

Young people's experiences of suicidal thoughts and feelings

This briefing uses insight from Childline counselling sessions to highlight the experiences of young people experiencing suicidal thoughts and feelings

September 2025

Key Findings

- From 1 April 2024 to March 2025 Childline delivered almost 19,000 counselling sessions where children mentioned suicidal thoughts or feelings.
- In 20% of these counselling sessions the young person was actively suicidal or planned to act on their thoughts. The remaining 80% covered coping with thoughts and feelings, discussing previous attempts and behaviours, and accessing support.
- From 1 April 2024 to 31 March 2025 NSPCC Helpline responded to almost 1,000 child welfare contacts where a child's suicidal thoughts, feelings and behaviours were mentioned.

- Young people shared a wide range of experiences around having suicidal thoughts and feelings including when these occurred, how these manifest, the intensity and the duration.
- Some young people knew that they could cope with their suicidal thoughts and feelings but needed support from others to achieve and maintain this.

Introduction

Our Helplines Insight Briefings are produced to raise awareness and increase understanding of different topics by sharing the voices of children and adults who have contacted the NSPCC with concerns about a child's wellbeing.

- [Read our other helplines insight briefings on NSPCC Learning](#)

All young people will face challenges and stressors in life. For some, these difficulties are so hard to cope with that they may, at times, lead to suicidal thoughts, feelings and behaviours. Having suicidal thoughts can be confusing, frightening, and adds another challenge for a young person to cope with.

It is not always recognised that suicidal thoughts and feelings are relatively common, and that these do not have to become suicidal behaviours (Mars et al 2018, Søndergaard et al 2022). Research on a sample of 7,500 people aged 16-74 in England found that whilst one in five had experienced suicidal thoughts, one in fifteen had acted on these thoughts (McManus et al 2016). With appropriate support, protective factors and by empowering young people with coping skills, suicidal thoughts and feelings can be prevented from becoming suicidal behaviours and deaths by suicide.

Professionals should always view it as a potential safeguarding concern when a young person expresses suicidal thoughts, feelings or intentions to engage in suicidal

behaviours. However, case reviews have found that professionals working with young people often dismiss children's mentions of suicidal thoughts and feelings as typical adolescent behaviour (NSPCC, 2024a). By not recognising suicidal thoughts and feelings as risks to the child's welfare, these risks were overlooked, and appropriate support was not put in place. In case reviews, this was a factor where the young person carried out suicidal actions or died by suicide.

There is a perception that discussing suicidal thoughts and feelings with someone experiencing them can increase the risk of suicidal tendencies. However, asking someone about their thoughts, feelings, plans or ideation can instead protect them (Dazzi et al 2014; Østlie et al 2023). Whilst it can be challenging to have these conversations with children and young people, this is not a reason to avoid them. Seeking out opportunities to hear and understand the young person's voice if they are having suicidal thoughts and feelings can help in multiple ways (NSPCC, 2024a); to build a more complete picture of an individual child's world, with both risks and protective factors; and to show young people that they have someone that they can tell when they are having these thoughts and that they do not have to cope alone.

This briefing intends to highlight the varied experiences of children and young people when they have spoken about having suicidal thoughts and feelings. It also covers elements of how Childline supports children and young people who talk about suicidal thoughts and feelings. Professionals can use these insights to prepare for their own opportunities to respond to and support young people with this issue.

Content notes

This briefing contains summarised and anonymised quotes from children and adults which mention suicidal thoughts and feelings, self-harm, bullying, sexual assault and harassment, mental illness and stigma around mental health. The themes and quotes in the briefing are based on what young people and adults told us about. The quotes shared in this briefing have been collated with a trauma-informed lens following

recommendations for responsible discussions of young people's suicidal thoughts and feelings (NSPCC, 2024b; Samaritans, 2020a, 2020b). However, to accurately reflect the experiences of young people it is inevitable that these contain details and descriptions of these topics. Some quotes will reflect young people describing single or specific causes for their suicidal thoughts and feelings to Childline; this should not be taken as an oversimplification of this complex issue (Samaritans, 2020a) but a reflection of young people's voices. This briefing does not include any assessment of children's mental health, and any mentions or descriptions of diagnosable conditions are based on what a young person or adult has shared with the helplines.

Relevant resources

- **Child mental health**
<<https://learning.nspcc.org.uk/child-health-development/child-mental-health>>
- **Papyrus (HOPELINE247)**
<<https://www.papyrus-uk.org/>>
- **Samaritans**
<<https://www.samaritans.org/>>
- **CALM (Campaign Against Living Miserably)**
<<https://www.thecalmzone.net/>>

Childline Data – Suicidal thoughts and feelings

After a young person has a counselling session with Childline we record information about what they spoke about. This includes choosing one "main concern" from a predetermined list. For Childline counsellors, the main concern is usually the subject that the child talked about the most. But if a child mentions suicidal thoughts and

feelings, counsellors will record this as the main concern, to ensure any risks can be appropriately assessed.

Since 2019/20 suicidal thoughts and feelings has been the second highest recorded topic for counselling sessions with Childline. It is also the most common reason for Childline to make a referral to an external agency¹ (e.g. ambulance, police, children's services), representing 70% of counselling sessions which ended in a referral. However, in most suicide related counselling sessions the young person was not actively suicidal or engaging in suicidal behaviours but was proactively seeking support for suicidal thoughts and feelings.

Between 1st April 2024 and 31st March 2025 Childline delivered 18,981 counselling sessions where the child's main concern was recorded as suicide. After choosing one main concern, multiple related "sub concerns" can be selected. Of these 18,981 counselling sessions, 3,804 mentioned being actively suicidal or an attempt in progress². This means that in 20% of suicide related counselling sessions the young person was actively suicidal, and in the other 80% the young person was seeking support from Childline outside of a crisis.

Notably, Childline is a confidential space where young people can talk about any issue that is worrying them. Young people who are actively suicidal may be seeking support from emergency services, their GP, Child and Adolescent Mental Health Services

¹ Whilst Childline is a confidential service, Childline will make referrals if a young person asks them to, or in exceptional circumstances when; Childline believes a young person or someone else's life is in danger; a young person is being hurt by someone in a position of trust with access to other young people (e.g. a teacher or sports coach); a young person tells Childline they are seriously harming another young person; a young person tells Childline about another child being hurt who cannot understand or tell someone what is happening to them.

² Sub concerns are multiple choice. The full list of Childline sub concern options for this topic are suicidal thoughts and feelings, history of suicide attempts, actively suicidal/an attempt in progress and accessing support or services for suicidal thoughts or behaviours.

(CAMHS), a designated crisis team³ or from suicide prevention charities, like Papyrus, Samaritans or CALM (Campaign Against Living Miserably).

When a young person mentions or implies that they are having suicidal thoughts and feelings in a Childline counselling session it is essential that counsellors assess the level of risk present⁴. Part of this is exploring where young people are on a spectrum of suicidal presentation:

- Feeling low, but not expressing feeling suicidal
- Feeling suicidal, having suicidal thoughts and feelings
- Articulating intention to engage in suicidal behaviours and actions
- Actively suicidal with a clear plan for behaviours and actions
- Engaging in suicidal behaviours and actions

Spectrum of suicidal presentations (simplified)



As part of this risk assessment and exploring where the young person is on the spectrum of suicidal presentation, some young people shared how they experienced suicidal thoughts and feelings. This also included their experiences of help-seeking, reactions from others, and their current coping mechanisms.

³ Crisis teams are usually made up of a number of mental health professionals who will provide urgent mental health support outside hospital. You can learn more about this on the Mind website <https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/crisis-teams-crhts/> (Mind, 2018)

⁴ The Childline counselling model (Gill et al 2022a) uses elements of the evidence based Applied Suicide Intervention Skills Training (ASIST) (LivingWorks, 2025; Gould et al 2014)

Young people's experiences of suicidal thoughts and feelings

Young people contacting Childline described a wide range of experiences around having suicidal thoughts and feelings. There was variety in when and how these occurred, their duration and their intensity. Some young people wanted to talk about contributing pressures, others described how these thoughts made them feel, or how their thoughts related to suicidality.

Some young people attributed their thoughts and feeling to a specific or ongoing pressure.

"I don't know how I can carry on. The bullying has gone on for the last 3 years, it's this guy Ryan and his mates. During break yesterday they pulled down my pants. I told my parents, and we had a meeting today with teachers and the safeguarding person at school. I was told to keep away from them; how can I when they target me? Knowing no one is doing anything and nothing is changing makes me feel suicidal."

Boy, 15, Childline

Others spoke about their suicidal thoughts and feelings in relation to past experiences or a mental health condition.

"The smallest things trigger me. I feel so angry or really sad until I feel numb, then the suicidal thoughts come. My mum was an addict when I was younger, she's been ok for years now, but we're both living with BPD (borderline personality disorder) still. I feel I'm like this because of childhood trauma."

Girl, 13, Childline

Some young people described feeling stuck and unsupported in their current situation, with a lack of options or lack of agency contributing to their suicidal thoughts and feelings. Crucially, these young people wanted alternative options and help to cope.

"I can't stay with my aunt forever, there's no space, but social services can't find me anything. Without an address I'll lose my job, and I might be placed miles away and not be able to get there and get fired. Or just lose it from the stress anyway? I'm getting suicidal from all the unknowns, what else am I supposed to do?"

Girl, 17, Childline

"I'm tired of it all, of trying to get someone to take me seriously and help me properly. I feel like the only way anyone will listen to me is if I do something to myself, and that's when I have thoughts of suicide or self-harm or running away."

Girl, 13, Childline

For some young people suicidal thoughts felt like a norm or constant in their life.

"Unless I distract myself, I'm having suicidal thoughts. Even when I think I'm happy or trying to sleep, it'll pop into my head, 'why am I here?'. My doctor and mum are trying lots of things to help. Telling my friends about it helps; we talk, we resolve it, the thought goes away. I feel quite calm when it happens, not sad like you'd expect, but I am aware that it's a suicidal thought and I would like it if they stopped."

Young person, age not disclosed, Childline

At times it was a change in duration or intensity which prompted the young person to reach out to Childline

"I'm used to having the thoughts, they started 2 years ago. They stopped for a while but came back a few months ago. I can't just deal with them like I did before, now they're so intense and never ending that they're overwhelming. I hate them so much."

Young person, 16, Childline

Other young people spoke about being confused and upset; they didn't think they had a reason to have these thoughts, or these experiences conflicted with their desire to live.

"One minute I was having fun shopping with my mum and my sister, the next I felt completely panicked and overwhelmed by everything going on around me. I got upset and couldn't stop thinking that I can't go on and that I might do something to myself to make it stop. It's so confusing and I don't get why this keeps happening. I'd been feeling good, feeling happy. I don't have a hard life or anything, and I don't want to die. I want to live."

Young person, age not disclosed, Childline

Other young people expressed that their suicidal thoughts and feelings were not focused on wanting to die, but somehow not being here and no longer experiencing emotional pain and emotional numbness.

“I don’t really want to die, but I do wish I was never born. Life for me feels like nothing, and when it does feel like anything it’s a test or punishment. I can’t imagine a future, I can’t imagine anyone loving me or having a romantic partner. Nothing is enjoyable, it’s just everyone hating me and me hating myself”

Young person, age not disclosed, Childline

“My 12-year-old daughter has been telling me ‘my brain keeps telling me no one would care if I wasn’t here’. She hasn’t spoken about hurting herself but talks about moving really far away, like Australia, to be ‘out of this life’. She hasn’t told me about anything worrying her, but should I get her more support at this stage?”

Mother, NSPCC Helpline

Some young people described being fixated on or fantasising about death or being dead. These didn’t necessarily link to explicit thoughts of engaging in suicidal behaviours but included imagining different aspects of death like funerals and the afterlife. At times these were romanticised ideas of death.

“I spend a lot of time imagining what death would be like. Is it like space? Is it like a dream? Cold or comforting? I bet it makes you feel weightless. You can’t have heavy emotions when you’re dead. In my daydreams I mentally plan my funeral; would I be cremated? What would happen to my body in a coffin? I search stuff online to read about a lot; there’s loads out there”

Girl, 16, Childline

Help seeking

When speaking to Childline about their suicidal thoughts and feelings, some young people knew that they wanted and deserved support from the people around them. This could be from peers or adults in their life.

"I find it really hard to tell people how I feel, this is the first time I've spoken to anyone about it. At times it feels like I don't deserve to live. I feel like nobody actually loves me and wouldn't notice if I wasn't here, but I know if I told my friends, the ones I trust, they would support me. How do I tell them?"

Transgender young person, 13, Childline

Some wanted Childline's help to access professional support options or to communicate their needs.

"The thoughts started about 3 months ago. I thought they'd go away, but they haven't and it's scaring me. My dad is always too busy to listen to me, and my step-mum has said before that she doesn't believe in mental illness. What I'd really like is if you could go around them and speak straight to my social worker. I like her, I think she would help, but I can't get my thoughts out when I see her."

Girl, 14, Childline

Some were receiving support but wanted or needed improvements to that support.

"I want it all to stop. Losing my dad and watching mum struggle financially and with her emotions is all too much. School is stressful on

top of that; they're giving me some accommodations, but they don't understand all of it. They don't get how overwhelmed I am by the suicidal thoughts. I know I have a future, I know I want to go to college and know the career that I want. I just need to get past this. Can you help me explain it better to them?"

Boy, 15, Childline

"When I'm with CAMHS I struggle to be honest about how I'm feeling. I sort of don't want to admit how bad it is. But now everything is getting worse and I'm having thoughts of suicide. Do you think you can help me plan to what to say to them this time?"

Girl, 15, Childline

When adults contacted Helpline about their child's suicidal thoughts and feelings this generally related to accessing support. Some found it challenging to overcome barriers to support or getting their child the right level of support.

"For my daughter it reached a head when a boy took a picture up her skirt and shared it around the school. That's when the suicidal thoughts came, she said she couldn't see another way out. I am trying to get her help, but we're from a very conservative community who find this all very shameful. The college said they couldn't do anything and to go to her GP. The GP sent her to talking therapy, who passed her on to a crisis team, who said she didn't meet their criteria, so now she's back on the wait list for different therapy. She won't open up more to me about how she's feeling. I don't know what to do"

Mother, NSPCC Helpline

Some young people talked about the professional support they were expecting for their suicidal thoughts and feelings and broader mental health challenges, but there were gaps in their care.

“After I was released from hospital I was told that I had been assigned a mental health nurse. No one has contacted me to arrange anything since, and the thoughts are back. I can’t do this alone anymore.”

Girl, 16, Childline

Relevant resource

- **Young people's experiences of in-patient mental health care**

<<https://learning.nspcc.org.uk/research-resources/2024/young-people-s-experiences-of-in-patient-mental-health-care>>

Unhelpful responses from others

There were times when young people had bravely taken the step to speak to those around them about their suicidal thoughts and feelings. However, at times the response they received was not helpful and even harmful.

Whilst some adults and peers tried to be helpful, they didn't know or follow appropriate advice or actions.

“My parents told me to ignore the thoughts and stop thinking about everything stressing me out. I've tried but I can't just ignore them, I can't forget everything going on. It's not made coping any easier.”

Young person, age not disclosed, Childline

"The teacher told our mental health counsellor that I had suicidal thoughts, and they asked me how I was in front of the whole class. I had to pretend everything was ok and say I didn't need an appointment with him. One of the reasons I'm feeling suicidal is because I can't make any friends, they can't know that I'm not okay! I think speaking to someone face to face would help but I can't use the mental health counsellor now can I."

Boy, age not disclosed, Childline

Other young people had their experiences denied, downplayed or invalidated.

"My daughter's school just told me she's being saying she wants to kill herself and she's been saying it for a number of months. Why on earth did they wait until parents' evening to tell me? They said it couldn't be serious because she was still a great student, has friends and seemed happy enough in class. Surely that's even more cause for concern? I've been through this myself and know how awful it is when you're not believed."

Parent, NSPCC Helpline

"I've been to the doctors before, even A&E, about my suicidal thoughts and other mental health stuff, but they keep saying it's just part of my autism. Even if it was, which doesn't make any sense to me, don't I deserve to be taken seriously and given help? I deserve help, I want to go back to school, I want to have my life back."

Girl, 18, Childline

At times young people were accused of making up their suicidal thoughts and feelings and treated negatively for mentioning them.

"I've been having thoughts of ending it all for a while. Mum knows and she tries to be supportive, but my brother and teachers don't believe me. He's said some horrible things to me about it, like I should 'hurry up and kill myself'. There have been comments at school that I'm making it up and I have been put in exclusion for bringing it up. It makes me feel awful."

Young person, 12, Childline

There were also young people who were too scared to tell anyone about their thoughts due to stigma and harmful stereotypes they had heard around mental health.

"I know it's bad to think about ending your life, that's how you get put in a mental hospital. It happened to my cousin; he's locked away in one and we can't talk about him. That's how I know it's bad. That's why my parents can't know that I'm having these thoughts"

Boy, 11, Childline

Coping mechanisms

As part of a Childline counselling sessions mentioning suicidal thoughts and feelings the counsellor asks about coping techniques that the young person finds helpful.

Adults speaking to the Helpline also described hearing about coping mechanisms when they spoke to young people about their suicidal thoughts and feelings.

“One of the girls at the community club I run had been posting worrying things on her social media about feeling suicidal. When I spoke to her, she said she sometimes felt low, but that she wouldn't hurt herself and never had. She showed me the butterflies⁵ she draws on her arms when she has the thoughts. I don't really know how to risk assess this to be honest, if she's having thoughts but says she doesn't want to act on them and has ways to deal with it.”

Club organiser, NSPCC Helpline

Self-harm⁶ was mentioned as a coping mechanism, either as a past issue, something the young person still engaged in, or that they were trying not to relapse with.

“In the past I have self-harmed when I had suicidal thoughts, but I'm resisting that urge. I'm focusing on what else helps, I know other things help. I'm going to tell you some quotes I've written down that help me, I've got soft things all around me to use for physical touch, I've got nice music on. Can we do the 5, 4, 3, 2, 1 exercise⁷?”

Boy, 18, Childline

⁵ The Butterfly Project is a distraction method which encourages people to draw a butterfly on their arm or hand when they have an urge to self-harm (with or without suicidal intent).

⁶ Self-harm in this context is non-suicidal self-injury.

⁷ This is a grounding mindfulness exercise which involves identifying 5 things that you can see, 4 things that you can touch, 3 things that you can hear, 2 things that you can smell and 1 thing that you can taste.

Some young people had a clear idea of their most successful and positive coping mechanisms but needed or wanted help and support engaging in them.

"Therapy really helped; they gave me good coping techniques. It's been a while since it happened before, but the suicidal thoughts popped up in my head again the other day. Then I noticed that I am feeling quite low and alone today. Can you go through the coping techniques with me if I tell you about them?"

Boy, 17, Childline

"By now I sort of know when I've been feeding the thoughts, you know like thinking about everything I don't like about my life or what doesn't work to feel better. Sometimes I need reminders to tell people what does work to help me, to talk more about positives and use things that give me comfort instead. I do like that Childline is always here for me and especially when the thoughts are too much to cope with on my own"

Girl, 16, Childline

There were also counselling sessions where previously helpful techniques weren't helping them this time and the young person was requesting alternatives to try.

" I'm just feeling tired of living. I've spoken to my parents already and they told me they love me and care about me but then sort of left me alone to try my coping stuff. I've tried colouring, listening to music, watching to TV, journaling, I went on a walk, but nothing's really helped. I don't really know what would help right now."

Girl, 13, Childline

Example Childline response:

“ Thank you for explaining how you are feeling, and it's great that you've come through to Childline to talk to us. You've done the right thing talking about how you're feeling and getting support. It sounds like none of these things were helpful for you tonight, but it is really good that you were able to try them. Sometimes we can be unsure what help looks like, but it does sound like you want some help with these struggles. Sometimes getting the right help takes time and feeling better takes time, it's important to remember that. I'm wondering if you would like to try a game as a distraction? What about the alphabet game? We have to go through all the letters of the alphabet and take turns in naming an animal beginning with each letter (A-Z). And remember no matter when you come through to Childline and how you're feeling, we want you to feel listened to and supported.”

Childline Counsellor

Some young people also shared the lengths they would go to when they were finding it especially difficult to cope with suicidal thoughts and feelings. Some young people talked about how trying to be objective and using external factors helped prevent their thoughts and feelings escalating into a crisis or behaviours.

“Everything that I prepared last time I felt like this is still here in my room with me. I don't want to do anything with them this time, but I know I'm having suicidal thoughts. I'm living in such a deep sadness all the time, it's hard to cope. I did a pros and cons list of living, and there are more pros. Dad is ill. Him and mum need me. My friend is going through loads with his mental health too right now, he needs me. I'm

trying to stay objective and not let the thoughts trick me into feeling like a burden"

Boy, 17, Childline

Sleeping and crying were described by some young people as ways to escape their thoughts and feelings.

"I usually just get through the thoughts by getting into bed and crying until I'm exhausted enough to sleep. I feel better after I sleep but I can't keep crying myself to sleep all the time"

Young person, 15, Childline

Other young people used food, alcohol or drugs when they were seeking ways to cope with their suicidal thoughts and feelings.

"It used to be self-harm but now I use food. I eat so much that I feel sick, but it does stop the thoughts"

Young person, 14, Childline

Some young people mentally made plans but did not want to act on them and took steps to keep themselves safe. Sometimes this occurred for young people who have previously been actively suicidal and made plans or suicide attempts in the past and they now had a safety plan they could use. A safety plan or mental health first aid kit can help someone navigate suicidal thoughts and feelings or other mental health crises. These include ways of spotting signs of thoughts and feelings escalating, coping mechanisms to try, friends and family who can help, professionals and agencies to contact and ways to make it harder for the person to harm themselves.

An example from Childline is available here:

<https://www.childline.org.uk/toolbox/mental-health-first-aid-kit/>

“Last night was terrible, horrible. I don’t know how I survived the night. I relapsed into these thoughts, and I couldn’t sleep for thinking about killing myself. I locked myself in the bathroom, to keep myself safe. I was so scared I was going to try again, my thoughts were saying ‘I hope I die’. I don’t like being alive, but I still didn’t want to act on any plans again”

Young person, age not disclosed, Childline

Childline will support a young person by suggesting ways to cope with their suicidal thoughts and feelings during their counselling session. If appropriate, or in subsequent counselling sessions, they may also explore the impact of factors such as abuse and neglect, life events, family dynamics, physical health and neurodiversity. Childline will encourage the young person to speak to a safe adult who can offer support with the wider challenges in their life and to speak to their doctor about advice for their mental health. Where other agencies are involved, such as CAMHs, young people are encouraged to make use of this support.

If a young person’s life is in danger Childline will make a referral to an external organisation, such as emergency services and children’s services.

Relevant resource

- **Childline – Coping with suicidal thoughts and feelings**

<<https://www.childline.org.uk/info-advice/your-feelings/mental-health/coping-suicidal-feelings/>>

Supporting a young person with suicidal thoughts and feelings

You may be the safe adult a young person chooses to talk to about their suicidal thoughts and feelings. It can be hard to know how best to respond, but it's important to stay calm. These tips come from Childline counsellors.

Know when to get emergency help - If the young person is in immediate danger or wants to act on their thoughts, don't hesitate and contact emergency services (999) or take them to A&E.

Listen without judgement - Let the young person talk openly about how they are feeling. Avoid jumping to conclusions, interrupting or offering immediate solutions. Being there and listening can make a huge difference.

Reassure them that they are not alone - Remind the young person they are not alone and there are other people who go through similar thoughts and feelings. Let them know that support is available and things can get better.

Encourage them to talk to safe adults - Help the young person identify adults who can support them when they have these thoughts. As well as you, it could be a parent, teacher, school counsellor or crisis team if they have one. If they're not ready for this, suggest they contact a service like Childline, Papyrus, Samaritans or CALM.

Help them find safe ways to cope - You can encourage the young person to try activities and distractions that help them feel calm and take their mind off things, such as listening to music, writing, watching a favourite show or going for a walk together. Be led by the young person's preferences where you can.

Support them to make a safety plan - A safety plan will help the young person know what to do in future if they feel they can't cope. Sometimes this is called a mental health first aid kit. This could include people to contact (such as Childline), safe places to go, ways to stay safe and ideas for healthy coping mechanisms.

Stay connected and be patient - Supporting a young person with suicidal thoughts and feelings is not a one-time conversation. Checking in regularly can remind them they matter and they are not alone. They may not always want to talk and that's ok, you can let them know that you are there whenever they are ready.

Relevant resources

- **Addressing suicidal thoughts and feelings for people in sports organisations**

<<https://thecpsu.org.uk/resource-library/best-practice/addressing-suicidal-thoughts-and-feelings/>>

- **Mental health first aid kit**

<<https://www.childline.org.uk/toolbox/mental-health-first-aid-kit/>>

- **Podcast: Mental health first aid kits**

<<https://learning.nspcc.org.uk/news/2025/january/podcast-mental-health-first-aid-kits>>

Remember to look after yourself

Hearing that a child or young person is experiencing suicidal thoughts and feelings can be hard on those who care about them. While it is vital to support young people at risk swiftly, calmly and without judgement, it is also important to look after your own wellbeing.

It is also important to follow your organisation's safeguarding procedures for young people experiencing suicidal thoughts and feelings. Appropriate referral processes should always be followed, which should also help build the support network to the young person.

For expert advice and support you can contact NSPCC Helpline by email help@NSPCC.org.uk or on 0808 800 5000.

Conclusion

In order to support young people experiencing suicidal thoughts and feelings, it is essential that professionals can recognise signs of these struggles and be there to listen to children and young people. This briefing shares the voices of these young people and their experiences.

From contacts to our helplines, it is clear that professionals need to be open minded to the wide range of experiences of suicidal thoughts and feelings in young people. The diversity of what young people described shows the need to listen to and understand each child as an individual.

All of the young people who contacted Childline in this briefing were proactively seeking support and ways to cope. In plenty of cases the young people were already following the best practice advice for what to do when you're experiencing suicidal thoughts and feelings; speak to someone about these thoughts and find ways to stay safe and cope in the moment. We heard from young people who had already tried multiple coping strategies for themselves, and they still persevered to ask for more. Some young people knew they deserved support from those around them but needed help accessing it or improving the support that they were getting. To best support young people, we must seek out the young person's perspective and consider what is or isn't working for them.

Beyond the young people who did reach out to Childline, there will be more children who are struggling to cope with these thoughts on their own. It is crucial that professionals recognise and connect different risk factors for children and young people which could link to suicidal thoughts and feelings. The briefing described some factors, signs and behaviour changes that professionals could keep in mind, but this is not exhaustive; they must be professionally curious about a child's world and identify when changes in behaviour may be indicative of these thoughts being present.

Suicidal thoughts and feelings do not have to escalate to suicidal behaviours; many of the children contacting Childline demonstrate this. However, it is also clear that young people shouldn't have to cope with this alone. Professionals must be ready for when these thoughts and feelings arise, feel confident in providing support in the moment and follow appropriate safeguarding procedures; this latter step ensures that young people who need further ongoing support from specialist services can receive it.

Crucially, even when feeling hopeless, these young people are not helpless.

References

Dazzi T, Gribble R, Wessely S and Fear NT. (2014) **Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?** Psychol Med. 44(16):3361-3.

<<https://doi.org/10.1017/S0033291714001299>>

Gill C and Elliot C. (2022a) **Enhancing Childline's counselling model: early implementation experiences [PDF]**. London: NSPCC. [Accessed 26th June 2025]

<<https://learning.nspcc.org.uk/media/2811/enhancing-childlines-counselling-model.pdf>>

Gould MS, Cross W, Pisani AR, Munfakh JL and Kleinman M. (2013) **Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline Counsellor**. Suicide Life Threat Behav.43(6):676-91.

<<https://doi.org/10.1111/sltb.12049>>

Lifeline (2025) **Welcome to LivingWorks** [Accessed 26th June 2025]

<<https://livingworks.net/>>

Mars B, Heron J, Klonsky ED, Moran P, O'Connor RC, Tilling K, Wilkinson P, Gunnell D (2018) **What distinguishes adolescents with suicidal thoughts from those who**

have attempted suicide? A population-based birth cohort study. The Journal of Child Psychology and Psychiatry Vol 60 Iss 1, 91-99

<<https://doi.org/10.1111/jcpp.12878>>

McManus S, Bebbington P, Jenkins R and Brugha T. (eds.) (2016). **Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014.** [Accessed 28th July 2025]

<<https://webarchive.nationalarchives.gov.uk/ukgwa/20180328140249/http://digital.nhs.uk/catalogue/PUB21748>>

Mind (2018) **Crisis services and planning for a crisis** [Accessed 27th June 2025]

<<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/crisis-teams-crhts/>>

NSPCC (2024a) **Suicide: learning from case reviews [PDF].** London: NSPCC

[Accessed 26th June 2025]

<<https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/suicide>>

NSPCC (2024b) **Why language matters: rethinking the language of suicide**

[Accessed 27th June 2025] <[https://learning.nspcc.org.uk/news/why-language-matters/rethinking-language-](https://learning.nspcc.org.uk/news/why-language-matters/rethinking-language-suicide#:~:text=Any%20language%20which%20increases%20the,speak%20openly%20about%20their%20experiences.)

[suicide#:~:text=Any%20language%20which%20increases%20the,speak%20openly%20about%20their%20experiences.](https://learning.nspcc.org.uk/news/why-language-matters/rethinking-language-suicide#:~:text=Any%20language%20which%20increases%20the,speak%20openly%20about%20their%20experiences.)>

Østlie K, Stänicke E and Haavind, H (2021) **Assessments in Psychotherapy with Suicidal Patients: The Precedence of Alliance Work.** Journal of Contemporary

Psychotherapy 52, 89-97

<<https://doi.org/10.1007/s10879-021-09518-3>>

Samaritans (2020a) **Media Guidelines for Reporting Suicide [PDF].** [Accessed

26th June 2025]

<https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf>

Samaritans (2020b) **Guidance for reporting on youth suicides and suicide clusters [PDF]**. [Accessed 26th June 2025]

<https://media.samaritans.org/documents/Guidance_on_reporting_youth_suicides_and_suicide_clusters_FINAL.pdf>

Søndergaard R, Buus N, Berring LL, Andersen CB, Grundahl M, Stjernegaard K, Hybolt L (2022) **Living with suicidal thoughts: A scoping review**. Scandinavian Journal of Caring Sciences Vol 31 Iss 1, 60-78

<<https://doi.org/10.1111/scs.13137>>

Methodology

When children, young people and adults contact Childline and the NSPCC Helpline, we record what they tell us. This includes choosing a “main concern” from a predetermined list. For Childline counsellors, the main concern is the subject that the child talked about the most, unless suicidal thoughts or feelings are mentioned, in which case, this is recorded as the main concern. For the Helpline’s child protection specialists, the main concern is the subject that poses the most significant risk to the child’s safety or wellbeing, or the topic the adult contacting would like advice about. After choosing a main concern, multiple relevant “sub concerns” can be selected.

The insights in this briefing are taken from those Childline counselling session where the main concern was suicide, and the young person was not actively suicidal or planning to act. For NSPCC Helpline contacts this was contacts where the main concern category was child mental/emotional health, and the sub concern was suicidal thoughts and feelings.

Between 1st April 2024 and 31st March 2025 Childline recorded delivering 18,981 counselling sessions with mentions of suicide. Of these, 3,804 mentioned being actively suicidal or an attempt in progress. In the same time frame, NSPCC Helpline

recorded handling 2,981 child welfare contacts about child mental/emotional health. Of these, 996 child welfare contacts mentioned suicide.

Information drawn from Childline counselling sessions isn't necessarily representative of the UK child population. Children typically contact Childline when there is something that they are worried about, so they are self-selecting groups coming to us in times of need.

The quotes in this briefing are based on real Childline and Helpline contacts, but all names and potentially identifying details have been changed to protect the identity of children and the individuals contacting the NSPCC.

About our helplines

Childline is a free and confidential service where children and young people can talk about anything that's on their mind. Our counsellors provide support online and over the phone to children when they need it most. And the Childline website provides children with the information and advice they need to understand their problems, and the tools to express how they are feeling.

The NSPCC Helpline is a service for adults - both the public and professionals - who are worried about a child. The service provides advice, guidance and support and can take action if a child is being abused or at risk of abuse.

Anyone with concerns about a child experiencing abuse or neglect can call the NSPCC Helpline on **0808 800 5000** or email help@NSPCC.org.uk.

More ways to help you protect children



Take our online introductory child protection course

nspcc.org.uk/cpintro



Sign up to our weekly current awareness email newsletter

nspcc.org.uk/caspar

Visit **NSPCC Learning** for more resources on mental health



learning.nspcc.org.uk/research-resources/mental-health-resources

