

Wellbeing & Mental Health

A guide to looking after yourself and others

Space to Breathe Therapy

This fuller guide is designed to be read continuously, like a short professional booklet. Topics flow naturally rather than being forced onto separate pages, so each A4 page carries substantial information with minimal unused space.

Wellbeing: understanding the whole picture

Mental wellbeing is not a permanent state that we either possess or lose. It changes as life changes. Our emotional health is influenced by sleep, physical health, relationships, work, finances, grief, caring responsibilities, sensory load, trauma, uncertainty and the amount of recovery available to us. A person can be functioning outwardly while privately using every reserve they have. They may still go to work, care for children, answer messages and meet appointments while feeling increasingly overwhelmed inside.

It can therefore be more useful to ask what coping is costing you than simply whether you are coping. If ordinary tasks now require far more effort, if you need longer to recover, or if you are maintaining responsibilities only by sacrificing sleep, food, relationships or downtime, something may need attention. Wellbeing does not require constant happiness. Sadness, anxiety, anger and disappointment are part of a normal emotional life. The concern is more about intensity, persistence, loss of functioning and whether you have enough support.

There is also no single correct picture of wellbeing. Neurodivergence, disability, chronic illness, culture, finances and family circumstances all shape what is realistic. Advice becomes unhelpful when it assumes everyone has the same body, energy, sensory profile, money or available time. A useful wellbeing plan begins with the life you actually have.

Recognising change before reaching breaking point

Early warning signs are often small changes from your own baseline. You may become more irritable, tearful, anxious or emotionally flat. You might notice racing thoughts, repetitive worry, indecision, forgetfulness or difficulty concentrating. Physically there may be headaches, tension, digestive symptoms, fatigue, restlessness, appetite changes or disrupted sleep. Behaviour can change too: withdrawing, cancelling plans, avoiding messages, neglecting everyday care, procrastinating or losing interest in things that usually matter.

Some people respond to distress by doing more rather than less. Overworking, excessive productivity, constant cleaning or filling every quiet moment can be attempts to avoid feelings or maintain control. Coping behaviours such as alcohol, substances, spending, gambling, gaming or endless scrolling may also increase. None of these signs alone proves that somebody has a mental-health condition. Their value lies in recognising a pattern and asking whether it is different from usual.

Identify your own earliest signs. If you know that poor sleep is followed by withdrawal, or that overload first appears as irritability, you can respond earlier. Earlier responses are often smaller: reducing one demand, protecting an evening, eating something, moving to a quieter environment, speaking to somebody or arranging professional support before the situation becomes acute.

Checking in with emotion, body, mind and need

A useful check-in does not need to become another complicated routine. Pause and ask four questions: What am I feeling? What is happening in my body? What is taking up most of my thinking? What do I need? If emotional language is difficult, broad descriptions such as low, tense, angry, flat, frightened or overwhelmed are enough. In the body, notice hunger, thirst, pain, fatigue, tension, restlessness or sensory overload.

Then notice what your mind is doing. Are you replaying a conversation, predicting the worst, carrying too many decisions or trying to solve something you cannot control today? Finally consider the need beneath the experience. You may need information, rest, food, reassurance, quiet, movement, practical help, company or a boundary. Sometimes the need is simply fewer demands.

When everything feels too large, shrink the question. Instead of asking how to fix the week, ask what would make the next hour five per cent easier. A small action can interrupt escalation. It might be drinking something, eating a familiar food, stepping outside, lowering the lights, postponing a non-essential task or sending one honest message. Small does not mean insignificant.

Sleep, rest and genuine recovery

Sleep and mental health affect one another. Anxiety can keep the body alert, low mood can change sleep patterns, trauma can make settling difficult, and pain or medication may interfere with rest. Poor sleep in turn can reduce concentration, memory, frustration tolerance and emotional regulation. Supportive habits can include reasonably consistent times, reducing stimulation before bed and noticing the effects of caffeine, alcohol, temperature, noise, screens, pain and medication.

Rest is broader than sleep. Many people reach the end of the day exhausted but have not genuinely rested because every gap has been filled with decisions, messages, chores or other people's needs. Rest may mean lying down, reducing conversation, listening to something familiar, reading, crafting, sitting outside, lowering sensory input or having a period where nothing is expected from you.

Persistent insomnia, severe daytime sleepiness, breathing pauses during sleep, marked snoring or a sudden unexplained change deserves medical attention. Mental-health care and physical-health care are not separate worlds. Sometimes improving wellbeing requires investigating what the body is communicating.

Food, hydration and everyday care

Nourishment supports energy and concentration, but food can be complicated. Appetite, sensory processing, allergies, intolerances, gastrointestinal symptoms, medication, finances, executive-function difficulties and eating disorders can all affect what is possible. Telling somebody simply to 'eat healthily' may miss the actual barrier. A more useful approach asks what helps the person remain adequately nourished and hydrated in a way they can tolerate and sustain.

Everyday care also includes medication, washing, oral care, clean clothes, pain management and attending appointments. When mental health deteriorates, apparently simple tasks can become surprisingly difficult. That difficulty is information, not a character flaw. Ask what the barrier is: memory, motivation, sensory discomfort, nausea, fear, fatigue, cost or the number of steps involved. Different barriers require different solutions.

If eating, drinking, swallowing, weight or nutritional intake becomes concerning, appropriate medical or dietetic support is important. Self-care should support health rather than become a rigid set of rules or another standard against which to judge yourself.

Movement, environment and sensory regulation

Movement can change physical and emotional state without needing to become formal exercise. Walking, stretching, gardening, dancing, household activity or gentle mobility all count. The appropriate amount depends on health, disability, fatigue and recovery. Movement should be adapted to the body rather than used as punishment for having one.

Environment can be equally influential. Noise, fluorescent lighting, clutter, overlapping conversations, uncomfortable clothing, heat, crowds or unpredictable demands can consume significant capacity. Neurodivergent people may experience this particularly strongly, although sensory needs are not exclusive to neurodivergence. Helpful regulation might include headphones, softer lighting, comfortable textures, pressure, movement, routine, reduced conversation or access to a quieter space.

Notice which places make your body soften and which make it brace. Recovery after a stimulating environment is important too. Leaving the supermarket, workplace or social event does not necessarily mean the nervous system has finished processing it. Planning decompression can prevent one demanding experience spilling into the rest of the day.

Stress, overload and boundaries

Stress develops when demands repeatedly exceed the resources available to meet them. The same task can be manageable one week and overwhelming the next because sleep, health, grief, workload or family responsibilities have changed. Signs of overload can include irritability, tears, numbness, forgetfulness, physical tension, rushing and the sense that every new request is one request too many.

When overloaded, we often try to become more efficient. Sometimes the better intervention is reducing demands. Ask what can be delayed, delegated, shortened or stopped. Boundaries help protect capacity. 'I need time to think before I answer', 'I cannot do that today' and 'I can help with this part, but not all of it' are complete statements. Boundaries do not require an elaborate defence.

Guilt often appears when somebody who is used to overextending themselves begins setting limits. Feeling guilty does not automatically mean the boundary is wrong. Sustainable wellbeing sometimes requires accepting that protecting your capacity may disappoint another person. The alternative can be resentment, exhaustion or burnout.

Connection, loneliness and belonging

Human beings need connection, but the amount and form differ. It is possible to be surrounded by people and feel profoundly lonely when relationships do not feel safe, reciprocal or authentic. Meaningful connection may come from one

trusted person, family, friendship, community, shared interests, volunteering, pets, peer support or a professional relationship. Quiet companionship can be as valuable as conversation.

Reaching out becomes harder when we are struggling. We may fear being a burden, lack the energy to explain or assume nobody will understand. Make the first step smaller. Send a short message. Ask somebody to sit with you while you complete a task. Say, 'I'm having a difficult day; I don't need you to fix it, but I could use some company.'

Belonging is also about being able to exist without constantly performing. If every social interaction requires masking, hiding needs or pretending to be fine, connection may become another demand. Supportive relationships make room for boundaries, difference, silence and honesty.

Difficult emotions and emotional regulation

Anxiety, anger, sadness, frustration, jealousy, disappointment and grief are not failures of mental health. Emotions can carry information about threat, loss, values, boundaries and unmet needs. Problems arise when emotions become overwhelming, remain intense for long periods or drive actions that create further harm.

Naming an emotion can create useful distance. 'Everything is terrible' may become 'I feel anxious and disappointed.' Then ask what happened just before the feeling intensified and what the emotion is urging you to do. Anger may point towards hurt or injustice. Anxiety may respond to uncertainty. Sadness may reflect loss. Shame may create an urge to hide. These are possibilities rather than fixed rules.

When intensity is high, regulation comes before complex problem-solving. Slower breathing, grounding, movement, sensory support, stepping away from conflict or delaying a message can create enough space to choose rather than react. Feelings are real, but the predictions attached to them still deserve checking. 'I feel rejected' and 'I have definitely been rejected' are not necessarily the same statement.

Self-compassion, responsibility and realistic expectations

Self-compassion is not pretending everything is fine or avoiding responsibility. It is the ability to respond to difficulty without adding unnecessary cruelty. Harsh self-talk often uses absolute language: always, never, useless, failure. Ask whether the statement is accurate, fair and useful. A balanced response can acknowledge a mistake while leaving room for repair.

Context matters. Exhaustion, grief, illness, overload and fear can reduce capacity. Context does not erase the impact of our behaviour, but it can explain why more support or different strategies are needed. 'I was overwhelmed' can sit alongside 'I still need to apologise for what I said.'

Compassion can be practical. It may mean cancelling a non-essential demand, eating something, taking prescribed medication, asking for help, leaving an unsafe situation or booking an appointment. Sometimes kindness is not a comforting thought but the decision to stop asking yourself to carry what is too heavy.

Supporting somebody else: beginning the conversation

When somebody seems different, we can hesitate because we fear saying the wrong thing. You do not need a diagnosis or a perfect script. Choose a reasonably private moment and describe what you have noticed: 'You seem quieter than usual' or 'I've noticed you haven't seemed yourself lately.' Then ask an open question and allow time for the answer.

If they talk, listen before fixing. Many people begin offering solutions because they care and want the distress to stop, but the person may first need to feel understood. Useful responses include, 'That sounds really difficult', 'I'm glad you told me', and 'Would you like me to listen, help you think through options, or both?' Silence can be supportive too.

Specific practical offers are often easier to accept than 'let me know if you need anything'. Offer transport, food, company, help with a phone call or another concrete task. Respect autonomy where possible. Support should increase a person's options rather than take control away from them.

What to avoid and how to respond to withdrawal

Well-intended phrases such as 'cheer up', 'think positive' or 'other people have it worse' can make distress feel minimised. Comparing experiences, interrogating somebody for details or immediately giving a long list of solutions may also close the conversation. Avoid saying you know exactly how they feel. You can care deeply without claiming to know an experience that belongs to them.

Withdrawal may happen with depression, anxiety, grief, shame, exhaustion, sensory overload or conflict. Keep contact low pressure: 'No need to reply - just thinking of you.' Continue occasional invitations without turning a refusal into guilt. Offer something specific and practical if appropriate.

Try not to personalise every unanswered message. A person with very little capacity may care about you and still be unable to communicate. However, significant withdrawal combined with hopelessness, self-neglect, unusual behaviour or safety concerns deserves attention. Respecting space does not mean ignoring serious risk.

When everyday support is not enough

Friends, family and self-care can be valuable, but they have limits. Professional support should be considered when distress is persistent, worsening or repeatedly returning; when work, study, relationships, sleep, eating or basic care are significantly affected; or when symptoms such as panic, trauma reactions, compulsions, substance use or severe mood changes are difficult to manage.

Possible routes include a GP, therapist, NHS mental-health service, psychiatrist, specialist charity, occupational-health service or another appropriate healthcare professional. Preparing notes can help: what has changed, how long it has lasted, how it affects everyday life, relevant medication or physical symptoms, safety concerns and what help you are hoping for.

You do not need to wait until you can prove you are 'ill enough'. If something is persistently affecting your life, asking for assessment or support is reasonable. Earlier help may prevent difficulties becoming more entrenched and can identify physical-health or medication factors that also need attention.

Safety, self-harm and urgent support

Talk of suicide, self-harm or being unable to stay safe should be taken seriously. If you are worried about somebody, it is appropriate to ask clearly whether they are thinking about suicide or harming themselves. Asking directly does not plant the idea; it can create an opportunity for an honest answer.

If there is an immediate risk to life in the UK, call 999 or attend A&E.; NHS 111 can provide urgent health guidance and mental-health routes, and Samaritans provides emotional support on 116 123. Where safe to do so, help ensure the person is not left unsupported while urgent assistance is being arranged. Serious risk should not be held by one friend, partner or relative alone.

Do not promise secrecy if somebody may be in immediate danger. Explain that you care about them too much to keep serious safety concerns entirely to yourself. Once immediate safety has been addressed, supporters may also need help. Crisis situations can leave fear, exhaustion and responsibility behind even after the immediate danger has passed.

Creating a personal plan and wellbeing toolkit

A personal wellbeing plan gathers useful information before you are overwhelmed. Start with your baseline: how you sleep, communicate, eat, work, socialise and care for yourself when you are reasonably well. Then record your early warning signs and the first things that genuinely help. These might include reducing demands, eating a familiar meal, using sensory supports, moving, resting, contacting somebody or following an agreed treatment plan.

Include trusted people and professional contacts, and note anything others should understand about supporting you. Perhaps you need one question at a time, written information, quiet company rather than conversation, or practical help making a call. A plan should be usable when capacity is low, not impressive to look at.

Your wider toolkit can include people, places, sensory supports and practical aids. Prepared meals, calendars, medication reminders, workplace adjustments, transport, financial advice or help with household tasks may be just as important as grounding or relaxation. Keep the things that work and let go of strategies that only create another expectation.

Supporting others without losing yourself

Caring about somebody does not give us unlimited emotional capacity. You can listen, care, encourage, offer practical help and respond to safety concerns, but you cannot guarantee another person's recovery or be available every hour of every day. Sustainable support needs boundaries and shared responsibility.

Watch for supporter strain: resentment, dread, constant vigilance, disrupted sleep, neglecting your own needs or feeling solely responsible for keeping somebody safe or emotionally stable. These signs do not mean you do not care. They mean the current arrangement may be asking more than one person can reasonably provide.

It is possible to say, 'I care about you and I cannot hold this alone. We need more support.' Involving professionals, family or other trusted people can be safer for everyone. After difficult conversations, allow yourself to decompress, eat, rest, move, talk to somebody appropriate or return to your own routine. Your wellbeing does not become irrelevant because somebody else is struggling.

Moving forward

Wellbeing is not maintained by one perfect routine. It is supported through repeated moments of noticing and adjustment. Sometimes the next step is very small: eating, resting, lowering the noise, protecting an evening or sending an honest message. Sometimes it is larger: changing a boundary, asking for workplace support, speaking to a GP, beginning therapy or leaving a situation that is harming you.

When supporting somebody else, remember that perfect words are not required. Be curious rather than assuming. Listen before fixing. Take safety concerns seriously. Help the person access wider support when the situation is beyond what friends or family can reasonably hold. Respect their autonomy wherever safety allows it.

Looking after yourself is not a promise that life will never become difficult. It is a commitment to keep noticing what you need, to respond earlier where possible and to recognise when you should not have to manage alone. There is strength in practical care, honest boundaries and asking for support before every reserve has been used.

Give yourself permission to make wellbeing personal. Keep what helps. Change what does not. Allow difficult days to be difficult without turning them into evidence that you have failed. And when the load becomes too much, reach outward rather than carrying it silently. Sometimes creating space to breathe begins with one small decision to treat your own needs as worthy of attention.

Important information

This guide provides general wellbeing information and reflection. It is not a diagnostic tool and does not replace individual medical or mental-health assessment. If you or somebody else is in immediate danger, use urgent or emergency services.