

Online Carer Conference

Mental Health

Guest Speakers:

Susan Willgoss, Helen Dewson, Catherine Phillips and Robyn Ward

Support for autistic people

Susan Willgoss – Advisor for Suicide Prevention with Lived Experience

Support for Autistic People

Sue Willgoss

Advisor for Suicide
Prevention with Lived
Experience

It is vital that autistic
children, young people and
adults get the right support
at the earliest opportunity.



Support for Autistic Children and Young People

Norfolk

[Norfolk & Waveney ASD/ADHD Support Service](#)

Family Action: Will support through the diagnostic pathway and post diagnosis, up to age 25.

[Norfolk Support Groups \(autism-anglia.org.uk\)](#)

[ASD Helping Hands](#) - support for families who have a child with an Autistic spectrum disorder

[Autism Anglia](#)

[SENsational families](#) - for families with a child with SEND

[Nansa \(the Norfolk and Norwich SEND Association\)](#)

[Asperger East Anglia](#)

[www.westnorfolkautismgroup.org.uk](#)

Autism and Aspergers Carer Support Group in Norwich/Norfolk **01603 620500**

[ASD Post Diagnostic Information \(jpaget.nhs.uk\)](#)

[Norfolk SENDIASS \(SEND information, advice and support service\)](#)

[Norfolk SEN Network](#)

[Norfolk Family Carers](#)

[Services To Support You \(justonenorfolk.nhs.uk\)](#)



Support for Autistic Children and Young People

Waveney

[Norfolk & Waveney ASD/ADHD Support Service](#)

Family Action: Will support through the diagnostic pathway and post diagnosis up to 19 years

[Support Groups Suffolk \(autism-anglia.org.uk\)](#)

[ASD Helping Hands](#) - support for families who have a child with an Autistic spectrum diagnosis

[Autism Anglia](#)

[Asperger East Anglia](#)

[ASD Post Diagnostic Information \(ipaget.nhs.uk\)](#)

[Young People - Leading Lives](#)

The Junction, Lowestoft, a safe space, providing free advice and guidance from our welcoming youth workers. 119 Bevan Street East, Lowestoft, Suffolk, NR32 2AG [07442 338440](tel:07442338440) (available on WhatsApp) or email thejunction@accessct.org

[Home - Suffolk SENDIASS](#)

[Suffolk Family Carers | Support for unpaid family carers](#)

[Suffolk Carers Matter - Communities Together East Anglia](#)

[Services To Support You \(justonenorfolk.nhs.uk\)](#)



Support for Autistic Adults

Norfolk and Waveney

[Norfolk Support Groups \(autism-anglia.org.uk\)](https://autism-anglia.org.uk)

[Support Groups Suffolk \(autism-anglia.org.uk\)](https://autism-anglia.org.uk)

[download.cfm \(norfolkcommunityhealthandcare.nhs.uk\)](https://norfolkcommunityhealthandcare.nhs.uk/download.cfm) Post diagnostic information pack

[Home - Norfolk Autism Partnership](#)

Suffolk All Age Autism Partnership currently coproducing the Suffolk Strategy.

[Asperger East Anglia – working toward and supporting independence](#)

<https://www.autism.org.uk/> National Autistic Society

#LiftLoudForDanny, Lowestoft, provides drop-ins and support groups for over 18's who may be struggling with their mental health and their carers. Not autism specific but many members are autistic.



Further information

[Parent toolkit | Ambitious about Autism](#) explore their website for lots of information.

[Mental health \(autism.org.uk\)](#) information on mental health conditions that autistic people may experience

[Autism and mental health](#)

[MentalHealth.org.uk](#)

[Home - Autism | AutisticaCrisis-resource-2020.pdf \(autistica.org.uk\)](#)

[Autism Passport \(autism-anglia.org.uk\)](#)

[What is an Autism Alert Card? \(autism-anglia.org.uk\)](#)

[Browse our Recovery College courses and begin your personal recovery journey | Norfolk and Suffolk NHS \(nsft.nhs.uk\)](#) Living Well With Autism (shortly to be renamed)

[NHS England » Making information and the words we use accessible](#)

[Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy \(publishing.service.gov.uk\)](#) Section 6: Reasonable Adjustments and Equalities at 6.3 states:*Autistic people have a right to access mainstream services just like anyone else...*

All autistic people are entitled to support for their mental health difficulties. It is not a part of their autism. Autistic people are more likely to experience mental health difficulties and must receive appropriate support with reasonable adjustments and adaptations to therapy as needed.



Nearest Relative and Carer Rights when a person is detained

Helen Dewson

Head of Mental Health Law

Specialist CAMHS Mental Health Tribunal Member

Honorary Senior Lecturer, University of East Anglia

Nearest Relative, Friends, Family, Carers

Nearest Relative (NR)

- Identification of NR
- NR Power of Discharge
- NR Displacement
- Communication with NR, family or carers
- When NOT to Share
- When P lacks capacity

GDPR, DPA and Information Sharing

- Seven Golden Principles
- General Principles

Nearest Relative – Section 26

Nearest Relative Hierarchy

1. Husband, Wife or Civil partner
2. Son or Daughter
3. Parent
4. Brother or Sister
5. Grandparent
6. Grandchild
7. Uncle or Aunt
8. Nephew or Niece

Nearest Relative – Section 26



Easy and Straightforward...right?

fAmILiEs are mESSy



Nearest Relative – Section 26

1. 49 year old Sister
2. 19 year old Nephew
3. 37 year old Son-in-law
4. 80 year old Aunt (in residential care with dx of dementia)
5. Platonic Friend who Jo has shared a house with for 6 years
6. 76 year old Mother
7. 31 year old Son
8. 32 year old Adopted Daughter
9. Husband. (Joe and his husband are live apart although they are still in a relationship, and Joe's Husband is currently detained under MHA)
10. 99 year old Grandfather (who lives in France)
11. 20 year old Niece (who does Joe's shopping, cooking and washing, etc)
12. 77 year old Step-Father
13. 98 year old Grandmother
14. 56 year old Half Brother
15. 34 year old son (who is currently in prison)
16. 17 year old Grandchild
17. 51 year old Step Sister

Nearest Relative – Section 26

1. 20 year old Niece (who does Joe's shopping, cooking and washing, etc)
2. Husband (living apart, detained under MHA)
3. 34 year old son (who is currently in prison)
4. 32 year old Adopted Daughter
5. 31 year old Son
6. 76 year old Mother
7. 49 year old Sister
8. 56 year old Half Brother
9. 98 year old Grandmother
10. 80 year old Aunt (in residential care with dx of dementia)
11. 19 year old Nephew
12. Platonic Friend who Jo has shared a house with for 6 years

Nearest Relative – Section 26

Ineligible to be NR

1. 37 year old Son-in-law
2. 99 year old Grandfather (who lives in France)
3. 77 year old Step-Father
4. 17 year old Grandchild
5. 51 year old Step Sister

- ❖ The hierarchy remains intact where the NR lacks capacity or is in prison.
- ❖ Adopted Relationship – equal to full blood relatives in the same line of hierarchy
- ❖ Half Blood Relationship – eligible but after full blood relatives in same line of hierarchy
- ❖ A relative who lives permanently abroad may not be the NR of a patient who lives permanently in England (but can be where the patient lives permanently abroad)
- ❖ Step Relationship – not relatives
- ❖ In-Law Relationships – not relatives
- ❖ NRs must be 18 (unless they are a younger spouse)

Nearest Relative – Section 26(2-7)

Section 26(5)

Where the relative

- (a) does not live in the UK (but the patient does)
- (b) is permanent separated from the patient (or has deserted or been deserted by the patient) for a period which has not come to an end.
- (c) is under 18

The NR will be ascertained '*as if that person were dead*'

Nearest Relative – Section 26(2-7)

Section 26(6)

This Section provides that a person living with the patient ‘as if they were married’ for at least six months to be considered as ‘husband, ‘wife’ or ‘civil partner’

Judge Tyrer in *Kimber v Kimber* [2000] F:R 383 indicated the following as relevant questions in establishing ‘living together as if they were married’

- Having a sexual relationship
- Sharing children
- Intention and Motivation of the couple
- Would a reasonable person perceive the parties are cohabiting?
- Living in the same household
- Sharing daily tasks and duties
- Stability and a degree of permanence in the relationship
- Financial matters handled in a way that indicates cohabitation

Nearest Relative – Section 26(2-7)

Section 26(3)

Any relationship of the half blood shall be treated as a relationship of the whole blood,

BUT

Relatives of the whole blood are preferred to relatives of the same description of the half-blood. The elder or eldest of two or more relatives are preferred to the other or others of those relationships regardless of sex.

Nearest Relative – Section 26(2-7)

Section 26 (4)(a)

Where a patient ordinarily resides with **or** is cared for by one or more of the relatives, that relative takes preference over other relatives. There is an exception where the relative is not lawfully resident in the UK

A person can care about a patient without providing 'care for' the patient. Examples of 'caring for' responsibility will include; the services provided must be more than minimal. Examples may include:

- Managing financial affairs
- Ensure dietary requirements are met
- Washing of clothing and laundry
- Regular emotional support.

Nearest Relative – Section 26(2-7)

S26 (7) Five Year Rule

- Where a person has no relatives, a person, other than a relative, with whom the patient has resided for a period of not less than five years, shall be treated as if he were a relative if they agree to accept this role and are considered appropriate.
- In the hierarchy, the ‘five year rule’ person is at the bottom of the list, ie, where there are no relatives in the hierarchy above this individual.

Nearest Relative – Section 26(2-7)

General Notes to Section 26

‘The elder or eldest wife of polygamous marriage would normally become her husband’s NR’



Nearest Relative Discharge Section 23(2)(a)

- The patient's NR may order the discharge of the patient from detention, guardianship or CTO.
- The NR must give 72 hours notice of intention to discharge in writing to a person authorised to receive it as per the Scheme of Delegation.
- It is vital the relevant MHA Administration or Compliance department is informed of a notice received.
- If the RC does not barr the discharge under Section 25 within 72 hours, the discharge will take effect
- In considering whether to barr the discharge, there is an additional criteria to apply, the 'dangerousness' criteria.



Nearest Relative Discharge

Barring Discharge by the Nearest Relative

- The patient's RC can block the discharge by issuing a 'barring report'
- The RC must state that the patient, if discharged, is likely to act in a manner dangerous to themselves or others.
- This question focuses on the probability of dangerous acts, such as causing serious physical injury or lasting psychological harm, not merely on the patient's general need for safety and others' general need for protection.



Examples of 'dangerousness' may include

Serious harm to physical or mental health due to severe self neglect

Self harm

Lasting psychological harm to self or others

Physical injury to others



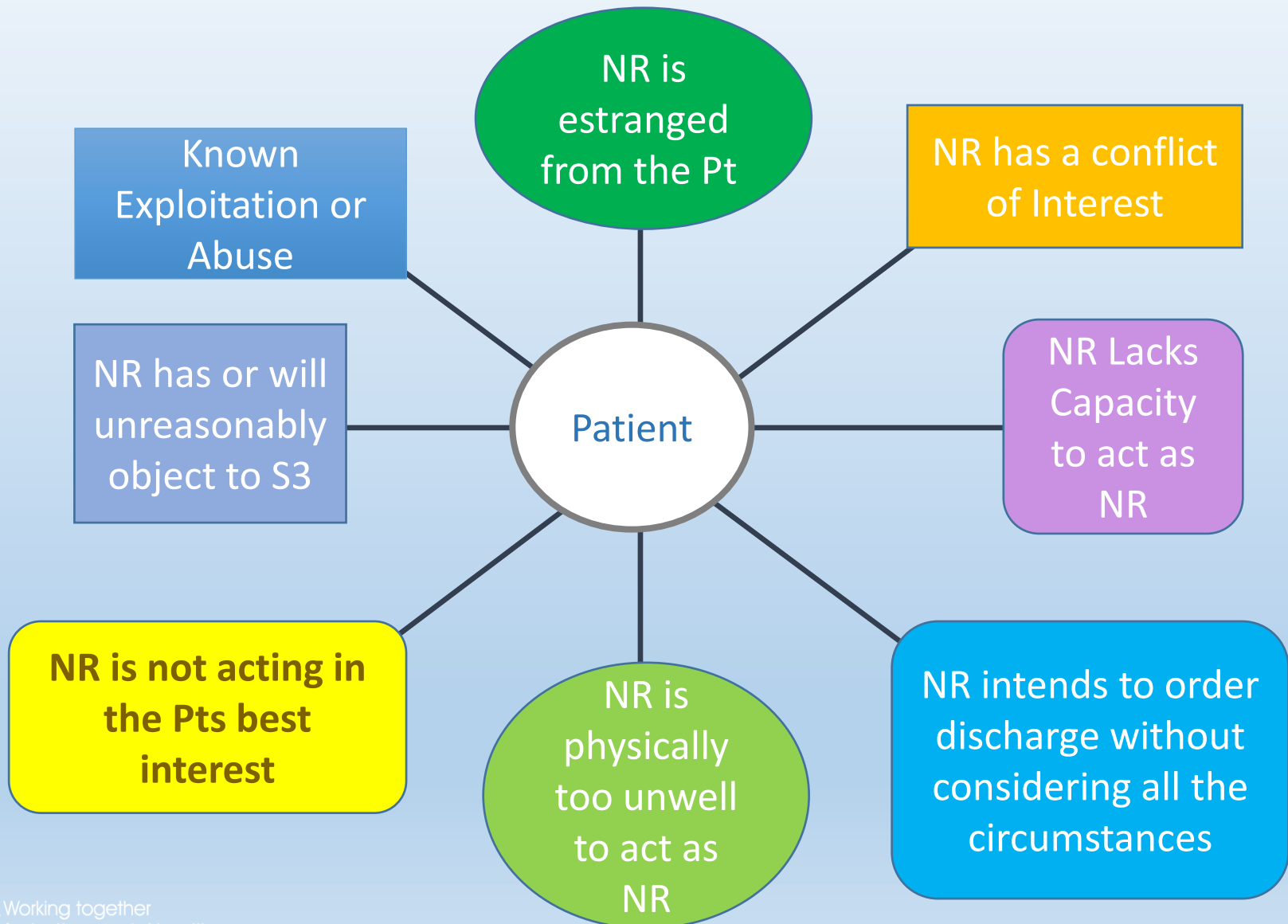
Nearest Relative Discharge Section 23(2)(a)

Effect of Barring the NR Discharge

- Trust **Should consider** holding a review following the barring by the Responsible Clinician of an application for discharge by the patient's nearest relative under Section 25.
- NR may not order the discharge of the patient again for six months from the date of the barring order during that period of detention.
- A NR who has exercised the power to discharge a patient, or intends to do so, without due regard to the welfare of the patient or the interests of the public may be displaced under Section 29(3)(d)



Section 29 Nearest Relative Displacement Considerations



MHA – Code of Practice Nearest Relative Rights

5 The nearest relative

- 5.2** Section 26 of the Act defines 'relative' and 'nearest relative' for the purposes of the Act. It is important to remember that the nearest relative for the purposes of the Act may not be the same person as the patient's 'next of kin'. The identity of the nearest relative may change with the passage of time – eg if the patient enters into a marriage or civil partnership. The nearest relative may be the patient's carer and it is important that they are recognised, particularly as they may have the most relevant information to share with professionals with regard to the patient's care and interests. If the nearest relative is not the carer, professionals should also involve the carer.



Mental Health Act 1983:
Code of Practice



Nearest Relative Statutory Rights

4.32 When a patient detained under the Act or subject to a CTO is given information, they should be told that the written information will also be supplied to their nearest relative, so that they can discuss their views about sharing this information and following this discussion, raise any concerns or object to the sharing of some or all of this information. There should be discussion with the patient at the earliest possible time as to what information they are happy to share and what they would like to be kept private.

4.33 The nearest relative must be told of the patient's discharge from detention or CTO (where practicable), unless either the patient or the nearest relative has requested that information about discharge should not be given. This includes discharge from detention onto a CTO. If practicable, the information should be given at least seven days in advance of the discharge.

4.34 In addition, regulations require nearest relatives to be informed of various other events, including the renewal of a patient's detention, extension of a CTO and transfer from one hospital to another.

4.35 These duties to inform nearest relatives are not absolute. In almost all cases, information is not to be shared if the patient objects.

When NOT to Share due To Risk

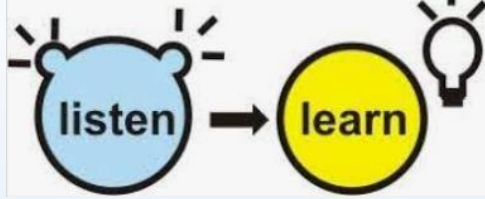
4.36 In addition, occasionally there will be cases where these duties do not apply because disclosing information about the patient to the nearest relative cannot be considered practicable, on the grounds that it would have a detrimental impact on the patient that is disproportionate to any advantage to be gained from informing the nearest relative. This would therefore be a breach of the patient's right to privacy under article 8 of the European Convention on Human Rights (ECHR). The risk of this is greatest where the nearest relative is someone whom the patient would not have chosen themselves. Before disclosing information to nearest relatives without a patient's consent, the person concerned must consider whether the disclosure would be likely to:

- put the patient at risk of physical harm or financial or other exploitation
- cause the patient emotional distress or lead to a deterioration in their mental health, or
- have any other detrimental effect on their health or wellbeing and, if so, whether the advantages to the patient and the public interest of the disclosure outweigh the disadvantages to the patient, in the light of all the circumstances of the case.

Involvement of others

Communication with other people nominated by the patient

- 4.37** Patients may want to nominate one or more people who they would wish to be involved in, or notified of, decisions related to their care and treatment.
- 4.38** Patients may nominate an IMHA, another independent advocate, or a legal professional. They may also nominate a carer or other informal supporter or advocate.
- 4.39** The involvement of such carers can have significant benefits for the care and treatment of the patient. It can provide reassurance to the patient, who may feel distrustful of professionals who are able to impose compulsory measures on them, or are relatively unfamiliar and unknown to the patient. People who know the patient well can provide knowledge of the patient and perspectives that come from long-standing and intimate involvement with the patient prior to (and during) their involvement with mental health services. They can provide practical assistance in helping the patient to articulate information and views and may have knowledge of advance decisions or statements made by the patient (see chapter 9).



Involvement of others

- 4.40** Professionals should normally agree to a patient's request to involve carers, relatives, friends or other informal supporters or advocates. They should tell the patient whenever such a request will not be, or has not been, granted. Where a patient's request is refused, it is good practice to record this in the patient's notes, giving reasons for the refusal. It may not always be appropriate to involve another person as requested by the patient, for example where:
- contacting and involving the person would result in a delay in making the decision in question that would not be in the patient's interests
 - the involvement of the person is contrary to the interests of the patient, or
 - that person has requested that they should not be involved.
- 4.41** Professionals should take steps to find out whether patients who lack capacity to take particular decisions for themselves have an attorney or deputy with authority to take the decision on their behalf. Where there is such a person, they act as the agent of the patient, and should be informed in the same way as the patient themselves about matters within the scope of their authority.
- 4.45** Even if carers cannot be given detailed information about the patient's case, where appropriate, they should be offered general information in an appropriate form, which may help them understand the nature of mental disorder, the way it is treated, and the operation of the Act.

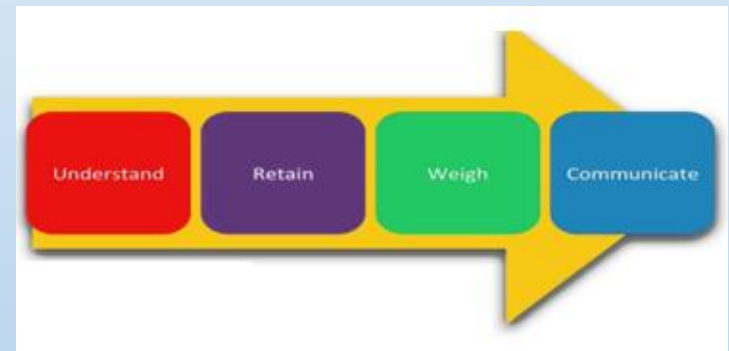
Where a Person Lacks Capacity

4.43 Unless there are good reasons to the contrary, patients should be encouraged to agree to their carers being involved in decisions under the Act and to them being kept informed. If patients lack capacity to consent to this, it may be appropriate to involve and inform carers if it is in the patient's interests – although that decision should always be made in the light of the specific circumstances of the case.

When important decisions are to be made for people who may lack capacity, it is important to document the decision making process. An example of when a formal MCA Assessment and Best Interest Decision is required is prior to administration of the 'flu or covid vaccine.

Firstly, a formal MCA Assessment to confirm capacity is present or absent will be completed. Where capacity is absent, care providers must then go on to complete a Best Interest decision in relation to the treatment or intervention.

The engagement of the patient's family, carers or advocate should be sought before a Best Interest decision is made and the form completed.





HM Government

Information sharing

Advice for practitioners providing
safeguarding services to children, young
people, parents and carers

July 2018

^ Caldicott Guardian ⇄

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information whilst enabling information sharing when it is appropriate

The Caldicott Guardian has a strategic role, which involves representing and championing issues related to information sharing at Board or management team level. The Caldicott Guardian for NSFT is Dr Viv Peeler who can be contacted at caldicott.guardian@nsft.nhs.uk

General Medical Council

Regulating doctors
Ensuring good medical practice

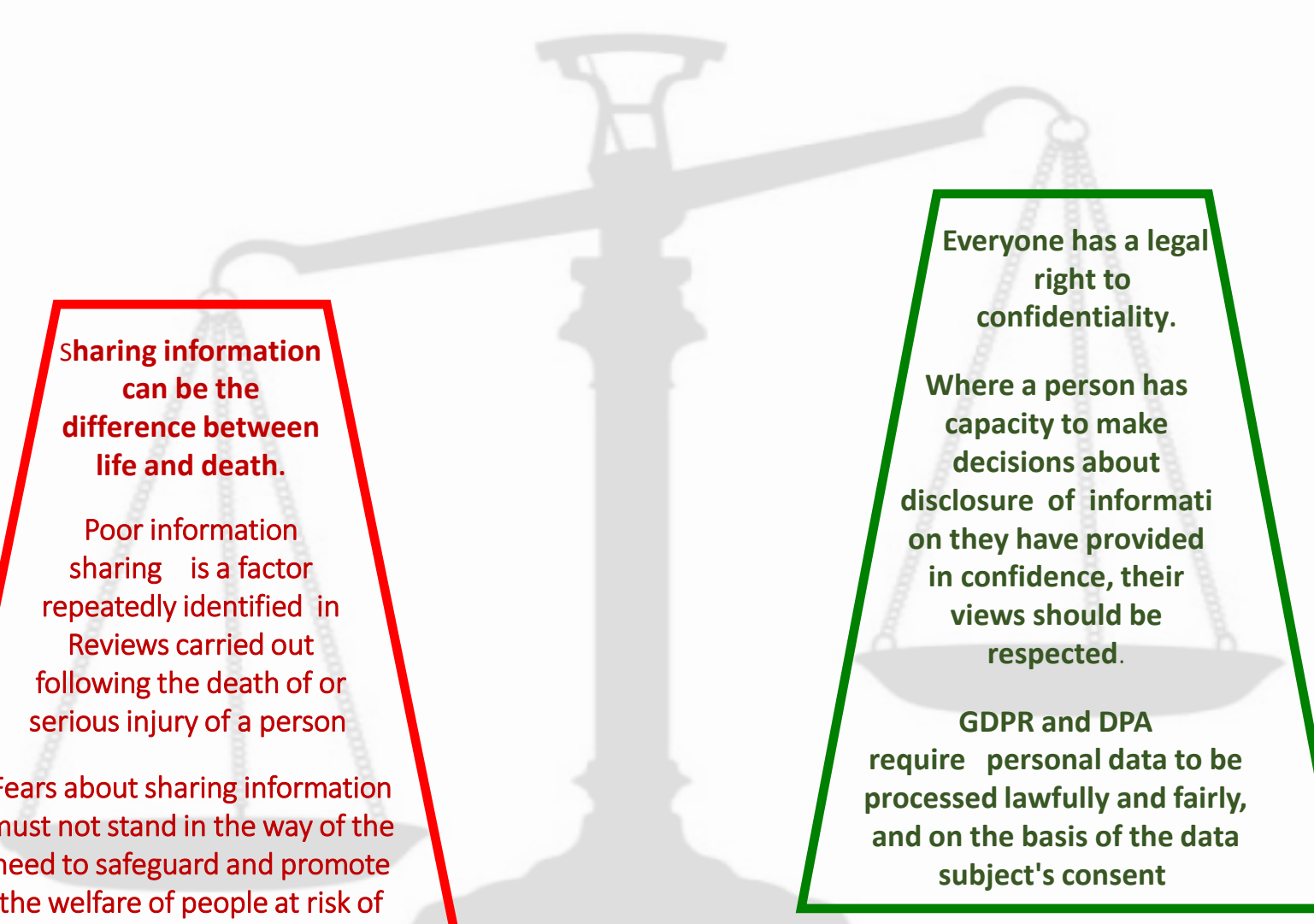
nmc
Nursing &
Midwifery
Council

The Code

Professional standards of practice
and behaviour for nurses, midwives
and nursing associates



To Share or not to Share....



**sharing information
can be the
difference between
life and death.**

Poor information
sharing is a factor
repeatedly identified in
Reviews carried out
following the death of or
serious injury of a person

Fears about sharing information
must not stand in the way of the
need to safeguard and promote
the welfare of people at risk of
abuse or neglect.

**Everyone has a legal
right to
confidentiality.**

Where a person has
capacity to make
decisions about
disclosure of informati
on they have provided
in confidence, their
views should be
respected.

GDPR and DPA
require personal data to be
processed lawfully and fairly,
and on the basis of the data
subject's consent

GDPR, DPA and Information Sharing

Seven Golden Rules

1. The GDPR, Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with all concerned from the outset about why, what, how and with whom information will, or could be shared.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. Where you do not have consent, be mindful that an individual might not expect information to be shared.

GDPR, DPA and Information Sharing

Seven Golden Rules

5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Information Sharing General Principles

- Assess the person's capacity. If lacking, you may make a Best Interest Decision to share information if appropriate to do so.
- Where a capacitous person refuses to allow information to be shared, consider any views given by the person on why you should not disclose the information.
- Evidence consideration of the benefits and possible harm or risks of disclosing information.
- Try to reach a compromise. It is sometimes possible to provide general information about the treatment or condition as a compromise, rather than the specific details.
- If you judge that disclosure is not justified, record your reasons for not disclosing.
- If you judge that disclosure is justified, disclose the information promptly and record discussions and reasons.
- Tell the person what you propose to disclose and why, unless that would undermine the purpose or place the person at increased risk of harm
- When in any doubt, or for guidance or a second opinion, staff should seek advice from NSFT Caldicott Guardian

Information Sharing General Principles

Examples of reasons to disclose without consent may include:

- Where a person is at risk of serious neglect or sexual, physical or emotional abuse.
- Where the information would help in the prevention, detection or prosecution of serious crime , usually crime against the a person.
- Where a person is involved in behaviour that might put them or others at risk of serious harm, such as serious self-harm or driving whilst intoxicated.

**When we cannot share, we can, and
we should, listen....**



Mental health support for Carers - NSFT

Catherine Phillips – CPA Practitioner and Stepping Back Safely lead

- Workshop for Carers, Family and Friends - Personality Disorder and Complex Emotional Needs
- Stepping back safely (SBS) - Psycho-education workshops for carers supporting adult age people 18+ at risk of suicide and self-harm
- Recovery college – Carers and the recovery journey and lots of other Recovery College courses
- SBS Pilot underway with our Crisis Assessment Intensive Support Team (CAIST) development of psycho-education workshops for parents and carers supporting our younger age service users 14 – 18years
- Self-referral to NSFT Wellbeing Services
- CarersQAService@nsft.nhs.uk

Carer Leads and Ambassador Network

- Embedding a culture of Carer awareness and involvement
- Triangle of Care
- Developing Strategy and Trust policy for carers
- Supporting with specialist skills and knowledge
- Trust wide support groups
- Training for Staff

For involvement opportunities:

www.nsft.nhs.uk/currentopportunitiestogetinvolved



Carer Ambassador

Are you **passionate** about recognising and supporting the valuable role that families/carers have?

Maybe you are a carer yourself?

Do you recognise the daily **sacrifices** carers often make, and how demanding being the carer can be?

If you answered **YES** or want to know more, please continue reading.

Carers are the **NHS's unsung heroes** who work **24 hours a day, seven days a week**, often with no day off or any time for themselves.

We need to **look after them**.

If you're looking for a new and rewarding challenge that helps shape an improved culture for carers, then we have the perfect opportunity for you.

Carer Ambassador role will focus on enhancing carer contact and involvement, ensuring good communication between staff, families, and carers.

As a **Carer Ambassador** you will promote the Triangle of Care, within your team.

If you want to **make a difference** to our families/carers and would like to know more please contact us.

Contact us:

Email: carersQA.nsft.nhs.uk



Working together for
better mental health

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Information on crisis support for Carers

Robyn Ward – Head of Carers Participation and Experience

Family and Friends Support

Crisis Resolution and Home Treatment (CRHT)
Norfolk

Meet the team

We formed as a Family and Friends Support Team towards the very end of July 2023.

The team is very well supported by our Service manager, Community Team Managers and colleagues at Crisis Resolution and home treatment team (CRHT). With the aid of our outlook team calendar, we can book appointments for each other. Furthermore, have a joint Family & Friends Support email for referrals and ongoing in-house communications.

CRHT Family Support - CRHTFamilySupport@nsft.nhs.uk

- Rhia Smith – RMN – I work P/T Tuesday and Fridays 9 - 5
- Jenny Thomas – Assistant Practitioner – Works P/T varied roster.
- Tina Evans – Assistant Practitioner – Works F/T varied roster.

Individual support - Aim

- We aim to contact those Family and Friends, as nominated on the Data Protection Act document (DPA) within 72hrs of take on.
- We then enquire if they have received the Family's Carer pack and ensure we send them out if not received.
- We offer 1:1 face to face, telephone or teams meetings to help support them through this difficult time. This support is available whilst their loved one is under our team.
- On the discharge of their loved one, we aim to signpost the Family / Friend to further appropriate support services. This can entail a broad spectrum of needs – housing, debt, support groups via external or internal organisations.
- We are currently formulating a list of Norfolk and Suffolk Community Family Support Leads along with what groups are available within our organisation. We see this as essential to facilitate a smooth transition between teams which benefit all involved.

Groups - Aim

Our goal is to provide small group sessions within Hellesdon where Family and Friends of loved ones under our service can connect.

- We are currently exploring, location, dates, times and availability of facilitators.
- The plan is to have two facilitators to provide group support and continuity should some an attended feel a need to step out of the group for a short while.
- These session will be a safe place to share experiences over a cup of tea or coffee and biscuits.
- They will last approximately 1 ½ - 2 hrs with a short break half way.
- The facilitators will emphatically listen ear and respond sensitively.
- When beneficial and agreed by the group the facilitators will be able to provide information around safety planning, distress tolerance and much more.

Links to mental health support and resources

Steam House Cafes – Unique and safe café-styled spaces with fully trained staff offering holistic support to adults experiencing mental health crisis day and night:

- 102 Hight Street, King's Lynn, PE30 1BW. Open seven days a week. Contact by email at steamkl@accessct.org or call/text 07388 377827.
- 140 High Street, Gorleston-On-Sea, Great Yarmouth, NR31 6RB. Open seven days a week. Contact by email at steamgy@accessct.org.uk or call/text 07435 993407
- Tanner Street, Thetford, IP24 2BQ. Open Monday to Friday. Contact by email at steamTF@accessct.org or call 01842 818362

- REST centres – who provide support to anyone, bringing together mental health support, local services and a place where everyone can feel welcome: <https://restnorwich.co.uk/>
- Talking Therapies – for people in need of support if they feel continually depressed or anxious. Please contact: Wellbeing – 0300 123 1503 (Monday to Friday 8am to 8pm, excluding Bank Holidays) or visit www.wellbeingnands.co.uk
- Mind – Mind offer help whenever you might need it through their information, advice and local services.
- Rethink – Rethink help anyone directly affected by mental illness along and those caring for people affected by mental illness. Email at info@rethink.org or call 0300 5000 927
- Shout is the free and confidential 24/7 text messaging support service for anyone who is struggling to cope. Text 85258 for support whenever you need it.
- SANEline is a national out of hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental health illness. Open every day of the year between 16:00 and 22:00 – call 0300 304 7000.
- Samaritans – You can talk to Samaritans anytime on 116 123 or visit www.samaritans.org
- PAPYRUS UK – Prevention of Young Suicide is the UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people. <https://www.papyrus-uk.org/aboutus/> HOPELINE247 0800 068 4141 is free, confidential, non-judgemental space to talk openly about your thoughts of suicide with trained advisors. They work with young people, parents and carers and professionals via text, phone, email and webchat, every day.
- Stay Alive app, developed by Grassroots Suicide Prevention, is a suicide prevention resource for the UK, packed full of useful information and tools to help you stay safe in crisis. Download the Stay Alive app from your app store.

Links to mental health support and resources for children and young people in Norfolk

- JustOneNorfolk offers a variety of resources and ways to connect with professionals, helping young people talk through their feelings with someone they can trust.
- Childline are available 24 hours a day, 7 days a week on 0800 1111.

Working together
for better mental health

 nsft.nhs.uk

 [@NSFTtweets](https://twitter.com/NSFTtweets)

 [NSFTrust](https://www.facebook.com/NSFTrust)