

Publication withdrawn

This guidance was withdrawn in August 2025. It has been superseded by the [Healthy child programme: health visitor and school nurse commissioning](#).



Department
of Health



Public Health
England

Health Visiting and School Nurse Programme: Supporting implementation of the new service offer:

Promoting emotional wellbeing and positive mental health of children and young people



Rationale and Context

Examples of Emotional Health and Wellbeing support

Confident to be Curious

What works locally: case studies, Acknowledgement and references

Rationale and Context

Mental health, wellbeing and resilience are crucial to a host of social care and economic benefits – as well as supporting physical health, positive relationships, education and work. Unlocking the benefits of better health and wellbeing for all requires a sustained, systematic and concentrated effort ([Confident Communities, Brighter Futures, HM Government, 2010](#)). There is very strong evidence that investment in promoting the mental health and wellbeing of parents and children notably in the pre-school years, can avoid health and social problems later in life.

Given the significance of parenting and family influences on child health outcomes, health visitors and school nurses are well placed to play a key role in promoting emotional wellbeing and positive mental health of children, young people and their families. They have a specific contribution to make in identifying issues, using protective screening and providing effective support.

This document outlines the contribution that the health visiting and school nursing service can make to improving emotional health and wellbeing outcomes for children, young people and their families. It describes different levels of intervention across the 4 tiers of the new health visiting and school nursing service model.

This document builds on [No Health Without Mental Health](#) (2011) and recognises the vital role of partner agencies and the need for local collaboration in commissioning and delivery.

It provides more specific focus and clarity for health visitors and school nurses to support their roles. The aim is to implement new evidence to ensure healthy start includes building the emotional resilience which is vital in life chances. This guidance shows how health visiting and school nursing services can provide input in terms of prevention, early intervention, on-going support and referral to specialist services, whilst working collaboratively with partnership organisations.

Health Visitors and School Nurses are well placed to identify issues, use protective screening and provide effective support. Using this approach not only supports good mental health, but is economically more effective [Mental Health promotion and mental illness prevention: The economic case, London School of Economics and Department of Health, 2011](#)

Using key data on child and adolescent mental health

Child and adolescent mental health disorders are common. They affect 10-20% of children and young people – with the most recent UK figure indicating that 10% of 15-16 year olds have a diagnosed mental health disorder.

Common mental health disorders and difficulties encountered during childhood and the teenage years include: ADHD (Attention Deficit Hyperactivity Disorder); anxiety and a range of anxiety disorders ranging from simple phobias to social anxiety, generalised anxiety and PTSD (Post Traumatic Stress Disorder); autism and Asperger syndrome (the autism spectrum disorders, or ASD); behavioural problems; depression; eating disorders (including anorexia nervosa and bulimia); self harm; obsessive compulsive disorder (OCD); psychotic disorders- and in particular schizophrenia; and substance abuse.

1 in 6 adults in the UK are reported to have a mental health problem. It is thought that approximately half of all lifetime mental disorders start by the mid-teens (Barnardos, 2009).

Data and evidence should be used by Health visitors and school nurses need to;

- Assess the health and wellbeing needs of children and young people and provide early identification of risk factors e.g. advice & support for children & young people with long-term conditions; support for travellers' health needs; repeat A&E admissions.
- Assess parenting to identify areas of actual or potential parenting issues, and early identification of risk factors e.g. knowledge and attitude to child rearing; quality of mother child interaction; parental perception of child behaviour; client's experience of adverse family interactions
- Understand what works for population at risk e.g. parents that may have significant difficulties; history of being in care, mental health difficulties, learning difficulties, current alcohol/drug misuse, poverty, homelessness, teenage parents/carers.
- Use existing models and evidence already in place and analyse/evaluate to develop best practice dissemination
- Signposting to parenting support, group parenting and family support programmes, including support with home learning environment and peer led support
- Work within the early years and schools settings to support a holistic approach to emotional health and wellbeing e.g. peer mediation, bullying prevention, pupil involvement in supported learning
- Promote mentally healthy environments including access to green space and good quality homes e.g. signposting to advice

Evidence based practice: Five ways to wellbeing

Poor mental health is both a contribution to and a consequence of wider health inequalities. Health Visitors and School Nurses, with partner agencies have a crucial role in positive mental health within a family context and in creating confident communities and brighter futures for all. To ensure emotional health and wellbeing is promoted and ensuring that seamless services are provided, the following need to be addressed:

- Raising the profile of health visitors and school nurses' contribution to emotional wellbeing and mental health
- Developing guidance / tools for transition with clear role definition for Health visitors and school nurses to ensure clear transition pathways
- Actively engaging promoting transition points across the life course for children and young people – providing a joint and holistic approach to support the child and family
- Ensuring shared training opportunities and regular updating of resources
- Ensuring effective support during transition paths

Five ways to Wellbeing

The Children's Society and New Economics Foundation have explored the relevance of the Five Ways to Wellbeing to the lives of children and young people.

[Five ways to wellbeing: New applications, new ways of thinking, National Mental Health Development Unit and New Economics Foundation, 2011](#)

The Children's Society and New Economics Foundation adapted the Five Ways to Wellbeing to become more appropriate for use with children and young people.

[New Economics Foundation: Five Ways to a Happy Childhood](#)

The five steps provide the framework for Health Visitors and School Nurses working with children, young people and families, as well as an organisational tool to effect cultural change.

Connect... Enable young people to spend time with friends and family.

Be active... Urge young people to exercise regularly, either on their own or in a team.

Take notice... Encourage awareness of environment and feelings.

Keep learning... Keep young people's world as large as possible, encouraging their natural curiosity.

Creativity and play... Encourage children's imagination and creativity as they grow.



Connect



Be active



Take notice



Creativity and play

A focus on building resilience and confidence

Marmot (2010) reinforces the need for a life course approach to tackling inequalities, to build resilience and wellbeing of children and young people across the social gradient. Support needs to be in place before birth and subsequent stages throughout the life of the child to ensure positive outcomes. Healthy Lives, Healthy People (2010), outlined the need to build self esteem, confidence and resilience. This can be achieved by:

- Recognising that the importance of good relationships with family, friends and others is paramount in building resilience
- Recognising the importance of parental wellbeing can affect the child's emotional health and wellbeing and resilience
- Ensuring early identification of need and provision of evidence based family centred support
- Focusing on early intervention and early help – both in early years and at trigger points during school-aged years
- Focusing on early identification of those women at risk of postnatal depression through antenatal assessment and post-natal depression screening, recognising family dynamics to provide a whole family approach
- Encouraging partnership working to deliver a comprehensive service offer
- Ensuring seamless support across the transitions from midwifery, health visiting, and school nursing services
- Recognising the value of multi-agency delivery with clear co-ordination
- Enhancing parenting strategies e.g. the incredible years
- Identifying and consideration of strengths versus risk when working with families.
- Ensuring developmental assessments to indicate .developmental concerns and delays
- Developing evidence based pathways and protocols with outcome measures

Collaborative support: a summary of key messages

Supporting emotional health, wellbeing and resilience requires a collaborative approach across a number of agencies. Collaboration will enhance delivery but can only be achieved by effective team and multi-agency working, which requires:

- Providing leadership to shape teams and provide direction for delivery
- Ensuring effective referral systems are in place
- Encouraging multi-disciplinary team discussions
- Encouraging reflective review to make service improvements and supporting insightful challenge
- Using peer review to support critical appraisal to enhance practice
- Supporting inter professional learning and development
- Providing protected time for supporting and developing professional networking and support groups

Effective commissioning for effective service delivery

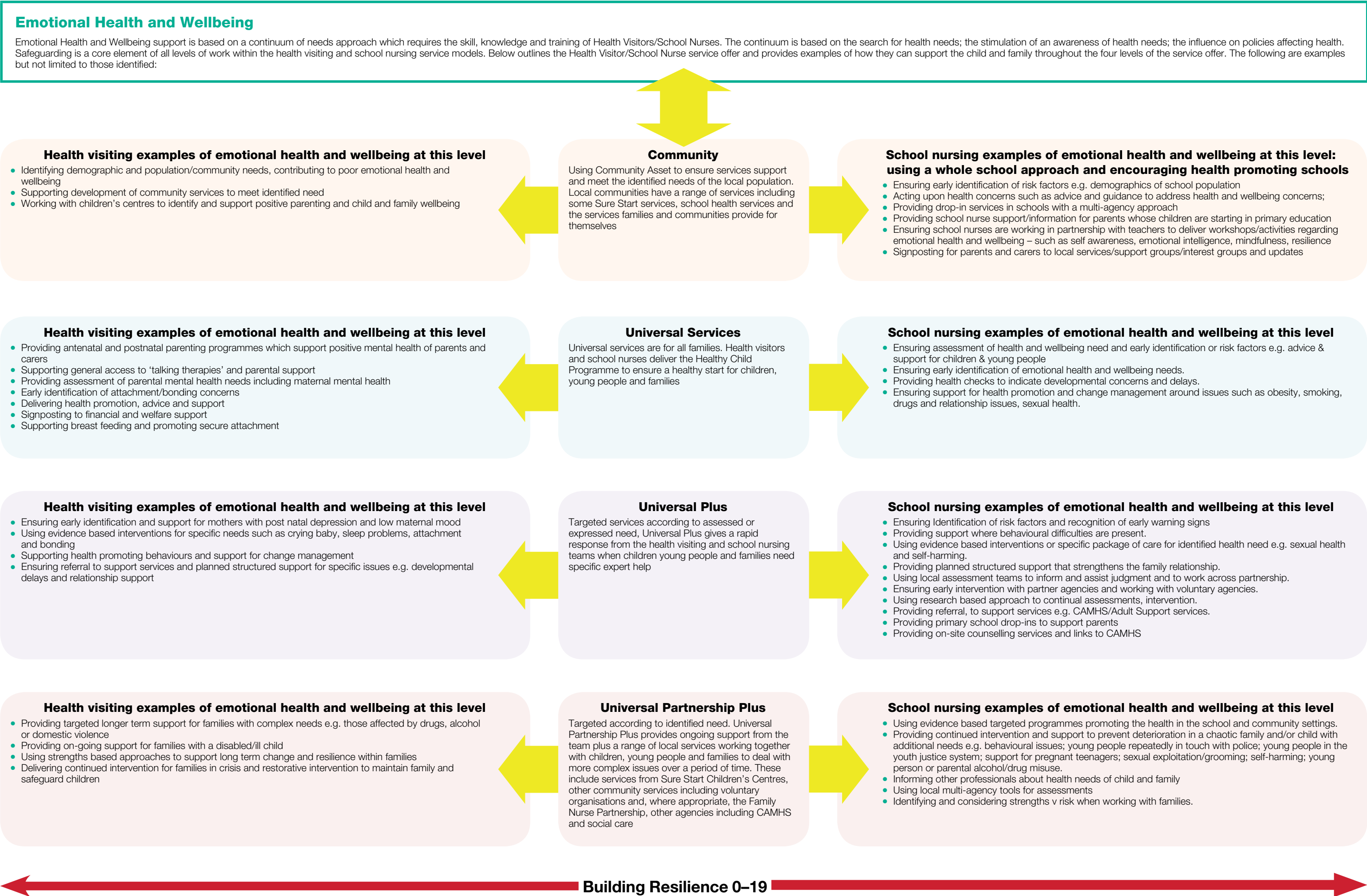
The core aims of effective commissioning are to:

- Improve mental health and wellbeing of the population
- Improve the quality and accessibility of services
- Ensuring commissioning is underpinned by robust data and evidence including service user feedback
- Ensuring services are developed and delivered based on local need, use evidence based intervention and are reviewed to ensure impact and positive outcomes
- Utilising robust processes for collection of service user feedback to enhance and shape services
- Ensuring data and feedback is provided to influence effective commissioning
- Supporting parenting and family life
- Supporting school readiness
- Developing whole school approaches to health and wellbeing
- Promoting mentally healthy environments

Success can be measured through:

1. Improved mental health literacy in children and young people.
2. Improved resilience for children, young people and families
3. Improved children, young people and families' emotional wellbeing and mental health
4. Improved early identification and access to therapeutic interventions and universal support
5. Improved confidence and skills of health visitors and school nurses to address emotional wellbeing and mental health

Figure 2: Examples of Emotional Health and Wellbeing support within the new health visiting and school nursing service models



'Confident to be Curious'

'The Health Visiting and School Nursing Offer for Emotional Wellbeing and Mental Health'

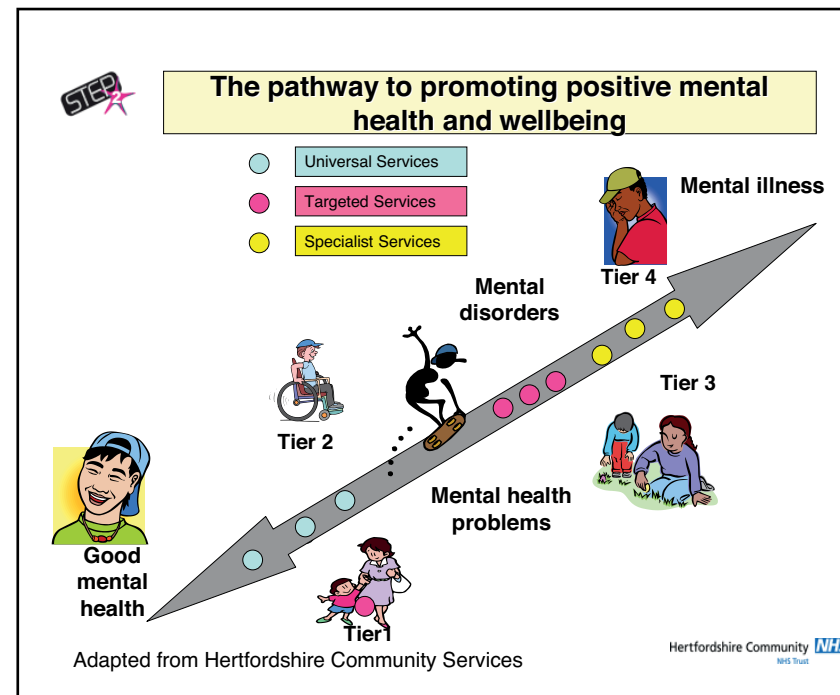
Below describes the service offers for children, young people and families

Community there are a range of health services (including GP and community services) for children, young people and their families. Health visiting and school nursing teams develop and provide these and make sure you know about them.

Universal services from the health visiting and school nursing service provides the Healthy Child Programme to ensure a healthy start for every child (e.g. Public Health, including early identification of postnatal depression and emphasis on mental health early intervention.)

Universal plus delivers a swift response from your health visiting and school nursing service when children, young people and families need specific expert help e.g. bullying, transition, resilience building

Universal partnership plus delivers ongoing support from your health visiting and school nursing service from a range of local services working together with you to deal with more complex issues over a period of time (e.g. with CAMHS, CAF and mental health services).



The National Nursing, Midwifery and Care Staff Strategy *Compassion in Practice* provides a framework for health visitors and school nurses to examine the core values and contribution to supporting emotional health and wellbeing.



Care

- Providing high quality care to support children, young people and families with emotional health and wellbeing needs
- Ensuring comprehensive support for all children and young people

Compassion

- Recognising need and supporting positivity
- Acting as an advocate and supporter to mental health
- Recognising individual and family needs

Commitment

- Recognising need and ensuring collaborative support to achieve better outcomes for children and young people
- Striving for service improvement and needs-led practice

Communication

- Working and communicating with others to ensure seamless support
- Being transparent and working with key partners

Courage

- Challenging when things go wrong
- Championing emotional health and wellbeing of children and young people

Competence

- Ensuring appropriate skills and knowledge to support effective delivery
- Recognising training needs and supporting staff development

Identifying challenges and developing solutions

There are public health challenges that cannot be addressed solely by this partnership pathway, including local variation in service configuration and delivery. Such issues should be underpinned by using a robust evidence base and require local collaboration between health visiting, school nursing and mental health services, commissioners and practitioners adopting partnership pathway principles and adapting them to meet the needs of local children, young people and families taking account of local health priorities, identified health needs and resource deployment. The use of a partnership pathway will support effective service provision and provide solutions to address local challenges in promoting health, protecting and preventing ill health. The six priority actions identified in the National Nursing, Midwifery and care staff strategy <http://www.commissioningboard.nhs.uk/files/2012/12/compassion-in-practice.pdf> provide a useful framework to address challenges through solution focused approaches. Key partners include: education, GPs, local authorities and voluntary sector organisations.

Maximising health and wellbeing outcomes

Improving children, young people and families' awareness of mental health and wellbeing

- Making every contact count, e.g. using intelligent contacts and taking responsibility regarding emotional health
- Focusing on early help and family approaches to support emotional wellbeing and mental health
- Recognising and utilising opportunities for emotional health and wellbeing promotion.
- Agreeing outcome measures and implementing robust systems
- Linking to Ofsted framework as a lever to engage school to promote wellbeing
- Supporting partnership working and collaboration
- Ensuring early identification of risk factors and early offers of support/ intervention

Delivering care and measuring impact

Making emotional health and wellbeing everyone's business

- Ensuring confident understanding and competent assessment of emotional wellbeing and mental health.
- Providing seamless support from 0-19 – Health Visitors and School Nurses working with partners to provide seamless timely support within a family context
- Assessing local needs and building services to meet the emotional wellbeing and mental health needs
- Designing outcomes – Linking to [Healthy Child Programme](#), ['No Health Without Mental Health'](#) and [Report of the Children and Young People's Health Outcomes Forum](#)
- Emphasising children's emotional health and wellbeing e.g. public health and Local Authority and commissioning provides great opportunity to enhance partnership working to improve emotional wellbeing and mental health

Building and strengthening leadership

- Acting as a positive role model and valuing the inter-disciplinary contribution to seamless care
- Supporting and empowering the team through supervision and training opportunity
- Supporting practitioners to champion their professional role in emotional wellbeing and mental health
- Providing examples of leadership to the team and partners to improve partnership working to deliver emotional support
- Leading the Healthy Child Programme
- Creating partnerships with Children's Centres and education
- Ensuring teams have a clear understanding of the commissioning arrangements to support them in identifying and highlighting local needs and gaps in provision regarding emotional health and wellbeing, and liaising with local Clinical Commissioning Groups

Working with people to provide positive experience

- De-stigmatising mental illness and normalising emotional health and wellbeing
- Providing non-judgemental support
- Making emotional health everyone's business. Utilising the principles of [You're Welcome Quality Criteria](#)
- Using feedback from young people on service experience
- Providing tailored support for children, young people and families
- Ensuring 'reach' to children, young people and families
- Focusing on child and young person rather than service delivery setting
- Agreeing and reviewing person (or family) centred goals

Supporting a positive staff experience

- Supporting capacity building across the team and within partner organisations
- Supporting staff development and building skills
- Growing the workforce by providing placements – Health Visitors and school nurses linking with CAMHS
- Providing comprehensive supervision and support with reflective and planning time
- Encouraging regular review of caseloads
- Providing restorative supervision
- Ensuring health visitors, school nurses and partner organisations have the confidence and skills to support the emotional health and wellbeing needs of children, young people and their families
- Identifying leadership opportunities and providing support to develop skills
- Developing skills and knowledge in emotional wellbeing and mental health – cross agency training
- Providing opportunities for Health Visitors and School Nurses to be involved in Emotional Health and Wellbeing support and delivery through building community capacity projects

Ensuring we have the right staff, with the right skills, in the right place

- Ensuring the Health Visiting and School Nursing role and contribution is clearly understood
- Ensuring Health Visitors and School Nurses are confident and competent to support health and wellbeing of children and young people within a family context
- Encouraging value based recruitment
- Providing opportunities for role development and career development
- Having the confidence to work within sphere of competence and expertise including appropriate sign posting and referral
- Providing a positive culture to maximise contribution and retain staff

What works locally: case studies, Acknowledgement and references

Good practice: CARE

Stockport Parenting Team are a group of specialist community public health nurses with additional training in evidence based parenting programmes, such as The Incredible Years (IY), The Solihull Approach, Neonatal Behavioural Assessment Scale and motivational interviewing techniques. The team has close links with Child and Adolescent Mental Health Service and provides IY parenting programmes and 1:1 support. The Parenting Team provide training and supervision to support the work of health visitors, Children’s Centre staff and school nurses and receive supervision from a child psychologist. The service aims to build parents’ confidence and skills, and by doing so build resilience in children and young people. Through collaborative work with the parenting team, parents learn to understand the emotional needs of their children linked to their stage of development and learn strategies to respond to these needs.

Good practice: COMMUNICATION

Step2, an Early Intervention Child and Adolescent Mental Health Service based in Hertfordshire, is part of **Hertfordshire Community NHS Trust**. Working with 0-19 year olds, Step2 supports other professionals working with this age group encouraging them to think creatively when considering mental health and emotional wellbeing needs. Anxiety and anger are increasingly common presenting issues for young people today and much of a school nurse and health visitor’s time is being taken up responding to these types of difficulties. The BrainBox™ is one of the practical resources, designed by Deborah Bone, that can easily be adapted by other professionals and used within health and education settings. The BrainBox™ is used to explain and share strategies about managing anger and anxiety.

Communication and Transition

Bart’s Health: Tower Hamlets School Health Team, actively engage with young people. When consulting with young people on how the service could help and support service users and their family, it was clear that they related to it as a “medical model” of health. It was identified that the transition periods between key stages during the school age years and Into adulthood, were significant; impacting on emotion al health and wellbeing; thus influencing learning, achievement, long term future and social skills. The School Health Team were able to use the information, to feedback to managers and practitioners in schools, the School Health Team and the Public Health partners, regarding the importance of the transition periods and the role of the School Health service, in intervening early to provide support, as a targeted appointment or a ‘drop in’ service, regarding emotional health and wellbeing.

Good practice: COMPASSION

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Communication and Transition

Bright Stars is a 6 week self-esteem programme delivered to Key Stages 1&2. Based on learning from the relax kids programme (www.relaxkids.com) and an understanding of young people’s mental health needs, Bright Stars helps teach emotional literacy skills and shares resources for improving confidence and self-esteem. The Bright Stars journey is facilitated by a qualified health professional and a member of the teaching staff who have both attended a Bright Stars training day. The Bright Stars journey runs for six weekly sessions of approximately one hour each. There are a maximum of 12 children in each group and the children’s parents are invited to the first and last session to encourage working in partnership. Each child receives a certificate at the end of the six weeks and the group demonstrates the things they have learned to their parents and the rest of their class/school. The school receive resources to enable them to deliver further programmes. Bright Stars has been delivered in over 30 schools in **Hertfordshire**.

Acknowledgements

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Good practice: COURAGE

In recognition of good multi agency work **Newall Green High School** was chosen to pilot an Emotional Health Project. This was collaboration between Education/School Health and CAMHS. Following the outcome and recommendations of this Project a citywide service was commissioned. 9 High Schools in Manchester now have an allocated Clinical Psychologist and an Emotional Health Advisor.

The Emotional Health Advisor attached to NGHS manages the team, and the school continues to be used as a venue for training.

Half termly consultation meetings are held in school and give the opportunity for staff to discuss students they are worried about. Parental consent is gained before theses consultations take place. The weekly multi agency forum identifies the appropriate professional who will give support. It is co-ordinated by the deputy Head teacher. The School Nurse/Health Adviser is pivotal in offering advice for identified health issues e.g. poor attendance and poor health, with liaison with the GP and offer support package to address the issues. The school based social worker accesses additional support and enhances the 12 family support workers operational skills. The school nurse is instrumental in whole school training on Asthma, Allergic reaction, Diabetes, Epilepsy, with an extended role around sexual health and Co-ordinates the immunisation programme and liaises with other health professionals

Good practice: COMMITMENT

Edge Hill University, carried out an in-depth study, demonstrating that graduating Children’s Nurses recognised when a child was emotionally well or unwell. However, whilst extolling the need for holistic assessment, emotional health seemed to take low priority next to its physical counterpart. It appeared that a repackaging around the area of emotional development and assessment, in pre registration nurse education, was needed. As a result we have evolved a curriculum with a continuous child and adolescent mental health thread running through it, in order to prepare nurses to meet the needs of children and their families. We have encouraged innovative approaches in educational practice and incorporated strategies for collaborative working with child and adolescent mental health services, in a bid to improve the nurse’s ability to assess emotional health. We have also benefitted from cross faculty working with our colleagues in Education, in an endeavour to initiate more thorough emotional assessment and prevent adverse outcomes for children ensuring they are given every opportunity to reach their fullest potential to enjoy good emotional health.

Good practice: COMPETENCE

Walsall school nursing service use the FRIENDS programs <http://www.pathwaysshr.com.au/>. It is an evidence based cognitive behavioural program for working with CYP between 4-16 years. School nurse teams have been trained to deliver programs in schools and community venues. The programs form part of the emotional health referral pathway. CYP who present with low self-esteem, poor confidence, and/or anxiety (mild to moderate) are offered this as a targeted first intervention. School nurses and assistants who are trained to deliver the program are supported via Primary Care CAMHS discussion groups. School staff are also trained to deliver the groups through co facilitation of groups with an experienced member of a school health team thus building capacity of school to offer early intervention.

Partnership and collaborative working with practitioners from the **Liverpool** CAMHS team in delivering an anxiety group for young people, has given a unique insight into the effectiveness of Cognitive Behavioural Therapy techniques. The Specialist School for EHWP, has worked in partnership with mental health practitioners to develop CBT skills, confidence and competence to support interventions, raise standards of delivery thus benefiting young people and families.

References and Resources:

[Young Minds](#)

[Incredible Years Training Programme, Dr Webster-Stratton](#)

[Step2 – Early Intervention CAMHS, Hertfordshire Community NHS Trust](#)

[Brain Box](#)

[Time to Change](#)

[Strengths and Difficulties Questionnaire](#)

[Solihull NHS Care Trust, The Solihull Approach](#)

[No Health Without Mental Health, HM Government, 2011](#)

[Breaking down barriers, driving up standards: the role of the ward sister and charge nurse, Royal College of Nursing, 2009](#)

[Commissioning a brighter future: Improving Access to Psychological Therapies: positive practice guide, NHS, 2007](#)

[The competences required to deliver effective cognitive and behavioural therapy for people with depression and anxiety disorders, Department of Health, 2007](#)

[Commissioning IAPT for the whole community: Improving Access to Psychological Therapies, NHS and IAPT, 2008](#)

[Improving access to child and adolescent mental health services: reducing waiting times positive practice guide \(including guidance on the 18 weeks referral to treatment standard, Department of Health, Department for Children, Schools and Families, 2009](#)

[National suicide prevention strategy for England, Department of Health, 2002](#)

[Delivering race equality in mental health care: an action plan for reform inside and outside services and the Government’s response to the independent inquiry into the death of David Bennett, Department of Health, 2005](#)

[Tackling the health and mental health effects of domestic and sexual violence and abuse, Home Office, CISP, National Institute for Mental Health England, Department of Health](#)

[Confident Communities, Brighter Futures: A framework for developing well-being., HM Government, 2010](#)

[Mental Capital and Wellbeing: Making the most of ourselves in the 21st century., Government Office for Science, 2008](#)

[Mental Health First Aid England CIC, The Youth MHFA course](#)

[boinbgoing resilience research and practice](#)

[Talking Wellbeing: A discussion kit for young people](#)

[Social and emotional wellbeing in primary education](#)

[Social and emotional wellbeing in secondary education](#)

[Mental health, resilience and inequalities, World Health Organisation Europe, 2009](#)

[Self harm: The short term physical and psychological management and secondary prevention of self-harm in primary and secondary care, NICE, 2004](#)

[Depression in children and young people: identification and management in primary, community and secondary care, NICE, 2005](#)

[Social anxiety disorder: recognition, assessment and treatment of social anxiety disorder NICE, 2013](#)

[Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults, NICE, 2008](#)

[Social and emotional wellbeing: early years, NICE, 2012](#)

[Health and wellbeing of looked-after children and young people, NICE, 2013](#)

[Five ways to wellbeing: New applications, new ways of thinking, National Mental Health Development Unit and New Economics Foundation, 2011](#)

[The Good Childhood Report 2012: A review of our children’s wellbeing, The Children’s Society, 2012](#)

<http://www.wavetrust.org/>

[Preventing suicide in England: One Year on: First report on the cross government outcomes strategy to save lives, Department of Health, 2014](#)