



RapidMed

FREE SAMPLE

Mental Health Prompt Cards

*Four cards from the 46-card pack.
Print them, carry them, see if they earn their place.*

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Starting the Conversation

Where and how to open it — most people are waiting to be asked

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Asking About Suicide

Asking directly does not plant the idea

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Meltdown, Shutdown or Panic?

They look alike and need opposite things

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Getting Help — UK Routes

All four nations. Included because card 03 should never travel alone

This is an awareness reference, not a crisis service and not a qualification. If life is at immediate risk, call 999. Helplines and NHS routes change — check them before you rely on them.

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Starting the Conversation

The opening matters more than the words. Most people are waiting to be asked.

- **Pick the moment and the place**
Private, unhurried, seated if possible. Side by side is easier than face to face.
- **Open with what you noticed**
"You've seemed quiet the last few weeks — how are you doing?"
Specific beats general.
- **Ask twice**
"Fine" is the reflex answer. "No, how are you really?" gives permission to say more.
- **Let silence do the work**
Count to five before filling a gap. People often speak into the space you leave.
- **Listen without solving**
Advice arrives too early far more often than too late. Understand first.
- **Check what they want**
"Do you want me to listen, or help you work out what to do?"

Avoid: "At least...", "Others have it worse", "Cheer up", or jumping to your own story. Each one closes the conversation you just opened.

You do not need the right words. You need to stay and keep listening.

Asking About Suicide

Asking directly does not plant the idea. It is often the first relief they have had.

- 1 Ask plainly**
"Are you thinking about suicide?" Not "you're not thinking of anything silly?" — that asks them to say no.
- 2 Stay steady with the answer**
If it is yes, do not flinch or rush. Your calm tells them it is safe to keep talking.
- 3 Ask about a plan**
Thoughts, method, means to hand, timing. A specific plan with access to means is high risk.
- 4 Reduce access to means**
Ask if they will hand over or move what they have. Small delays save lives.
- 5 Do not leave them alone**
Stay, or hand over to someone who will. Get help to you rather than sending them away.
- 6 Do not promise secrecy**
"I can't keep this to myself, but I'll tell you exactly who I'm telling and why."

Immediate danger, or an attempt in progress — call 999. Urgent but not immediate: NHS 111, select the mental health option. Samaritans 116 123, any hour. Text SHOUT to 85258.

The question is the intervention. Ask it out loud, using the word.

Meltdown, Shutdown or Panic?

They look alike and need opposite things. Getting this wrong makes it worse.

TELLING THEM APART

Meltdown	Overload spilling out — shouting, crying, movement. Not a tantrum, not aimed at you.
Shutdown	Overload turned inward — still, silent, unresponsive. Easily mistaken for refusal.
Panic attack	Sudden physical surge with fear of dying. Peaks and passes in roughly ten minutes.
Medical	Hypoglycaemia, hypoxia, head injury, post-ictal state, sepsis. Rule these out first.

SUPPORT THERE AND THEN

Meltdown or shutdown	Remove input, stop talking, wait. Questions and touch add to the overload.
Panic	Stay, breathe with them, name it, keep talking gently. Silence here can frighten.
Either way	Keep them safe, keep an exit, and do not crowd. Recovery takes as long as it takes.

AFTERWARDS

Exhaustion is normal	Expect fatigue and possible amnesia for parts of it. Don't debrief immediately.
No blame	Shame afterwards is common. Be matter-of-fact about what happened.

Panic wants company. Overload wants quiet. Ask which, if you can — then follow it.

Getting Help — UK Routes

Free, confidential, and open to anyone. Check numbers remain current.

EMERGENCY

999 Immediate danger to life, an attempt in progress, or serious injury.

A&E Urgent mental health need where waiting is not safe.

URGENT — 24 HOURS, BY NATION

England & Wales NHS 111, then select the mental health option.

Scotland NHS 24 — call 111.

Northern Ireland Lifeline — 0808 808 8000.

TALK TO SOMEONE NOW

Samaritans 116 123 — free, 24 hours, any reason.

Shout Text 85258 — free, 24 hours, if you can't speak.

Childline 0800 1111 — free, 24 hours. Under 19s.

CALM 0800 58 58 58 — 5pm to midnight, every day.

NON-URGENT

GP The front door UK-wide. England: talking therapies take self-referrals.

You do not have to be in crisis to use these lines. Earlier is easier.

That's 4 of 46.

*Recognising distress, what to actually say, neurodiversity,
capacity and detention law — A5 and A6.*

Recognising & Responding

Distress · starting the conversation · suicide · self-harm · panic · psychosis · low mood

Conditions

Anxiety · bipolar · PTSD · eating disorders · OCD · alcohol & substance use · perinatal

Neurodiversity

ADHD · autism · meltdown, shutdown or panic · adjusting how you communicate

Crisis & Conversation

Crisis or condition · three cards of scripts — opening, continuing, closing · de-escalation

Law, Ages & Groups

Capacity & refusing help · being sectioned · confidentiality · children · men · women · LGBTQ+

Grief & The Responder

Bereavement · baby loss · bereavement by suicide · four cards on the cost of the job



SCAN TO GET THE FULL PACK

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Independent original work, not affiliated with any mental health
first aid training organisation. It confers no qualification.
Free sample — share it with anyone who'd find it useful.

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