

MANAGING CHALLENGING CONVERSATIONS

A guide for leaders, managers and key staff

**Written by The Charlie Waller Trust
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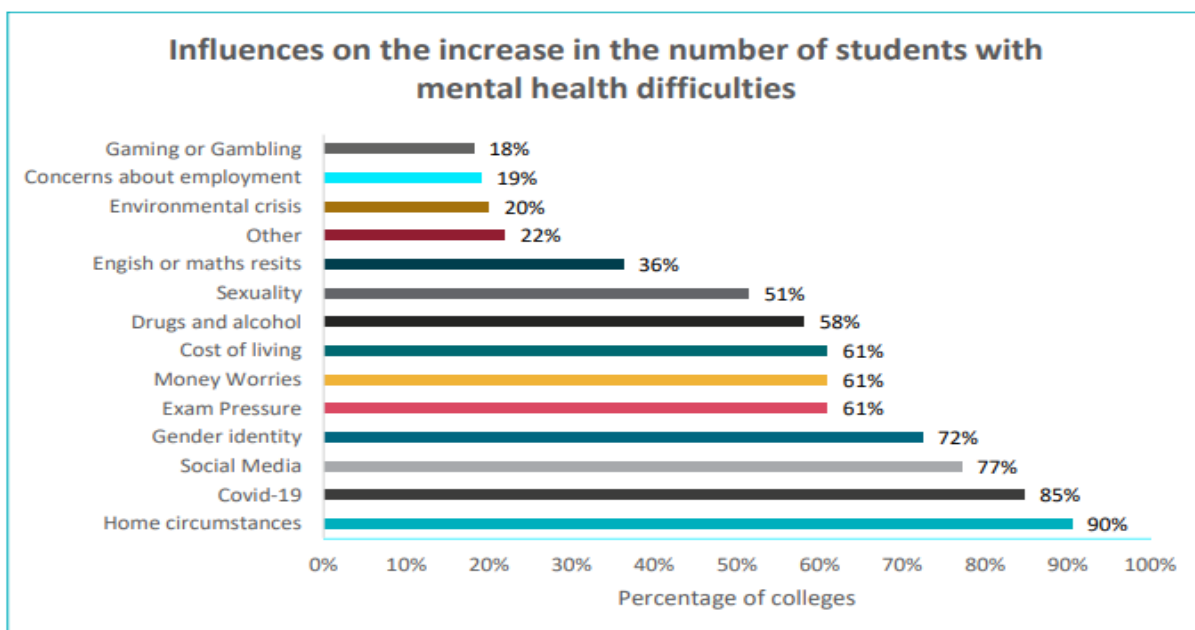


INTRODUCTION

This resource is designed to guide staff working in educational settings in initiating a supportive conversation with a learner or colleague who may be experiencing thoughts of suicide, and to facilitate their access to appropriate support. The principles outlined in this guide may also support conversations in contexts beyond educational settings. It's important to note that it is not expected or appropriate for you to take on the role of a counsellor or therapist, unless this is your professional role. Please refer to our companion guide, [Supporting Learning Communities following Suicide and Sudden Death](#) for guidance on responding to a suspected suicide or sudden death.

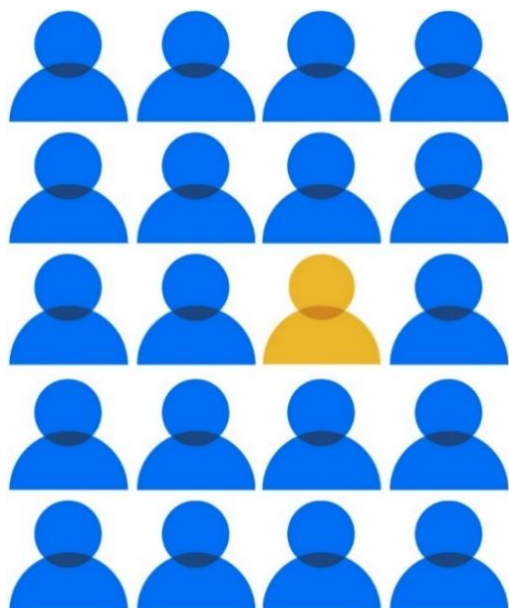
Talking about mental health and wellbeing can be challenging, particularly where there are concerns someone might be thinking of suicide. However, it's crucial that we develop the confidence to initiate supportive conversations.

Mental health problems in 17–19-year-olds have risen from 1 in 10 in 2017, to 1 in 4 in 2022,¹ affecting learners in a range of educational settings. The Association of Colleges recently reported an increase in learners accessing support for mental health difficulties, with several factors cited which may influence the rise, as shown in the graph below.



¹ NHS Digital (2022) Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

Furthermore, 93% of colleges have reported an increase in learners who had attempted suicide in the last year, with the number of attempted suicides ranging from less than 5 to over 40 per college.²



There are also concerns about the mental health of staff, who reportedly have higher rates of anxiety and depression compared to the general population.³ A recent survey of school staff found that 78% of staff had experienced mental health symptoms due to their work,⁴ with 52% of colleges reporting an increase in staff accessing support.⁵

Around 20% of adults report having considered suicide at some point in their life, with 1 in 20 currently experiencing suicidal thoughts.⁶ It's important to be mindful of diversity, including identity, cultural and individual vulnerability factors, which may increase the risk of suicidal thoughts.

Increasing awareness and skills around suicide prevention, intervention and postvention are crucial aspects of developing suicide safer communities⁷ to help reduce suicide and support the mental health and wellbeing of everyone in the learning community.

Conversations about mental health

Although today, many people are willing to talk more openly about mental health and wellbeing, stigma and apprehension nevertheless persist, particularly when thinking about suicide. You may be concerned that asking someone if they are suicidal may put thoughts of suicide into their head; however, this is a myth.⁸ Engaging in a compassionate and supportive conversation with someone who is thinking about suicide, may actually reduce their risk of acting on these thoughts.⁹ It's therefore crucial that we increase our confidence and willingness to initiate a supportive conversation.

Understanding suicidality: the importance of social connection

There is evidence that many more people are experiencing social isolation than prior to the pandemic, particularly in education settings where staff and learners are working online or are part-time. Although there may be many reasons why individuals think about, and attempt suicide,

² AoC (2023) Mental Health and Wellbeing Survey Report. Available at: [Surveys and Research | Association of Colleges \(aoc.co.uk\)](https://www.aoc.co.uk/surveys-and-research)

³ Dougall I, Weick M and Vasilijevic M. (2021) Inside UK Universities: Staff mental health and wellbeing during the coronavirus pandemic. <https://doi.org/10.31234/osf.io/23axu>

⁴ Education Support (2023) Teacher Wellbeing Index. Available at: <https://www.educationsupport.org.uk/resources/for-organisations/research/teacher-wellbeing-index/>

⁵ AoC (2023) Mental Health and Wellbeing Survey Report. Available at: [Surveys and Research | Association of Colleges \(aoc.co.uk\)](https://www.aoc.co.uk/surveys-and-research)

⁶ McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/apms-2014-full-rpt.pdf

⁷ Office for Students (2021) A partnership approach to developing suicide-safer communities for students. Available at: <https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/a-partnership-approach-to-developing-suicide-safer-communities-for-students/>

⁸ Joiner, T. (2011). Myths about suicide. Harvard University Press.

⁹ Blades C, Stritzke W, Page A, Brown J. (2018) The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content. *Clinical Psychology Review*, 64:1-12.

thwarted social connectedness increases the risk of suicide,¹⁰ and is associated with poorer mental health generally.¹¹

Finding ways to promote social connectedness in the learning community is therefore vital, and this may include exploring opportunities for community volunteering, such as the [Good for ME Good for FE initiative](#). However, making opportunities to initiate a conversation can reduce social isolation too, and it is particularly important if there are concerns about mental health difficulties or suicide.

Spotting the signs of distress and risk

It may not always be obvious that someone is experiencing distress. Using the **STRESS**¹² acronym, you may notice changes in the individual's functioning in the following areas:

STUDY (or Work)

Study (or work for staff) is likely to be affected in some way. There may be a decline in study performance or work; this may be due to problems with concentration, memory and ability to make decisions, which are commonly impaired when someone is experiencing distress in their life. Some people may be spending excessive time working or studying at the expense of other important activities.

TEMPERAMENT, MOOD OR EMOTIONS

You may notice a change in someone's temperament or mood, which may be unusual for them. There may be mood swings, significant anxiety, low mood, irritability, tearfulness or other changes.

REACTIONS TO PEOPLE OR SITUATIONS

You may notice a change in behaviour or responses in certain situations. The individual may avoid interactions, become incommunicative and avoid social situations where they may have previously taken part. Some individuals may seek out others more when they are experiencing distress.

ENERGY LEVELS, EATING

There may be a noticeable change in energy levels, the person may appear to be more slowed down or tired than is usual for them. They may have problems with their appetite and may have lost or gained weight, although this is not the case for everyone.

¹⁰ Joiner T. (2007) *Why People Die by Suicide*. Harvard University Press.

¹¹ Chaudhary N, & Salali G (2022). Hunter-Gatherers, Mismatch and Mental Disorder. In R. Abed & P. St John-Smith (Eds.), *Evolutionary Psychiatry: Current Perspectives on Evolution and Mental Health* (pp. 64-83). Cambridge: Cambridge University Press.

¹² Ashworth S (2023) Supporting the mental health and wellbeing of children and young people. The Charlie Waller Trust. Available at: <https://www.charliewaller.org/media/nzvbqegj/0056-supporting-the-mental-health-of-children-v2.pdf>

SLEEP

There is a bidirectional relationship between sleep and mental health. Sleep is often affected in some way when someone is experiencing mental distress. Furthermore, if someone is not getting enough sleep, this may trigger or exacerbate existing mental health problems. The person may be experiencing difficulties getting to sleep or staying asleep, or they may be sleeping excessively. You may notice that they appear more tired.

SELF-HARM

You may become aware that someone is engaging in self-harm, which may include cutting or burning the skin, self-poisoning or other forms of self-harm. Although engaging in self-harm does not necessarily mean someone is experiencing suicidal thoughts or intending to end their life, nevertheless, self-harm does increase the risk of suicide in the future, which is a factor which has been acknowledged in the 2023 to 2028 suicide prevention strategy for England.¹³

Factors which may increase risk of suicide

Research suggests the following factors are associated with increased risk of suicide.¹⁴

- A **history** of self-harm and mental health issues, a family history of suicide, past abuse or trauma and bereavement or loss.
However, this information may not be available, unless there is disclosure of information from learners, their parents or carers, or from the learner's previous school. Some staff may disclose this information to their line managers or occupational health professionals, but many will not.
- **Changeable** factors include relationships, social factors, health, substance use, the degree of psychological pain the individual is experiencing, their mood and access to the means of ending their life.
Significant changes have occurred in recent years which affect everyone in learning communities, including the pandemic, conflict in Europe and the Middle East and the cost-of-living crisis, in addition to constant change within the education sector.
- **Anticipated** events, such as anniversaries of a bereavement, upcoming legal proceedings, discharge from hospital or other stressful events, such as exam periods, assessment submissions and academic failure, may also increase risk.
- **Mitigating factors** which may be protective against suicide include having good problem-solving skills and insight, support from family and friends, engagement with services and hope.
The use of browser extensions, such as **R;pple**, which intercept harmful keywords or phrases related to suicide and provide a prompt with sources of support, may also help to prevent suicide.

¹³ Department for Health and Social Care (2023) Suicide prevention strategy for England: 2023 to 2028. Available at: <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028>

¹⁴ Hawton K, Lascelles K, Pitman A, Gilbert S, & Silverman M. (2022) Assessment of suicide risk in mental health practice: shifting from prediction to therapeutic assessment, formulation, and risk management. *The Lancet Psychiatry*, 9(11): 922-928.

Signs that someone may be suicidal

A suicidal crisis may occur when the level of pain or desperation an individual is experiencing exceeds their resources to cope. This may happen over time, or suddenly without any apparent warning. In addition to spotting the general signs of distress shown above, there may be additional signs that can indicate someone may be thinking about suicide:¹⁵



Threatening to hurt or kill themselves



Talking or writing about death, dying or suicide



Saying goodbye or sending messages that may indicate they are thinking of ending their life



Making plans to end their life, such as storing up medication



Putting their affairs in order, for example, giving away their belongings

Other signs may not be so obvious or difficult to spot, including:

- Cheerfulness or sudden unexplained recovery; sometimes when someone has decided to end their life, they may feel a sense of relief.
- Saying something quite alarming that is disguised as a joke.

However, there may be no signs that someone is experiencing suicidal thoughts or intent to end their life. In some cases, a person may 'mask' their despair, taking steps to hide their plans for suicide. This can be particularly painful for friends and relatives of a person who has died by suicide, who may wonder if they missed a sign.

Preparing for a conversation about mental health

A whole institution approach to suicide prevention requires every member of the community to be vigilant to signs that someone may be experiencing distress and be prepared to initiate a supportive conversation about their concerns.

When preparing for having a conversation, be aware of how you are feeling and your inner dialogue. It's common to feel anxious before having a conversation about suicide, perhaps avoiding starting the conversation, putting it off until another time. You may experience negative self-talk, which may include:

¹⁵ Rethink Mental Illness (2022) Suicidal thoughts - How to support someone. Available at: <https://www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/>



Having the conversation

It's important to find the right environment and create the right conditions for having an honest, supportive conversation about mental health. Here are some things to consider:

- Although it's important not to delay having a conversation with a learner or colleague you are concerned about, finding a time which may be best to approach them is important for both of you.
- Find a safe space, away from other learners. It doesn't have to be perfect, but somewhere that is relatively private and comfortable is important, with access to additional support should you or the learner or colleague need it either during or after the conversation.
- Be mindful of learners waiting around at the end of a teaching session, they may want to talk but aren't sure how to start a conversation.
- You may notice a colleague on their own at lunchtime.
- If a learner is absent, consider arranging a call or an online conversation/check-in.
- If, for whatever reason, you are unable to initiate a conversation yourself, ensure another member of staff, or someone from your learning provider's wellbeing support services, is aware of your concerns and will speak to the learner or staff member instead.

Calm and compassionate, PLEASE ¹⁶

There are no perfect words to say to someone who is distressed. Rather, we can endeavour to develop a way of being which may help to facilitate a supportive conversation around suicide.

Firstly, endeavour to generate a calm and compassionate state, as this is important when having conversations with people who are distressed, particularly those who are suicidal. Although there is evidence that stress is contagious,¹⁷ calmness can be contagious too. Bring your attention to your breathing – mindfully focussing on the breath can help. Be aware of and try to loosen any tension in the body. Notice your thoughts, particularly concerns or judgements and try to set them aside. Be aware of the tone of your voice, a soothing tone can help to calm you, and the person in distress.

Compassion is crucial in all our interactions with people who are experiencing distress and there is evidence that the flow of compassion from one human being to another can also help reduce distress.¹⁸ The other factors to guide the conversation are highlighted by the acronym **PLEASE**:



PAY ATTENTION (AND BE PATIENT)

Paying attention is crucial; if a distressed person sees you are distracted, they may be less likely to be honest about their distress. Remove any distractions, such as electronic devices, or put them on silent. Patience is also important, both with yourself, and the person who is distressed.

LISTEN (AND RESPOND)

How someone feels when they are with you is usually more important than the words you say. Listening well shows that we are interested in another person and that we care. Building the skills and confidence for good listening is something that everyone can do.

¹⁶ Ashworth S (2023) Supporting the mental health and wellbeing of children and young people. The Charlie Waller Trust. Available at: <https://www.charliewaller.org/media/nzvbgegj/0056-supporting-the-mental-health-of-children-v2.pdf>

¹⁷ Engert V, Linz R, & Grant J (2019). Embodied stress: The physiological resonance of psychosocial stress. *Psychoneuroendocrinology*, 105, 138–146.

¹⁸ Matos M, McEwan K, Kanovský M, et al. (2022) Compassion Protects Mental Health and Social Safeness During the COVID-19 Pandemic Across 21 Countries. *Mindfulness*, 3: 863–880.

EMPATHY

Empathy involves trying to see things from the other person's perspective to understand how they feel, what is causing them pain or distress or how a situation is impacting them.

Empathy involves listening to understand rather than listening to respond. When we really listen and try to empathise with how someone feels, they are more likely to feel heard, understood and supported. This can help to ensure a challenging conversation goes well, in addition to helping a learner or colleague feel empowered and enabled to either access or be referred on to appropriate support.

AUTHENTICITY

Being genuine and appropriately transparent helps build trust and rapport and promotes psychological safety. This will include directly asking whether someone is suicidal, which we will cover in the next section. Be honest about the limits of confidentiality, particularly for learners under the age of 18, and you may need to share information with others on a 'need to know' basis.

SOLUTIONS

Solutions including identifying appropriate professional and self-help are important, but they should not be addressed until you have taken at least some time to pay attention, listen and empathise authentically with the distressed person. It's important to remember that it's not your responsibility to make everything better, so avoid the urge to try to fix things. Sometimes we may try to approach a learner or colleague's difficulties through the lens of our own personal experience. For example: 'When I felt like this once, I took medication, and it was just what I needed.' What might seem like the best solution for you is not necessarily right for the person you are supporting, and it would be important that they discuss treatment options with a qualified practitioner.

ENCOURAGING

Encouraging and offering hope to the learner or colleague is crucial. This may include supporting them to access relevant services, self-help activities and so on.

Evaluate the conversation or interaction to understand what helped and what else might help.

ASK Acronym

Asking a person if they are having suicidal thoughts is not easy. It's important to reiterate that asking someone about suicide does not increase the risk of suicide, and it may, in fact, reduce the risk of future suicide.¹⁹ Calmness, sincerity and authenticity are all important in supporting a person who is thinking about suicide and research suggests that these qualities have helped suicidal people.²⁰

Here is another acronym to use to help guide the process of having a conversation about suicide:
ASK.

ASK THE QUESTION

If we are concerned about suicide, we may need to ask sensitively and directly. There is no perfect way of asking, but do avoid using the term 'commit suicide' as this related to a time when suicide was a crime. Here are some examples:

- *I'm wondering if you've been thinking about suicide?*
- *Sometimes when people are...*
 - *...going through what you're going through right now, they have thoughts of suicide, is this true for you?*
 - *...say they just can't go on anymore, it may be because they are thinking of suicide; are you thinking of suicide?*
 - *...giving away their belongings and putting their affairs in order, it's because they are thinking of taking their own life, is that something you are thinking about?*

SEEK MORE INFORMATION

If the person tells you they have been thinking of suicide, firstly thank them for trusting you enough to tell you this. Most people thinking of suicide do not want to die, they want the pain to stop. Tell them that you will do what you can to ensure they get the support they need to keep them safe. They may have experienced brief, *passive* thoughts of suicide, or they may be experiencing more *active* and persistent thoughts of suicide. Try to find out a little more about what is causing that person pain, how long they have been feeling this way and have they moved from thoughts of suicide to planning or preparing to do a suicide behaviour. Also knowing if they have felt like this before can help them to consider who or what helped before.

¹⁹ Blades C, Stritzke G, Page A, and Brown J. (2018) The benefits and risks of asking research participants about suicide: a meta-analysis of the impact of exposure to suicide-related content. *Clinical Psychology Review*, 64: 1–12.

²⁰ Owens C, Derges J, and Abraham C. (2019) Intervening to prevent a suicide in a public place: a qualitative study of effective interventions by lay people. *BMJ Open* 2019; 9:e032319.

EXAMPLES:



KNOW WHAT TO DO NEXT:

- Know what your internal process is for signposting and reporting and where to find resources/help and support.
- Risk increases if a person has been thinking about or researching suicide methods. Suicide risk increases further if the person has the means for ending their life, or a plan for doing so. Finally, risk increases further if the person intends to act on these plans, either imminently or in the future. Suicide is on a continuum,²¹ which helps to shape the conversation people have.
- Depending on individual circumstances, this may involve signposting and supporting the individual to access relevant services, or a more immediate response where risk is high, for example calling emergency services.
- It's important to acknowledge that some learners might not want to go to the safeguarding lead or counsellor and therefore may be more comfortable in opening up to another member of staff.
- It's also important to ensure that any learner who has raised concerns about another learner who is suicidal is appropriately supported too.
- It's important to remember that having a conversation about suicide with a learner or colleague should not mean that you take on responsibility for their safety. Rather, if you listen calmly, compassionately and with empathy, then this will help the learner or colleague to discuss the options for accessing appropriate support to keep them safe.

²¹ McDowell A, Lineberry T, & Bostwick J. (2011) Practical suicide-risk management for the busy primary care physician. Mayo Clinic Proceedings, 86 (8): 792-800.

SHARE and Self-Care

SHOW

Show you care by listening and thanking the learner for telling you, and that you will take their concerns seriously. People who are feeling suicidal often feel hopeless and overwhelmed by their circumstances. By offering hope that support is available, recovery is possible and that you care about them, can motivate them to seek professional support to help keep them safe.

HONESTY

Be honest about confidentiality; it is important that learners understand that concerns about the potential suicidality of one of their peers can't be kept secret, and it would not be fair or appropriate for them to hold the responsibility for keeping a friend safe.

AWARENESS AND ACTION

It is often the fear of not knowing what will happen next that stops people from sharing. Let the learner know what will happen next and what actions will take place if they disclose that they are thinking of suicide, and that information will be passed on to others on a 'need to know' basis.

RESOURCES

Make learners aware of who they can share information with, including counselling services and the safeguarding team.

EMPOWER AND ENABLE

Empower and enable learners to access appropriate support; it can be distressing to hear about and support a friend who is suicidal, and may impact on their mental health and wellbeing. Support the learner or staff member to consider what they need and who might provide further support should they need it.

Self-care

Having challenging conversations about suicide can be stressful. We know that stress is also contagious, and it's likely that the distress of the person you have been supporting will have had an impact on you. Therefore, self-care is a crucial aspect of providing support for learners and colleagues in further education settings, and should include the **three Ts**:

- **T**aking notes and recording brief, factual information about the conversation you have had, referring to the policies of your education setting.
- **T**alking to an appropriate person, which may include your line manager or another member of support staff, or accessing your institution's Employee Assistance Programme.
- **T**aking time for self-care. Please see our second guide, [**Supporting Learning Communities following Suicide and Sudden Death**](#) for evidence-based ways to support and promote wellbeing.

SUMMARY

<p>SPOTTING SIGNS OF DISTRESS AND RISK</p>	<p>Notice changes in key areas using the S T R E S S acronym:</p> <ul style="list-style-type: none"> • Study and work • Temperament and emotions • Reactions and behaviours • Energy and eating • Sleep • Self-harm <p>Other signs which may indicate someone is thinking about suicide</p>
<p>PREPARE FOR HAVING A CONVERSATION</p>	<ul style="list-style-type: none"> • How, where and when will I approach the learner? • Be clear about boundaries and confidentiality • Ask yourself, am I the right person to have the conversation?
<p>RESPOND: CALM AND COMPASSIONATE (PLEASE)</p>	<ul style="list-style-type: none"> • Pay attention (and be patient) • Listen (and respond) • Empathy - listen to understand the learner • Authenticity - be genuine • Solutions - support the learner to think about what they need in their situation • Encouraging - offer hope and empower the learner to access appropriate support
<p><u>A S K</u> IF YOU ARE CONCERNED ABOUT SUICIDE</p>	<ul style="list-style-type: none"> • Ask directly about suicide - use the signs you've noticed as the 'why' you are asking • Seek more information <ul style="list-style-type: none"> • How are you feeling? • How long have you felt like this? • Have you felt like this before? • What do you think would help you to stay safe? • Know what support is available
<p>SHARE</p>	<ul style="list-style-type: none"> • Show you care by listening and validating the learner's experience • Honesty is crucial • Awareness and action - be clear about what will happen next • Resources - discuss the support available • Empower and enable the learner or colleague to access appropriate support
<p>SELF-CARE</p>	<ul style="list-style-type: none"> • What do you need for your self-care now? • Three Ts <ul style="list-style-type: none"> • Take notes • Talk to an appropriate person • Take time for personal self-care - what does that look like for you?

Resources



The Charlie Waller Trust - Talking About Suicide, contains case studies

[A guide for college staff](#)

[A guide for university staff](#)

Listening skills

[How to Listen: Tools for opening up conversations when it matters most](#)

Mental health support

[Mind](#)

Crisis support

[Samaritans](#)

[CALM](#)

[Papyrus Hopeline 247](#)

Crisis support for children and young people

[SHOUT](#)

[NSPCC Childline](#)

Suicide prevention technology

[R:pple](#)

LGBTQ mental health support

[Mind Out](#)

Mental health training

[Charlie Waller Trust](#)

[Schools Colleges Universities](#)

The resources in this course are available to use under the [Open Government Licence v3.0](#) except where otherwise stated.

ABOUT THE CHARLIE WALLER TRUST:

The Charlie Waller Trust is a national charity set up by the Waller family in 1997 after Charlie tragically took his own life aged 28. It provides mental health training, resources and consultancy with a focus on children and young people.

The Trust's expert trainers give parents, carers, teachers and employers the skills and confidence to spot signs of mental ill health and support young people to seek help. They work in schools, colleges, universities and workplaces throughout the UK.

All the Trust's work is evidence-based, with Charlie's story at its heart, and most of it is free. It strives to ensure young people's voices are heard.

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