MENTAL HEALTH & WELLBEING FACTSHEET

Trauma, Grief and Difficult Life Events

Understanding different responses and finding appropriate support

The short version

Grief is a natural response to losing someone or something important. Trauma describes the emotional and physical impact of frightening, harmful or overwhelming experiences. Difficult events can cause powerful reactions without automatically leading to a mental-health disorder. When reactions remain intense, interfere with life or create safety concerns, effective professional support is available.

Related experiences, but not the same

Loss	A significant change involving someone or something important. This may include death, relationship breakdown, job or home loss, serious illness, disability, fertility loss, loss of independence or an expected future.
Grief	The emotional, physical, social and practical response to loss. Grief has no single correct order or timetable and may come in waves.
Traumatic event	An event or experience that is very stressful, frightening, distressing or harmful. A person may experience it directly, witness it or learn that it happened to someone close.
PTSD	A specific mental-health condition that can develop after trauma. It involves patterns such as re-experiencing, avoidance, heightened threat and changes in mood or thinking. Not everyone exposed to trauma develops PTSD.

There is no required emotional response

People may feel sadness, fear, anger, guilt, relief, numbness, confusion or several emotions at once. Some react immediately; others function at first and struggle later. Culture, faith, relationships, health, previous experiences, practical pressures and the circumstances of the event can all shape the response.

Common reactions after loss or a difficult event

Feelings	Shock, sadness, fear, anger, guilt, shame, helplessness, relief, emotional numbness, loneliness or feeling disconnected.
Thoughts	Disbelief, confusion, replaying events, ‘if only’ thoughts, difficulty concentrating, searching for meaning, expecting danger or struggling to imagine the future.
Body	Exhaustion, sleep disturbance, appetite changes, racing heart, tension, headaches, digestive symptoms, startle reactions or unexplained aches.
Behaviour	Withdrawal, restlessness, avoiding reminders, repeatedly seeking information, visiting meaningful places, keeping belongings unchanged, or changes in work and self-care.
Relationships	Needing more closeness or more space, conflict arising from different grieving styles, difficulty trusting, feeling misunderstood or taking on unfamiliar responsibilities.

How grief may change over time

Grief does not follow a fixed sequence. Powerful feelings may become less constant but return around anniversaries, birthdays, places, music or unexpected reminders. Continuing bonds—remembering, talking about the person, keeping traditions or creating new meaning—can coexist with rebuilding daily life.

Grief is not automatically depression

Grief and depression can overlap, but grief is a natural response to loss. Bereavement can sometimes contribute to depression. Seek an assessment if low mood persists, functioning is substantially affected, symptoms worsen or thoughts of self-harm or suicide occur.

Loss is wider than bereavement

- death of a person, pregnancy loss or death of a pet
- job, income, home, community or legal status
- identity, role, safety, trust or future plans
- relationship, friendship or family separation
- health, mobility, fertility or independence
- ambiguous loss, where there is no clear ending

Trauma reactions and PTSD

Re-experiencing	Intrusive memories, vivid images, nightmares, emotional or physical distress, or flashbacks that feel as though the event is happening again.
Avoidance	Avoiding people, places, conversations, feelings or activities linked to the experience, sometimes alongside difficulty remembering parts of it.
Heightened threat	Being constantly alert for danger, startling easily, irritability, sleep difficulty, poor concentration or feeling unsafe even when the danger has passed.
Mood and beliefs	Persistent guilt, shame, anger, loss of interest, detachment, negative beliefs about oneself or the world, or difficulty experiencing positive emotion.
Dissociation	Feeling unreal, detached from the body or surroundings, emotionally numb, or losing awareness of time. Severe or recurring dissociation needs professional assessment.

Complex PTSD

Complex PTSD may follow prolonged or repeated trauma, such as childhood abuse or neglect, domestic abuse or repeated exposure to violence. Alongside PTSD symptoms, a person may have persistent difficulties regulating emotions, a deeply negative view of themselves and substantial relationship difficulties. A qualified professional should assess these symptoms.

After a traumatic event

- prioritise immediate safety, medical care and practical needs
- use calm, accurate information and allow choices wherever possible
- support ordinary routines, food, fluids, rest and contact with safe people
- do not pressure someone to give a detailed account before they are ready
- avoid alcohol or drugs used to suppress memories or sleep
- seek help when symptoms are severe, persistent or disrupting everyday life

Flashbacks and immediate grounding

If you are physically safe, gently orient to the present: name where you are and the date, press your feet into the floor, describe objects you can see, notice sounds and slow the out-breath. Grounding can reduce distress but is not a substitute for trauma treatment.

When additional help may be needed

Persistent disruption	Sleep, self-care, work, study, parenting, relationships or leaving home remain substantially affected.
PTSD symptoms	Intrusive memories, nightmares, avoidance, hypervigilance, dissociation or other trauma symptoms continue or become harder to manage.
Prolonged grief	After a death, intense yearning, guilt, difficulty accepting the death or inability to return to everyday activities remains severe over many months or years.
Harmful coping	Increasing use of alcohol, drugs, gambling, self-harm, risky behaviour, aggression or complete isolation.
Safety concerns	Thoughts of suicide, feeling unable to stay safe, serious self-neglect, psychosis, or risk from another person require urgent help.

Evidence-based treatment for PTSD

Trauma-focused CBT	NICE recommends individual trauma-focused cognitive behavioural therapies delivered by trained, supervised practitioners. Treatment includes education, managing arousal and flashbacks, processing memories and emotions, reducing avoidance and rebuilding functioning.
EMDR	Eye movement desensitisation and reprocessing uses structured memory processing with bilateral stimulation, usually eye movements, taps or tones. NICE recommends or considers it in defined circumstances for adults with PTSD.
Medication	For adults who prefer medicine, a prescriber may consider an SSRI or venlafaxine for diagnosed PTSD. Medication should be reviewed and should not be stopped suddenly without clinical advice.
Other needs	Treatment may also address depression, anxiety, pain, sleep, substance use, housing, safeguarding and practical pressures. Care should be coordinated when needs are complex.

Routine single-session psychological debriefing that requires everyone to recount a traumatic event is not the same as trauma-focused therapy. Treatment should be delivered by an appropriately trained professional and matched to the person's needs and readiness.

Supporting grief and adjustment

- allow grief to be individual rather than imposing a timetable
- use the person's name and acknowledge the loss
- invite memories without forcing conversation
- encourage professional help when coping becomes difficult
- offer practical help with meals, transport, paperwork or appointments
- respect faith, culture, rituals and different family responses
- remember significant dates and check in after initial support fades
- support rest and routine without demanding positivity

What can be unhelpful

Pressure	Expecting disclosure, telling someone to move on, or insisting that they should be stronger, grateful or positive.
Assumptions	Deciding how someone should feel based on the type of loss, the relationship, how long ago it happened or how capable they appear.
Avoidance	Ignoring the loss because it feels awkward, disappearing after the funeral or crisis, or changing the subject whenever the person speaks.
Unqualified treatment	Encouraging intense trauma processing, hypnosis or exposure without appropriate assessment, consent, training and safeguards.

Finding appropriate support

GP	A GP can assess symptoms, health, medication and risk, and discuss referral options when grief, trauma, anxiety, depression or sleep difficulties are affecting life.
NHS Talking Therapies	Adults in England can usually self-refer. Services can assess whether NHS psychological treatment for PTSD, depression or anxiety is suitable.
Bereavement support	Bereavement services, hospices, faith communities and peer groups may offer listening, practical support or counselling. Check qualifications and safeguarding arrangements.
Specialist services	Domestic abuse, sexual violence, crime, military trauma, traumatic birth and childhood trauma may require specialist, trauma-informed support.

Urgent help and emergencies

Call 999 or go to A&E now

Do this if someone's life is at risk, they have seriously injured themselves or taken an overdose, or you do not feel able to keep yourself or someone else safe. Call 999 if there is immediate danger from another person. A mental-health emergency should be taken as seriously as a physical one.

Urgent mental-health help	Use NHS 111 online or call 111 and select the mental health option. You can also request an urgent GP appointment.
Samaritans	Call 116 123 free, day or night, 365 days a year, for a safe place to talk about whatever you are facing.

How Health Matters UK can support you

Health Matters UK can provide general education, help identify practical wellbeing needs, organise questions and signpost suitable healthcare, bereavement, safeguarding or community services. We do not diagnose PTSD or prolonged grief disorder, provide trauma processing or psychological therapy, investigate abuse, recommend medication or provide crisis intervention.

Your response deserves understanding

Strong reactions to loss, danger and upheaval are not evidence of weakness. Healing does not mean forgetting, approving of what happened or returning to exactly who you were before. It can mean becoming safer, better supported and increasingly able to live alongside what has changed.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis, safeguarding support or treatment. Use NHS 111 for urgent mental-health help. Call 999 or go to A&E if life is at risk, someone cannot be kept safe or there is immediate danger.

Preparing to ask for help

What happened	You can describe the type of event or loss without giving every detail. Say whether the situation is ongoing or whether you remain unsafe.
Current reactions	Note sleep, memories, nightmares, avoidance, alertness, mood, grief, dissociation, pain, alcohol or drug use and effects on daily life.
Timing	When did symptoms begin? Are they improving, fluctuating or worsening? Have anniversaries or reminders affected them?
Safety	Be honest about self-harm, suicide, risk from someone else or feeling unable to cope. This helps professionals arrange the right support.
What you need	Ask about assessment, treatment choices, practitioner qualifications, waiting times, practical support and what to do if symptoms worsen.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS and NICE resources. External guidance remains the responsibility of the issuing organisation.

• NHS. Grief after bereavement or loss. nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/grief-bereavement-loss/

• NHS. PTSD (post-traumatic stress disorder). nhs.uk/mental-health/conditions/ptsd-post-traumatic-stress-disorder/

• NHS Every Mind Matters. Bereavement and traumatic events. nhs.uk/every-mind-matters/lifes-challenges/bereavement-and-traumatic-events/

• NHS. Talking therapies. nhs.uk/tests-and-treatments/talking-therapies/

• NHS. Where to get urgent help for mental health. nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

• NICE. Post-traumatic stress disorder (NG116). nice.org.uk/guidance/ng116

• Samaritans. Contact a Samaritan. samaritans.org/how-we-can-help/contact-samaritan/

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