

Staying safe. Finding hope.

Support for parents and carers after
a child's self-harm or suicide crisis.

Written & produced by

Every life matters 

Hello

You have been given this pack because your child has made a suicide attempt, is experiencing thoughts of suicide, or has seriously harmed themselves.


Knowing that your child is experiencing thoughts of suicide, or has made an attempt to take their life, can be an incredibly distressing experience. As a parent, you may feel a range of emotions – fear, guilt, anger - or you may feel totally numb. There is no right way to feel, and whatever your response right now it's OK.

It can be hard to understand the reasons why someone might attempt to take their own life. The reasons are usually complex and differ from person to person, and you may never fully understand them. The most important thing you can do is listen, reassure your child that you are there for them, and not judge or make light of how they're feeling or what they have done.

You may have no idea where to start, but this guide will help you begin to see a way forward, where to find support, and how you can help them on their road to recovery.

Remember your child can come out the other side of this experience, that thoughts of suicide are a common response to the challenges life can throw at us, and that you are not alone.

From all of us, at Every Life Matters.



“There are many of us who have sat where you are now. This is not your fault. You care about your child, you want the best for them, you are on their side and you will be a big part of their journey to recovery.

Please don't suffer alone and never feel that your child's struggle with mental health is in any way a reflection on you as a parent. Know you are doing a great job and regardless of how you are feeling right now, you are not alone, and things will get better.”

Emma

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We have used QR codes to share links to websites.

To use a QR code, open the camera app on your phone and hover over it. A link will appear, click on it to see the website.

“Your child may have been told, ‘it will get better,’ and they may not believe it. When I was sat in their position two years ago, I didn’t believe it either, and I would never have imagined me writing this to you. I am proof that it does get better.”

Cas, aged 16

You're in A&E, what happens next?

What might happen at A&E?

This can vary depending on the situation and the hospital you go to, but is likely to include:

Registration

Staff might ask for details like your child's name and address, and the reason why you've come to A&E.

Make it very clear why you have brought your child.

If you feel uncomfortable speaking out loud at reception you can write down the reasons on a piece of paper to hand over.

Triage

Next, you will have an initial assessment, which is called triage. A medical professional will talk to you and your child to find out what's happening and how best to help your child. They will do a physical examination, and will check for any immediate physical injuries.

“It's very important that you are as open and honest as possible that your child is experiencing a mental health crisis, or has attempted suicide, and ask to see a mental health practitioner or psychiatric liaison team member to assess your child.”

Helen, Paediatric Nurse

Treatment

There is likely to be a long wait after triage as the A&E department can be very busy. If under 18 you may be allowed to wait in the children's waiting room, if they have one. If you are not sure, ask the nurse looking after you.

Next, they will care for any physical injuries your child has. If the doctors need to look after your child if they have taken an overdose, or treat more serious wounds, you might both need to stay at the hospital. That's called being 'admitted', it just means they will have a bed on a ward so that they can monitor your child's symptoms or look after them.

If this is the first time you have seen your child's self-harming injuries it can be very distressing for a parent, but remember that these physical injuries are often coping mechanisms for the emotional or mental distress they are in.

The physical injuries will heal. Try not to stare, judge or scold. That way, you'll be in a better position for conversations to start later.



Mental health assessment

As well as treating their physical injuries, a mental health professional should assess your child if they have made a suicide attempt or have seriously self-harmed. There might be a long wait for this, but stay in A&E as it's very important your child is assessed.

Even if the wait is very long, don't leave before your child has been treated, especially if they have taken an overdose or harmed themselves.



What happens during a mental health assessment?

The team responsible for carrying out the assessment will vary between hospital Trusts. It could be the CAIS team (Crisis and Intensive Support) Psychiatric Liaison Team, the Universal Crisis Team or a Specialist Mental Health Nurse.

It's OK to ask the person conducting the assessment who they are, what their role is and what team they come from.

“Remember, it's OK to ask as many questions as you need to understand what support is being offered to you and why. Don't go home with a really burning question, just ask it. They REALLY don't mind. They may not have all the answers, but they really want to help your child.”

James

Self-harm

Self-harm can be used as a way of coping with difficulties or thoughts of suicide, and can actually be a coping mechanism in the short term.

Long term, alternative strategies can be introduced. However, given the strong link between self-harm and suicide, if your child is self-harming, be sure to mention this to the professional who does the assessment.



If you want to read more about **self-harm**, you can visit our website.

The assessment

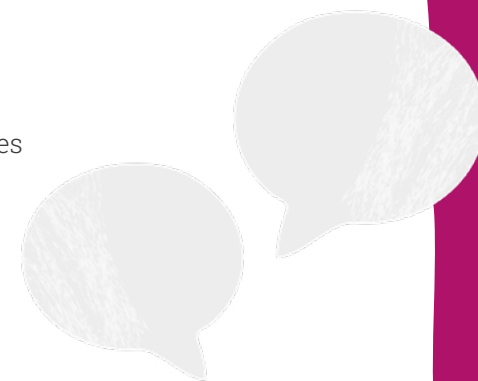
When your child has a mental health assessment, they will be seen by a healthcare professional. If they are under 16, a parent or carer is usually present, although if they are over 12, the specialist may ask to speak to your child alone for part of the conversation.

Some of the questions you and your child are asked may not feel relevant, or may feel intrusive, but they are important to build a bigger picture to support your child.

The conversation might cover:

- mental health symptoms and experiences
- feelings, thoughts and actions
- physical health
- housing and financial circumstances
- learning needs
- social and family relationships
- culture and ethnic background
- gender and sexuality
- use of drugs or alcohol
- past experiences, especially of similar problems
- their safety and other people's
- hopes and aspirations for the future

What your child chooses to share is their decision, but the more they can tell the mental health professional, the more they will be able to help.



Your checklist for a mental health assessment

What important information might your child need to tell the person doing the mental health assessment?

- What life events have happened recently?
- What are the stressors in my life?
- How has my school attendance been?
- Have there been significant changes in sleep patterns, eating habits, or hobbies?
- How have I been feeling lately?
- What have I been thinking or saying to myself?
- Have I started self-harming more, or having thoughts of suicide more often?
- How are my relationships at home, with my friends and with school?
- What life events have happened recently?

Jot down any questions you have for the person doing the assessment here:



Ask the person doing the assessment which service or support you are being referred to, when they will contact you, and what you can expect from the support. **It's OK to ask questions.**

Your checklist for a mental health assessment

Who is conducting the Mental Health Assessment?

Name:

Team/Service:

Details of the mental health team or other service that my child will be referred to:

What's the service called?

How long will my child have to wait to see them?

How will they contact us?

What will the support be like, for example, is it talking therapy, CBT?

What are their contact details?

Have they got the right address and telephone number for us?

Get an emergency contact in case your child feels unsafe or has thoughts of suicide in the meantime:

If none given use NHS Crisis Line: 111 Option 2.

It's always OK to return to A&E if you don't feel you can keep yourself safe. There's no limit to the amount of times A&E will look after you. If you need immediate help, call 999.

When you are discharged, you should leave with:

- A referral to a **mental health team** or other service
- An **emergency contact** in case your child feels unsafe or has thoughts of suicide

You can also ask for:

- A **safety plan**, ideally one they have written **with** the mental health professional*
- Information about services and **support in the community***

*More information about safety planning and community support is included later in this booklet if you haven't been given it by the mental health professional.

Leaving hospital: mental health support

When the professionals have completed the assessment, they will explain the next steps. You will get a follow-up plan, and hear about what happens next. **If you aren't clear about what will happen, ask.**

If you don't feel it's safe for your child at home, but they are being discharged ask to get an explanation of how the mental health professional has assessed the risk to your child. If you feel strongly that they are not safe at home, make sure you tell the professional that.

"I kept a little notebook with every name, date, and phone number. When I felt lost, I looked back and reminded myself what we'd already done and who I could ring next."

Sara

Whatever kind of support is offered, you and your child should be involved in planning what happens next. If something doesn't feel right or you're not sure what's going on, it's OK to ask questions.



"I was overwhelmed by all the names of services: 'CAMHS', 'early help', 'crisis team', but I just kept asking, 'What does that mean for my child?' Ask as many questions as you need. The right people will understand."

Fiona

What mental health support might my child be offered?

Following the assessment, the healthcare professionals may refer your child to mental health support. This will vary depending on what area you live in, what your child's needs are, what your child has tried before, and if your child already has a diagnosed mental health condition. Services fall into three areas:

Universal services are for all children and young people. They focus on promoting good mental health and wellbeing. This might include support through schools, youth groups, or online resources.

Targeted services are for children and young people who need a bit more help. These services often work together with schools, GPs, or other professionals to support you. The help might include group work, short-term counselling, or regular check-ins.

Specialist services are for children and young people with more complex or ongoing mental health needs. If you are referred to a specialist team (like CAMHS), you may be offered regular appointments with a therapist, mental health nurse, or psychiatrist.

The healthcare professionals will decide whether your child is safe to go home. In some circumstances your child may be admitted to hospital, such as where they need further physical treatment, or in rare situations, where doctors decide that they may be a significant danger to themselves or others.



Coming home

Every family's experience of an attempted suicide will differ. The days, weeks and months afterwards can make a big difference in supporting your child. Please remember there is no set plan for this, but there are simple steps you and your family can take to support your child's (and each other's) recovery.

Encourage your child to take these practical steps straight away:

- Try to rest
- Reduce stress
- Encourage regular sleep patterns and healthy eating
- Avoid or limit drugs and alcohol

Some young people may want to rejoin their normal life straight away, but some may need more time to recover, before they feel ready to leave the house to return to everyday activities. Try to go at your child's pace.

Remember that the journey will not always be straightforward, there will be lots of bumps in the road. Be patient and reassuring that you are here for them, and that there is lots of help available, they just need to ask.

“Don't be afraid to follow up on support offered. If someone says your child will be referred, write it down and check back in a few days. It's OK to chase – you're not being a nuisance, you're being a parent.”

Dave

Staying close without hovering

After coming home from A&E, it's normal to feel anxious and want to keep your child close. But giving them some space can help both of you begin to recover.

Here are some ways to help you stay connected without overwhelming them:

- **Trust the discharge decision** – professionals have assessed that your child is safe to be at home.
- **Give them space if they ask for it** – it helps them feel some control again.
- **Be open** – explain why you are hovering, and what you are worried about. That might help them to understand why you need to put boundaries in place.
- **Agree boundaries** together, like:
 - Bedroom door stays open/ajar
 - No locking the bathroom door
 - Keep their phone nearby
 - Install a tracking app
 - Popping in to see them after an agreed time
- **Friends can help** – if they want to meet up, that's OK. Social time can ease the return to normal life.
- **Plan where they go** – home might feel too intense. A café, park or friend's house might feel easier.



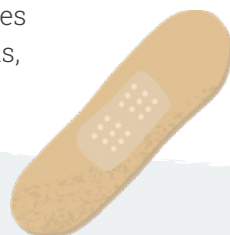
Keeping your child safe at home

Research shows that removing objects that can cause harm will reduce the likelihood of a suicide attempt.

While it is impossible to stop someone harming themselves if they are really intent on doing it, putting some barriers in place can help. Consider initially removing things that your child may have used to harm themselves such as:

- Sharp objects in your child's bedroom, the kitchen or bathroom
- painkillers or medication
- harmful chemicals in the kitchen or shed

Ask your child if there is anything else they would like you to remove, anything they have considered harming themselves with. Be open with your child about why you have done this, it will reassure them that they can feel safe at home.



“As his mum, I felt solely responsible for any possible future attempts, like it was fully on me to prevent it. This was overwhelming and I was looking at knives, razors and pills in a way that I'd never before.

Just remember that there are now professionals involved in your child's care and they share that responsibility too, so ask them if you need advice. Also, your child is of an age where they need to take responsibility for their own actions and recovery as well. **It isn't all on you.** Hide the pills, knives and razors and do whatever else is written in the safety plan, but carry on being the parent you've been.”

Sara

Practice using the safety plan

Help your child to practice using their safety plan, so that it becomes a habit when the thoughts are overwhelming. The urge to harm themselves is at its strongest for 15-30mins, so try breaking down time into manageable chunks.



There's more information and videos about **safety planning** on our website here and there's a safety plan inside your child's booklet.



If they are away from home when their thoughts of suicide get too strong:

- Tell them to get to a safe place (school reception, cafe, supermarket etc.) until you arrive
- Share their location with you on their phone
- Talk to someone they trust on the phone whilst you get there, or
- Call one of the helpline numbers on their phone.

Can't keep safe?

If the urges to take their own life are becoming overwhelming and they can't keep themselves safe then dial 999 immediately and explain what has happened.

It's always OK to get emergency help if they don't feel they can keep themselves safe. There's no limit to the number of times you can call 999 or visit A&E. Mental health emergencies are real and valid, and they are entitled to immediate help.

If your child has gone missing and you are seriously concerned they may be intending to take their own life, don't hesitate to call 999. The police are there to help in these situations.

What you can do whilst waiting for an appointment

The NHS is under a lot of pressure, so the wait for NHS and other mental health appointments can be a few weeks, or even months. When your child is referred to support it is helpful to ask what the current waiting list time is. Whilst waiting for the appointment, there are other places you can access support in the meantime.

Safety Plan

When your child's thoughts spiral, encourage them to use their safety plan.

- Top tip #1**
Make sure it's practical
- Top tip #2**
Include ideas for daytime and nighttime
- Top tip #3**
Include 24/7 helplines
- Top tip #4**
Keep it up to date
- Top tip #5**
If an idea doesn't work, change it
- Top tip #6**
Save the numbers in their phone

App/Text support

Kooth
Text 'Shout' to 85258

Helplines

Papyrus 0800 068 4141
Childline 0800 1111
Samaritans 116 123
CALM 0800 58 58 58

1-to-1 counselling online

Childline for Under 19's
The Mix, for 13-25's

GP

The GP can help with:

- Wound care
- Discussing any medication or side effects
- Recommending local services or support groups
- Continue to check your child is coping
- Offer you support if you need it

School may be able to help by:

- Discussing pressure or worries associated with school/friends
- Help with catching up work missed
- School counsellor / pastoral support
- Gradual return to school



This guide is very helpful in helping your child prepare to speak to their GP about thoughts of suicide.



Listening tips

Having thoughts of suicide, or not wanting to live any more, can feel incredibly scary and isolating, so being listened to can make a big difference. Young people tell us this all the time. You don't need to have the perfect words. What matters most is that your child feels heard, accepted, and not alone.

Avoid offering solutions

It's natural to want to fix things, especially when it's someone we care for. But offering solutions like, "have you thought of doing this?" or "you should try that," can shut a conversation down. Instead, focus on listening so they feel heard. Your role isn't to fix, but to be alongside them.

Ask open questions

Open questions invite longer, more thoughtful responses and show you're interested in what they're saying. Try:

“

**How have
you been feeling?**

“

**What
happened next?**

“

**When did you
start feeling like this?**

Let the conversation unfold without rushing them.

Offer prompts

Encourage your child to keep talking with gentle prompts like:

“

Tell me more...

“

**Can you say
more about that?**

Repeat back key phrases they've said to show you're listening and to help them reflect.

Give them time

Make sure you have time and space for the conversation. Don't rush them, it can take a while to find the words to describe what's going on inside. Silence is OK too.

Take their feelings seriously

Whatever your child says, take it seriously. Avoid minimising how they feel with things like, "you'll feel better soon," or "it's not that bad." These can feel dismissive, even if they're meant kindly.

Side by side

Sometimes people find it easier to talk when doing something side by side, instead of sitting face to face, for example, in the car, or even by text.

Listening tips

Avoid judgements

It's OK to feel shocked, scared or upset by what they're saying, or what they have done, but try not to show judgement or blame. It's likely that they already feel guilty or shameful to some degree about what's happened, and further judgement will not help. If they've opened up, it means they trust you. Protect that trust by listening without reacting.

You don't have all the answers

It's normal to feel unsure or overwhelmed, this is new for you, too. If you don't know what to say, it's fine to admit it. Try saying, "I'm really glad you told me. I don't know the right words, but I'm here with you."

Gently keep them in the here and now

If you can, help your child focus on just getting through the next few hours or days, rather than worrying about the future. Encourage them to spend time with people, or do small things they enjoy – even a tiny distraction can help.



Your gut instinct will be to try to fix their problems. Instead, it's very important that you try to listen in order that they feel heard.

Don't force the conversation

Not every chat needs to be about suicide. Your child might need space to process things on their own. Be available and open to talk, but try not to bring it up all the time unless they want to.

Stick with it

They may lash out or say hurtful things. That's often pain talking. They might try to push you away, but your quiet, consistent presence – and patience – tells them you're not going anywhere.

For more advice on how to support someone, [visit our website](#) for more tips.



How will I know if my child is still having thoughts of suicide?

When the dust has settled, it can be tempting to avoid talking about what happened. However, whilst waiting for support from the NHS or other organisations, it's important to keep alert to the signs that your child might have thoughts of suicide.

These might include:

- Talking directly about wanting to end their life
- Expressing things like 'I wish I weren't alive,' or 'life is pointless,' 'you'd be happier if I wasn't here.'
- An increase in self-harming behaviour
- Talking about their own death
- Researching or viewing suicide content online
- Giving away possessions, or unusually sentimental goodbyes
- Talking about feeling significant shame or guilt
- Feeling worthless or hopeless, and seeing no point going on
- Withdrawal from friends, social groups, or daily life
- Significant changes to eating or sleeping habits and patterns and caring less about their appearance
- Increased use of drugs or alcohol.



Exposure to stressful life events such as bereavement, relationship breakdowns, criminal justice system involvement or bullying can also increase the risk of a young person experiencing thoughts of suicide. As can exposure to events that cause a young person high degrees of shame.

Ask directly

If you suspect that your child may be having thoughts of suicide, the best thing to do is to ask them directly. Many people are afraid to ask the question in case it plants the idea, but research shows that it simply isn't true. Asking the question can actually give a young person the opportunity to talk about what's going on for them and even lead to life saving conversations.

“
Sometimes when people behave in this way, they might be having thoughts of suicide. Are you having thoughts of suicide?”

“
Are you thinking about taking your own life?”

“
Are you having thoughts of suicide? Or not wanting to live anymore?”

“
“I've noticed that you are (particular behaviour etc). Sometimes this can mean a person is thinking about killing themselves, or not wanting to live anymore. Are you?”

If your child is having thoughts of suicide, you need to know, and you need to do something about it.

You can call Papyrus's Hopeline on 0800 068 4141 for advice or support on how to prepare for the conversation or what you will say afterwards.

If you would like to know more about how to have these conversations, we offer free training at **Every Life Matters**.



What to say when your child talks about having thoughts of suicide

Don't hesitate to call 999, or go to A&E, if you are worried that your child might imminently make another attempt. If you feel the situation is getting out of control or if you or anyone else is in danger, ask for the police. They are trained to help make the situation safer.

Stay calm. Try to remember that these feelings are not new for your child, and telling you has taken great courage.

Acknowledge their feelings. Make sure your child feels heard.

Thank them for telling you. Let them know that you are relieved you know, so that they don't feel guilt for burdening you.

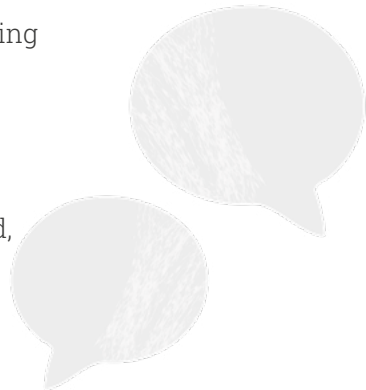
Listen carefully. Reflect back what you have heard. Repeating some of the phrases they have used.

Child: I just want the pain to stop. I'm tired of pretending I'm OK.

Parent (reflective): You're exhausted from holding everything in and just want some relief.

Child: You wouldn't understand. No one does.

Parent (reflective): You're feeling really isolated, like you're on your own in this.



Pay attention to the words they choose. Do you have the sense that they have researched or planned suicide? If so, ask them directly:

- Have you made a new plan to take your own life?
- Have you planned how you would do it?
- Have you thought about where and when you might do it?

If they have a plan, and have thought about how, when and where they might do it then call the emergency contact number you were given by the mental health practitioner, or failing that call **NHS 111 Option 2**. They can connect you with local mental health services.

Empathise. Try and show you understand and feel for them by using phrases such as:

“
I'm sorry
you are feeling...”

“
It sounds
really difficult

“
It sounds like
you have been carrying
this for a long time

Don't take anything personally. Don't jump in to defend yourself, especially if their words feel critical. Let that wash over you. Just listen and empathise.

Reassure them. Let them know that you love them, they aren't alone anymore, that you will do everything you can to help them find a way forward. Thank them for being honest with you.

These thoughts will pass. Reassure them that thoughts of suicide will pass.

Safety Plan. If your child has a Safety Plan, support them to follow steps in the plan. If they don't have a Safety Plan then consider making one with them as soon as you can.

What to do if your child won't talk to you

Sometimes, talking to a parent can feel too hard. There are so many barriers, such as feelings of guilt, or feeling like a disappointment or failure.

If there are other trusted adults in their life that they feel comfortable talking to, like staff at school or other relatives, encourage them to talk to them instead. Don't take it personally, but instead help to arrange it, and respect the boundaries of privacy.

- Let the trusted adult know about the suicide attempt
- Be clear that if the young person talks about wanting to kill themselves then this must always be shared with you
- Reassure them (and your child) that all other conversations can stay private

If they don't feel that they can talk to any adult, there are helplines in the form of phone lines, text message support and peer-support apps they can try. We have lots of suggestions further on in the booklet.

For more support options, apps or services, visit our [support directory](#).



Is it too soon to go back to school?

There's no rush to get your child back to school, just like we wouldn't expect an adult to return to work after a suicide attempt. Returning to school should only happen when your child feels emotionally ready. Their mental health must come first. Pushing them back to school too soon may do more harm than good.

But, school, the structure and routine it provides, can be of great benefit for the young person. Ask how they feel about going back.

- What are they worried about?
- What might make it easier?
- Let them take the lead where possible.

Speak to any professionals involved in your child's care, such as CAMHS or a crisis team, about when and how to return to school. They can help guide what's safe and appropriate.



Talk to your child's school

It helps to inform key staff at school, whether it's the form tutor, pastoral lead, SENCO, or school nurse. Let your child help decide what to share and with whom. Keeping them involved gives them a sense of control and can make things feel less overwhelming.

Ask for a meeting with school staff to talk through what support is available. This might include:

- A gradual return, such as part-time attendance or only certain subjects
- Adjustments during unstructured times, like access to the library or a quiet room during breaks
- A buddy or mentor
- A trusted member of staff they can check in with regularly.

If exams are coming up, talk openly with your child and their teachers. Exams are important, but they're not everything.

There's no perfect timetable for returning. Take it step by step, and make decisions based on what feels manageable for your child right now.

"Talking to us about things that are going on at home REALLY helps to support your child. It means we can help your child to access school, check in with them during the day and readjust pressures such as homework, classwork, sport or friendship issues.

We want the best for every child in our school and we want to work in partnership with you to help them to achieve their best."

Claire, Pastoral Support Worker

What do I say to friends, family, or neighbours?

It may be that the emergency services were called so your child's suicide attempt may well attract questions from those nearby.

When your child is ready to talk about it, ask them what they would like to share with close relatives or friends, and what they would feel comfortable with acquaintances knowing. Be loyal to your child, and stick to their story.

Help them to formulate responses to questions, so that they are ready with an answer when they are faced with concerned enquiries.

Getting support, having time off school for recovery, needing to sleep lots are all signs of a healthy attitude to recovery.

"Your child will continue to live and grow up in the neighbourhood, so if they don't want the neighbours to know all the details, that's how it's got to be.

If that means you have to politely sidestep direct questions, then so be it, especially until you have talked to your child about what they would like you to say."

Mark

"I've had to have some time off school to deal with things, but I'd rather not go into it."

"It's a bit personal, but thanks for asking."

"I had to go to hospital, but I'm on the mend. Thanks for asking."

"I've been in a bad place, and I need some time to recover. I'll be back as soon as I'm stronger."

Siblings

When it comes to siblings, they are likely to find the situation very scary, worrying and overwhelming.

It feels like another worry to add to your list, but there are some simple things you can do:

- Keep their routine as normal as possible, including school
- Remember to spend time with them, they need your time too, not just updates on their sibling
- Encourage them to see their friends, but also request they don't share what happened. Give them a phrase they can use like "My sister was ill" etc.
- Put their teacher in the loop, you don't need to give them all the details, but it would help if the teacher knew the outline
- Give them time to talk about how it makes them feel; they may have lots of irrational worries that you might not even have thought of
- If they need to talk to someone outside the family, Childline are there for them too: 0800 1111

"Siblings are often the forgotten supporters. Their world shifts too, and they may feel confused, guilty, or pushed aside. They need care, conversation, and a chance to be heard in their own right."

Kerry

How are you doing?

This is a distressing and worrying time, and you will no doubt be carrying a lot of anguish during this period of their life.

You are not alone, many other parents have been in your shoes, and have written their thoughts and advice for you.

Papyrus are there to support you, too: 0800 068 4141



“I was so worried about my son that I felt that I couldn’t get anything done during the day when he was awake. As soon as he was asleep I’d do more housework than I’d ever done before, and go to bed too late, and feel like a wreck the next day. I’d then get up and do it all again. I lost track of all normal routine – I was in survival mode.

Eventually, panic subsided and I was able to drop down a gear and one night, about 8 days after, I ran a bath and relaxed, for the first time.”

Rachel

Action for Children and Young Minds both have a **dedicated Parents Line**, so you can talk to a parenting coach during set daytime hours.



Action for Children

Various times throughout the week



Young Minds

Mon-Fri 9:30am-4:00pm

“I started writing things down in a notebook – not because I thought I’d want to read it again, but because it gave me somewhere to put all the fear and pain. It helped me breathe.

My husband used voice memos, and just spoke the worries and fears out loud. It surprised him how good it was to get it off his chest.”

Jenna

"If you can, get out the house on your own, pop round to see a friend, or just take the dog out. You need to top your own tank up too, otherwise you hit burn out really quickly. I did, after 2 weeks, and it wasn't a good place to be."

Dan

"After a few days of being on high alert, I crashed, and felt knackered. I had no energy as I hadn't been sleeping and then I just couldn't stay awake. It was probably my brain needing to reset. I'd like to say I was kind to myself but I wasn't. But looking back, I would say, just roll with it, it will pass and you will be back to fighting fit after some sleep and time to process it."

Helen

The Hub of Hope is a database bringing local, national, and community services together in one place. You may find a group near you that will offer support.



If you think **you** need to talk to someone, the NHS have a self-referral process for **Talking Therapies** to help with anxiety or depression. Find a Talking Therapies service here:



"You will get through this. You will all survive it. It does take time, but honestly, I would never have thought it would be possible that a year later my daughter would be back in school and doing alright."

Samit

"It was all I could think about, and all I could talk about too. But my husband, it was like trying to get blood out of a stone. He wouldn't talk about it at all, and just said he was fine. We were given leaflets for support groups, and he eventually went to Andy's Man Club, and that was good for him. He wouldn't tell me what they talked about, but as long as he was talking to someone, that was the most important thing!"

Sue

My employment rights as a parent

You may wish to take time off work to be at home with your child. Taking time off work is possible, either as 'Time off for Dependants' or as 'Parental Leave'.

You can read more about **time off for dependants** here.



Time off for Dependants (emergency leave)

If you are an employee, you are legally entitled to **unpaid** emergency leave to care for a dependant. **A dependant is anyone who lives in your house, or is your child, spouse (or partner) or parent.**

What counts as an emergency?

You are entitled to time off to deal with the following situations:

1. If your dependant falls ill, gives birth, is injured or assaulted
2. To make arrangements to provide care for a dependant who is ill or injured
3. As a result of the death of your dependant
4. To deal with the unexpected disruption, termination or breakdown in care of your dependant (for example, if your childminder/carer fails to turn up)
5. To deal with an unexpected incident which occurs with your child during school hours (for example, if your child is suspended from school)

Is it paid?

Emergency leave is unpaid, but have a conversation with your employer as soon as you can.

How much time can I take?

You can take as much time as is 'reasonable' and 'necessary'. It's best to inform your employer as soon as possible, and discuss it with them as soon as you are able to. Once it's no longer an 'emergency' you can request **Parental Leave**.

Parental Leave

You are legally entitled to **unpaid** Parental Leave if you are an employee and have been with your employer for over a year and your child is under 18.

You can take up to 4 weeks a year per child. In total, you can take up to 18 weeks unpaid parental leave, per child, until they turn 18. Your employer requires 21 days' notice.

You can read more about it here.



Flexible working

You are also able to discuss flexible working with your employer if you have been employed for more than 26 weeks. This may give you the flexibility of working from home to be there for your child, or to attend appointments or visit them if they are admitted to hospital.

You can read more about it here.



Need more advice? Call Citizens Advice on 0800 144 8848 or chat to someone online. Go to citizensadvice.org.uk

Employee Assistance Programme

Ask your employer if they are part of the Employee Assistance Programme, which offers free counselling and other support. Some programmes even cover other family members, so your children or spouse may be able to access support too.

Travel costs to hospital appointments

You may be able to claim back travel costs to and from appointments, if you receive certain benefits under the Healthcare Travel Costs Scheme. You can find out more here.



Help and Support for Your Child

Our website is full of places to go to for support, scan here for more:



Childline

For under 19's, they can call, chat online or email Childline about anything.

Sign up for a free Childline locker to use their free 1-2-1 counsellor chat and email support service. **Call 0800 11 11, 24/7. www.childline.org.uk**

Papyrus

Papyrus offers advice and support for young people (under the age of 35) who have thoughts of suicide. Its helpline service - HOPELINEUK - is available to anybody experiencing thoughts of suicide, or anybody concerned that a young person could be thinking of suicide, 24/7.

www.papyrus-uk.org 0800 068 4141 or text 07860 039967 pat@papyrus-uk.org

Samaritans

Whatever you're going through, you can contact the Samaritans for support. **116 123, 24/7. www.samaritans.org jo@samaritans.org**

Shout

Shout's text support service is available 24/7 for anyone, of any age. **Text 'shout' to 85258.** Their website is useful too. **www.giveusashout.org**

Suicide Prevention UK

SPUK have a helpline available everyday, 6pm to Midnight. **0800 689 5652 www.spuk.org.uk**

The Mix

Advice and support for under 25's on mental health, physical health, relationships, drugs etc. Online counselling service also available. Webchat available 4-11pm, Monday – Friday. **www.themix.org.uk**

Young Minds

Young Minds has lots of information and advice to support young people, parents, or those working with young people. **www.youngminds.org.uk**

“In this section are details of charities that can help you. I know it feels strange going to a charity when you feel this service should be available through the NHS but these charities were what saved us when we were navigating and waiting for support from the Crisis Team and CAMHS.”

Emma

Help and Support for Parents

Sometimes it helps just having someone there who can listen to what you're going through – and if you need someone to talk to, you can call the Samaritans anytime on 116 123.

Many parents find it helpful to reach out to other families who have been through similar situations.

You can connect with other parents by:

- Using the **Charlie Waller Trust** directory to see if there's a local parent support group in your area
- Join a parent support Facebook group



Action for Children

Action for Children has down to earth parenting advice on any subject. You can talk to someone online for parenting advice on any subject during specific opening hours. www.parents.actionforchildren.org.uk/chat

Anna Freud Centre

The Anna Freud Centre offers online resources and support for children, families and schools. www.annafreud.org

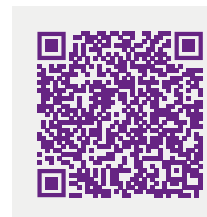
Family Lives

Family Lives provides resources for families on a wide range of issues that families face. Helpline 0808 8002222 Mon- Fri 9am-9pm, weekends 10am-3pm. www.familylives.org.uk



Patient Advice and Liaison Service (PALS)

If you need support, information or advice, or are not happy with how you were treated in hospital, the **Patient Advice and Liaison Service (PALS)** is there to help. The team provides a confidential service to patients, families and carers.



Young Minds Parents Helpline

Young Minds offer support to parents and carers who are concerned about their child's mental health (up to the age of 25). You can contact them by phone, email or webchat for information, advice and support. www.youngminds.org.uk/parent

MindEd For Families

Mind Ed is an online learning and advice resource for anyone concerned about the mental health of children and teenagers. www.mindedforfamilies.org.uk/young-people

Your Local Public Health Team

Your local Public Health Team may have commissioned resources or have local, online or e-learning courses for your area. **Google 'public health + mental health + parents' plus your county.**

Apps

TellMi

A free app for teenagers (11+) providing resources and a fully-moderated community where you can share your problems, get support and help other people too.



Ollee

A virtual friend for 8-11 year olds and their parents that helps families think about feelings and talk about difficult topics.



DistrACT

The app offers self-help tips and links to support and trusted resources for those who self-harm or have thoughts of suicide.



Calm Harm

How to track and resist self-harm urges, many of which could work for thoughts of suicide



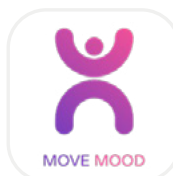
Clear Fear

Helps to manage anxiety.



Move Mood

Helping you to manage low mood and depression.



StayAlive

A safety planning app, including a Hope Box, packed full of useful information and tools to help you stay safe in crisis. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide.



My Possible Self

Pick from 10 modules to learn how to manage fear, anxiety and stress, and take control of your thoughts, feelings and behaviour.



STOPP

An app help you to change negative cycles of impulsive behaviour and enables you to make changes to your thoughts, feelings and behaviours to live a more skilful, less impulsive life.



Sorted: Mental Health helps you improve your thoughts, feelings, self-esteem and self-confidence through short audio-guided meditations. Some content is free, and some is paid for.



Sorted: Teens includes guided meditations, aimed at 10-15 year olds.

SAM (Self-help App for the Mind)

An app to help you understand and manage anxiety.



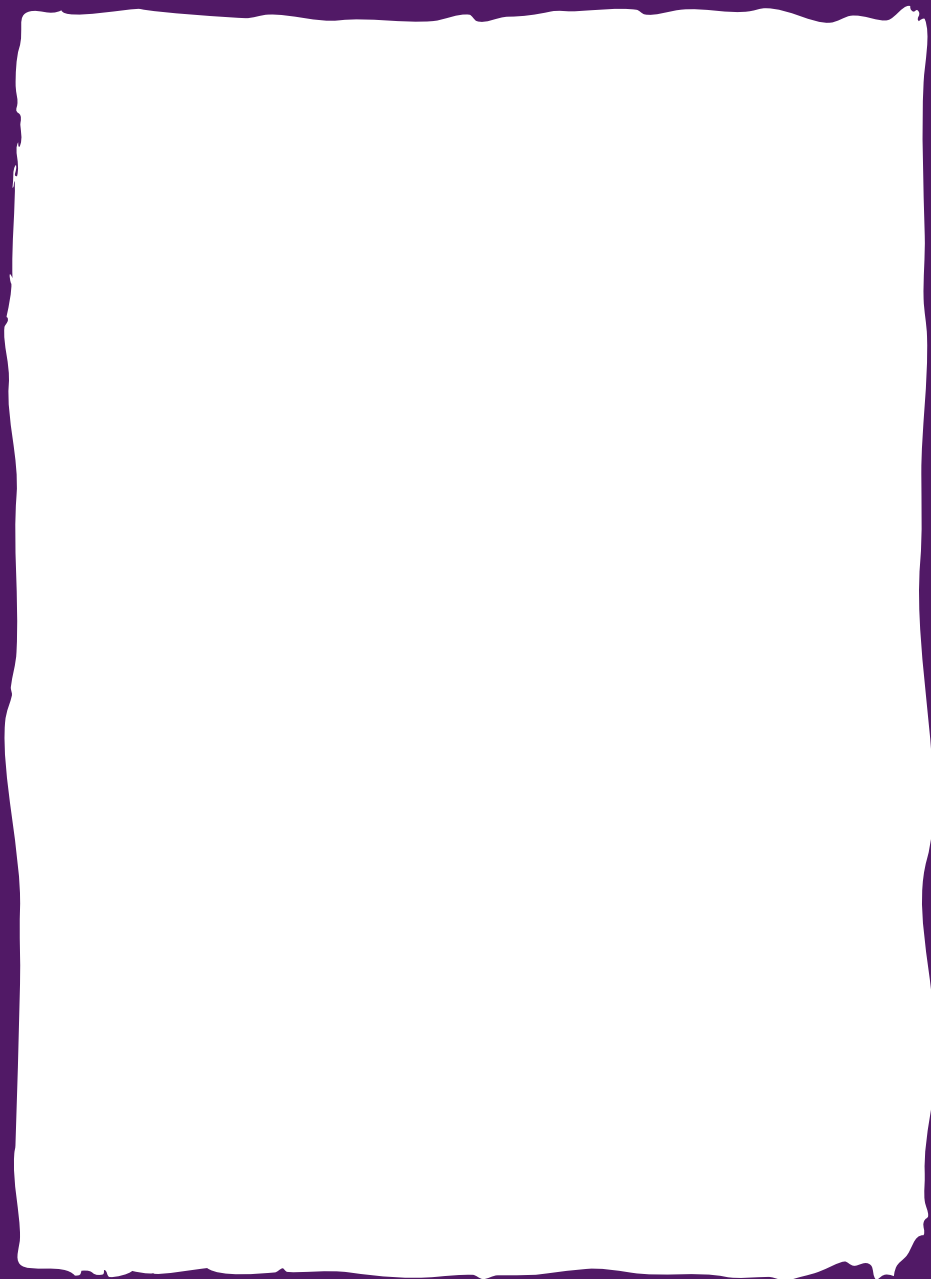
“Right now might feel messy or uncertain, but you don’t have to have it all figured out. Just keep caring, and listening. Just take one small step at a time. Things can change. Support is out there, and so are people who can help your child, and support you. You’ve got this.”

Jess

We would appreciate your feedback so that we can improve. Please scan here to send us your thoughts:



Your notes



**Every
life
matters** 

www.every-life-matters.org.uk

Suicide Safer Communities, Training and
Suicide Bereavement Support in Cumbria
Charity No. 1180815