



HOW TO SUPPORT A CHILD WHO IS AT RISK OF SUICIDE OR SELF-HARM

GUIDELINES ON PROVIDING MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

DEFINITION OF MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

Mental health first aid for children is defined as the help that is given to support a child aged 5-12 years who (1) is developing a mental health problem or is experiencing a worsening of an existing problem, (2) has experienced an adverse life event that places them at increased risk of poor mental health, or (3) is in a mental health crisis. The first aid is given to the child or their primary support system until appropriate help is received.

What is a mental health crisis?

A mental health crisis is when there is an increased risk of harm, either to the child or others around them. The mental health crises covered here are: (1) when a child is thinking about or at risk of suicide (e.g., expressing a wish to die), and (2) when a child has engaged in self-harm.

When providing crisis first aid, remember to adapt your approach and your actions according to the age, maturity and developmental needs of the child.

Supporting a child at risk of suicide or self-harm

When providing crisis mental health first aid to a child, it is helpful to know the warning signs and risk factors of suicide or self-harm in children, as these may be different to those for adolescents and adults. For example, suicide or self-harm in children is often impulsive and young children don't really understand that death is permanent.

You should take all statements of wanting to die or evidence of self-harm in children seriously. If the child is talking about wanting to die or self-harming, you should see this as a sign that the child needs help, rather than dismissing it as attention-seeking.

If you think that the child could be at risk of suicide or self-harm, you should have a discussion with them and remove them from any immediate dangers. Don't dismiss the idea that a child could be suicidal, but also try not to immediately jump to the conclusion that the child is suicidal simply because they talk about wanting to die. Some children will talk about wanting to die without any suicidal intent. Be aware that talking to a child about suicide or self-harm will not put the idea in their head.

Prioritising safety and knowing your limits

When providing crisis mental health first aid, your first priority should be to maintain the safety of yourself and others. Do not risk your own safety.

If you feel distressed from the act of providing crisis mental

health first aid to a child, you should seek professional support for yourself, and speak to another adult who can provide you with emotional support. Use evidence-based self-help strategies to care for yourself. If you are not coping with providing crisis first aid, find someone else who can help to support the child.

How to assess for risk of harm

Ask the child if they are having thoughts of suicide. Use language that is age and developmentally appropriate and also unambiguous.

If a child says they want to die, do not jump to conclusions but instead be prepared to explore what their words mean, for example by asking "what do you think happens when you die?" or "what do you mean by 'die'?". Be aware that the child may not use or understand the word 'suicide'.

Older children (i.e. those around 9-12 years old) may be better able to communicate their level of risk. You should therefore explore this with them, by asking questions such as:

- "Do you not want to be alive anymore?"
- "Do you sometimes wish you were dead?"
- "Have you been thinking about wanting to die?"
- "Are you thinking of killing yourself?"

If the child denies being suicidal, continue to monitor them if there are suicide risk factors or warning signs present. If the child is reluctant to talk to you, ask them if they would rather speak to another trusted adult.

Ask about plans and limit access to means

Ask the child about any plans they may have for suicide or self-harm, using age- and developmentally- appropriate language. If the child mentions a method of suicide, you should try to limit the child's access to these means.

If you have specific legal responsibilities because of your relationship to the child, for example as a parent, a teacher, or an employee delivering a service to a child, these laws must always be adhered to.





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Listen to them

Ask the child questions to try to understand how they are feeling and why this may be. Allow the child to talk about wanting to die, even though it might be confronting. Try to remain calm.

Aim to listen without trying to correct, problem solve or give advice. Let the child speak without interruption. Use active listening skills such as questioning, repeating, paraphrasing or confirming what the child is saying.

Reassure them

Let the child know that you care and want to help and that you will work with them to keep them safe. Reassure the child that you will be there to help them to cope with their thoughts and feelings, and they will not have to do it on their own.

Acknowledge how the child is feeling

Tell the child that you can see that they are feeling very distressed and let them know that you want to understand better what they are experiencing. However, don't claim to understand exactly what the child is experiencing, e.g. by saying "I know exactly how you feel".

Try to show acceptance and don't tell the child that they shouldn't think or feel the way they do. Tell them that they are not going to get in trouble for talking about how they feel.

Avoid expressing any judgement about the child's suicidal thoughts or behaviours. Don't use guilt to prevent them from acting on suicidal thoughts. You should not accuse the child of attention-seeking behaviour.

If the child has been bullied or abused

If you suspect the child has experienced bullying, abuse or neglect, you should also ask the child about this in an age- and developmentally-appropriate way. If the child discloses bullying or abuse, follow the guidelines about helping a child who has experienced a traumatic or adverse event, in addition to keeping the child safe.

Involve other adults

If you are not the child's parent, you should let the child's parent know about their suicidal thoughts or behaviours, unless doing so would put the child at risk.

If you are concerned that the child is at risk of suicide or self-harm, you don't need to wait for the child's consent to talk to other adults who can help the child. You should also let the child know if there are any adults you are mandated to talk to about their suicidal thoughts and behaviours. Explain to the child that there are limits to what can be kept confidential (e.g. "kept between us") when the child is at risk. Never promise to keep a child's suicidal thoughts or behaviours a secret.

Do not make promises to the child that you may not be able to keep. If there are limitations in the support you can provide, you should explain to the child what these are.

When a child has self-harmed

If the child has harmed themselves, ensure that an adult with appropriate training applies physical first aid for any cuts or injuries the child might have, before doing anything else.

If the child is seriously physically injured or affected by substances, you should consider getting

the child to the emergency department. Ensure that a trusted adult accompanies the child if they are taken to hospital. If the child also has a physical health emergency, you should follow physical first aid guidelines.

You should be aware that self-harm may not be a suicide attempt. If the child is engaging in self-harm but says they are not suicidal, you should not dismiss the behaviour. Self-harm is a mental health crisis even if there is no suicidal intent.

Don't assume that engaging in self-harm is a normal behaviour in children, even if they have a mental health or neurodevelopment diagnosis, e.g. autism.

Talk to the child

You should talk to the child in a curious and non-judgemental way to better understand what has led to them harming themselves. Reassure them that they are not in trouble for their behaviour. Try to focus on the child's feelings, rather than the act itself. Talk about the self-harm as separate to the child's identity or personality, e.g. label the behaviour as a problem, not the child.

Don't make the child feel guilty or express disgust about what they have done. Avoid setting negative consequences, as this may lead them to hide the self-harming behaviour rather than seek help.

Access to means

If the child has immediate access to means that they might use for self-harm or is in your care, you should try to remove or limit the child's access to means (medications, cords, knives or rope) that could be used for self-harm. If the child is not in your care, ask the adults caring for the child to remove or limit the child's access to means that could be used for self-harm.

Keep the child safe

If there are multiple risk factors or warning signs present for suicide or self-harm, increase your monitoring of the child and seek immediate professional help for them.

Do not leave the child on their own without an adult present. If it is safe to do so, stay with the child or ensure another adult is with them until appropriate professional help arrives or the immediate risk has reduced. If the child has a plan for suicide, or is at risk of acting on suicidal thoughts, you should be aware that hospitalization may be required.

Make a plan to keep the child safe, while waiting to receive professional help. Try to adhere to the child's wishes when





HOW TO SUPPORT A CHILD WHO IS AT RISK OF SUICIDE OR SELF-HARM

making a plan, unless these are against mandatory reporting requirements or unless this will not keep them safe.

Reassure the child that their situation is not hopeless and some solutions to their problem may be found.

Seeking professional help

You should be aware of the roles of different professionals who can help with child mental health crises.

If there is immediate high risk to the child, you should call for immediate help and you should tell the service that the child is at risk of suicide. Try to give the emergency phone operator as many details as you can about what is happening. While waiting for them to receive professional help, check in regularly with the child to see how they are feeling.

Often, urgent help will be provided by someone who is not part of the child's usual treatment team.

If this is the case, ensure that the child's usual professional helpers are told about what has happened. Bring their contact details with you and provide these to the emergency helper.

Supporting the child beyond the crisis

Try to prevent the child from becoming isolated by encouraging opportunities for them to connect with family, friends and other adults. If the child is experiencing urges to self-harm, encourage the child to find ways to calm themselves.

If you are not the child's parent, you should encourage the child's parents to seek professional help or other emotional support for themselves.

About these Guidelines

Purpose of these guidelines

These guidelines are designed to help members of the public, and especially parents, teachers and health professionals, to provide mental health first aid to a child who is developing a mental health problem. This document focuses on how to speak to a child directly about your concerns for their mental health and about seeking help.

This is one of a set of guidelines about how to support children aged 5-12 years with mental health problems. The series includes:

- How to talk to a child aged 5-12 years about their mental health and seeking help
- How to talk to adults about your concerns for a child's mental health and seeking help
- How to support a child who is at risk of suicide or self-harm
- How to support a child who is displaying aggression or threatening violence.
- How to support a child who has experienced an adverse or traumatic event

All guidelines in this series can be found on our webpage <https://mbspgh.unimelb.edu.au/research-groups/centre-for-health-equity/equity-and-mental-health/supporting-child-mental-health/>

Development of these guidelines

These guidelines were developed using the Delphi expert consensus method. This involved gathering three different kinds of experts and asking them to agree on which first aid strategies were the most appropriate for adults supporting a child who is developing a mental health problem. Experts included (1) parents who have cared for a child with a mental health problem, or young adults who experienced a mental health problem in their earlier school years, (2) teachers who have expertise in supporting children with mental health problems, and (3) health professionals who provide clinical services to children with

mental health problems. Experts were from Australia, Germany, Ireland, New Zealand, Switzerland and the USA.

Details of the study can be found in a scientific journal paper that is currently under peer review and will be publicly available for free download after publication.

These guidelines were developed through a collaboration between researchers at the University of Melbourne and Dr Claire Kelly at Mental Health First Aid International. Funding for this project was provided by a National Health and Medical Research Council grant provided to AF Jorm (1172889), by funding from the North Western Melbourne Primary Health Network and a VESKI fellowship awarded to LM Hart.

How to use these guidelines

It is important to tailor your support to the needs of the child you are helping. These guidelines are a general set of recommendations only. They are most suitable for providing mental health first aid in high-income countries with developed health systems.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

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