatever is making me unhappy from happening again.” (Joe)

In some instances, simply allowing a child or young person to talk will give them the space to formulate their own solutions to their problems.

“Help you solve the problem, or it will feel smaller because you have talked about it and then you can deal with it yourself.” (Charlotte)

Only by carefully listening might we gain an understanding of what may be troubling a young person. It's also important to acknowledge that we may not have all the answers, but we will do our best to help. In the **second video scenario** Josie's mother recognises that she may not be able to fix everything, but she can start by actively listening to her.



It's also important to avoid prematurely jumping to solutions or offering unsolicited advice before fully listening to a child or young person and understanding and validating their emotions. In the **first video** Raman's father made assumptions about the cause of Raman's difficulties and gave unsolicited (and somewhat hypocritical) advice. In the replay, Raman's father prioritises active listening and in doing so, creates an environment where Raman may be more receptive to potential solutions, once he feels understood by his father.

“If they know what my situation is, they can like, help me with, just, calming down and figuring out a solution.” (Lauren)

Sometimes, there may not be an immediate solution and an activity to distract a child or young person may be helpful.



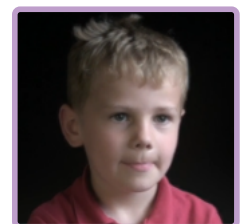
“They would let me play football with them and walk the dog.” (Brogan Lee)

If you do identify an activity which may be comforting or distracting that you can do with a child or young person, it's important to follow through with it, as Preston reminds us:

“Say what they are going to do ... stick to their promises!” (Preston)

Depending on the age and development of the child or young person, a transitional object such as a soft toy may help to comfort a child who is feeling distressed. In fact, soft toys not only provide comfort for children, but adults can also find comfort and reassurance in soft toys from their childhood.⁴¹ I still have some of mine!

“Give us our favourite teddy...” (Rory)



Asking a child or young person about their thoughts on potential solutions can be beneficial. They may have already considered a practical solution but need assistance in carrying it out. Alternatively, they might have contemplated seeking help from a school counsellor or making an appointment with their doctor and need encouragement to do so. Another effective strategy is to ask them what advice they would give to a friend who is experiencing similar challenges.

PLEASE

Encourage, experiment and evaluate

When we are feeling overwhelmed, it can be difficult to take action to try new things, even if they may have a positive impact on our mental health and wellbeing. Encouraging and supporting children and young people to take the initial steps towards improving their mental health and wellbeing is therefore an important aspect of supporting them.

“Encouraging me to do things that I love, so whether that be going out for sport, going inside and reading a book, or whatever it may be, it’s them encouraging me to do things I enjoy.” (Harry)

This may also involve experimenting with solutions they might not have tried before, which might feel uncomfortable, at least at first. Finally, it would be important to evaluate progress. Some solutions might be ‘quick fixes’, whereas other solutions may be more complex, and may take more time before improvements in wellbeing are noticeable.

Key points:

- You don't have to be a mental health professional to start the process of supporting children and young people.
- Children and young people need us to:

Pay attention and remove distractions such as smartphones.

Listen to them, non-judgementally.

Empathise with them.

Acknowledge and validate them and for us to be authentic.

Solutions are important – but we need to take the steps above first.

Encourage them to experiment with strategies and evaluate what works.

Activities which promote wellbeing

When considering evidence-based activities which promote wellbeing, there are several evidence-based strategies which are important for us all to include in our daily lives. Another acronym **CLANGERS**, developed by Dr Phil Hammond,⁴² may help to remember them all.

CLANGERS

Connect: with others (and yourself!)

There's evidence that families are less close now than they were in the past, and the number and quality of our friendships in our lives have declined, too. This combination may be contributing to the increase in mental health problems in children and young people.⁴³ Our social connectedness has been disrupted further with the impact of the pandemic; so, it's crucial to find ways to reconnect with others in meaningful ways.

Spending time with others who love us can help us to feel valued, supported and understood. Our social connections can also provide us with a sense of belonging and purpose, which are essential for our overall happiness and fulfilment in life. This may include taking steps to improve our existing relationships or engaging in activities which align with our interests, which can also help us to meet new people.

Cultivating a compassionate relationship with yourself is also crucial for developing healthy relationships with others and is arguably one of the most important things we can do for our mental health. However, for many of us, the relationship with ourselves is not always a good one. It can be a habit for many of us to give ourselves a hard time, and we may not even be aware that we are doing it, only that we feel bad.

Self-castigation refers to being excessively self-critical or harsh towards oneself, often accompanied by negative self-talk, self-blame and self-punishment. We may have learned to be excessively self-critical because of difficult past relationships, or there may be other reasons. Self-castigation can have similar negative impacts on individuals as bullying from others, leading to psychological distress, anxiety, depression, low self-esteem and hopelessness.

Developing a positive connection with ourselves requires effort and commitment. One way to start is by firstly noticing the dialogue in our own heads and ask ourselves 'would I talk to someone I care about like this?' If the answer is 'no', we can then begin the process of cultivating a compassionate and supportive inner voice, like that of a trusted friend. Cultivating positive self-talk can enhance our overall sense of wellbeing and ultimately lead to improved connections with others, too.

CLANGERS

Learn

Exploring new experiences, nurturing our curiosity, and identifying our passions can contribute to our overall wellbeing and contentment in life. Pursuing new challenges, acquiring new skills – whilst allowing for making mistakes and learning from them – all require effort and dedication, but they can ultimately lead to personal fulfilment and a greater sense of accomplishment.

You may find learning and engaging in creative activities such as painting, music or writing to be particularly meaningful, where others may enjoy physical challenges such as hiking, running or participating in team sports. Regardless of the specific activity, engaging in new experiences can provide a sense of excitement and purpose, as well as opportunities for personal growth and learning. It can also help to combat feelings of boredom or stagnation that can lead to dissatisfaction and unhappiness.

Of course, taking on new challenges can also be intimidating, and it is important to approach them with a mindset of self-compassion and a willingness to learn from mistakes. By focusing on the process of learning and improvement rather than simply achieving a particular goal, we can cultivate a sense of resilience and optimism that can carry us through even the most difficult challenges.

CLANGERS

Active

Regular physical activity is an essential component of maintaining good physical and mental wellbeing. Incorporating physical activity into your daily routine can help to reduce stress, promote relaxation and enhance mood. Exercise can help reduce symptoms of depression and anxiety and improve self-esteem and confidence, as well as enhancing cognitive function and concentration.

While there is no one-size-fits-all approach to physical activity, it is important to choose activities that are both feasible and enjoyable. Finding an activity that you love and are motivated to do can make it easier to commit to a regular exercise routine. As we are all different, the activities you choose for yourself will need to be something you can do, something you will do and preferably something you enjoy, too!

Of course, what you choose to do will differ depending on your individual circumstances and you might consider trying a new form of activity, either alone or with others, which not only supports your wellbeing but is also enjoyable, too.

CLANGERS

Notice

In our fast-paced world, it's easy to get caught up in the busyness of daily life and forget to take notice of the world around us. However, taking the time to connect with our senses and be present in the moment can have a profound impact on our mental wellbeing. By focusing our attention on the present moment, we can start to let go of past or future concerns and experience a sense of calm and clarity in the here and now.

One way to do this is by paying attention to our breath as it enters and leaves our body, which can help us to feel grounded and centred. We can also take notice of the things in our lives that bring us joy and make us feel grateful, such as the people we love and the experiences that have shaped us. By actively seeking out these moments and savouring them, we can start to cultivate a greater sense of contentment and fulfilment in our lives.

CLANGERS

Give

Making a conscious effort to give to and care for others can have a positive impact not only on them, but on us, too. Engaging in acts of kindness can help us feel more connected to others and give us a sense of purpose in life. It's important to note that giving doesn't have to involve lots of planning. Simple gestures like smiling at someone, giving a compliment, holding the door open or offering to carry someone's bags can make a big difference.

By helping others, we can cultivate a sense of empathy and compassion, which can further enhance our own mental wellbeing. It's important to remember that we don't have to wait for a special occasion or a large sum of money to start giving back. Small acts of kindness can have a big impact and contribute to a more positive and connected world. Additionally, volunteering can be a great way to give back to your community and connect with others who share similar values.

CLANGERS

Eat well

A growing body of research suggests that our diet plays an important role in our mental health, as well as our physical health. Consuming a varied and balanced diet that includes a wide range of vegetables and fruits in different colours, as well as nuts, seeds, whole-grains, and good quality protein can help promote overall wellbeing. In fact, certain foods and nutrients have been linked to improved mental health outcomes, including omega-3 fatty acids, vitamin D and B-vitamins.

It's important to note that access to healthy foods can be a challenge due to availability and cost. However, there are alternatives that may be considered, such as frozen fruits and vegetables, tinned or frozen fish, and plant-based sources of protein. By making small changes to our diet and being mindful of what we consume, we can support both our physical and mental wellbeing.

CLANGERS

Relax

What do you do to relax your mind and body? Taking a break and finding time to relax and unwind is important for our mental health and wellbeing. There are many different ways we can do this. One simple technique is to take a few moments to focus on our breathing, which can help us to feel calmer and more centred. Meditation and yoga are also great options for promoting relaxation and reducing stress.

Alternatively, some people find it helpful to switch off their phone and spend time in nature or listen to music. Engaging in activities that bring us joy and pleasure, such as reading a good book or pursuing a hobby, can also be effective ways to unwind. Even simply imagining ourselves in a beautiful, peaceful setting can be a powerful tool for relaxation. By making time to unwind each day, we can reduce stress and improve our overall mental health and wellbeing.

CLANGERS

Sleep

Getting enough sleep is crucial for our physical and mental health and, as we have seen earlier, some of us may not be getting enough! So, how can we improve our sleep? Here are some tips:

- Get enough daylight during the day – going outdoors can help set our sleep-wake cycle and if you can combine this with physical activity, that's even better!
- Go to bed and get up at the same time each day – a regular sleep-wake cycle is important.
- Have a wind down routine before bedtime, using strategies which help you to relax.
- Write down anything that's concerning you before you go to bed.
- Switch off smartphones and other light emitting devices at least 30 minutes before bedtime, and preferably longer!
- Keep your bedroom cool, dark, quiet and as decluttered as possible.

If you have persistent problems with sleep, please see the resources section for sources of support.

How might you experiment with **CLANGERS** in your life? What might you try first, either on your own, or together with a child or young person in your life? You may find that some activities help you to feel better relatively quickly, whereas other activities may take a while before you start to notice improvements in your wellbeing.

Trying new strategies may feel overwhelming at first, and it may take a while to evaluate the benefits. We are all different, so experimentation and trying new things until you find what works for you is key. Share with the child or young person what works for you and encourage them to experiment and find out what works for them.

It's also important to remind ourselves and the children and young people we support of their strengths, and to remind ourselves (and them) of the times when we have used these strengths in overcoming challenges. We can apply existing strengths and build new strengths, to meet new challenges and opportunities.

Key points:

- Making time to engage in activities which promote wellbeing is important for everyone.
- Think about and plan how you might include **CLANGERS** in your own life.
- By engaging in these activities ourselves, we may be more effective in supporting children and young people and we also set a good example to them about self-care.
- It takes time to feel the benefits from self-care strategies – keep going!
- See the resources at the end of this guide for more ideas.

The **PLEASE** strategies outlined earlier will help you to initiate and develop a supportive conversation with children and young people who are experiencing emotional distress and can be used with your friends and colleagues too.

In the next section, we will consider self-harm and suicidal thoughts. These can be difficult topics – please do consider some of the resources at the end of this guide, should you need support.

Supporting a child or young person who is self-harming

Self-harm can sometimes be a coping mechanism used to deal with challenging and stressful experiences. These experiences may include bullying, a bereavement, relationship or family difficulties, or problems at school. For young people, self-harm may provide a temporary release from overwhelming emotions or emotional numbness, a sense of control, a form of self-punishment, a way to relieve tension or express distress, or for other reasons.

However, self-harm often leads to feelings of shame and regret and can create a vicious cycle where it becomes the go-to coping strategy, which only causes more distress for the young person.

If you think a child or young person may be self-harming, it is important to initiate a calm and non-

judgemental conversation using the **PLEASE** strategies outlined earlier, and to encourage and enable prompt access to appropriate professional support. Please also refer to additional resources on self-harm at the end of this guide.

Supporting a child or young person who may be suicidal

If you suspect that a young person may be experiencing suicidal thoughts, it's normal to feel unsure about what to do or say. It can be challenging to have these conversations, particularly if we're concerned about potentially saying the 'wrong' thing. However, these conversations are essential for supporting and safeguarding young people.

The young person may have told you that they are experiencing suicidal thoughts, someone else may have raised concerns, or you may be concerned that this may be the case. Even if you don't think the young person is having suicidal thoughts, it is important to be aware that these thoughts can emerge suddenly. Therefore, encouraging open and supportive conversations about mental health and wellbeing can help young people know that it is OK to talk and seek help if needed.

In the **first video scenario** Josie's mother sees a concerning statement posted on social media suggesting Josie's been having thoughts of killing herself. Initially, Josie's mother focusses on the potentially negative reactions of others and may assume that by making such a public statement, Josie isn't serious about wanting to end her life but is simply 'seeking attention'. It's important to avoid making assumptions such as this and to take seriously any statements which suggest someone has been thinking about suicide seriously. **It's a myth that people who talk about suicide won't do it.**



A better response follows. Josie's mother remains as calm as possible, clearly and non-judgementally outlines her concerns and without making assumptions, asks Josie what's going on in her life. When Josie initially dismisses her, telling her not to worry, Josie's mother continues to calmly state that she is concerned and is not put off when Josie then says that there is nothing she can do to help.

Using some of the strategies in this guide, Josie's mother is authentic and she listens to Josie attentively and empathically. As Josie has made a concerning statement on social media, it is also important for her mother to ask about suicide. The **ASK** acronym below outlines how to ask about and respond to concerns about suicide.

ASK

Ask the question

If you are aware that a young person is experiencing difficulties with their mental health or wellbeing, or going through a difficult time in their life, it's important to ask if they have been having thoughts of suicide. You may be concerned that asking about suicidal thoughts may make someone feel worse or increase the likelihood of their acting on suicidal thoughts. However, evidence suggests that talking about suicide may decrease suicidal thoughts and behaviour.⁴⁴

Asking about thoughts of suicide also shows the young person that you are not afraid to talk about suicide and can help to relieve some of the stress and pressure they may be feeling. Asking about suicide can understandably be anxiety provoking, but it's important to approach the conversation as calmly as possible. Find an appropriate and private space, free from distractions before starting the conversation.

Using the **PLEASE** strategies outlined earlier, start by sharing your observations with the young person. You might mention that you've noticed they seem more tearful and lower in mood than usual, or that you've noticed a change in their behaviour. You might acknowledge that you're aware they have been going through a difficult time. Let them know that you care about them and are concerned for their wellbeing. Listen attentively to what they say, empathise with them, calmly and compassionately. Acknowledge their distress and sensitively, but directly, ask them if they have been having thoughts of suicide. Ways of asking may include:

"Sometimes when people feel as distressed as you do now, they may have thoughts of ending your life. Is this something you've experienced?"

"I'm so sorry to hear how difficult life is for you right now and I am wondering if you've had any thoughts of suicide?"

In **the video scenario**, Josie's mother asks her if she's been having any thoughts of 'wanting to hurt yourself, or worse'. Josie's mother could have been more direct here, as thoughts of hurting or harming yourself and thoughts of suicide are different. When we ask about suicide in a clear, direct and compassionate way it communicates to the distressed person that it's OK to talk to us about the thoughts they have been having.

As Josie had already posted on social media suggesting she had been having thoughts of killing herself, her mother might have said “you mentioned killing yourself in your post; can you tell me more about the thoughts you have been having about suicide?” This would have encouraged Josie to say some more about the thoughts she had been having, including how long she had been thinking that way, whilst still clarifying that she had not been actively thinking of taking action to end her life.

Experiencing suicidal thoughts (also referred to as ‘suicidal ideation’) may be more common than many people think, in both children and young people and adults, too. Research conducted in 2021 found that approximately one in 10 adults reported suicidal ideation in the previous week.⁴⁵

A recent systematic review of evidence found that around one in 10 children aged 12 years or younger reported suicidal ideation.⁴⁶ However, a more recent study including six- to 21-year-olds found suicidal ideation in 14.7%,⁴⁷ a similar figure reported by other researchers who found a suicidal ideation rate of 14.4% in young adults aged 18-29.⁴⁸

However, suicidal thoughts in some groups may be higher; for example, one study found that 28% of gender non-conforming young people reported suicidal ideation.⁴⁹ However, just because a young person admits they are experiencing suicidal thoughts does not mean they intend to act on them.

Once we have asked whether a young person has been having any thoughts of suicide, depending on the answer that they give, we may need to seek more information to inform what to do next.

ASK

Seek more information

If a young person admits they have been having thoughts of death or suicide, it is important to thank them for telling you and to reassure them that you will support them and that you’ll get through it together. You may need to ask additional questions sensitively but directly, which may include:

“Have you have been thinking of ways to end your life?”

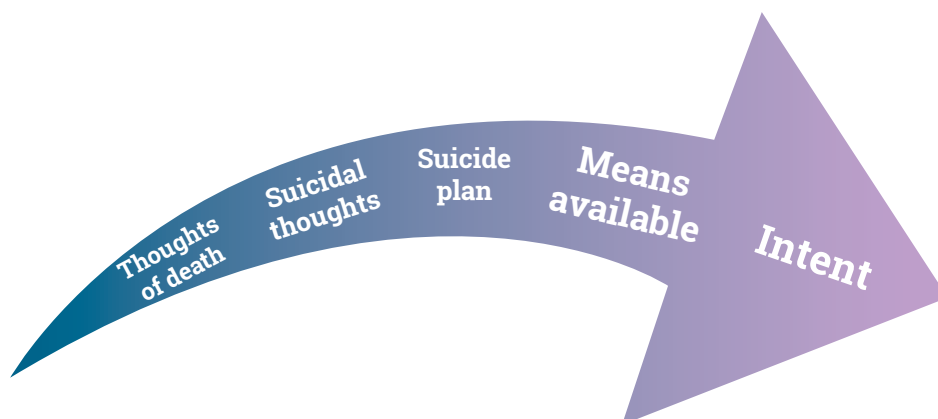
“Have you been thinking of taking any action to end your life?”

“Have you made any plans to end your life?”



In the **video scenario**, Josie admits that she has had thoughts that she would be ‘better off dead’. However, she says “it’s not like I’d ever do anything about it”. Although Josie’s mother is reassured by Josie telling her this, it’s important to acknowledge that thoughts of death and suicide can transition from passive thoughts – where the young person has experienced thoughts of suicide but has no plan or desire to act on the thoughts – to active suicidal thoughts, where the young person has a plan for suicide and intends to act on it.

The figure below illustrates a continuum of risk, from having thoughts of death or dying through to experiencing suicidal thoughts. Risk increases where the person has made plans to end their life, has the means available and finally, the intention to act on those plans and end their life.⁵⁰



The video with Josie was partly based on a conversation I had with my own daughter some years ago (she has given her permission for me to share what happened). At the time, I was aware that she had recently ended the relationship with her fiancé, was experiencing problems at work and was isolated from friends and family because she lived and worked four hours away.

Although as part of my clinical work I was well-practised in routinely asking clients I worked with about suicidal thoughts, I had never asked my own daughter if she had experienced any thoughts of suicide. This was because she was still functioning reasonably well despite the challenges she was facing and did not appear to be experiencing significant mental health problems. I had also assumed that she would tell me if she ever had thoughts of suicide, as we talked openly about everything else.

During delivery of mental health training one day, I mentioned the importance of asking someone if they had been having suicidal thoughts and not making assumptions that they would tell you. Realising I had not done this with my own daughter, I called her that night and, after some preamble, asked her. I hadn't anticipated her response, which was to tell me that she had indeed experienced recent suicidal thoughts, and that she hadn't told me, because she didn't want me to worry.

Using the strategies in this guide, I remained as calm as I could (I did have to take some deep breaths), and asked her to tell me more about how she had been feeling, including asking her if she thought she might act on the thoughts she had been having. She told me the suicidal thoughts she'd experienced were fleeting, passive thoughts and that she had no intent whatsoever to act on them.

ASK

Know what to do to stay safe

Although it was a relief to hear that my daughter was not actively suicidal, she nevertheless needed support to get her through a difficult time in her life. I listened, empathised with her and authentically shared my concern, whilst remaining as calm as I could. We talked about how common these thoughts can be when we go through difficult times in our lives, that no feelings last forever and that solutions can be found for even the most concerning of life's problems.

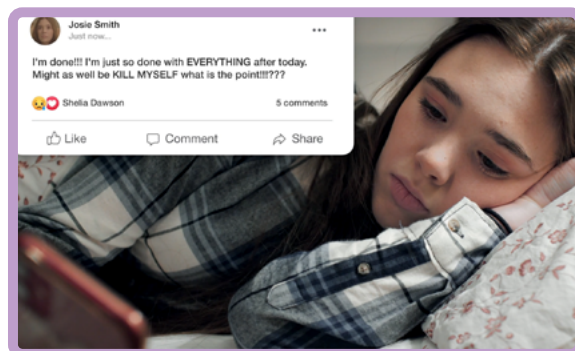
When she was ready, we discussed strategies for addressing the problems at work and the social isolation she was experiencing. We also discussed a safety plan, with an agreement that if at any point things got worse and she did not feel she could keep herself safe, she would tell me or someone else straight away. Her life improved significantly, and she has not had any suicidal thoughts since. However, should life get tough again for her in the future, I will never assume she will not have such thoughts again.

Similarly, in the **video example**, Josie stated that she had thoughts that she might be better off dead but told her mother she would not do anything about it. Josie clearly needs support to help her through a difficult period in her life where everything is going wrong for her. Josie's mother starts this process by asking Josie if she would be open to talking some more about how she has been feeling.

Josie's mother also uses the **PLEASE** strategies outlined earlier to listen empathically, acknowledge Josie's distress, and then discuss potential solutions. These might include seeing a counsellor and practical strategies to address problems with work, study and relationships which Josie mentioned. Had Josie (or my daughter, for that matter) admitted that she had thought more seriously about suicide, for example, if she'd researched suicide methods and had started to formulate a plan, this would require more urgent professional support.

Josie's mother authentically shared her relief that Josie isn't currently having thoughts of harming herself and reveals that it's upsetting for her that Josie is feeling this way. Although she tries to say this in a sensitive manner, to show that she cares about Josie, it would also be important to reassure Josie that if anything changed and she did, at any point, feel at risk of acting on suicidal thoughts, that her mother would be able to manage her own feelings and support Josie accordingly.

As I had done with my own daughter, it would be important for Josie's mother to discuss the development of a safety plan with Josie, which would include what to do and who to talk to, if Josie starts to feel worse at any point. Please see the resources at the end of this guide for more information on safety plans.



Professional support

In some instances, you may need to take action to safeguard a young person who may be at risk of suicide and may not want to access support. Calling **NHS 111** and asking for advice may be helpful. If you have any concerns that there is an immediate risk of suicide, either calling an ambulance or taking the young person to the accident and emergency department of the nearest hospital may be required. Where a young person needs professional support, try to discuss options with them and agree with them who should be informed.

I think it's important to add that it's not easy asking questions about suicide and listening to the answers, particularly when it's your own child. Discovering a young person has been experiencing thoughts of death or suicide can be worrying and distressing and it's likely that you will need support for yourself, too. Please refer to additional sources of support in the resources section at the end of this guide.

Key points:

- Suicidal thoughts may be more common than we think.
- Just because someone is experiencing suicidal thoughts does not mean that they are planning to act on them, however...
- It's crucial to **ASK** someone if they have been thinking of suicide:

Ask the question – asking about suicide may help prevent suicide.

Seek more information to determine the degree to which someone may have been considering suicide.

Know what to do next to support the young person to keep safe, depending on the responses to your questions and individual circumstances.

- Ensure you get support, too.

Personal reflections

It's crucial to keep in mind that signs of distress or suicidal thoughts may not always be apparent in young people. They can emerge suddenly and unexpectedly, for both the young person and for those closest to them. In some cases, after experiencing distress for a prolonged period, suicide may seem like the only option to escape from unbearable pain. I experienced this myself, nearly 30 years ago, which was a turning point in my life and led me to change my career.

Despite experiencing poor mental health for some time as a young person, I had not, up until that point, experienced thoughts of suicide and was considered 'low risk' by the mental health professionals who supported me at the time. However, one day, seemingly out of the blue and on the way home for the weekend from the psychiatric hospital where I had been staying, I suddenly had a thought that suicide was the only way out of the unbearable despair I had been feeling for so long.

I remember feeling relief at the thought that the pain would finally stop; within a very short space of time, I had formulated a plan, and when I got home, started to prepare to act on it. Fortunately, someone called me at that point to ask how I was doing, and we had a compassionate conversation which interrupted my plans. I was readmitted to hospital, where I resumed the long and sometimes challenging road to recovery.

I understand first-hand how a calm and empathetic conversation with someone in their darkest moments can truly be a life saver. I hope this guide will help you to support a child or young person when they most need it. You really can make a difference.

Finally...

PLEASE remember that you don't need to be a mental health professional to provide support to a child or young person who is experiencing distress. What children and young people need most is for us to:

Pay attention and remove any distractions such as smartphones.

Listen to them with an open mind and without judgement.

Empathise with them by putting ourselves in their shoes and understanding their perspective.

Acknowledge the distress and validate their experience.

Solutions may be considered together after taking the previous four steps.

Encourage and experiment with self-help or professional support where necessary and evaluate progress together.

On behalf of the **Charlie Waller Trust**, the **Charlie Watkins Foundation**, **Boys in Mind**, **Haleem Clift**, **Rexton Films** and all the children and young people who featured in our **videos**, we hope that you will find this guide and the accompanying videos helpful in supporting the children and young people in your life.

The Charlie Waller Trust provides positive, proven and practical mental health training and resources for parents and carers, schools, colleges, universities and the workplace. Please visit our website for more information charliewaller.org.

Section 3: helpful information



About the author

Sarah Ashworth has worked in mental health for over 25 years. She is a Fellow of the Higher Education Academy and a BACP accredited counsellor, with additional postgraduate qualifications in coaching and nutritional therapy. In addition to delivering training for the Charlie Waller Trust in schools, colleges and universities across the country, she has a small private therapy and supervision practice.



Videos

All the videos can be found on our website [here](#) but you can also click on the links below for each individual video:

- [Josie](#)
- [Raman](#)

Primary school children talking about:

- [How they can tell if an adult is listening to them](#)
- [What adults can do to help them when they feel sad](#)
- [How adults can help them when they feel angry](#)
- [What one thing adults can do to help when they feel unhappy](#)
- [How adults can help them when they feel frightened or worried](#)
- [What adults can do to encourage them to talk about their problems](#)

Secondary school children talking about:

- [How adults can best help when they are feeling sad](#)
- [What adults can do to help when they feel angry](#)
- [How adults can encourage them to talk if they feel unhappy and need support](#)
- [How they know when adults are listening to them](#)
- [What one thing adults can do to help when they feel unhappy](#)
- [How adults can help when they feel worried or frightened](#)
- [What adults can do to support them in the challenges of growing up](#)

Resources

Support for children and young people

Primary care

When a child or young person is experiencing problems with their mental health or wellbeing, it's important to check with their GP to rule out any underlying physical health problems which could be affecting how they feel. Researchers recommend that children and adolescents presenting with depression should have their levels of B12, folate, homocysteine and vitamin D levels checked.⁵¹

Child and Adolescent Mental Health Services (CAMHS) or Children and Young Peoples Mental Health Services (CYPMHS)

Accessed via a referral from your GP where a child or young person meets the criteria for referral. However, it is important to understand that wait times may be long and access to alternative support may be needed, whilst waiting.

School support

Your school may have access to a counsellor and some schools also have access to Mental Health Support Teams.

More schools also have a Senior Mental Health Lead and, for schools who do not, government funding is available to train an identified lead within schools.

Local and national support

Identifying mental health support in your local area has not always been easy. To address this, the Hub of Hope is a mental health support database which lists local, national, peer, community, charity, private and NHS mental health support and services together in one place.

Support and information for specific issues

Depression and other mental health difficulties

The Mix offers a range of support services to young people under 25, including a helpline, email, crisis messenger, one-to-one chat and counselling services.

Helpline: 0808 808 4994

Text: THEMIX to 85258

themix.org.uk

Eating disorders

Beat Eating Disorders offers a range of support to individuals with eating disorders and those that care for them.

beateatingdisorders.org.uk/get-information-and-support/services/

Psychosis

Young Minds provides a helpful guide for young people.

youngminds.org.uk/young-person/mental-health-conditions/psychosis

National Institute for Health Care Excellence (NICE) guidelines for psychosis and schizophrenia in children and young people: recognition and management.

nice.org.uk/guidance/cg155

Self-harm

Harmless offers a range of resources for young people and those that care for them.

harmless.org.uk/resource-hub

Young Minds offer a guide for young people.

youngminds.org.uk/young-person/my-feelings/self-harm/

Sleep problems

The National Sleep Helpline is available Sunday to Tuesday and Thursday from 7am to 9pm and on Wednesdays from 9am to 11am.

Call: 03303 530 541

thesleepcharity.org.uk/national-sleep-helpline

Suicidal thoughts

Samaritans: listening and support to anyone in distress 24 hours a day, 365 days of the year.

Call: 116 123

Email jo@samaritans.org

samaritans.org

Shout: 24/7 text service for anyone in crisis:

Text 'SHOUT' to 85258

giveusashout.org

Continued...

Papyrus provides confidential suicide prevention advice via HOPELINEUK, available 9am – midnight every day.

Call: 0800 068 4141

Text: 07860 039967

Email: pat@papyrus-uk.org

papyrus-uk.org

Staying Safe: a very helpful website which includes safety planning resources to help people to stay safe.

stayingssafe.net

Students Against Depression: a website by students, for students offering advice, information, guidance and resources to those affected by low mood, depression and suicidal thinking. A Charlie Waller Trust project in memory of Matthew Wood and Matthew Elvidge.

studentsagainstd Depression.org

Sources of support for parents and carers

Helplines and advice for parents and carers

Family Lives offers a free Helpline on 0808 800 2222 from 9am to 9pm Monday to Friday and 10am to 3pm weekends. Family Lives also offers online chat, a forum, email support, advice, videos and online parenting courses. More information:

familylives.org.uk

Young Minds offers a free Helpline on 0808 802 5544 from 9:30am to 4pm, Monday – Friday. Young Minds also offers a webchat and email service for parents and carers concerned about the mental health of a child or young person up to the age of 25.

youngminds.org.uk/parent/parents-helpline-and-webchat/#ParentsHelpline

Action For Children offers Parent Talk, answers to parenting questions and articles giving advice on mental health and wellbeing, behaviour, stages of development and additional needs and disabilities.

parents.actionforchildren.org.uk

The Carers Trust provides help and information to all carers, including money and benefits advice.

carers.org

Parent/carer peer support

The **Charlie Waller Trust** has helped develop the **PLACE** Network of parent carer peer support. Parent/carer peer supporters use their lived experience of caring for and supporting a child or young person with mental health issues to support other parents and carers in a similar position – whether the child or young person they are supporting is developing a mental health issue or has an established mental health problem. Parent/carer peer supporters can assist in navigating children and adolescent mental health services and provide much-needed understanding and non-judgemental support.

Practical support

You may be entitled to cost of living support. More information can be found here:

gov.uk/cost-of-living

Citizens Advice can provide advice on a range of subjects including:

- Getting help with cost of living
- Paying energy bills
- Benefits
- Debt
- Housing
- Legal matters

citizensadvice.org.uk

Social Media and Teenagers: a guide from the Charlie Waller Trust supporting parents and carers to build digitally healthy households

charliewaller.org/mental-health-resources/mental-wellbeing/social-media-and-teenagers/

Sources of support for relatives

Kinship supports grandparents, siblings, aunts, uncles and family friends who raise children and young people when their parents cannot. They offer a peer-to-peer support service for all kinship carers in England, an advice service and kinship community support.

kinship.org.uk

Sources of support for teachers

Education Support provides a free, confidential helpline on 08000 562 561 which is available 24/7 to all teachers, lecturers and education staff in the UK.

educationsupport.org.uk

Mindful Teachers provides resources on mental wellbeing and self-care for educators and other helping professionals in addition to teaching and practising mindfulness.

mindfulteachers.org/home

Schools in Mind from the Anna Freud Centre is a free network for education professionals which shares practical, academic and clinical expertise about mental health and wellbeing in schools and FE colleges.

annafreud.org/schools-and-colleges/schools-in-mind

Self-care

Connect

Kirsten Neff's Self-Compassion website contains a number of resources and research related to developing a compassionate relationship with yourself.

self-compassion.org

Learn

10 Ways to Overcome Barriers and Learn New Skills

happiful.com/10-ways-to-overcome-barriers-and-learn-new-skills

Active

BBC Moodboosters – fun curriculum-linked resources to inspire children to get moving for mental health and wellbeing.

bbc.co.uk/teach/moodboosters

Notice

45+ Mindfulness Worksheets for Adults and Kids

positivepsychology.com/mindfulness-worksheets

Give

Action for Happiness – Do Things for Others

actionforhappiness.org/10-keys-to-happier-living/do-things-for-others

Eat well

Mental Health Foundation – Nutrition and Mental Health: Obvious Yet Under Recognised

mentalhealth.org.uk/explore-mental-health/blogs/nutrition-and-mental-health-obvious-yet-under-recognised

Relax

Mind – Tips and Exercises to Help You Relax

mind.org.uk/information-support/tips-for-everyday-living/relaxation/relaxation-tips

Sleep

Mental Health UK – Sleep and Mental Health

mentalhealth-uk.org/help-and-information/sleep

Mental health training and additional resources

The Charlie Waller Trust provides positive, proven and practical mental health training and resources for parents and carers, schools, colleges, universities and the workplace.

charliewaller.org

Boys in Mind works in partnership with children, young people and professionals in a range of settings to promote good mental health and prevent suicide,

particularly among boys and young men.

boysinmind.co.uk

World Health Organisation has produced Doing What Matters in Times of Stress: An Illustrated Guide, a stress management guide for coping with adversity. The guide aims to equip people with practical skills to help them cope with stress. The guide is available in different languages from: <https://bit.ly/3KMlPj3>

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Remembering Charlie Waller

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.

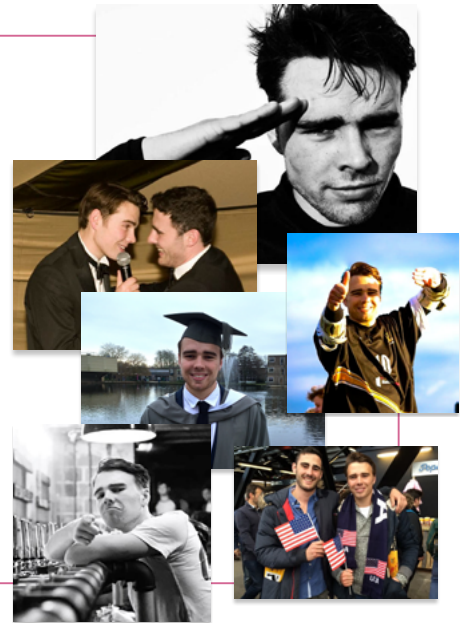
Charlie sits at the heart of our story, our vision and our purpose.

Remembering Charlie Watkins

Charlie Watkins was loved by all who knew him. He was bright, charismatic, entertaining, popular and, above all, kind.

Charlie's mother died when he was just nine. Despite outward appearances he never recovered from the catastrophic loss and was unable to overcome the hidden depression that haunted him. In 2017 he tragically took his own life aged 22.

His twin brother Harry and his father Tim founded the Charlie Watkins Foundation to help young people facing mental health challenges. The foundation raises funds to support charities and initiatives whose primary focus is to support young people with their mental health.



This guide, and the videos it accompanies, is the result of a collaboration between the Charlie Waller Trust, the Charlie Watkins Foundation and Boys in Mind. CWT and CWF are charities founded by families bereaved by suicide whose aim is to help young people look after their mental health. Boys in Mind works in partnership with children, young people and professionals in a range of settings to promote good mental health and prevent suicide, particularly among boys and young men.



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