MS guide to mental health & mental illness

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

What to know, what to do, and where to find support

We hope that this guide for Members of the Senedd will prove a valuable resource in supporting both staff and constituents.

It brings together practical advice and accessible mental health information that can be readily shared.

This resource builds on earlier work by the All-Party Parliamentary Group (APPG) on Mental Health in Westminster, developed in partnership with the Royal College of Psychiatrists, Mind, and Rethink.

Should you find it beneficial, we would welcome the opportunity to review, update, and reissue it on a regular basis.

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Setting boundaries

- Agree a clear remit between you and your staff, setting out what support can be offered to constituents, what falls outside that remit, and how matters should be appropriately escalated.
- You are not expected to diagnose or resolve a constituent's mental health needs, nor to provide psychological support to someone in distress. Your role is to listen, respond with empathy, and signpost individuals to appropriate services.
- Establish and follow agreed office procedures for managing challenging or complex interactions.
- Respect confidentiality at all times. A person's mental health information should not be shared without their consent, unless there are safeguarding concerns that require further action.

Helping constituents in distress

- Acknowledge the person's feelings.
- Listen carefully and sensitively.
- Use open questions (who, what, when, where, why, and how).
- Maintain a reassuring tone and use responsive body language.
- Avoid focusing on negative language or options.
- Reflect back key information to check understanding.
- Be clear about boundaries and do not be afraid to say 'no'.
- Acknowledge anger, even if it is directed at you unfairly.
- Present advice as a range of options, and signpost to additional support so constituents can make informed choices.

Helping confused constituents who lack focus

If a constituent is struggling to express themselves or stay focused, you can support them to communicate more clearly.

- **Be proactive**

  listen for a few minutes, and then do your best to bring them to the point:

  "So what is it that you would like help with today?"

- **Seek clarification**

  it is reasonable to say:

  "You're giving me a lot of information, but before you go on I need to know now what exactly it is that you want my help with."

- **Summarise the issues**

  this shows you have listened and also helps to focus the conversation.

- **Highlight any underlying issues**

  it might be that there is a key issue that needs to be dealt with before all of the other issues can be addressed.

- **If the main issue is still unclear**

  Ask the person to set out their concerns in clear bullet points and to contact you once this is done. If they find writing difficult, offer to help draft the key points together.

An overview of mental health

Some of the most common mental health problems

Anxiety disorders

Anxiety is a normal human feeling we all experience when faced with threatening or difficult situations. But if these feelings become persistent or overwhelming, they can stop people from doing everyday things. Anxiety disorders include:

- Panic attacks – sudden, unpredictable and intense attacks of anxiety and terror of imminent disaster.
- Phobias – extreme fear of something which most people do not find dangerous or troublesome.
- Obsessive-Compulsive Disorder (OCD) – stressful thoughts (obsessions), and powerful urges to perform repetitive acts, such as repeating a specific phrase to prevent harm coming to a loved one (compulsion).
- Post-Traumatic Stress Disorder (PTSD) – can occur after a traumatic experience or event. PTSD symptoms can include intense distress, feeling easily upset, experiencing a lack of concentration, and can involve reliving aspects of the trauma through vivid flashbacks, intrusive thoughts or nightmares.
- Generalised Anxiety Disorder (GAD) – a persistent and prolonged state of worry or anxiety which can involve racing thoughts or a lack of concentration.

Mood disorders

Also known as affective disorders. People experience mood changes or disturbances, generally involving either mania (elation) or depression. Mood disorders include:

- Depression – involves mild to severe symptoms involving a depressed mood such as despondency, loss of enjoyment, or poor motivation. 1 in 5 people will experience it in their lives. This may interfere with someone's life. These feelings tend not to go away after a couple of weeks, or they come back for a few days or weeks at a time. Depression can stop people living the way they want to, and severe depression is linked with a risk of suicide.
- Bipolar disorder – once known as manic depression, this involves extreme swings in mood, from periods of overactive, excited behaviour (known as 'mania') to deep depression. Between these severe highs and lows, there may be stable times. There are different types of bipolar disorder which all affect mood states.

Psychotic disorders

Psychosis is when someone directly perceives or interprets events differently from people around them. Symptoms can vary from person to person and may change over time. They can include difficulty concentrating, anxiety, irritability, and sleeplessness.

Two of the most common symptoms of psychosis are hallucinations (when you hear, smell, feel or see something other people can't) and delusions (beliefs held despite strong contrary evidence). Psychotic disorders include:

- Schizophrenia – schizophrenia is often misunderstood and stigmatized. Schizophrenia is a diagnosis which may be given to someone if they experience some of the following symptoms: difficulty concentrating, becoming withdrawn, losing interest in things, hearing voices or experiencing hallucinations. For some people these experiences or beliefs can start happening quite suddenly, but for others they can occur more gradually.
- Schizoaffective disorder – people diagnosed with schizoaffective disorders have a combination of symptoms similar to schizophrenia and bipolar disorder.

Eating problems

Eating problems are characterised by difficult relationships with food and eating. They include potentially harmful behaviours, such as excessive exercise, or eating large amounts at once. Eating problems can affect anyone, regardless of background. Because eating problems are often associated with young women, it can be harder for men and older people to seek help. Eating disorders can have a number of causes, for example, difficult life experiences, physical and mental health problems, family issues or social pressure.

- Anorexia Nervosa – involves strictly controlling eating habits characterised by not eating or eating very little. Anorexia can affect every aspect of someone's life and can be a life threatening illness.
- Bulimia – more common than anorexia, it is characterised by recurrent episodes of eating large amounts of food, followed by behaviours aimed at counteracting the effects.
- Compulsive eating – people may have come to rely on food for emotional support to mask other problems in their life.
- Binge eating – is often triggered by serious upset and involves eating very large quantities of (often) high-calorie food, all in one go

How much help should you give?

RATHER THAN TRYING TO DIAGNOSE OR RESOLVE A CONSTITUENT'S MENTAL HEALTH PROBLEMS, THE BEST WAY OF SUPPORTING SOMEONE IS TO LISTEN SENSITIVELY AND SIGNPOST THEM TO MORE APPROPRIATE SOURCES OF HELP.

To support this effectively, it may be helpful to be aware of the following:

- Setting boundaries – to protect your own wellbeing and ensure that disproportionate time is not devoted to one individual.
- Encouraging appropriate support-seeking – guiding constituents to access suitable services based on their individual needs.
- Establishing supportive office practices – to ensure consistent approaches and to support both yourself and colleagues.
- Confidentiality and data protection – being clear about what assistance you can provide, what falls outside your remit, and how information should be handled appropriately.

Further guidance on communicating with someone in distress is provided in the next chapter.

Setting boundaries and building confidence

It is important to establish boundaries with your constituent early on so that they know what you can and can't do. This will help avoid situations where your constituent becomes overly dependent on you. Dependent relationships will not help you or the constituent in the long run.

Having clear boundaries will also help to build your confidence to support people.

You could set out:

- How much time you will be able to provide.
- How regularly a constituent should contact you, and how.
- Which problems you will be able help them with and what you can't.

Suggesting that a constituent seeks help with their mental health

It can be hard to know whether you should suggest that your constituent seeks professional help for their mental health. Not everyone in distress will have a mental health problem, so signposting to medical help may not always be appropriate.

There is no hard and fast rule for when you should bring up mental health services. If you do decide to, think about the language you use – it is important to act with sensitivity and respect.

For example, suggesting that somebody

"has a lot to cope with and might benefit from talking to somebody about it"

is different to directly suggesting that the person has a mental health problem.

Establishing supportive office practices

It is important to consider the impact these encounters may have on your own wellbeing and that of your colleagues. Taking some simple preparatory steps can help create a supportive and resilient working environment. Where possible, establish the following within your office:

- A clear 'at-a-glance' remit – agree, as a team, what you can and cannot support constituents with. Set this out in writing and refer to it when requests fall outside your remit.

- A process for handling challenging encounters – develop a consistent approach for staff to follow. The next section provides guidance to inform this, including when it may be appropriate for MSs to intervene.

- A culture of debrief and reflection – agree a process for discussing challenging interactions, including debriefing with colleagues. Seek and offer reassurance and constructive feedback on the approach taken and the guidance provided.

- A record of repeat correspondence – maintain a log so colleagues can track previous contact, responses, and actions taken.

- Professional mental health contacts – familiarise yourself with local services and build links with community mental health teams or other relevant professionals, who can provide advice and guidance when more specialist support is needed.

Confidentiality and data protection

Information about a constituent's mental health is sensitive personal data. Consent is required before a Senedd Member can share or disclose this information to others. In some cases, consent may be implied - for example, where a constituent clearly indicates that they want you to use information about their mental health to help address their casework issue. The following points set out good practice:

- Always clarify with your constituent what information is to be disclosed and what action you will take on their behalf.
- Always clarify what it is you are being requested to do.
- Only disclose information about mental health to the extent that it is strictly relevant and necessary to deal with the specific issue you are being asked to help with.
- Where possible get written consent for disclosure and for your action plan. If there is no time to get written consent, you should seek verbal consent and make a note of it.

In some circumstances, you can convey information about someone's mental health to a third party; where it relates to the prevention or detection of a crime, the prosecution of an offender or the assessment or collection of taxes. In these circumstances the relevant information should be passed to the police.

A constituent may contact you about someone else's mental health, such as a friend or family member. In these cases, you should seek to establish the wishes of the third party and whether they consent to you acting on their behalf.

Establishing clear good practice can help determine when it is appropriate to disclose information about a person's mental health. If you are unsure how to proceed, seek legal advice.

How to help someone in distress

MOST MSS AND THEIR STAFF WILL COME INTO CONTACT WITH CONSTITUENTS IN DISTRESS.

WHETHER THIS IS FACE-TO-FACE, OVER THE PHONE, ON SOCIAL MEDIA, OR VIA WRITTEN CONTACT IN LETTERS OR EMAIL, THE BASIC RULES FOR HELPING SOMEONE ARE THE SAME:

- Offer a range of options rather than giving instructions.
- Avoid focusing on negative language or outcomes.
- Be clear and realistic about what you can offer, in line with your remit.
- Be prepared to say ‘no’, and manage expectations with empathy without taking on the person’s situation.
- Acknowledge a person’s anger rather than becoming defensive - even if it is directed at you or your actions.

Tone and language

How you speak to someone in distress may have an effect on how they feel. You should consider how the other person will interpret the way you interact with them. It may be helpful to use the following techniques to ensure you appear empathetic and interested:

Use a reassuring tone and display responsive body language – retain eye contact, nod and use utterances to show understanding.

Listen sensitively – allow the person to talk freely and don't interrupt. If they cry or break down, let them express their feelings without rushing:

- *"Take your time; it must be difficult for you to cope with everything at the moment."*

Acknowledge how the person is feeling – but use statements that are neutral or supportive:

- *"I am very sorry that you have experienced this..."*
- *"This sounds like an upsetting/a frustrating situation for you..."*
- *"You must be having a difficult time."*

Validate and assure – help the person to feel hope and optimism. You can tell them that many people also have similar experiences. If they have told you about a specific mental health problem you could say:

- *"Lots of people experience mental health problems."*
- *"There are different treatments available which people find helpful."*

Avoid statements that may appear to belittle someone's feelings, like:

- *"You'll feel better tomorrow."*
- *"Don't worry about it."*

Reflect back and introduce signposting – after listening, introduce a positive note:

- *"I appreciate it helps to talk about the situation. I can help you with X, but I am not able to help you with Y. However, I can suggest some options for where you might be able to find further help with Y, if you would like."*

What can I do if someone is experiencing a crisis?

Social media gives people direct access to MSs in a way they've never had before. Think about how you and your team may respond if someone contacts you in distress via social media, for example:

Q: @MS I've been feeling awful and the only way I can cope is self-harm.

A: *@constituent It sounds like you're having a difficult time. If you'd like to talk to someone, the Samaritans are available 24/7 on 116 123. Please take care.*

Q: @MS I can't cope any more. My life is pointless. When my partner goes to work I am going to end it all.

A: *@constituent I'm very worried about you. The Samaritans listen 24/7 on 116 123. For urgent help call 999 or visit A&E. Please take care.*

If you think a constituent you are in contact with, either by telephone or face to face, is experiencing an acute mental health crisis, or expressing suicidal thoughts or feelings, there are several things that you could do:

- Try to appear calm, even though this can be hard to do.
- Ask the person if there is anyone they would like you to contact on their behalf. This could be a carer, friend, family member or their healthcare professional.
- Suggest that the person contacts their GP or their Care Coordinator (if they have one) directly.
- Suggest the person contacts their local Crisis Team.
- You could suggest the person goes to the local walk-in or crisis centre, or if this is not possible, a nearby Accident and Emergency department. In some areas people can go direct to crisis houses, but it is worth checking beforehand that they accept self-referrals in your area before you send someone there.
- Suggest the person contacts a listening service such as the Samaritans (116 123) or the CALL mental health helpline (0800 132 737).

What should I do if there is a risk of harm?

If you are seriously concerned that someone is at risk of harming themselves, you or others, you should contact the emergency services by dialling 999.

You should explain to the operator that you are concerned about someone's mental health and their safety or the safety of others. The 999 operator may request that an ambulance is dispatched. The police may attend.

Sometimes contacting the emergency services can lead to a person being detained under sections of the Mental Health Act. This should not prevent you from taking action, but you may want to read more about what this means for the person involved.

More information can be found in the glossary.

What should I do if the person becomes angry of abusive

Though it is rare, very occasionally people may become aggressive or threatening. In this case your first concern should always be your personal safety.

- Acknowledge the anger rather than trying to defend yourself, even if the anger is directed at you or your actions.
- If someone becomes offensive or abusive, politely but assertively interrupt them to state that you find the language or tone unacceptable and request that they moderate it.
- Ensure that you give them a chance to stop being abusive or offensive so that the conversation can continue.
- If they are unwilling or unable to stop being offensive or abusive then explain the extent of your ability to help them. Explain that they are welcome to ring/come back with a relevant query as long as they are not offensive.
- State that you are going to terminate the call and hang up, or ask the person to leave the premises.
- If you feel you are in danger, follow your office guidelines and, if necessary, call the police.

Handling challenging emails and phone calls

REPEAT CONTACT FROM CONSTITUENTS CAN SOMETIMES BE A CHALLENGE.

THESE TIPS CAN HELP YOU ADDRESS CHALLENGING CONTACT IN AN ASSERTIVE MANNER, WITH A VIEW TO BRINGING IT TO A CLOSE:

- Remain calm and assertive in your responses, without becoming aggressive.
- Refer to any previous contact recorded in the contact log, including what the individual has needed and how you have supported them in the past.
- Ask whether there is anything further you can help with.
- Be clear about your role and responsibilities, and explain if something falls outside of what you can assist with.
- Where appropriate, signpost to other sources of support or relevant services.
- If necessary, be firm and straightforward, and clearly ask the individual not to send further emails or make phone calls.
- If this request has been made, you may choose to screen calls or emails and not respond further.

Mental health guides

Support, care and treatment

- Being sectioned
- Benefits, financial support, and debt advice
- Debt and mental health
- Caring for someone with a mental illness
- Cognitive behavioural therapy (CBT)
- Complementary and alternative medicines
- Deprivation of Liberty Safeguards
- Electroconvulsive therapy (ECT)
- Herbal Remedies
- Hypnosis and hypnotherapy
- Liaison psychiatry services
- Mental health capacity and the law
- Mental health rehabilitation services
- Mental health services and teams in the community
- Mental Health Tribunals
- Neuromodulation
- Psychotherapies and psychological treatments
- Social prescribing
- Spirituality and mental health
- Veterans' mental health
- What to expect from your psychiatrist

Medication

- Alzheimer's: drug treatments
- Antidepressants
- Antipsychotics
- Benzodiazepines
- Depot medication
- Isotretinoin and mental health
- Stopping antidepressants

Our mental health information is written by psychiatrists in collaboration with patients and carers.

The information is routinely reviewed and updated.

Illnesses and problems

- ADHD in adults
- Alcohol, mental health, and the brain
- Anorexia and bulimia
- Autism and mental health
- Avoidant/restrictive food intake disorder
- Bereavement
- Binge eating disorder
- Bipolar disorder
- Cannabis and mental health
- Catatonia
- Cocaine dependence
- Coping after a traumatic event
- Delirium
- Depression in adults
- Depression in older adults
- Feeling overwhelmed
- Gambling disorder
- Heroin dependence
- Hoarding
- Intellectual disabilities
- Memory problems and dementia
- Medically unexplained symptoms
- Obsessive-compulsive disorder (OCD)
- Personality disorder
- Physical illness and mental health
- Post-traumatic stress disorder (PTSD)
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Seasonal affective disorder (SAD)
- Self-harm
- Shyness and social phobia
- Sleeping well

Before, during and after pregnancy

- Children's social services and safeguarding
- Mental health in pregnancy
- Mother and baby units (MBUs)
- Perinatal OCD
- Perinatal OCD for carers
- Planning a pregnancy
- Postnatal depression
- Postnatal depression for carers
- Postnatal depression: key facts
- Postpartum psychosis
- Postpartum psychosis for carers
- What are perinatal mental health services?

Medication

- Antipsychotics in pregnancy and breastfeeding
- Lithium in pregnancy and breastfeeding
- Valproate in pregnancy and conception

Young people's and children's mental health

For young people

- Anxiety
- Bipolar disorder
- Cannabis and mental health
- Club drugs
- Cognitive behavioural therapy (CBT)
- Coping with stress
- Depression
- Drugs and alcohol
- Eco distress
- Obsessive-compulsive disorder (OCD)
- Physical activity, exercise and mental health
- Psychosis
- Schizophrenia
- Self-harm
- Tics and Tourette syndrome
- Use of digital media
- Weight, exercise and eating disorders
- When a parent has a mental illness
- When bad things happen

For parents and carers

- ADHD
- Autism and ASD
- Behavioural problems
- Child abuse and neglect
- Children who soil or wet themselves
- Death in the family
- Divorce or separation
- Domestic violence and abuse
- Eco distress
- General learning disability
- Moving on from CAMHS
- Physical illness and mental health
- Sleep problems
- The emotional cost of bullying
- Traumatic stress
- Who is who in CAMHS

Translations

We've been working with our partners in Clear Global to ensure that our resources are most accessible.

We are rapidly increasing our library.

- Arabic
- Bengali
- Chinese
- French
- German
- Greek
- Gujarati
- Hindi
- Italian
- Japanese
- Marathi
- Persian (Farsi)
- Polish
- Portuguese (Brazilian)
- Punjabi
- Romanian
- Russian
- Sindhi
- Somali
- Spanish
- Swahili
- Tamil
- Telugu
- Ukrainian
- Urdu
- Vietnamese
- Welsh (Cymraeg)

CLEAR Global

Translators without Borders

Glossary of mental health terms

Advocate

A person who can make sure someone's voice is heard in times of need. Having an advocate can be helpful in situations where someone is finding it difficult to make their views known, or to make people listen to them and take them into account.

Advocacy

The process of supporting and enabling people to express their views and concerns, access information and services; defend and promote their rights and responsibilities and explore choices and options. Some people are entitled to the help of an Independent Mental Health Advocate – see IMHA.

Aftercare Services

For patients who have been detained because of their mental health and for those on community treatment orders. Everyone with mental health needs is entitled to a community care assessment to establish what services they might need. Section 117 of the Mental Health Act imposes a duty on health and social services to provide aftercare services free of charge to certain patients who have been detained under the Act.

Antidepressants

Medicines sometimes used in the treatment of depression, anxiety, obsessional problems and pain.

Antipsychotics

Medicines used for the treatment of psychosis.

Befriending Schemes

Provide friendship and support to people with a mental illness.

Care Coordinator

The main point of contact and support for someone who has a need for ongoing mental health care. They keep in close contact when someone receives mental health care and monitor how that care is delivered – particularly outside of hospital. They are also responsible for assessing someone's health and social care needs under the Care Programme Approach (CPA). A care coordinator could be any mental health professional, for example nurse, social worker or other mental health worker – whoever is thought appropriate for the person's situation.

Community Mental Health Team (CMHT)

A CMHT supports people with mental health problems in the community. CMHT members include community psychiatric nurses (CPNs), social workers, psychologists, occupational therapists, psychiatrists and support workers.

Community Psychiatric Nurse (CPN)

A nurse who specialises in mental health, and can assess and treat people with mental health problems.

Clinical psychologist

A psychologist who has undergone specialist training in the treatment of people with mental health problems.

Cognitive Behavioural Therapy (CBT)

Talking treatment that emphasises the important role of thinking in how we feel and what we do. The treatment involves identifying how negative thoughts affect us and then looks at ways of tackling or challenging those thoughts.

Crisis Houses

Offer intensive short-term support, allowing people to resolve their crisis in a residential (rather than hospital) setting. CMHT, Crisis Resolution and Home Treatment teams make referrals. Some crisis houses – particularly those set up by the voluntary sector – allow people to self-refer.

Crisis Services

Mental health crises include suicidal behaviour or intention, panic attacks, psychotic episodes or other behaviour that seems out of control or irrational and that is likely to endanger oneself or others. Many of the crisis services provided by the NHS and local social services are designed to respond to these types of acute situations or illnesses.

Crisis Team/Crisis Intervention Team

Mental health professionals whose job is to work with people with mental illness who are experiencing a crisis. The aim of the team is to bring about a rapid resolution of the problem and prevent admission to hospital.

General Practitioner (GP)

The first point of contact with the NHS for most people. If more specialised treatment is needed, a GP can make a referral to secondary mental health services such as psychiatrists, inpatient hospital care or community mental health services.

Guardianship

This is when a person, known as a 'guardian', is appointed to support someone to live as independently as possible in the community, rather than being detained in hospital. Someone may be placed under guardianship if their mental health difficulties make it hard for them to stay safe or avoid being taken advantage of. A guardian has certain legal powers, including the ability to make specific decisions and set conditions that the person is expected to follow.

Independent Mental Health Advocate (IMHA)

An advocate is specially trained to help people understand their rights under the Mental Health Act 1983, particularly if they are detained. They can listen to what the person wants, help them express their views, and speak on their behalf if needed.

Independent Mental Capacity Advocate (IMCA)

a specially trained advocate who supports people who lack the capacity to make certain decisions. NHS bodies and local authorities must take the IMCA's views into account when making decisions on that person's behalf. IMCAs are usually appointed by local authorities in England, and by local Health Boards or other NHS bodies in Wales. They must be independent, and have the integrity, experience and training needed to carry out this role effectively.

Mental Capacity

The ability to understand information and make decisions and the ability to communicate decisions. If someone does not understand the information and is unable to make a decision about their care, for example, they are said to lack capacity. See also the Mental Capacity Act (2005).

Mental Capacity Act (2005)

The Act provides a legal framework for making decisions in the best interests of people who lack capacity to make a particular decision at a particular time. This could include managing finances, deciding where to live or what treatment to receive.

Mental Health Act (1983) (updated 2025)

This is a law that applies to England and Wales which allows people to be detained in hospital against their will (sectioned) if they have a mental illness and pose a risk to themselves or others.

Psychiatrist

A medically trained doctor who specialises in mental health. They are trained to prevent, diagnose and treat mental and emotional disorders, and are able to prescribe medication

Sectioned

Being "sectioned" means being detained in hospital under the Mental Health Act 1983. This can happen if a person is at risk to their own health or safety, or to protect others. There are different types of sections, each with its own rules about detention. The length of time someone may need to stay in hospital depends on the section they are placed under. It's important to note that not everyone receiving treatment in hospital is sectioned. People can also be admitted voluntarily, as informal patients, and receive care without being detained.

Self-referral

The option for individuals to refer themselves directly to services, without needing a referral from a GP, Community Mental Health Team (CMHT), or another professional.

Severe Mental Illness

Long-term mental health conditions that significantly affect a person's ability to think, feel and function in daily life. These conditions often require ongoing treatment and support, and may include illnesses such as schizophrenia, bipolar disorder and severe depression.

Signposting and information

A list of national helplines that may be of use is provided below. Please note that this list is not exhaustive. In addition, a wide range of local initiatives and community groups offer valuable support and may be more appropriate for many individuals.

We also recommend familiarising yourself with the services available within your constituency, and keeping relevant contacts and referral pathways readily accessible.

NHS 111 Press 2

NHS 111 Press 2 is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis, or requiring support to manage their symptoms. Support is available 24/7.

phone **111** then press **2**

Samaritans

Samaritans is available for anyone struggling to cope and provides a safe, confidential place to talk 24/7.

phone **116 123**
yn Gymraeg **0808 164 0123** (7pm-11pm)

C.A.L.L. Mental Health Helpline

The Community Advice and Listening Line (C.A.L.L.) offers emotional support and information/literature on mental health and related matters.. Anyone concerned about their own mental health or that of a relative or friend can access the service.

phone **0800 132 737**
email **call@helpline.wales**

Wales Dementia Helpline

Offers emotional support to anyone who is caring for someone with dementia as well as other family members or friends. The service will also help and support those who have been diagnosed with dementia.

phone **0808 808 2235**
email **dementia@helpline.wales**

DAN 247

Free bilingual helpline for anyone in Wales wanting further information and/or help relating to drugs and/or alcohol.

phone **0808 808 2234**
email **dan@helpline.wales**

Papyrus HOPELINE247

HOPELINE247 is a confidential support and advice service for children and young people under the age of 35 who are experiencing thoughts of suicide, or anyone concerned that a young person could be thinking about suicide.

phone 0300 102 2470
text 88247
email pat@papyrus-uk.org

Meic Cymru

Helpline service for children and young people aged 25 and under in Wales. Open 8am to midnight, 7 days a week.

phone 0808 802 3456
WhatsApp message 0808 802 3456
text 07943 114 449

Beat

Beat provides a helpline for people of all ages, offering support and information about eating disorders no matter where they are in their journey. The helpline is free to call from all phones.

phone 0808 801 0433

Live Fear Free

If you have experienced domestic abuse, sexual violence and/or violence against women, or are worried about a friend or relative who is experiencing any form of violence or abuse, you can call Live Fear Free – it's free, and available 24/7.

phone 0808 80 10 800
text 07860 077 333
email info@livefearfreehelpline.wales

Age Cymru Advice

Confidential, impartial, and expert support to older people – as well as their families, friends, carers, and professionals – across Wales.

phone 0300 303 44 98
email advice@agecymru.org.uk

MIND Infoline

Information on types of mental health problems, where to get help, medication, alternative treatments and advocacy services.

phone 0300 123 3393
email info@mind.org.uk

HEL MEDDYLIAU
GATHERING THOUGHTS & MINDS

Tua chant o ddelweddau yn seiliedig ar atebion i 'Sut y'ch chi'n gweld y meddwl a dulliau o gyfathrebu?'

Around a hundred images based on answers to 'How do you see the mind and ways of communicating?'

Arddangosfa ‘Cynrychioli’r Meddwl’ (2018)
‘Representing the Mind’ exhibition (2018)

Rhys Bevan Jones
rhysbevanjones.com