Crisis Support and Suicidal Thoughts

Immediate help, compassionate understanding and small steps towards safety

If you may act on suicidal thoughts, cannot keep yourself safe, or someone is in immediate danger: call 999 or go to A&E; now. You are not wasting anyone's time.

Help available now

You do not need to be certain that the situation is "serious enough". A mental health emergency deserves the same care as a physical emergency. If speaking feels difficult, show someone this page or send a short message such as: "I am not safe on my own and need help now."

UK crisis contacts

- **Emergency:** call 999 or go to A&E; if there is immediate danger, a serious injury, an overdose, or you may act soon.
- **Urgent mental health help:** call NHS 111 and select the mental health option, or use NHS 111 online. You may be connected with a trained mental health professional.
- **Samaritans:** call 116 123 free, day or night, for confidential emotional support.
- **Shout:** text SHOUT to 85258 for free, confidential, 24-hour text support in the UK.
- **PAPYRUS HOPELINE247:** support for people under 35 experiencing suicidal thoughts, and for anyone concerned about a young person. Call 0800 068 4141 or text HOPE to 88247.
- **Your existing support:** contact your GP, mental health crisis team, care coordinator or another professional involved in your care.

While help is being arranged

- Move towards another person or a safer, shared place. Do not remain alone if you believe you may act.
- Put distance between you and anything you could use to hurt yourself. Ask someone trustworthy to secure medicines, weapons or other dangerous items.
- Avoid alcohol and non-prescribed drugs because they can increase impulsivity and make intense feelings harder to manage.
- Focus only on the next few minutes. Sit down, place both feet on the floor, breathe out slowly and let another person help make the calls.

A simple sentence is enough

"I am having suicidal thoughts. I do not feel able to keep myself safe. Please stay with me and help me contact urgent support."

Understanding a Suicidal Crisis

Suicidal thoughts often arise when emotional pain feels unbearable and the mind cannot see another way for it to stop. The thoughts may be passive - wishing not to wake up - or active, involving an intention to die. Both deserve care.

Thoughts are signals, not instructions

A suicidal thought can feel convincing and permanent, especially during exhaustion, panic, shame, grief, trauma, relationship difficulties, financial pressure, illness, pain or isolation. Yet intensity can rise and fall. Creating time, connection and distance from danger can make room for other possibilities.

Signs that more urgent help is needed

- Thoughts are becoming more frequent, detailed or difficult to interrupt.
- There is intent, a plan, access to dangerous items, preparation or a recent attempt.
- The person feels unable to promise short-term safety or is saying goodbye, giving possessions away, withdrawing suddenly or behaving with unusual recklessness.
- Alcohol, drugs, severe agitation, psychosis, extreme sleeplessness or rapidly changing mood are present.
- Protective connections have fallen away, or the person feels trapped, hopeless or like a burden.

What can make it harder to reach out?

People may fear being judged, dismissed, hospitalised, punished or becoming a burden. Autistic people, people with ADHD, learning differences or communication difficulties may struggle to find words under pressure. Someone can appear calm, smile, work or care for others and still be at risk. Do not rely on appearance alone.

When words are difficult

- Use a number scale, colour card or simple choices: “Are you unsafe now, unsure, or safe for the next hour?”
- Write, text, point or use an agreed phrase or emoji. Communication does not have to be spoken to be valid.
- Reduce sensory load: quieter lighting, fewer questions, one calm person and extra processing time.
- Ask direct, concrete questions without euphemisms. It is safe to ask: “Are you thinking about suicide?” Asking does not put the idea into someone’s head.

You are not attention-seeking

Wanting someone to notice unbearable distress is a human need for care. You deserve a response that is calm, respectful and serious.

After an attempt or intense crisis

Medical assessment may still be needed even when the person feels physically well. Shame and exhaustion are common afterwards. Support should focus on safety, dignity and follow-up, not blame. Ask what would make the next hour safer and who can share responsibility for the plan.

A Plan for Surviving the Next Wave

A safety plan is not a promise or a test. It is a practical guide created when thinking is clearer, so fewer decisions are needed during a crisis. Complete it with a trusted person or professional where possible.

1. Notice the early signs

Write down personal warning signs: thoughts, sensations, behaviours or situations that often come before a crisis. Examples may include withdrawing, not sleeping, feeling trapped, searching for escape, increased substance use, agitation or a sudden loss of hope.

2. Make the environment safer

Identify anything that could increase danger and decide in advance who can secure it or help you move somewhere safer. If immediate risk is present, contact emergency help rather than trying to manage alone.

3. Choose grounding actions

- Name five things you can see, four you can feel, three you can hear, two you can smell and one you can taste.
- Hold a cool object, wrap in a blanket, sit near a pet, step into fresh air or use a familiar sensory item.
- Sip water, eat a tolerated snack if possible and take prescribed medicine as directed.
- Use a short delay: “I will not act for ten minutes while I contact someone.” Repeat the delay while support arrives.

4. List people and places

Include one person who can simply stay with you, one professional service and one safe public or shared place. Write full phone numbers. If one person does not answer, move immediately to the next contact rather than interpreting silence as rejection.

5. Use words prepared in advance

- “I need company. Please do not try to fix this; stay with me while the wave passes.”
- “My safety plan says I need urgent support. Please help me call 111.”
- “I cannot explain everything. I am at risk and need you to take this seriously.”

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Supporting Someone Who May Be Suicidal

You do not need perfect words. Calm presence, direct questions and practical action can reduce isolation and help the person reach appropriate support.

Ask directly and listen

- Choose a private, calm moment and say what you have noticed: “You seem overwhelmed and I am concerned about you.”
- Ask clearly: “Are you thinking about suicide?” Then allow silence. Listen without arguing, lecturing or rushing to reassurance.
- Follow with: “Have you thought about when or how?” “Do you have access to anything dangerous?” and “Do you feel able to stay safe right now?” These questions help establish urgency.
- Thank them for telling you. Say: “I am glad you told me. We can take the next step together.”

Respond according to the risk

- **Immediate danger:** call 999 or go to A&E.; Stay with the person when safe to do so. Do not agree to keep imminent risk secret.
- **Urgent but not immediately life-threatening:** call NHS 111 and select the mental health option, contact the crisis team or request an urgent GP appointment.
- **Distressed but currently safe:** help them contact a trusted person or helpline, make a safety plan and arrange follow-up. Risk can change, so check again.

Helpful ways to respond

- Take the person seriously even if their feelings change quickly or they have sought help before.
- Offer choices that reduce pressure: “Would you like me to call, sit beside you, or help you write a message?”
- Break tasks down: shoes on, phone charged, one call, one glass of water, one safe place.
- Respect identity, culture and communication needs. Use interpreters or accessible communication when needed.
- Keep checking in after the immediate crisis. A short message such as “No need to reply; I am thinking of you and will call tomorrow” can maintain connection.

Things to avoid

- Do not say “others have it worse”, “you have so much to live for” or “you would not really do it”.
- Do not use guilt, threats or shame, and do not make yourself the only source of support.
- Do not promise absolute confidentiality when life may be at risk. Explain gently who needs to be involved and why.
- Do not leave an immediately at-risk person alone unless staying would put you in danger. Call emergency services.

Support for the supporter

You may feel frightened, responsible or exhausted. Share responsibility with professionals and trusted people, protect confidentiality appropriately, rest after the crisis and seek your own support. You cannot carry another person’s safety alone.

After the Crisis: Care, Follow-up and Hope

Surviving a crisis is not the end of the story. Recovery often happens through repeated small acts of safety, connection and practical support rather than one dramatic change.

The first hours and days

- Arrange medical care for any injury, overdose or physical concern. Follow discharge advice and ask who to contact if risk rises again.
- Reduce demands where possible. Sleep, hydration, tolerated food, medication and a calmer environment support the nervous system.
- Plan company and check-ins. Be specific about who will call, visit or stay and at what times.
- Review the environment and continue to limit access to dangerous items. Update the safety plan while the experience is recent.
- Expect mixed feelings. Relief, shame, numbness, anger and exhaustion can coexist. None of them cancels the need for care.

Longer-term support

A GP or mental health professional can assess depression, trauma, anxiety, substance use, psychosis, neurodivergent burnout, chronic pain and other factors contributing to risk. Support may include therapy, medication, social help, crisis planning, occupational changes and practical assistance with housing, debt, relationships or caring responsibilities.

Build reasons to stay without pressure

Reasons for living do not have to be grand or certain. They may be a person, animal, unfinished project, favourite place, routine, belief, future appointment or simple curiosity about tomorrow. The purpose is not to debate pain, but to create enough connection to reach the next safe moment.

Keep this information visible

Immediate danger	**999 or A&E;**
Urgent mental health help	NHS 111 - select the mental health option
Samaritans	116 123 - free, day or night
Shout	Text SHOUT to 85258
PAPYRUS HOPELINE247	0800 068 4141 or text HOPE to 88247

Hold on to this

A crisis can narrow the future to one unbearable moment. Support helps widen it again. You deserve care before things become unmanageable, and needing urgent help is never a waste of anyone’s time.

Information checked against NHS, Samaritans, Shout and PAPYRUS guidance in August 2026. Services and contact details can change; confirm details on the organisation’s official website. This booklet is educational and does not replace emergency, medical or mental health care.