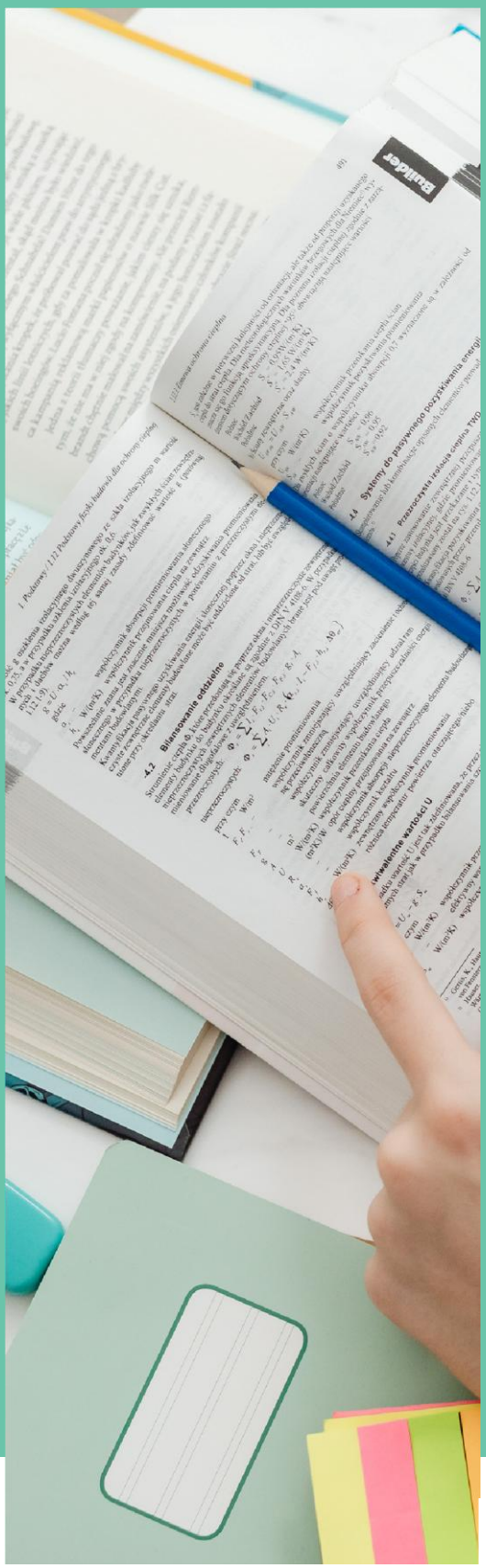


An Integrated Approach for Returning to Education Following a Crisis

BY JO DRISCOLL

2020 Churchill Fellow

Strategies to support children and young people returning to education following a crisis episode of self-injury or a suicide attempt, with findings from Australia.

the CHURCHILL fellowship

SAMARITANS

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PRELIMINARIES

Contents	Page
Executive Summary	2
Introduction	3
My Fellowship Journey	4
Themes	5
Education – Suicide Prevention	6
Integrated Care – Between Professionals and Communication	7
School Counsellors	14
Safe Spaces	16
Parent/Carer Lived Experience	18
Toolkit	20
Conclusions/Recommendations	21
Acknowledgements	22
References	24

the CHURCHILL fellowship

The Churchill Fellowship is a UK charity which supports individuals from the UK to follow their passion for change by learning from the world. The focus of a Fellowship is to travel to learn and return to inspire others by bringing back knowledge and wisdom from other parts of the world. Throughout 2019-2023 the Churchill Fellowship developed a Suicide Prevention Programme, which was supported by The John Armitage Charitable Trust and in partnership with Samaritans. I was awarded the Fellowship as part of this programme in 2020.

About the Author

The focus of my professional career has always been supporting young people. I regard the transition of adolescence as being vital for the psychosocial growth into adulthood. I have focused my career on providing early intervention with the hope that young people can develop strategies to enable them to deal with further complications that life brings.

I have worked in the National Health Service and the educational sector. In both sectors, I have extensively supported young people with mental health difficulties to access or return to education. I am currently in post, as the Director of Mental Health and Wellbeing at Reigate College. I have been in this position during and post-pandemic and have witnessed the ever-changing landscape for young people with their mental health and education. In this role, I have supported young people to return to education successfully. However, on other occasions, I have not been able to facilitate a young person back to education. In my experience, the success of a young person returning to education is dependent on a number of factors and these need to be considered when planning a return. This report researches the factors that can support this process.

In my personal life, I have experienced the devastation that someone who has died by suicide can have on family, friends, and the wider community. These experiences have affected me and shaped my view on the importance providing early help to those at a first stage of crisis. This is my key motivation in the research for the Fellowship.



Jo Driscoll

EXECUTIVE SUMMARY

Crisis episodes of self-harm and suicide attempts are increasing amongst children and young people in the UK. In recent years, there has been a significant increase in the amount of children and young people who are in a mental health crisis and need emergency support. This is reflected in the number of referrals to Child and Adolescent Mental health services (CAMHS) crisis teams across the UK (RCPsych, 2024). This places pressure on services and leaves children and young people on waiting lists for long periods of time whilst waiting for an intervention. Many children and young people in the waiting process are supported by their school/college before receiving an intervention. Others will disengage with CAMHS support due to lengthy waiting times. This means many children and young people are not receiving support through CAMHS for their mental health and instead have daily support from educational professionals.

Children and young people in this grey area of crisis support need processes and support systems to help them get back to education post-crisis. Therefore, a framework or structure would be beneficial for educational professionals to have as guidance to support this process.

The aim of my Churchill Fellowship was to explore what other countries are doing to support those in this position. I was drawn to research this topic in Australia, which is internationally recognised as the leading country in suicide prevention. The Australian company Headspace appeared to be one of the only places in the world that provided advice and guidance about suicide attempts. During my Fellowship, I was able to interview individuals from different disciplines, such as: support workers at schools, teachers, counsellors, leading experts at schools, mental health professionals, and academics.

Glossary
CAMHS - Child and Adolescent Mental Health Services
MHST – Mental Health Support Team
SENCO – Special Educational Needs Coordinator
SEMH -Social Emotional Mental Health
SMHL – Senior Mental Health Lead

This research enabled the development of a toolkit for educational professions. The goal of this toolkit is to improve the support available to children and young people, reduce the risk of further crisis and empower educational staff to feel more supported when working with these complexities. From completing the global research, I also discovered other aspects in education that the UK could develop to further its support for children and young people who have been through an episode of crisis.

KEY RECOMMENDATIONS

- **Returning to Education Toolkit** - to be implemented by Senior Mental Health Leads (SMHLs) for children and young people who had experienced a crisis period of self-harm or a suicide attempt.
- **Suicide Prevention** - suicide prevention education to be provided to SMHLs and Special Educational Needs Coordinators (SENCOs) (including self-harm and suicide prevention to be included in their core training programmes).
- **Integrated Care** - communication from CAMHS crisis intervention teams should be more open, to enable effective care from health care to education.
- **Education-based Counsellors** - recommend the Department for Education to fund counsellors for all schools/colleges in England.
- **Safe Spaces** – schools and colleges to have appropriate guidance, funding, and allocation of space to generate effective safe spaces within their community.
- **Lived Experiences** - help for parents/carers provided by sharing lived experiences surrounding caring for those in crisis.

INTRODUCTION

The focus of this Churchill Fellowship has been to develop a toolkit to enable educational professionals to support children and young people to return to education following an episode of crisis, this being either significant self-harm or a suicide attempt.

Crisis episodes have been increasing in the UK. Over the past four years, there has been a 53% increase in the number of children and young people who are in mental health crisis and need emergency support. This is reflected in the increasing numbers of referrals to Child and Adolescent Mental Health Services (CAMHS) crisis teams. There were 32,521 referrals to crisis teams in 2022/2023 in comparison to 21,242 in 2019/2020 (RCPsych, 2024). It is estimated that in 2023, one in five children and young people had a mental health problem (NHS Digital, 2023). Almost one third (32.8%) of 17–24-year-olds have self-harmed or attempted to self-harm at some point (NHS Digital, 2023). Furthermore, suicide was the leading cause of death for people aged 5-35 in England in 2022. Around three quarters were boys or young men (Papyrus, 2023).

This continued increase in children and young people with mental health challenges has impacted directly upon the services supporting them, with many CAMHS services now having long waiting lists for support. This in turn means many children and young people are being supported in education whilst they are waiting for or trying to access treatment. It is estimated that 84% of teachers have spent more time helping pupils with mental health issues over the academic year of 2024 (Teach first, 2024). If educational professionals are ill equipped to support children and young people with these complexities it can only lead to a further impact on educators' wellbeing, workload, stress, and burnout. This will only contribute further to the teacher retention crisis that is currently happening across the UK – throughout 2022/2023 there was a 44% increase in teachers leaving the profession (Education Support, 2025).

Episodes of crisis such as self-harm and suicide attempts can also be a predictor of a future crisis. There is a direct association between self-harm and suicide attempts, with 9/10 adolescents with suicide attempts also reporting self-harm (Duarte at al, 2020). A history of consistent self-harming and suicide attempts is one of the biggest predictors in future suicide completion (Riberio et al, 2015). Therefore, both crises must be supported to prevent or reduce the future risk for children and young people.

My Fellowship focuses on the research behind developing a collaborative and integrated toolkit for supporting educators, young people, and parents/carers to enable a child or young person to return to education following a crisis.

I chose to explore suicide prevention and other interventions provided in Australia – a world leader in its approach. Australia differs from the UK in their school structures, psychological support for young people and integrated approach to supporting young people. This holistic approach to supporting children and young people offers valuable considerations for improving provisions in the UK.



My Fellowship Journey

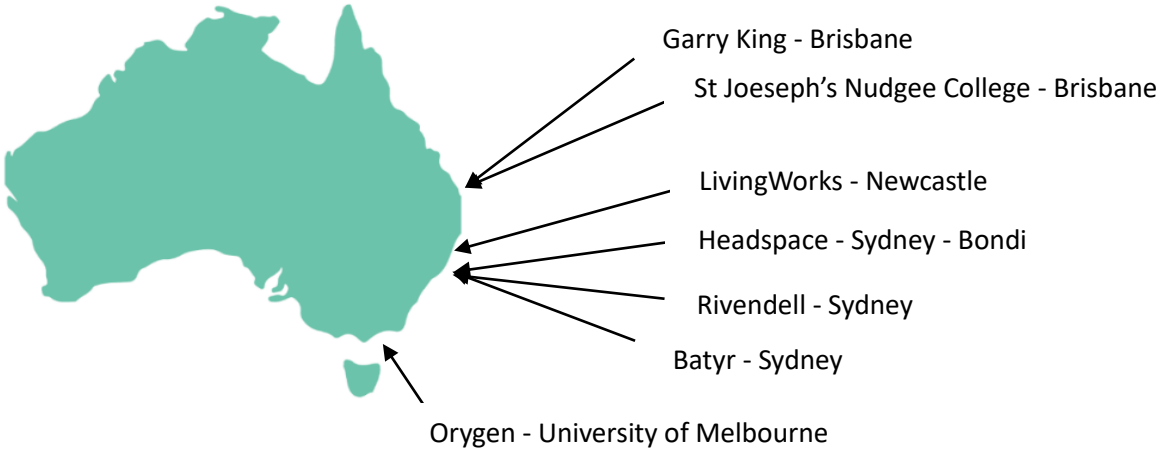
Research and the COVID-19 Pandemic

I was awarded the Fellowship in March 2020, in that same month, the world was affected by the COVID-19 pandemic. This meant there was a travel ban throughout the world, and my Fellowship had to wait. Throughout this time, I was working as the Director of Mental Health and Wellbeing at Reigate College and working through the complexities that educators faced. Throughout the pandemic the college became a COVID-19 test centre whilst remaining open to support the most vulnerable young people and families in the college community. I tried throughout this time to be committed to the research with the Fellowship, as the topic appeared to be more important than ever. Therefore, I designed a primary research questionnaire that I sent off to number of organisations to gain an insight and understanding about my Fellowship idea. The response was limited but the feedback indicated that a structured framework would be a good idea to help support people back to education. It was challenging at this time to build momentum with Fellowship research.

Even as the global situation began to ease, there were still complications with travelling to complete the Fellowship research. In 2022, despite the travel ban easing, I was undergoing medical treatment and unable to travel. I subsequently had my first child in 2023 and, again travelling was not possible.

In 2025, I was ready to engage with the research online to suit my health and my family's needs. I conducted a series of semi-structured interviews via video call, where I took relevant notes, asked for further information, and sought advice about developing the toolkit. By moving my research online, I was now able to interview more professionals and reach a wider demographic area.

Research focus areas in Australia



Themes

The **Primary Aim** of my research was to focus on the development of a toolkit. I also discovered relevant themes which could contribute to and further the ideas put forward in the toolkit. There were five key themes that stood out which could improve the social emotional mental health (SEMH) needs provision of support for children and young people in the UK.

Theme 1 – Education - Suicide Prevention

Focus: Living Works – Shane Connell (LivingWorks) and Dr Samuel McKay (Orygen Centre at University of Melbourne)

Theme 2 – Integrated Care - Professionals and Communication

Focus: Headspace and Lucy Rayner

Theme 3 - School Counsellors

Focus: Garry King

Theme 4 - Safe Spaces

Focus: Melissa Miller – Teacher Librarian

Theme 5 - Parent/Carer Lived Experience

Focus: Batyr

EDUCATION – SUICIDE PREVENTION

A primary aim for any professional working with a child or young person at mental health risk is to prevent suicide. The main methods for preventing suicide are education, training, and awareness.

The UK Government published 'Transforming Children and Young People's Mental Health Provision: a Green Paper', which pledged its commitment to supporting Social Emotional Mental Health (SEMH) needs of children and young people (Department of Health and and Department for Education [DfE] 2017). This ambitious vision outlined: the introduction and training of Senior Mental Health Leads (SMHLs) within schools/colleges, how new Mental Health Support Teams (MHSTs) will be collaborating with schools/colleges and how access to support for SEMH will be trailed to a four week waiting times. A key action was the introduction of a dedicated SMHL in schools and colleges. This was not set out as a mandatory role, but the government aimed to have one SMHL trained and in position at every school and college in England by 2025.

The national training package for the SMHLs focuses on adapting a whole school/college approach to improving wellbeing and mental health for staff and students. The training promotes a comprehensive approach which starts with leadership and management. It also focuses on strategic direction and how the whole school/college approach is applied consistently and comprehensively to help improve the SEMH needs for all. However, the training for SMHLs fails to provide any information on how to support those with significant mental health needs and does not include any focused education about self-harm and suicide.

As a SMHL, self-harm and suicide prevention are two of the regular issues I work with on daily basis. My training to support myself in these roles comes from being a First Aider, a Mental Health First Aider and by completing the Applied Suicide Intervention Skills Training (ASIST). These courses are not provided or covered in the core SMHL programme. Similarly, the new Special Educational Needs Coordinator (SENCO) course covers core topics on management and strategy but does not include any teaching around SEMH.

Therefore, trainings for these core roles fail to equip or prepare staff with education and preventative strategies around crisis and serious mental health issues. Consequently, educators in these in these roles may give poor advice, feel overwhelmed or be unable to support some of the most vulnerable children and young people. This lack of education and training is negligent in supporting education professionals to help children and young people.



CALL TO ACTION: Implement a core unit about serious mental health covering self-harm and suicide prevention within the SMHL and SENCO courses. To develop a Continuous Performance Development (CPD) module for those in that role to learn about these topics. The decisive call to action would be for suicide prevention to be made compulsory in all schools and colleges and completed by all employees.



www.livingworks.net

Focus – LivingWorks – Shayne Connell

LivingWorks the world's leading suicide prevention and intervention training company that originate in Australia. In my own experience I have completed the LivingWorks **Applied Suicide Intervention Skills Training** (ASIST) programme twice. The ASIST programme is a global training package providing practical intervention skills for suicide prevention. Learners learn how to engage directly with a person thinking about suicide, reduce immediate risk and co-create a personalised Safety Plan that promotes hope, safety, and connection.

During my research I spoke with Shayne Connell (CEO and Director of LivingWorks) to learn more about the training programmes available for suicide prevention. Shayne highlighted evidence-based training packages for suicide prevention and drew my attention to the programme safeTALK. This is a 3 to 4 hours in-person training that prepares anyone over the age of 15 to recognise if another person is struggling with suicidal thoughts. The programme teaches the TALK steps of (Tell, Ask, Listen and Keep Safe) to support someone who is experiencing suicidal thoughts.

- **Tell:** Notice the signs and hear the invitation.
- **Ask:** Directly ask, "Are you thinking about suicide?".
- **Listen:** Listen to understand the reasons for suicide and the reasons for living.
- **Keepsafe:** Connect the person to suicide intervention resources.

The training is always face to face, with the trainer initiating presentations, discussions and role play practices to build confidence. The training challenges myths and misconceptions around suicide and participants are given a wallet-sized reference kit to use as a resource pack.

In Australia it is not compulsory for teachers to have suicide prevention training. However, LivingWorks has trained over 600 schools and 96% of teachers have reported the training enabled them to provide support to someone with thoughts of suicide. Also 64% of school participants used the skills they learnt to help someone in the first three months of completing the course.

IDEAS FOR THE UK: The ASIST training has been an integral aspect in building my competence as a SMHL. This type of training is beneficial for all SMHLs or SENCOs and should be a requirement of the role.

The safeTALK training could be easily delivered to most staff within an educational setting. This would upskill and build competence in staff. It can also be completed by young people to help support their friends and others in their communities.

Orygen
The National Centre of Excellence in Youth Mental Health



www.orygen.org.au

Focus – Orygen National Centre of Excellence in Youth Mental Health in partnership with the University of Melbourne – Dr Samuel McKay

Shayne Connell led me to interview Dr Samuel McKay who has been researching the evidence that a safeTALK programme is an effective intervention if used in schools. Dr McKay leads the education research stream in the Suicide Prevention research group.

The Multi-modal Approach to Preventing Suicide in Schools (MAPSS) is a randomised controlled trial which assesses the effectiveness, safety, and feasibility of an integrated response to suicide risk among secondary school students.

The MAPSS study involves a tiered approach and was implemented across 21 schools in Melbourne. Students in these schools received a combined universal suicide prevention training (safeTALK), selective screening for suicidal ideation and an online cognitive behavioural therapy package (Reframe-TT). The MAPSS model aimed to equip students with the skills to reframe negative thought processes, enhance coping skills and develop safety plans.

The results of the MAPSS study showed that safeTALK was associated with improvements to students' mental health. In particular, safeTALK demonstrated: increased knowledge about suicide, confidence to intervene, willingness to talk about suicide, and promotion of help-seeking intentions for suicidal thoughts. This research has now been expanded and trialled in the UK.

LIVINGWORKS
safeTALK

APPLICATION TO THE UK: The Multi-Modal Approach to Preventing Suicide in Schools has already been trialled by the Liverpool John Moores University as a pilot study in the Cheshire and Merseyside area. It will now be evaluated across North West England to further establish its feasibility in schools.

Hopefully, this research will reaffirm the findings in Australia, which will lead to safeTALK being delivered to schools and colleges throughout the UK.

INTEGRATED CARE – BETWEEN PROFESSIONALS

In the UK, the Green Paper (2017) pledged its commitment to the Transforming Children and Young People's Mental Health Provision (Department of Health and Department for Education, 2017). A key aspect of this proposal was to introduce Mental Health Support Teams (MHSTs) linked to schools and colleges. The focus of these teams is to provide early intervention for children and young people with mental health difficulties whilst supporting the Senior Mental Health Leads (SMHLs) with the whole school/college approach. As of spring 2025 there were over 600 MHSTs in place in England. This covers approximately 52% of the pupil and learner population (Department for Education, 2026). The government aims to have increased the number of MHSTs to cover 100% of schools and colleges in England by 2029/30.

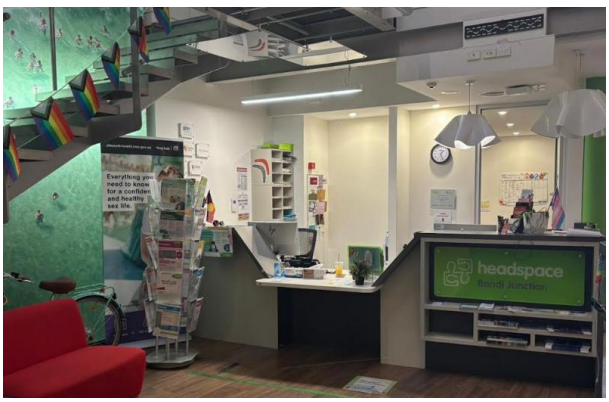


These services are still being implemented and are struggling with capacity due to the continued increase in need, which is leading to growing waiting lists. Therefore, schools and colleges throughout England rely on regional and local charities to access early psychological help. This means different counties, regions, and towns have different access to early help services. This inevitably means that there is inconsistent support throughout England and children and young people can only access early help services depending on where they live. Consequently, support is dependent on the deprivation, affluence, or social need in that area and not necessarily on the what the young person needs.

In Australia there is a service named Headspace which fits this missing gap in services that is not available in England. Headspace is Australia's National Youth Mental Health Foundation providing early mental health intervention to 12–25-year-olds. There are Headspace centres across Australia that offer a wide variety of services which can all be accessed online, by phone or in person. On any day, a young person can speak to a mental health clinician who offers a safe space to talk about what is going on for them. Headspace also offers on any day educational and career advisors to help young people talk about their futures and what is impacting on them.

Alongside supporting young people, Headspace also provides educational staff with training and programmes that empower staff to support others with mental health difficulties. Headspace offers a collection of policy templates and handouts that can be adapted and used in educational settings.

Every single Headspace centre is unique and tailored to the area's needs and what is affecting the young people locally. These centres treat mild to moderate mental health issues for young people. The professionals working in these centres offer a variety of interventions, such as; assessment and triage for young people as well as access to GPs/CAMHS and Safeguarding teams if necessary. Also, there is an acute care team who offer Brief Interventions – where a young person is offered eight sessions on behavioural interventions. The young person can choose from:



substance misuse support, education support, counselling, gender, sexual health support, financial advice, and support for bullying.



Attached to each Headspace centre there are a team of Safeguards. These roles are statewide and are there to offer interventions to young people presenting with moderate to high mental health risk. The Safeguards work closely with CAMHS and have morning huddles to ensure that risk is managed effectively. This means that if the risk is increasing, this can be passed to CAMHS. The Safeguards work as a multi-disciplinary team and assess young people, complete safety plans, and carry out interventions. The interventions focus on supporting those with anxiety, depression and emotional dysregulation and will also refer on for a diagnosis for neurodevelopmental disorders.

These centres are embedded within the whole set-up for how a child or young person with mental health problems is supported in Australia. Below are examples of some of the interventions Headspace offers:

Single Session Thinking (SST) and Single Session Family Consultation (SSFC)

The Single Session Thinking (SST) is a structured and time limited process where a young person and the clinician work collaboratively to determine the priorities and the focus of the session. The SST treats each contact as "make the most out of this time" – this might be the only time to have this session (this is obviously not necessarily the case if further support is required). The SSTs focus on the immediate presenting issue right now and what can be done. Similarly, a Single Session Family Consultation (SSFC) focuses on what the young person and family can do to collaboratively work together to identify and maximise their strengths. This one-off session is solution-focused and can be engaging for a family to agree on how to be involved in supporting the young person.

Brief Intervention Counselling

Brief Intervention (BI) is a short-term counselling service. There are initially six BI sessions. Leading up to the sixth session, the intervention is reviewed and further support is planned if needed. The BI clinician focuses on what has led to seeking support, how an individual supports themselves, and what are their strengths. They will also explore: home life, friendships, cultural influences, work/education, alcohol, and drug use. They will ask questions around risk including self-harm and thoughts about suicide. This intervention focuses on the young person's strengths, empowers the individual to use resources and to feedback whether the intervention is working.

Brief Intervention – Safeguards

Safeguards offer four sessions on brief interventions. These sessions are focused on Assessment, Safety Plan and then identifying what intervention is most suitable. The Safeguards work as a specialist to accurately assess, triage, and refer on for appropriate support. Regularly they make referrals for: neurodevelopmental concerns, anxiety and depression treatment, support for emotional support or support with early psychosis.

Air Project – E-learning Psychoeducation Intervention for people supporting others with a personality disorder.

This is an e-learning programme which is designed for families, friends and others who are supporting a young person with a personality disorder. It involves six modules, each designed to take around 30-35 minutes to complete. The modules are focused on what is a support role, what is personality disorder, a carer plan, patterns in relationships, practical strategies and what to do in a crisis.



These examples highlight a small range of interventions available through Headspace. The breadth of Headspace is vast, and the level of support is incredible. To understand the role of Headspace, I interviewed both Nefeli Pnevmatikos and Gareth Brown. They provided excellent insight into such an amazing service.

In England there is not an embedded early support system such as Headspace. The government's vision of the MHST will hopefully be able to address early help for more mental health concerns. However, this provision will not include other aspects of wellbeing such as careers, drugs and alcohol.

www.thelucyraynerfoundation.com

Spotlight – Early Help – The Lucy Rayner Foundation.

In England there are many charities that are offering excellent early help. A standout early help charity provider based in Surrey is **The Lucy Rayner Foundation**. This charity focuses on providing support for 14-39 year olds who are struggling to get support for their mental health. The charity was set up to honour the memory of Lucy Rayner, who took her own life at 22 years old. The charity has been set up by family, and it offers several services for people with life stresses and mental health challenges. A remarkable aspect of their work is counselling; they offer a six weeks' worth of counselling for individuals alongside maintaining no waiting list. The service works as an amazing intermediary between offering support before or after seeing a GP or a mental health service. The charity is also looking to build a wellbeing centre for young people in Horley, Surrey with a view to improving access to support locally.



CALL TO ACTION: Government to consider an early help support service such as Headspace to function as a supportive mechanism between schools healthcare and mental health services.

Integrated Care – Communication

Communication between services in the UK is led by the General Data Protection Regulation (GDPR) and the Data Protection Act (2018). These provide clear advice and guidance on how data should be collected, stored, and shared. If a child or young person is in crisis, they should be seen by a crisis team, which are commonly attached to Accident and Emergency departments. Crisis teams complete initial responses at hospitals, provide immediate interventions and organise discharge if someone has been in hospital care. Age determines which crisis team children and young people are seen by.

Secondary schools and colleges have students aged between 11 and 19 years old. If the young person is under 18, they are seen by CAMHS crisis teams. However, if they are over 18, they are seen by an adult crisis team.

For those under 18, CAMHS crisis teams use a common law duty of confidentiality. This means that information by CAMHS should not be shared further outside of the service or used elsewhere except by agreement. Also, if a young person has sufficient intelligence to fully understand the intervention, then they can make their own consent without even parental engagement. This is known as the Gillick Competence. If information is not shared back to the teachers, support staff and people that are facilitating their daily care it can cause miscommunication, a lack of understanding and inadequate support for a young person.

Crisis teams and CAMHS professionals encourage people to disclose information, but this does not always happen. It would be beneficial for certain people within educational settings to be aware of a young person in crisis. It would enable staff to make adaptations, and reasonable adjustments to help support. In some cases, the crisis information is passed over to educational settings. However, this is commonly delayed and does not always get an appropriate member of staff in time. This contributes towards a level of institutional failings in communications that would support a child or young person.

In Australia, services work collaboratively together between crisis teams, organisations, and schools to provide effective support. This is due to communication that is used between prescribing bodies, which include: the Department of Education, public health organisations and private hospitals. The basis of this communication is outlined in Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998. This chapter enables "prescribed bodies" to legally collaborate and exchange information to protect children from abuse, assess mental health risks, and coordinate welfare services. This means that if a young person is at risk, then that can be shared between services to enable them to support a young person's wellbeing more effectively.

This collaborative working and communication system is at the heart of the Australian approach to provide holistic care for children and young people. Also, this approach enables multi-disciplinary teams to focus on the individual and to determine the best outcome for them. Additionally, it stops young people being added to multiple waiting lists for support.

This comprehensive approach makes it easier for schools/colleges to work with healthcare providers following a crisis episode. It would mean for every young person experiencing a crisis, a clear plan of action for what was going to happen next would be available.

www.headspace.org.au

Focus – Headspace – Morning Huddle

Headspace is Australia's National Youth Mental Health Foundation providing early mental health intervention to 12–25-year-olds. This early support is one of the main reasons for my Fellowship research; I wanted to learn more about the workings of an early help service and how they were integrated effectively to collaborate with schools and colleges.

Each Headspace centre has a team of Safeguards who support those in crisis. To ensure effective support of those at risk, the Safeguards and CAMHS hold a morning huddle to discuss specific children and young people within the area who are at risk.

The application of Chapter 16A Children and Young Persons (Care and Protection) Act 1998 enables reciprocal communication between services, reducing duplication of services and ensuring that the young person is receiving the correct support. This information is transferred back to the school counsellors who hold a predominant role within the education sector in Australia (see the next section of this report Counsellors for more information).

The morning huddle takes only 10-15 minutes and enables efficient and effective communication. The idea of a morning huddle could easily be applied and would improve the communication in the UK between crisis teams, children's services, and schools and colleges. However, this would only be possible if there was an equivalent Chapter 16A clause within the UK legislation.



CALL TO ACTION: Implement a clause in the UK Data Protection Act which mirrors Australia's Chapter 16A. This clause needs to be implemented into the next Keeping Children Safe in Education review to ensure that communication between professional bodies can occur if there is a serious episode of crisis for that young person. This would enable social services, healthcare services, and education to speak more seamlessly about a young person and hopefully provide more advanced support.

School Counsellors

Within the UK, the provision for counselling in schools and colleges is inconsistent and is due to the differences in funding for this provision across the UK. Currently Scotland, Wales and Northern Ireland have government funded school counselling services, whilst England does not. This inconsistency in funding results in many schools/colleges in England unable to offer counselling. Many schools/colleges offer counselling by contracting individual counsellors or employing a company to offer counselling on behalf of the institution. In either situation, counsellors are subcontracted and are not an integrated person in the school or college.

In contrast to this, throughout Australia, school counsellors or school psychologists are an integral part of the educational community. School counsellors have their own professional association. The association promotes standards of training, supervision, and regular meetings for those in these roles. Most school counsellors are also ex-teachers. Having counsellors that used to teach in the classroom enables these professionals to support young person and their education concurrently. An ex-teacher understands the pressure of maintaining a young person's mental health alongside meeting educational targets and deadlines.

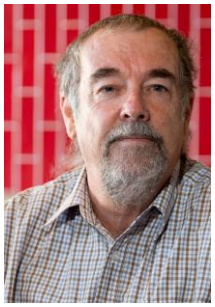
By having knowledge of both education and counselling a school counsellor can be an integral part of the community and fulfil a number of roles, including:

- **Individual and group counselling:** Providing one-on-one or group sessions to help students manage personal and academic challenges.
- **Developing support plans:** Creating tailored intervention strategies to address students' individual needs.
- **Crisis intervention:** Responding to urgent situations, such as bullying, family breakdowns or high-risk situations, for example self-harm or severe mental health concerns.
- **Consultation with educators and relevant agencies:** Working closely with teachers and experts to integrate mental health strategies in classrooms and at home.
- **Parental engagement:** Communicating with parents to offer guidance and ensure they have resources to support their children.
- **Professional development:** Keep up to date with new research, techniques, and relevant advancements in the industry to ensure they are providing the most effective support.

A key part of the role would be supporting an individual returning to education following a crisis. They would be involved from when a young person returns to the educational setting, particate in parental meetings and then support the young person emotionally whilst they have return to school/college.



CALL TO ACTION: To provide funding for counselling within England which will enable counselling to be offered in every school and college.



Garry King

Case Study – School Counsellor/Consultant – Garry King

During my research I was able to interview Garry King – who is also a Winston Churchill Fellow. Garry truly is an inspirational school counsellor due to his passion, dedication and reflective capacity to support children and young people.

Garry has a wealth of expertise in working with young people. His career has spanned working as a teacher, youth worker, counsellor, researcher, author, and presenter. He also works as a consultant for Suicide Research and Prevention.

From interviewing Garry, I learnt more about how the role of the school counsellor can be embedded within the school community to provide holistic support and care.

In Australia a school counsellor is part of the community. As a key member of the community, they can be there to welcome children in through gates in the morning, catch up them at break time and lunchtimes, and witness their educational journey. Because they are visible and present, young people can can build a relationship with the school counsellor, and they are seen as a person of trust.

Counsellors in Australia are also one of the main contacts for students returning to education following a crisis. They hold a central role within the return, by offering emotional support, and they are the mediator between parents, teachers and young people. This is an integral role within returning to education.

Garry is a standout example of how advanced the role of a school counsellor can be. He has authored books - What Every Parent Needs to Know About Their Children and Self Injury, run workshops for those that self-injury and worked tirelessly to increase the standards for supporting young people who are struggling.



IDEAS FOR THE UK- The role of the school counsellor in Australia provides a career pathway for teachers who want to specialise in counselling. This model could be adapted in the UK – it would enable another professional avenue and allow teachers to expand to another area in the educational profession.

SAFE SPACES

Safe spaces are used throughout the UK in schools and colleges to provide students with a place where they can feel secure, respected, and free to express themselves without fear of judgement. They are not a compulsory requirement of any educational establishment, but more of a desired space to meet the support needs of the increasing number of learners with SEMH needs. Due to space limitations combined with safe spaces not being a core requirement, safe spaces are normally added on to already functioning departments within a school. For example – they are included in behavioural units, libraries, learning support departments or are at the back of classrooms. They can also be standalone portacabins away from central buildings. Safe spaces operate differently from school to school with no clear guidance from the Department for Education.

Case Study – Melissa Miller – Teacher Librarian - St Joseph's Nudgee College, Brisbane

St Joseph's Nudgee College has designed and developed safe spaces to provide unique support in the library. The space has been curated by Specialist Teacher Melissa Miller, who has put student wellbeing at the forefront when developing this space. From interviewing Melissa, it is apparent that she has a clear vision, and she believes that it is a central part of school community. She believes that the space is for students and staff, but it is much more than a place simply for reading and loaning out books.

In the library Melissa has focused on creating a space which cultivates a sense of belonging. Here the students are surrounded by learning materials and are supported by staff. There are also games clubs, activities and awareness weeks/months promoted to raise awareness and belonging. The space has become so popular and inclusive that there is always someone there for another student to meet, use resources with or play games with.

The library space offers a safe space for students with acute mental health difficulties by providing a place for them to be if a lesson is too overwhelming, or they are struggling to regulate. The space is also designed for students who are on a re-integration plan following a mental health crisis. A key aspect of this safe space is that these students are supported by teachers who specialise in mental health and all have their Mental Health First Aid qualifications. These key teachers participate in re-integration planning, and have involvement with parents and the pastoral manager who oversees the student support. This means that these young people can continue with their education by building their confidence whilst trying to return to lessons. It acts as a halfway point. These teachers ensure the safe management of a safe space alongside educating, maintaining professional boundaries and providing much more than a library. Alongside the team of specialist teachers are librarians and support staff who are also competent in supporting those with mental health challenges.

This is a setting where a unique space has been created which achieves much more than just a safe space.





Melissa working with a student and the pet therapy dog – Mabel



The space being used with games time



This is from Wear it Purple Day last year (a day to support LGBTQIA+ youth, which Melissa lead participation on).

CALL TO ACTION: For the UK to invest in funding for safe spaces, for schools/colleges to have a protocol for managing and leading a safe space. For staff who lead or work within the safe space to have training for supporting young people with mental health needs.

PARENT/CARER LIVED EXPERIENCE



In my experience of working with children and young people's mental health needs, I regularly must inform parents/carers that someone has significantly hurt themselves or is experiencing suicidal ideation or has had a suicide attempt. This information can send anyone into a panic or state of shock. Commonly, when receiving that information, parents/carers are provided with lists of weblinks and crisis numbers that they can contact. There is very little support provided around these topics for parents/carers who are going through shared experience. Even navigating a week with a young person who is at risk, can be a daunting and isolated process for any parent/carer. Sharing lived experiences can build trust, inspire hope, and add support to what someone is going through.



www.batyr.com.au

Focus – Batyr – Genesis Lindstrom

In Australia, Batyr provides support to increase knowledge around mental health by reducing stigma through sharing lived experience.

Batyr is a story-telling company that was started out by Sebastian Robertson, who decided to share his lived experience of suffering with poor mental health with the aim of normalising conversations and providing hope to young people going through a tough time. The company now has over a thousand young storytellers who are bravely sharing their experience publicly with thousands of people every year.

From interviewing Genesis Lindstrom, they informed me that Batyr works with all age groups from school through to university. They offer a variety of programmes that help support young people, including: storytelling, peer-to-peer support, student leadership training, staff training, and on-site events.

At the heart of all Batyr interventions is the art of storytelling. One specific workshop that is free for young people aged 16-30 is the "Being Herd Workshop." These are run as 1- or 2-day events with online and in-person options. These sessions are structured around an individual's story, which has been structured and developed to demonstrate support they have received. Also, the stories are tailored to only use safe

language which isn't discriminatory. After the storytelling part of the workshop is complete the idea and focus are to explain and promote mental health support.

Alongside supporting storytelling for young people, Batyr also offers Teacher Professional Development and a Parent and Carer Forum. These services provide a unique aspect to the storytelling, especially the parent and carer forum. The forum provides insights into the mental health experiences of young people and the role that parents and carers have in supporting them. The forum creates a safe and supportive space for an honest dialogue between parents/carers to strengthen their ability to support their children's mental health while caring for their own wellbeing.



This concept of sharing lived experiences for parents/carers has been demonstrated in Denmark (Juel et al, 2025). Denmark has considered this type of support and trialled the effectiveness of whether or not a shared experience website for parents/carers of young people who have had suicide attempts is a viable option. This programme, was named the iCare project, was run as a trial in 2023-2024. The website included 61 short video clips of parents with lived experience sharing insights, text-based questions and answers on facts and myths around suicidal behaviour and an interactive avatar addressing topics like school communication and impact on siblings. Throughout the trial, 29 enrolled parents mostly visited the website once or twice, usually for least for one hour. Text-based information and video clips were rated as the most useful. This study shows some of the benefits of a shared experience via a website setting.

PAPYRUS

Spotlight – Parent/Carer Support – The HopeLine

A standout parent/carer support service was offered through the HopeLine. This was a 24/7 phone line that was available to offer support to someone is under 35 and having thoughts of suicide. They were also there if you are worried about a young person in your life and you don't know how to support them. Additionally, they offered advice and guidance around having difficult conversations around suicide and need to talk it through. This resource was invaluable for parents/carers supporting someone they care about. Sadly, in the final stages of completing this report, Papyrus have gone into administration and their services have closed.



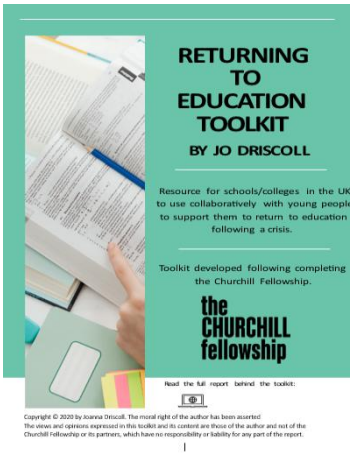
CALL TO ACTION: A central website, signposting support for young people at risk, but also a space for parents/carers to share their stories in the hope of gaining support. Local authorities to consider offering a reflective parenting support group for those caring for young people with serious mental health issues.

TOOLKIT

The toolkit started to be developed in 2018. During that year at the college there had been an increase in the amount of young people attempting suicide. Theses attempts were alarmingly frequent between January and February and there wasn't a clear pattern to identify what exactly was happening for the young people in our community. In my role as Director of Mental Health and Wellbeing, I developed a strategic plan for how the college could support these young people and teachers more effectively. The plan included: more education for young people around crisis, a webinar for parents, a return to education meeting and a strict period of monitoring after the event. This plan was embedded in the academic year 2019-2020. However, this academic year Covid-19 changed the educational landscape, and this affected many young people in ways never seen before.

Throughout the pandemic, as a college, we stayed open, offering support and a Safe Place for those that needed it. There was a lack of availability for face-to-face mental health services for young people. Therefore, the college was supporting the most vulnerable young people. Throughout this time the majority of students did not physically attend the college and there was a decline in the amount of mental health problems that were being reported. So, we did not get a full picture of what was going on for the young people in our community.

Throughout 2020-2022 there were continual lockdowns and multiple returns to education. When the students were returning permanently, the extent of the mental health difficulties started to be seen. At the college we were experiencing more young people struggling with social anxieties, low mood and engaging in serious self-harm. This was a quite different picture of mental health from before the pandemic.



The first full academic years back in education were 2023-2024. The toolkit was updated further to include self-harm to reflect the amount of young people who were reporting it. Consequently, the toolkit now focused on episodes of crisis including self-harm and suicide attempts. For students who had these episodes there was now a fixed pathway of returning to education, including a returning to education support plan (completed with their parent/carer, and any other external services involved), administration protocols, and a fixed period of monitoring in place.

The toolkit is available at: https://www.churchillfellowship.org/ideas-experts/fellows-directory/jo-driscoll/



CALL TO ACTION: Schools and colleges use the Toolkit to help educational professionals to support children and young people back to education following a crisis episode.

CONCLUSION AND RECOMMENDATIONS

The aim of this Churchill Fellowship was a to develop a practical toolkit for other schools and colleges to use. The value of researching the topic of returning to education following a crisis at a global level provided many other insights to the research that previously would not have been considered. These findings are highlighted in the themes and form the recommendations below.



From completing the research in Australia, I have remained impressed by the holistic and inclusive approach the country promotes to support children and young people with mental health problems. The services and schools work together at a much more seamless level than here in the UK.

Below are the recommendations following completion of the research:

- **Returning to Education Toolkit** – All schools/colleges to use the toolkit to help support children and young people return to education following a period of crisis. As recommended in the toolkit, all schools/colleges should identify a Crisis Intervention Team to support these young people who are at a high risk with their mental health.
- **Suicide Prevention –** All SMHLs and SENCOs in the UK to complete some form of suicide prevention training. The ASIST programme to be a made a compulsory additional training for these roles. In the future this training could become developed to be part of the compulsory training for SMHLs and SENCOs. It would also be advantageous if more educational professionals could receive training with safeTALK. This would improve the staff competency.

LIVINGWORKS safeTALK

- **Integrated Care between services and schools/colleges** – The UK Government to review the GDPR and Data Protection Act to include a principle like Chapter 16A to ensure that priority services that involve children and young people could communicate more seamlessly about those at risk. Adapting the Chapter 16A would reduce barriers to communication, remove delays, and can provide holistic support for a child or young person.
- **Counsellors** - England to review and provide a funding provision for counselling to be available in schools/colleges to provide consistent support for many more children and young people. Also, for the Department for Education to investigate the potential for introducing school counselling as a profession in its own right. This would create new opportunities, esthablish a new profession within the education sector, which enables teachers who want to train further to explore counselling and continue working within the sector they are enthusiastic and passionate about.

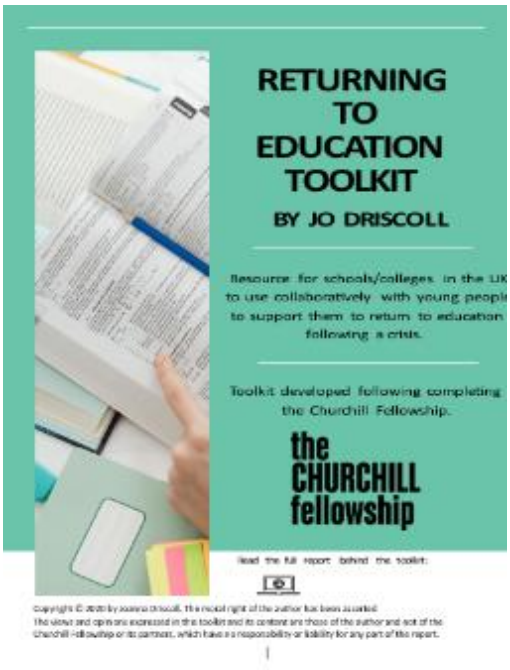


- **Safe Spaces** – The Department for Education to provide further advice about Safe Spaces. This information should offer advice on how they operate, advice on how to lead them and ultimately to consider whether funding is allocated to support them. From the Fellowship I witnessed a visionary aspect of a Safe Space and how this can work to help support those with mental health problems return to school. The value of a safe space within a school or college is priceless. In the UK there is an increased need for those who are struggling with SEND needs. Therefore, Safe Spaces are needed now, and demand will only increase.

- **Help support parents/carers** – Develop a shared experience website to be available alongside recommendations of professional support if needed. The topic of mental health crisis can be terrifying for any parent or carer to hear about their child or young person. Parents/carers often feel isolated and unsure where to get support for themselves or where to seek a shared experience. This would mitigate this experience.

Call to Action - Next Steps with the Toolkit and Report

- **Distribute Toolkit** – To promote and share the Returning to Education Toolkit amongst peers who work within schools and colleges across the South East. Then to further promote and distribute the toolkit to other parts of the UK.
- **Consider Training Package** – Consider developing a training resource alongside the toolkit, where schools/colleges receive a deeper understanding of how to implement the toolkit.
- **Continue to Campaign** – Continue to campaign, raise awareness about suicide prevention and self-harm education for those who work in schools/colleges.



The toolkit is available at: https://www.churchillfellowship.org/ideas-experts/fellows-directory/jo-driscoll/

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