BB HOPE

COMMUNICATION GUIDE FOR CARERS · VOLUME 1 OF 10

Before the Conversation

What Chronic Stress Has Done to You

A plain guide to understanding why communication has gotten so hard — before you try any technique.

Most communication guides give you words to use.
This one starts somewhere different —
with you, and what this has done to you.
This guide is for that.

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BY THE END OF THIS GUIDE, YOU'LL UNDERSTAND:

- Why your body reacts the way it does before you even speak
- The guilt loop — and why it keeps repeating
- What self-censorship costs a relationship over time
- What actually helps, and what common advice gets wrong

Crisis resources are at the back of this guide.

You picked this up because something has gotten harder.

Not the big things — those you've learned to manage.

The small ones. The conversations that used to be ordinary.

This guide isn't about technique. It's about what has already happened to you — quietly, in the background, while you were busy holding everything together.

Start here. The rest follows.

What's in This Guide

About This Series

This is Volume 1 of the BB Hope Communication Guide for Carers — a 10-volume series covering the specific situations carers face when supporting a partner with PTSD or depression.

Each volume is a standalone guide. You don't need to read them in order. But this one — the one about you — is the right place to start.

A Note Before We Start

Most communication guides give you words to use. A script. A technique. Something to say when things go wrong.

The research on trauma-affected relationships points consistently to something uncomfortable: the words aren't usually the main problem. The main problem is that one person in this conversation — you — has had their nervous system worn down to the point where techniques fail at the exact moment they're needed most.

I spent ten years as an emergency medical dispatcher. I know what it is to hold a calm voice while something inside you is breaking. And I know what happens to a person who does that for long enough without anyone asking how they are.

This guide is about you, not the person you're supporting. It's about what has happened to your communication before you even open your mouth — and why understanding that is the only honest starting point.

There are seven more volumes in this series. They cover the specific situations. But this one comes first. Because without this one, the others are just words on a page.

— Brian Walsh

PART 1

What Chronic Stress Has Done to Your Body

You haven't been imagining it. Something has changed in the way you respond to things — the way a tone of voice can make your chest tighten, the way a silence can feel like a threat.

This is not weakness. It is biology. And understanding it is the first thing.

Before we go any further — have you ever:

- Rehearsed a conversation before having it?
- Decided not to say something because it wasn't worth the reaction?
- Felt relief when they weren't home because you could finally relax?
- Changed your tone before speaking, just in case?
- Waited until they seemed “safe” before bringing something up?

Nothing to submit. Nothing to score. Just notice. If you checked any of those, you're not unusual. You're just someone whose nervous system has been doing its job.

Your Nervous System Has Been Learning

Your body has been learning the rules of this house. Not consciously — you didn't decide to do this. But when you live alongside someone whose illness means a good day can become a crisis without warning, something in you starts paying very close attention.

It starts scanning. And over time, that scanning stops being something you do and starts being something you are.

Research note

Researchers call this chronic hypervigilance — a state of persistent heightened alertness where the nervous system stays primed for threat even when none is present. The body stops returning fully to calm. It sits at a low hum of readiness, all the time.

The result is that your reactions stop being proportional to what's happening right now. They become proportional to everything that has

happened before.

A mildly frustrated tone triggers the same physical response as a genuine crisis, because your body has learned that one can quickly become the other.

What hypervigilance sounds like

“I just need to pick the right moment.”

“I can tell by their voice it's going to be a bad day.”

“Maybe I'll bring it up tomorrow.”

“I shouldn't have said anything.”

“I'll wait until they're in a better mood.”

What This Is Not

✗ weakness

✗ selfishness

✗ failure to cope

✗ lack of resilience

✔ **It is:** adaptation — your nervous system doing exactly what it learned to do.

What This Does to the Way You Communicate

When you're running on alert, the part of you that knows how to be careful with words goes quiet. The part that reacts takes over.

You become faster to respond and slower to think — which is exactly the wrong way around for a difficult conversation.

This is why techniques fail. It's not that the technique is wrong. It's that in the moment when you need it most, the part of your brain that remembered the technique is offline.

Research note

A 2024 Penn State study found that fear of emotions — not lack of communication skill — is a significant driver of communication breakdown in trauma-affected relationships.

Source: Fredman et al. (2024). Associations Among PTSD Symptoms, Fear of Emotion, and Couple Communication Difficulties. Penn State University.

The Short Fuse

One of the most consistent findings in carer research is increased irritability — a shorter fuse than the person recognises as themselves.

This is not a character change. It is the predictable result of a nervous system that has been managing threat for a long time without adequate rest or support.

The frustration is real and it is legitimate. What it is not is evidence that something is fundamentally wrong with you.

PART 2

The Guilt Loop

You probably recognise this. You try. It goes wrong. You blame yourself, pull back, and then you try again — usually harder, or more carefully, or with more dread than the time before.

The thing is, almost every carer describes some version of this exact cycle. It has a shape. And once you can see the shape, it becomes slightly harder for it to trap you.

The Shape of the Cycle

Step	What happens
① You try	You initiate a conversation, ask how they are, try to connect.
② It goes wrong	They shut down, react badly, or the conversation ends in silence.
③ You blame yourself	"I said it wrong. I pushed too hard. I should know better by now."
④ You withdraw	You pull back to avoid making things worse.
⑤ Anxiety builds	The thing you needed to say is still there, unsaid, getting heavier.
⑥ You try again	Often harder than before, or more carefully — and the cycle begins again.

It feels personal because you're inside it. But the research points consistently to this pattern across carer populations, independent of personality, relationship history, or communication skill.

It's not you. It's the shape of this situation.

What Drives the Loop

Two things sustain the guilt loop more than anything else.

1. Pre-emptive defence

Once you've been hurt enough times in conversations, you start bracing before they happen. You go in already half-defending.

The other person can feel this — even if they can't name it. What was meant to be protective becomes a signal that something bad is coming, which makes the bad thing more likely.

2. Hypervigilant listening

You stop listening for content and start listening for threat. A slight pause, a particular word, a change in tone — these become data points your nervous system is constantly processing.

It's exhausting. It also means you often respond to what you feared they were about to say rather than what they actually said.

What This Is Not

- ✗ a sign you're handling this badly
- ✗ a personality flaw
- ✗ a failure of love
- ✔ **It is:** what happens when you've been handling it alone, for a long time, without adequate support.

PART 3

What You've Stopped Saying — and Why It Matters

Research shows that something happens to carers over time. Quietly, gradually, without anyone deciding it: they stop saying things.

Not the big things — and yes, I know. You're thinking, “I don't say the big things either. I don't say I'm struggling. I don't say I need help.” And that's true, isn't it?

But it's the smaller things. The preference about where to eat. The frustration about something at work — nothing to do with them — that you'd normally just say out loud and move on from.

Those things. The ones you used to say without even deciding to say them.

You stop saying them. Not all at once. Not because of any single conversation. Just gradually, one small thing at a time.

Until one day you notice that you edit yourself before you speak. And the relationship has gotten quieter in a way that neither of you named, but both of you can feel.

What self-censorship sounds like

“It's not worth bringing up.”

“I'll just leave it.”

“I used to tell him everything. Now I don't know where to start.”

“I don't want to ruin the mood.”

“It's easier to say nothing.”

What This Can Look Like Over Time

I had a friend — a man in his mid-sixties who'd been living with PTSD and depression for over twenty years. His wife had long since stopped

suggesting he try treatment again. Not because she'd given up on him. Because every time she tried, the conversation ended the same way.

I had dinner with them once. When I asked him about treatment, his wife stopped mid-chew. She tensed completely. Her body had already learned what that question led to.

She told me something later that I've thought about many times since. “Brian, I can't talk to him face to face any more.” She had found another way.

There was a book — left on the kitchen bench. When she needed to say something, she wrote it in the book. When he was calm enough, he'd check it. Read what she'd written. Write back if he could.

“It's the only time I actually feel like we can communicate,” she said. “When we're not even in the same room.”

She wasn't describing a marriage that had broken down. She was describing what self-censorship looks like at its furthest point — the voice gone so quiet it had to become a book on a kitchen bench.

What the Research Calls This

Self-censorship is the gradual narrowing of what a person feels safe to express in a relationship. Research on long-term relationship communication finds that progressive self-censorship is associated with relationship dissolution over time — not because either person is a bad communicator, but because the things that go unsaid are not neutral. They are the relationship.

What self-censorship costs over time

Carers who progressively narrow what they say report three things consistently: a diminished sense of who they are, a background level of resentment they feel guilty about, and a distance from their partner they describe as “being roommates” rather than being in a relationship.

The relationship goes quiet before it ends. Self-censorship is how that quiet happens.

Why You Do It — and Why It Makes Complete Sense

Self-censorship in carers is almost never a choice. It's what happens when you learn — not from reading something, from living it — what the costs of speaking are.

You brought up a particular topic, and they shut down. Your body filed that away. You expressed a need and it led to a crisis. Filed. Over time, your nervous system builds a list of things that aren't safe to say.

You didn't decide to build that list. It built itself, from experience.

Awareness Lag

By the time you realise you've stopped speaking freely, you've usually been doing it for months. Sometimes years.

Researchers have different names for parts of this pattern. Clinicians call it anosognosia. Recovery researchers describe the retrospective turning point. Occupational trauma literature talks about functional masking.

Different names. Different contexts. The same gap underneath all of them.

I call it Awareness Lag. It's not inattention. It's not denial. It's a structural feature of how psychological change registers from the inside — and it does it to almost everyone in your position.

Most carers who look back say some version of the same thing: “I didn't realise how much this had affected me.” They weren't lying. They just hadn't caught up yet.

A moment to stop and notice

· When was the last time you gave your opinion without a second thought?

· When was the last time you said what you needed without calculating the cost first?

· Is there something you used to say easily that you haven't said in months?

These aren't questions to answer out loud. I know what you're managing. I'm not asking you to change anything right now. Just to notice. Because you are a person, and your opinions and preferences matter. They always did.

PART 4

Fear of Emotions: The Real Barrier

Here is something the research points to consistently, and that almost no communication guide addresses directly:

Communication skill is rarely the main problem. The more significant factor appears to be that your nervous system has learned to treat emotions — your own and theirs — as dangerous. When that's the case, technique alone cannot fix what's happening.

Think about what feelings are connected to now, in this house. Unpredictability. The possibility of a crisis. Pain that came out of nowhere. If that's been the pattern often enough, your nervous system starts treating any kind of emotional arousal as a warning sign.

And here's the part that's worth sitting with: you start doing the same thing the person you're caring for does. You shut down. You go defensive. You protect yourself before anything has actually happened.

Something that genuinely helps when you notice it happening: just name it. Not to fix it. Just — “there it is. My body just went into threat mode over a change in tone.” That moment of noticing is where something different can begin.

How This Shows Up

What it looks like	What's actually happening
Shutting down mid-conversation	Nervous system going into protection mode
Going blank when challenged	Verbal processing temporarily offline
"I'm fine" when you're not	Avoiding the cost of the emotion being seen
Over-explaining or justifying	Trying to prevent a reaction before it happens
Feeling numb after an episode	Nervous system coming down from high alert

The important distinction

There's a difference between someone who doesn't want to talk about how they feel and someone whose nervous system has learned that feelings are dangerous.

The first is a preference. The second is a trained response. Most carers are dealing with the second — in both themselves and in the person they're supporting.

PART 5

What Common Advice Gets Wrong

Most of what you've been told about communication in difficult relationships is not wrong. It's just incomplete. It assumes a starting point that, for many carers, doesn't exist.

Use “I” Statements

In a normal relationship — where both people are reasonably calm and conversations feel safe — “I feel hurt when you...” is good advice. In the right environment, it works.

But when one person is carrying a trauma response and the other — you — is operating under chronic stress, “I” statements frequently put the other person straight into guard mode. They become defensive before you've finished the sentence.

It's not the technique that's wrong. It's that the ground isn't safe enough for either of you to use it.

“Just Communicate More”

More communication is not automatically better communication. For a nervous system already in high alert, more attempts at conversation can increase rather than decrease anxiety.

The issue isn't frequency — it's quality, timing, and the state both people are in when it happens.

“Take Time for Yourself”

This gets repeated so often that after a while you stop registering it. Or you laugh — not unkindly, just because the gap between the advice and your actual life is so wide it's almost funny.

Before all of this, these weren't big decisions. You'd go for a walk without thinking about it. Small things. Things that felt good, so you did them.

And then, quietly, they stopped. Not because you decided to stop. Because somewhere along the way the space for them disappeared.

The small things disappear first. And they are the first sign of you disappearing.

So do something small. Not a plan — just one small thing today that is entirely for you. If you can hold onto even a little piece of yourself each day, it helps. It helps you. And it helps you keep showing up for them.

PART 6

What Actually Helps

The research on what genuinely protects and helps carers is more specific than the advice usually given. Here it is plainly.

1. Social Connection — Consistent, Honest, Regular

The single most protective action identified across carer research is this: maintaining regular, honest contact with at least one person who is not the person you're supporting.

Not someone who tells you to stay positive. Someone who lets you say how it actually is. The research points consistently to this as the primary preventive factor against carer depression and burnout.

2. Identity Preservation

One of the most consistent carer-specific findings is identity erosion — the gradual narrowing of who you are to who you need to be for the other person.

Maintaining at least one consistent activity, role, or relationship that is entirely your own — that has nothing to do with caregiving — is protective in a way that generic self-care is not.

This is not selfish. Preserving your own identity is part of what makes sustained caregiving possible.

3. Naming What's Happening

There is something specific that happens when a pattern gets named. The guilt loop, the self-censorship, the fear of emotions — these become slightly less heavy the moment they have a shape you can recognise.

You're no longer inside something formless. You're inside something that other people have been inside too. That matters more than it sounds.

4. Regulated Nervous System First

What you bring into the room matters more than what you say once you're in it. A person who enters a conversation already in defensive alertness will struggle regardless of which technique they use.

The most important communication preparation is the 60–90 seconds before you say it — slowing the breath, reducing physical tension, lowering the body's readiness for threat.

The finding that surprised researchers

Studies on couples in difficult relationship situations suggest that the emotional tone of a request — not the content — is a primary trigger for withdrawal. Softening the emotional tone, even while keeping the same words, appears to produce measurably different results.

Source: PMC8004543 — Replication and extension of the interpersonal process model of demand-withdraw behaviour, 2021.

PART 6b

Signs the Cost Is Becoming Too High

This section is not a crisis alert. It's not telling you what to do. It's just a witness — a plain list of things worth paying attention to if they're familiar.

I knew a man whose wife had complex PTSD and depression following a genuinely traumatic event. He loved her. That was never in question. But when I spent time with him, what I noticed most was a kind of resignation — a quietness that had settled in around him.

He told me once: “The house is just a shell now. There's no joy. No conversations about the day that don't end in something negative.”

Towards the end of the time I knew him, he said something I've never forgotten: “I can't talk. I can't suggest things. I can't try anything new. I don't even like myself any more.”

He wasn't describing her. He was describing what had happened to him.

If any of the following feel familiar, they're worth sitting with:

· You feel relief when they're not around — not just peace, actual relief.

· You've stopped sharing most of your thoughts, not just the difficult ones.

· You no longer expect support from the relationship.

· You can't remember the last conversation you genuinely enjoyed.

· Everything feels like management.

· You've started to wonder who you are outside of this.

· You don't even know what you'd say if someone asked how you were — actually were.

These aren't verdicts. They're not a diagnosis. They're signs that the cost of what you're doing has been accumulating — and that you may have been running on empty for longer than you realised.

If you recognise yourself in several of those, the support table in Part 7 is a practical place to start. Not because something is wrong with you. Because something has been asked of you for a very long time.

"The mass of men lead lives of quiet desperation. What is called resignation is confirmed desperation. From the desperate city you go into the desperate country, and have to console yourself with the bravery of minks and muskrats. A stereotyped but unconscious despair is concealed even under what are called the games and amusements of mankind. There is no play in them, for this comes after work. But it is a characteristic of wisdom not to do desperate things."

— Henry David Thoreau, Walden (1854)

PART 7

Tools and Exercises

These are practical things you can do. None of them are solutions — there's no solution here, just things that genuinely help. You can do all of them on your own, without a therapist, starting now.

Pause and Breathe

This simple check-in appears in every volume of this series. It's short enough to use in real time — before a conversation you can feel is going to be hard.

Stop. Take a breath. Then check four things:

1. How am I feeling right now? Am I calm? Is my body relaxed? Have I taken a moment to steady myself?

2. If they react badly — remember: that's not them speaking. That's the illness. It has nothing to do with my worth and everything to do with what they're carrying.

3. Keep it small. One thing. Simply put. Delivered quietly. What is the one thing I'm hoping this conversation achieves?

4. Is this the right moment — for both of us? Not just for me.

And then say it anyway. Communication has to keep moving. A small, calm attempt — even an imperfect one — is always better than another thing left unsaid.

Tool 1 — The 90-Second Reset

Before any conversation you're anticipating with anxiety, give yourself 90 seconds. Not to rehearse what to say — to bring your nervous system down from alert.

How to do it

1. Breathe in slowly for 4 counts.

2. Hold for 4 counts.

3. Breathe out slowly for 6 counts. Repeat 3–4 times.

The extended exhale activates the parasympathetic nervous system — the body's “rest and calm” system. 90 seconds is enough to shift your starting state.

Use this **before** — not during — the conversation. During is too late.

Tool 2 — The Pattern Map

Take 10 minutes and write down your version of the guilt loop. Not in theory — specifically. What conversations tend to go wrong? What do you do just before? What do you do after?

Prompts to help

· What topic most reliably leads to a difficult conversation?

· What do you feel in your body just before you bring something up?

· What do you tell yourself afterward when it goes wrong?

· Is there something you've completely stopped raising? What happened last time?

Tool 3 — The One Honest Conversation

Identify one person — not the person you're supporting — you could talk to honestly about how things actually are. Not to vent. Not to seek advice. Just to say the true thing out loud.

If that person doesn't exist in your life right now, that's worth knowing. Isolation is the primary driver of carer depression. Honest social connection is the primary protection against it.

If you don't have that person

Support groups for carers of people with PTSD or depression exist in all five major English-speaking countries. Most are free. Search: “carer support group [your country]” or “partner PTSD support group”.

Tool 4 — The Identity Inventory

Name three things that are yours. Not connected to caregiving. Things that belong to you — a hobby, a friendship, an interest, a practice.

If you can't name three, start with one. If you can't name one, that is the most important finding of this exercise.

The people who sustain long-term caregiving without losing themselves are the ones who protect at least one thread of non-caregiving identity. One thread. That's all it takes. But it has to exist.

Tool 5 — The Unsaid List

This one is private. Not for sharing.

Write down three things you've wanted to say recently that you didn't say. Not to plan how to say them. Just to acknowledge that they exist, and that not saying them has had a cost.

If this exercise brings up something heavy, that's not a sign to stop. It's a sign that the weight has been there for a while, looking for somewhere to land.

Dear Hope (bbhope.net) is a private place to put exactly that.

Getting Support for Yourself

This guide is not therapy and is not a substitute for it. If what you're carrying feels like more than a guide can help with, these are legitimate places to start.

Country	Resource	What It Is
Australia	Carer Gateway — 1800 422 737	Free support for carers
Australia	SANE Australia — sane.org	Mental health support inc. carers
United States	NAMI — nami.org	National Alliance on Mental Illness
United States	Family to Family (NAMI)	Free 8-session family education
United Kingdom	Carers UK — carersuk.org	Advice, support, peer groups
United Kingdom	Rethink — rethink.org	Carer support and local groups
Canada	Mood Disorders — mooddisorders.ca	Family support resources
New Zealand	Like Minds — likeminds.org.nz	Support for families

PART 8

Research Behind This Guide

This guide draws on research across five areas. Where specific studies are named in the text, they are listed here.

Carer nervous system and chronic stress

Schulz & Beach (1999). Caregiving as a risk factor for mortality. *JAMA, 282(23).* [High confidence — landmark longitudinal study, N=392.] Key finding: 63% higher 4-year mortality risk in strained caregivers vs. non-caregivers.

Fear of emotions and communication

Fredman et al. (2024). Associations Among PTSD Symptoms, Fear of Emotion, and Couple Communication Difficulties. Penn State University. [High confidence — peer-reviewed, 128 participants, 64 couples.] Key finding: Fear of emotions appears to be a significant driver of communication breakdown in trauma-exposed couples.

Demand-withdraw cycle and emotional tone

PMC8004543 — Replication and extension of the interpersonal process model of demand/withdraw behaviour (2021). [Moderate-high confidence — replication study.] Key finding: Emotional tone of the demand, not content, appears to be a primary trigger for withdrawal.

Self-censorship and relationship quality

Meta-analysis on communication quality and relationship dissolution (2023). [High confidence — meta-analytic evidence.] Key finding: Progressive self-censorship is associated with relationship dissolution over time.

Carer identity erosion and prevention

Drawn from: Carers UK State of Caring (2024); Zhang & Bennett (2024); Carer Own Mental Health synthesis. [Moderate-high confidence.] Key finding: Identity erosion appears consistently across carer populations; identity preservation is a primary protective factor.

What To Remember

Your nervous system has been learning.

Not learning bad habits. Not failing to cope. Learning to survive the environment you've been living in. The scanning, the bracing, the readiness — your body did that to protect you.

When you notice it happening, just name it. “There it is. My body is doing its job.” That's enough.

The guilt loop is not a sign you're doing this wrong.

Try, fail, blame yourself, pull back, try again — usually harder. Almost every carer describes this exact cycle. It's not a personality flaw.

If the loop runs this week — and it probably will — try to notice the shape of it rather than just living inside it. The moment you can see it, you're slightly outside it.

The things you've stopped saying are still there.

You know which ones. The small preferences. The opinions not worth the reaction. They didn't stop mattering when you stopped saying them.

Pick one small thing this week. Say it. Just to remind yourself that you still have a voice.

Fear of emotions affects you too — not just them.

Your nervous system has learned that feelings mean danger. That's why the techniques fail at the exact moment you need them.

When you feel yourself shutting down mid-conversation, name it quietly, to yourself. “I've just gone into protection mode.” That single act of noticing is where something different can begin.

What you bring into the room matters more than what you say in it.

You don't need the perfect words. You need sixty seconds before you walk in. Slow the breath. Lower the body's readiness. Then speak.

A small calm attempt will always land better than a carefully rehearsed one delivered from a place of tension.

You're allowed to matter too.

Not after everything settles. Not when things are easier. Now. Your preferences, your opinions, your need to be known by the person you love — these didn't disappear because someone else is struggling.

If you can't think of the last time you said what you actually wanted, that's worth sitting with. Not with guilt. Just with honesty.

None of this arrived with an announcement. There was no morning you woke up and decided to stop saying things, to brace before conversations, to run on alert.

It happened in the background, one small accommodation at a time, while you were busy keeping everything together.

By the time anything felt different, it had usually been different for a while. That's not a failure of attention. That's just what this does — and it does it to almost everyone in your position.

The Next Volumes in This Series

Volume 2 When They Pull Away — Emotional Withdrawal and Silence

Volume 3 When the Crisis Comes — Acute Crisis Communication

Volume 4 When They're Angry — Understanding Anger in PTSD and Depression

Volume 5 When They Won't Get Help — Treatment Resistance

Volume 6 When They're Drinking — Substance-Complicated Households

Volume 7 The Financial Weight — What Caregiving Costs

Volume 8 When You Wonder If You Can Stay — The Long Game

Volume 9 When Children Are in the House

Volume 10 When the Carer Pulls Away

All volumes available at bbhope.net

If Things Are Urgent Right Now

If you or the person you're supporting needs help right now, these are the resources for each country. You don't have to be in crisis to call. Any of these lines will talk with you.

Australia

Emergency 000

Lifeline 13 11 14 (24/7 crisis and suicide prevention)

Suicide Call Back Service 1300 659 467 (24/7)

Beyond Blue 1300 22 4636 (24/7 anxiety and depression)

Carer Gateway 1800 422 737 (free carer support, Mon–Fri 8am–5pm)

SANE Australia 1800 187 263 (mental health support including carers)

United States

Emergency 911

988 Suicide & Crisis Lifeline Call or text 988 (24/7)

Veterans Crisis Line Call 988, press 1 (24/7)

Crisis Text Line Text HOME to 741741 (24/7)

NAMI HelpLine 1-800-950-6264 (family and carers support, Mon–Fri)

SAMHSA National Helpline 1-800-662-4357 (24/7 mental health and substance use)

United Kingdom

Emergency 999 / NHS Urgent: 111

Samaritans 116 123 (24/7 free, any phone)

Shout Crisis Text Line Text SHOUT to 85258 (24/7 free)

Mind Infoline 0300 123 3393 (Mon–Fri 9am–6pm)

Rethink Advice Line 0808 801 0525 (carers and mental health, Mon–Fri)

Carers UK 0808 808 7777 (advice and support for carers)

Canada

Emergency 911

9-8-8 Suicide Crisis Helpline Call or text 9-8-8 (24/7)

Crisis Services Canada 1-833-456-4566 (24/7)

Kids Help Phone 1-800-668-6868 (24/7, all ages welcome)

Ontario Caregiver Helpline 1-833-416-2273 (carers support and live chat)

Hope for Wellness Helpline 1-855-242-3310 (24/7 Indigenous peoples across Canada)

New Zealand

Emergency 111

1737 Need to Talk? Call or text 1737 (24/7 trained counsellors)

Lifeline 0800 543 354 (24/7)

Suicide Crisis Helpline 0508 828 865 (24/7)

Depression Helpline 0800 111 757 (24/7)

Yellow Brick Road 0800 732 825 (families supporting someone with mental illness)

If you've been the one who stays calm,

the one who holds it together,

the one who keeps trying —

this guide was written for you.

I know what it is to carry something that has no name.

I also know what it costs the person standing on the outside.

That's not a small thing. It never was.

I hope something in here made you feel

a little less alone in it.

With genuine hope — Brian Walsh