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NEWSLETTER · IN CONVERSATION WITH AMELIA WRIGHTON

Deserving of support

Amelia Wrighton of Suicide&Co on why grief after suicide is different, the help that should exist from day one, and the myth that asking someone directly plants the idea.

> This piece discusses suicide and bereavement by suicide. If that's difficult for you right now, it's completely fine to stop here — support resources are listed at the end.

This was not a detached interview for me to sit through. My sister, Naomi, died by suicide in September 2024, and my father died 203 days later. In the middle of that, I found Suicide&Co — I think it was the same day, or the day after, we lost Naomi — and it has framed my family's grief ever since. So when I say this episode matters to me, I mean it more than usual.

Amelia Wrighton is the co-founder and CEO of Suicide&Co, the UK's national charity for people bereaved by suicide. She built it out of her own experience: she lost her mother when she was nineteen, went largely without support, and later founded the charity — in 2020, with her co-founder Emma — to be the thing she'd needed and never had. Her whole approach runs on a single, quietly radical idea.

> **You are not alone. You do deserve support.**
>
> — Amelia Wrighton, on Pharma Prescribed

Why grief after suicide is different

Amelia is careful to say it isn't a "grief Olympics" — no loss outranks another. But bereavement by suicide does carry things others often don't. It's sudden, and it shocks even families who feared it might come. It sits under a long shadow of stigma, so the people you expected to show up sometimes go quiet and disappear — which leaves isolation and shame on top of the grief. And it's emotionally complex in a way few of us are equipped for: you're left trying to understand a mind you can no longer ask.

Support from day one

The idea I most want people to take from this is Amelia's answer to "when should someone reach out?" Her answer is now day one or two. Not because everyone wants counselling immediately, but because early contact resets two foundations: that you are *deserving* of support, and that you are *not alone*. Get those wrong and everything that follows is harder.

Practically, that looked like this for us: a free Help Hub and app to reach for at 3am, then flexible early bereavement support — short, regular sessions built around the fact that holding down any routine in the first weeks is impossible — and, further on, twelve sessions of proper counselling. All free. It didn't make the journey easy. Nothing does. It kept us company on a very hard one.

A space with no judgement

Both Amelia and I are people who talk — to friends, family, strangers. But she draws a sharp line between that and talking to a professional, and I've felt it. Friends and family want to fix you; they can't help it, and neither can I when it's someone I love. A counsellor is trained to do the harder thing: sit with the pain and hold the space so you can explore it yourself, without anyone tidying it up or telling you it doesn't make sense. That non-judgement is where the work actually happens.

She uses a metaphor I keep returning to. Picture the trauma as your hand pressed flat against your face — it's all you can see, and everything else is blurred. The work isn't to remove the hand. It's to move it slowly back to arm's length: still there, still clearly yours, but with room to see joy, perspective and the rest of your life around it again.

Ask the question

If there's one thing worth carrying out of this newsletter, it's this: asking someone directly whether they're having thoughts of suicide does *not* plant the idea. It's a persistent myth, and it's wrong. What the question can do is give someone permission to say, honestly and maybe for the first time, that they're struggling. It's a genuine skill and it takes practice to feel confident — Amelia points to formal training such as ASIST — but the myth stops far too many people from ever opening their mouth.

Who the system misses

For a healthcare audience, the systemic picture is the part to sit with. Around 70% of people who die by suicide are men, and only about one in five who died had been in contact with mental health services at all — yet most people *in* those services are women. The people at highest risk are largely not reaching the system. At the same time, Amelia argues women get overlooked at specific, high-risk moments — perinatal mental health and domestic abuse among them — where the same shame and silence keep people from putting their hand up. England's suicide prevention strategy flags these groups; the gap is who actually gets seen.

Orange

Amelia and I discovered, halfway through, that we're both connected to orange — for her, simply a colour that lifts her; for me, the colour of Naomi, who used to run for charity in an orange vest. After she died I bought a wardrobe of orange. I nearly wore an orange jumper to record this. It's a small

thing, and it's everything: grief doesn't only live in the hard conversations. It lives in a colour, and in the people who understand why.

I never asked for this journey. But if this episode nudges one person to reach out a little earlier than I knew how to, it will have been worth recording.

If you need support

You don't have to be in crisis to deserve help. If any of this is close to home, these are good places to start.

Samaritans — for anyone struggling to cope

Call 116 123 free, any time, day or night (UK & ROI). Or email jo@samaritans.org.

Suicide&Co — for anyone bereaved by suicide

Help Hub, free counselling and the free Sidekick app at suicideandco.org.

In an emergency

If someone's life is at immediate risk, call 999.

Listen to the full episode

Amelia Wrighton on Pharma Prescribed — at pharmaprescribed.com and wherever you get your podcasts.

Amelia Wrighton *is the co-founder and CEO of Suicide&Co, the UK's national charity supporting adults bereaved by suicide.*