

• **How You Can Help** • **A TOOLKIT FOR FAMILIES** •



SUPPORTING RECOVERY FROM A MENTAL OR SUBSTANCE USE DISORDER

“**R**ecovery comes from utilizing the strengths of the family to achieve as many of its member’s life goals as possible.”

~ *Recovery for Families*, Chris Amenson



A REASON TO HOPE. THE MEANS TO COPE.
BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

The F.O.R.C.E.

Families Organized for Recognition and Care Equality
Society for Kids’ Mental Health

MODULE 2

Module 2: Supporting Recovery from a Mental or Substance Use Disorder

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental illness by providing information and practical resources. The toolkit consists of five learning modules. Module 2 provides information and practical resources that can help families and their family member effectively manage their mental illness on a day-to-day basis and prevent a relapse of symptoms. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*

Module 3: *Communication and Problem-Solving Skills*

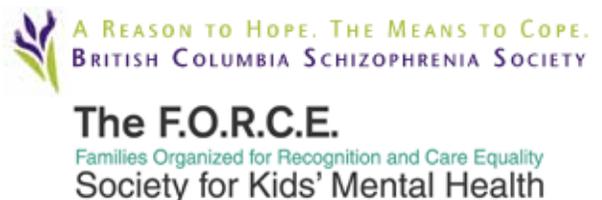
Module 4: *Caring for Yourself and Other Family Members*

Module 5: *Children and Youth in the School System*

For more information on the Family Toolkit and how it can be used please read the "Introduction to Family Toolkit" available from BC Partners for Mental Health and Addictions Information by calling 1-800-661-2121 or our website www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos, and organizations who can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

The **BC Schizophrenia Society** and the **F.O.R.C.E. Society for Kids Mental Health** are members of the **BC Partners for Mental Health and Addictions Information**. The **BC Partners for Mental Health and Addictions Information** are a group of seven leading provincial mental health and addictions nonprofit agencies. The seven partners are **Anxiety BC**, **BC Schizophrenia Society**, **Centre for Addictions Research of BC**, **Canadian Mental Health Association's BC Division**, **F.O.R.C.E. Society for Kids Mental Health**, **Jessie's Hope Society**, and **Mood Disorder's Association of BC**. Since 2003, we've been working together to help individuals and families better prevent, recognize and manage mental health and substance use problems. **BC Partners** work is funded by **BC Mental Health and Addiction Services**, an agency of the **Provincial Health Services Authority**. We also receive some additional support from the **Ministry of Children and Family Development**. The **BC Partners** are behind the acclaimed **HeretoHelp** website. Visit us at www.heretohelp.bc.ca.



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MODULE 2

Supporting Recovery from a Mental or Substance Use Disorder

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What Is Recovery?

“...A person with mental illness can recover even though the illness is not ‘cured’... Recovery is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond *the catastrophic effects of mental illness*.”

~ *Recovery from Mental Illness*, William Anthony

Recovery is a process and a goal—it is learning to successfully manage a disorder, having control over symptoms and having a quality of life. It involves overcoming the negative impact of a psychiatric disability despite its continued presence. It has also been described as a way of living in order to make the most out of life. It is less about returning to a former state than about realizing the potential person you can become. It is about getting on with life in spite of having a mental illness.

With the development of new treatments and a better understanding of mental and substance use disorders, research now indicates that the majority of people with mental illness will experience significant recovery.

Recovery from a mental illness is not unlike recovery from chronic physical illnesses such as diabetes. In both cases the person may need to make lifestyle adjustments to accommodate the limitations that result from the illness.

Positive Factors in Promoting Recovery

- Strong social support networks
- Stable living condition
- Safe and structured environment
- Sense of purpose or direction, feeling of contributing to society
- Someone to discuss experiences and feelings with and provide practical help
- A good understanding of what has happened
- Physical well-being
- Effective medication without distressing side-effects
- Sense of realistic expectation and hope about the future

After a person has been diagnosed, their mental health professional will work with them to develop a treatment plan. Depending on the diagnosis, the treatment plan may include the use of medications, therapy or counselling or another type of treatment. Other supportive services such as housing or educational programs may also be suggested.

Recovery involves sticking to a treatment plan and working with the mental professional to evaluate the effects of the treatment. Plans should be reviewed and revised if something isn’t working. Remember, though, it can take time before the full beneficial effects are seen. Encourage your family member to become an active partner with their treatment team. The more they learn about their illness and treatment options, the better able they will be to make decisions about their health and well-being.

“Tom’s recovery has been an exercise in patience, love and understanding. We take one step forward and stumble two steps back; baby steps – small increments of success, tiny improvements of things we would ordinarily take for granted – are things we celebrate. When Tom smiles, cracks a joke or declares that he wants to go for a run, they are positive, encouraging signs: baby steps forward.”

“Social activities and friendships are essential to my recovery from depression. When depressed, it was very difficult for me to get out of bed and return phone calls. However, when my friends encouraged me to join them, it lifted my mood.”



“To hope is to believe that something positive, which does not presently apply to one’s life, could still materialize. Although desire (or motivation) is an essential feature, hope is much more than this because it requires the belief in the possibility of a favourable outcome.”

~ *Hope: An Emotion and a Vital Coping Resource Against Despair*, Richard S. Lazarus



Supporting a Person to Cope with Setbacks and Stay Well Means

- Learning to be aware of the ups and downs in managing a mental illness.
- Being positive about managing problems/illness.
- Taking a realistic approach to relapse and developing a plan.
- Acknowledging the tough times or setbacks and reminding the person of past successes.

If someone you loved were hit by a car and immobilized in a body cast you would not expect them to get out of bed, think of all they have to be thankful for, pull up their socks and go to work.

Like many other serious illnesses, recovery from a mental illness also takes time.

~What Can Family And Friends Do To Help?
Mood Disorders Society of Canada

Although we may think of recovery as being able to engage in day-to-day activities like work, having relationships and choices such as where a person resides, there is also a very personal nature to recovery. A sense of hope, self-esteem and well-being are also important components of recovery. Without a belief that life will get better, there is unlikely to be any motivation to help oneself. Self-esteem is often shaken by a diagnosis of mental illness.

Having a sense of control over one’s life (including management of an illness), helps a person to feel better about themselves and who they are. Love and acceptance from family members and friends help a person to feel good about themselves. In addition, the skills and abilities a person develops help them value the contributions they can make.

A common denominator of recovery is the presence of people who believe in and stand by the person with mental illness. It is in this context that families can significantly aid in recovery.

“Recovery is a process, a way of life, an attitude, and a way of approaching the day’s challenges.”

~ The Lived Experience of Rehabilitation. Patricia Deegan



Developing an Illness Management Plan

In this section we will outline a process by which the person with the mental disorder and their family can work together to develop a plan for managing the illness. Managing an illness involves a number of steps:

- working with a health care provider to develop a treatment plan that is best suited for the person
- identifying what can be done to reduce risk of relapse
- monitoring for signs of possible relapse
- developing coping strategies to deal with stressors
- formulating a plan to deal with symptoms early on
- dealing with crises or emergencies.

The emphasis is both on prevention of relapse and early intervention when symptoms begin to reappear or worsen. A variety of actions can be taken to minimize the impact an illness has on a person. When problems arise, it is critical to deal with them as soon as possible, as the sooner they are dealt with, the less traumatic and severe they will

It’s important to establish a meaningful, workable relationship with your family member and their health care professional—one which respects the rights of all members of the family and encourages taking responsibility for looking after oneself.

be. And finally, even though we can do a lot to help prevent relapse, it may still happen and having a plan reduces the stress when a crisis does occur.

Probably one of the most important things families can do is to encourage their family member to take an active role in managing their illness. For adult family members, this means taking responsibility for being both informed about treatment options and what the person can do for themselves in their daily life.

Learning about the illness and what they can do to improve their lives is an important first step. They should also be actively involved in the treatment plan they have worked out with their mental health professional. If the person is having difficulties or has any questions about their progress, they should speak with their mental health professional about modifying the treatment plan.

Even young children can be involved to some degree in looking after their health. While treatment decisions may be left to the health service provider and parents, there are likely things the child can do to help prevent a re-occurrence of problems.

An illness management plan should be viewed as a plan in progress rather than a final document. Regular review is important.

Families should talk with their family member about the importance of involving the family in treatment planning and ongoing care. Some individuals are reluctant to have information about their mental health shared with their families. Help your family member to understand that you can better support them when you are part of the team. Negotiate how you will be involved and what information can be shared with you.

Why Do People Relapse?

Relapse is common for people with mental disorders, particularly those struggling with a substance use disorder. It is important that everyone involved in illness management recognize this. Relapse does not mean failure. Instead, relapses should be seen as opportunities to learn how to better handle the illness.

Relapse can occur for a variety of reasons. In some cases, it can occur because of factors outside of anyone's control.

Relapse Prevention

Relapse prevention involves a number of steps. The most common steps are:

- Identifying ways to reduce stress or other factors that may lead to a worsening of the illness
- Identifying triggers of symptoms and relapse
- Recognizing the signs of possible relapse
- Managing medication (and side-effects)
- Applying skills learned through treatments (e.g., cognitive-behavioural techniques for managing symptoms)
- Developing healthy lifestyle habits
- Controlling one's environment to minimize stress
- Taking action early when warning signs first appear

Managing one's disorder is an ongoing process. It means thinking about many aspects of the person's life and what modifications would be helpful. Understanding what can trigger symptoms and a possible relapse is an important first step in relapse prevention.

“Sometimes Dan noticed that his fears, suspicions, and distractions increased, and he knew that he had to work hard to keep his life stable, get sleep, reduce stress, and try to avoid believing his paranoid thoughts.”

Triggers of Symptoms and Relapse

Many people can identify stressful events, worries or changes in their routine prior to their relapse. It might have been a major change in the person's life such as the death of someone close to them or a number of smaller stresses all coming at the same time.

Stressful events or 'negative' situations the person experienced before they became ill may be high-risk events that could trigger a relapse. It is important to identify coping strategies that will help in dealing with high-risk situations. This can help increase the person's confidence that they can stay well in the future.

For children and youth, changes in routines or schedules can be a trigger for relapse. Returning to school in the fall and holidays such as Christmas or spring break are times to watch for warning signs.

Triggers of a relapse are individual to the person. Once you and your family member have identified potential risk situations, you can then work together to find ways to:

- Identify situation which can be avoided
- Develop coping strategies to deal with the situations that cannot be avoided
- Take steps to deal with problems early on

Talking with other families can be helpful in learning about other unique triggers. See if there is a support group for family members in your community.

For a listing of support groups for family members see www.meetings.bcscs.org

“During exam periods or when Tim had deadlines to meet, some of his symptoms, would intensify.”

“One of my triggers for drinking was when I had extra cash in my pocket. Now instead of using the money for alcohol, I call my wife and we go out to dinner.”

Possible Triggers of Relapse

Below are some of the more common triggers that may lead to a relapse. Keep in mind that there may be unique triggers for your family member. Always remember that taking action early on can help prevent your family member from relapsing.

- Stopping medication, missing a dosage
- A change in prescribed medication
- Taking additional medications that interfere with medication for the disorder (prescription or over-the-counter)
- Frightening news or events
- Feeling overwhelmed
- Family tension or conflict
- End of a relationship
- Spending too much time alone, isolating oneself
- Not receiving enough support, either at home or from community services
- Being judged, criticized, teased, or put down
- Financial problems
- Other physical illnesses/health problems
- Being yelled at or criticized
- Exposure to something that makes the person feel uncomfortable
- Inability to deal with problems
- Being around someone who has treated the person badly
- Overworking or studying too much
- Using alcohol or street drugs
- Legal problems
- Anniversary dates of losses or trauma
- Setting unrealistic goals
- Engaging in activities that increase risk of relapse (e.g., going out to a bar with friends when trying to manage a substance use problem)
- Changes in daily routine
- Not getting enough sleep
- Ignoring relapse warning signs
- Season changes
- Holiday seasons
- Beginning of school



Worksheet: Identifying Potential Relapse Triggers

Think back to previous episodes and what was going on just prior to your family member becoming ill. What was going in their life (at home, work, or school)? Were there any important events or unusual stressors at the time? Can you or your family member identify any situations that are 'high-risk'—highly stressful or led them to engage in problematic behaviours (e.g., drinking)?

Once you've identified possible triggers, identify which situations can be avoided and problem-solve ways in which to deal with situations that your family member cannot avoid.

Potential Situations

1	
2	
3	
4	
5	
6	



“Denise realized that exams at college were a very stressful time for her and her symptoms would increase in severity. She approached her instructors and made arrangements to write her exams in a quiet room and she was permitted as much time as she needed.”

Warning Signs of Relapse

Research has shown that people with a mental disorder often experience a specific and individualized series of changes in their thoughts, feelings and behaviours before a relapse. These are called *early warning signs*. The unique pattern of signs observed is called a *relapse signature*.

Families and friends are often the first to notice some of these changes in the person’s personality and behaviour. Your family member will likely also notice changes in him or herself that may not be readily evident to those observing him or her.

Some signs are quite common whereas others may be quite unique to an individual. It is critical to discover which ones are relevant to your family member.

These warning signs may be a normal sign that the person is dealing with something stressful. They do not always mean that the person is heading for a relapse, nor do they mean that your family member will have to be hospitalized. Your family member may just need to take things a bit easier or they may want to make an appointment to talk with their doctor or mental health professional. If they are taking medication for their disorder, it may need to be increased temporarily or adjusted. If they have stopped taking their medication or are no longer engaged in therapy, you may want to explore the reasons for this decision with your family member and encourage them to continue with treatment.

Recognizing early signs and being proactive can help prevent or minimize a relapse.

If you suspect that your family member may be heading towards a relapse, talk with them about your concerns and ask how you can help.

“When Sam was relapsing, at school he would become withdrawn and keep his head down on his desk. He would go for long walks. Some days he would telephone from school and ask us to come and get him because he was not feeling well.”

Common Early Warning Signs

Early warning signs are unique to the individual, so it’s important to identify the changes you saw in your family member when they became ill. Not all signs are listed here; some will be unique to your family member.

Thoughts/Perceptions

- Difficulty concentrating
- Becoming forgetful
- Difficulty making decisions
- Racing thoughts
- Preoccupied with worries or obsessions (e.g., about being fat)
- Irrational thoughts or beliefs
- Senses seem sharper
- Hearing voices
- Thinking that alcohol/drug use is the only way to feel better

Feelings

- More tense/anxious
- Depressed/low
- Restless
- Elated/‘high’
- Irritable
- Fearful
- Feeling threatened
- Disgusted with oneself
- Suicidal
- Mood swings

Behaviours

- Withdrawal from family and friends
- Loss of interest/motivation
- Difficulty sleeping or change in sleeping habits
- Neglecting one’s appearance
- Increasingly quiet
- Alcohol/drug use
- Extreme anger outbursts
- Preoccupation with calories, dieting or weight loss
- Purging or vomiting
- Daily weighing
- Extreme anxiety over separation from parents
- Taking out anger on others
- Changes in school grades or performance
- School avoidance

“My parents noticed I was withdrawn and simply not myself. They noticed I worried more. I would not answer the phone or doorbell because I was afraid that whoever I talked to would be mad at me or would want to harm me in some way. I also could not listen to the television or radio because it would trigger a worry.”

Worksheet:
Identifying Your Family Member’s Relapse Signature

Looking back, what changes did you see in your family member before they became unwell? What changes did they see in themselves? Start from a definite date such as the day they went into hospital or saw their doctor. Work backwards. Think about what they were doing (at home, work, or school) and what was going on at the time. What feelings or behaviours did you notice?

Work back further; remember the early changes are important even though they might be hard to remember. For example, if an early sign was needing less sleep, when did this start to be a problem?

The aim is to identify specific signs in behavioural terms. For example, “Woke up early every day,” or “Refused to eat dinner with the family.”

Relapse Signs

1	
2	
3	
4	
5	
6	
7	
8	

“ Sue found that she was often preoccupied with suspicious thoughts. When she heard conversations of strangers, she believed they were talking about her. To other people, she appeared tense, jumpy and guarded.”

“ Over the past several months, Tom started to display severe signs of the illness. He became very isolated, locking himself in his room. He was having hallucinations about people attacking him and he began to destroy his bedroom in imaginary fights with the perceived aggressors. He stopped sleeping and would often pace in his bedroom for days on end.”

“ I learned an early symptom of my pending mania would be increased excitement and a decreased need for sleep. As the mania progressed, I developed racing thoughts, pressured speech and severe insomnia. My apartment would be a mess. Friends would comment that I didn’t look after myself and that would irritate me.”

Try to establish a meaningful, workable relationship with your family member—one that respects the rights of all members of the family and encourages taking responsibility for looking after oneself.

Worksheet: Ways to Deal with Early Warning Signs

Using this sheet, make a list of actions that can be taken when signs first appear (e.g., reduce any obvious stress, get more sleep, make an appointment with a doctor). Taking action early on can help minimize or prevent relapse.

Actions That Can Be Taken



What Family Can Do to Help

Ask your family member what you and other family members can do to help.



Responding to Acute Episodes

Even with the best of care and management, relapse can still happen. Sometimes a crisis can occur without any warning signs. Acute episodes need to be responded to as quickly as possible. The goal is to find a way to de-escalate the symptoms and to provide support to the person during the episode. Safety and protection are also issues that must be considered.

An acute episode can be frightening. Try to keep in mind that your family member is likely to be as frightened as you are. If you feel unsafe, pay attention to your gut feelings. Remember—safety first. If the threat of physical harm is imminent, stay close to a door or exit.

It may be better to make yourself safe rather than try to change the person. Remove yourself and any other family member from the situation. Call 911 or a contact from your crisis plan sheet (see page 15).

If your family member needs to be hospitalized, it is a time when they will likely need a lot of support. Focus on the benefits that hospitalization has to offer—how it will help to reduce the symptoms and get your family member back on track to recovery.

Involuntary admission is an unpleasant experience for everyone involved. It is always best if the person agrees to go to the hospital voluntarily. Unfortunately, this is not always possible and you should be prepared for the possibility that your family member may need to be admitted into a hospital against their will.

Families can support their relative by showing compassion for any trauma the person experienced. It takes a lot of courage to manage a mental illness.

Remember, it takes time for a person to recover from an acute episode. It's important to let the person determine what they need. Ask them what you can do and be prepared to let them set the pace. Encouragement is important but expecting too much too soon can result in another setback.

A person who is extremely agitated will not listen to reason.

A person cannot be talked out of a delusion.

When your family member is feeling better, set aside time to discuss the experience and review the illness management plan to see if any modifications are needed. Try to learn as much as you can from the experience.

*What worked?
What could have been done differently?*

Monitoring for Signs of Suicide

Whenever a person is struggling with a mental disorder, it's important to check for possible signs of suicide. Suicide is currently the second leading cause of death for youth between 16 and 24. People are at an increased risk during leave passes from hospital and in the months following discharge from a hospital or residential treatment centre. People who are contemplating suicide do not necessarily appear unhappy or upset.

Predictors of Suicide Risk

- **Women attempt suicide more often but men complete suicide more than women**
- **Stressful life events may increase risk**
- **Unexplained improvement in mood may be the result of deciding on a suicide plan**
- **Feelings of depression and hopelessness**
- **Alcohol or other substance use**
- **Availability of weapons such as guns**
- **Previous attempts**

If your family member is feeling suicidal, don't be afraid to talk to them about it. Stay with them or arrange for someone to be with

Don't be afraid to talk about suicide with your family member. It is a myth that talking about suicide will "put the idea into their heads." By being open about suicide, you are letting your family member know you care and want to help.

Please remember that if you are supporting someone who is suicidal, it is very important for you to remember to take care of yourself as well.

If you know someone who is suicidal and they ask you not to tell anyone, don't be sworn to secrecy. Seek help.

For a list of crisis lines across BC, see www.crisiscentre.bc.ca

Be non-judgmental and willing to listen. Allow them to express their feelings. Accept the feelings even if they are painful to hear.

them. Suggest options the person can use if they are feeling suicidal (e.g., call someone they trust or a crisis line, go to the emergency ward at the hospital, talk with their counsellor).

Research has shown that suicide is more likely to occur as the symptoms of mental illness begin to lift, rather than when they are at their worst. When a person is very ill, they are often unable to do anything. Families should be careful not to relax their guard as the person begins to get better.

Warning Signs of Suicide Risk

Emotional Clues

- depressed and sad
- mood change (depressed to elated or vice versa)
- tearful
- sullen
- quiet, withdrawn
- inability to concentrate, agitated
- feelings of hopelessness, worthlessness, self-hate

Behavioural Clues

- sudden change in behaviour
- giving away favourite possessions
- drug and/or alcohol abuse
- thanking people for their kindness, settling affairs, tying up loose ends, writing goodbye letters
- previous suicide attempt by themselves or family members or friends

Physical Clues

- loss of interest in appearance
- loss of interest in friends, activities, and/or intimate (or sexual) relationships
- loss of energy
- poor sleep habits (either sleeping all the time or hardly ever sleeping)
- weight gain or loss

Verbal Clues

- no longer communicates effectively with others, isolates themselves
- speaks of not being here in the future e.g. "They'd be better off without me" or "You won't have to worry about me much longer"
- a noticeable absence of any future in conversation
- asks questions about dying
- talks openly about suicide e.g., "You won't have to worry about me much longer" or "One of these days I'll just end it all"

~Suicidal Behavior, NEED Crisis and Information Line

Family Crisis Planning

Part of the illness management plan will be steps for dealing with crises. Planning ahead can lessen the confusion and anxiety that a crisis creates. Your plan should include a description of what responsibilities each family member has and phone numbers needed. Below is an example of a crisis plan. On the following page is a template you can use to create your own family crisis plan.

Sample Family Crisis Plan

Family Member	Job	Phone Number
1. Mom	Calls G.P.	888-7777
2. Mom	Calls neighbours to watch siblings	999-8888
3. Dad	Takes siblings to neighbour	
4. Dad	Phones sister from neighbours' to pick up siblings	777-5555
5. Sister	Pick up siblings from neighbour	
6. Mom	Handles child/youth in crisis	
7. Dad	Calls emergency health services, Child and Adolescent Response Team (CART) or police if necessary	911 or phone number for Child and Adolescent Response Team (CART)

Worksheet: Family Crisis Plan

notes:

Family Member	Job	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Hospitalization and Discharge Planning

In some situations, it may be necessary for your family member to be hospitalized for a period of time. This enables medical professionals to observe the person and prescribe treatments to help alleviate symptoms.

Whenever a person is admitted to hospital, there should be a plan put in place to ensure that recovery continues. Discharge planning (arrangements for care and services after the person leaves the hospital) should begin as soon as possible after someone has been admitted to hospital. A solid discharge plan will address the services necessary to ensure successful community living after your family member leaves the hospital. If you are providing ongoing care for your family member, it is important that you be included in this planning. The seven main areas essential to a good discharge plan are covered in the worksheet below.

Worksheet: Hospital Discharge Checklist

Medication

Medication supply/prescription

Number of days medication supplied for

Medication education (drug dosage, time, how to take)

Special instructions

Home

Family residence

Own home/lives alone

Boarding home

Hotel

Other

Group home

Nursing home

Residential care facility

Foster care

Follow-up Mental Health Care

Mental health team

Psychiatrist/therapist

Nurse specialist/visiting nurse

School

Counsellor

Individual Education Plan (IEP)

Psychiatric social worker

Community support group

Day care program referral

Student Support Services

continued on next page ►



Worksheet: Hospital Discharge Checklist

continued from previous page

Activities of Daily Living

- Hygiene instructions

- Activity, rest

- Activities requiring assistance

- Safety instructions

- Work, school, skills training

Follow-up Medical Care

- Appointment with GP or mental health professional

- Medical clinic appointment

- Diet/fluid instructions

- Dental care

- Occupational therapy/Physiotherapy

- Special instructions

Special Needs

- STD and AIDS prevention education

- Transportation needs

- Financial assistance

~A discharge checklist for psychiatric patients, J. Hochberger

Managing Medications

Medication often plays an important role in the management of a mental disorder. Some medications work to eliminate or reduce symptoms of the disorder. Other medications work to help with problematic side-effects.

Finding the right medication that works is often a process of trial and error. Depending on the type of medication, it can take up to several months for the medication to fully take effect.

Families can help with medication by:

- Learning as much as they can about the medications prescribed for their relative
- Seeing that prescriptions are filled
- Reminding the person to take their medications or helping them to develop a schedule
- Ask for “bubble” or “blister” packaging for medication. Individual packaging makes it easy to see exactly how many pills have been taken
- Alerting your family member’s mental health provider if it appears the person has stopped taking their medication, is taking more or less than the prescribed amount, or is not taking the medication as prescribed

The family can also help by providing information on how the person appears to be doing on the medication and any side effects they seem to have. It is also important that the mental health provider is aware of any other medications your family member is taking. These would include any non-prescription drugs (e.g., St. John’s Wort) as they can interact with prescription medications.

Alcohol or street drugs may lower the effectiveness of certain medications or increase side-effects.

Questions to Ask About Medication

- What does the medication do?
- How long will it take to work?
- What are the potential side-effects?
- How is the medication monitored?
- Are blood tests needed?
- How can side-effects be minimized?
- Are there any dietary restrictions when using this medication?
- What symptoms indicate that the dosage/type of medication should be changed?
- Where can I go for more information?

caution:

People taking medication for their mental or substance use disorder should always speak to their doctor first before changing the dosage and/or stopping the medications.

“We found it helped changing the time he took his medication because it made him so tired when he took it in the morning.”

“Joel kept forgetting to get his prescriptions filled. We now put a sticker on the calendar the week before the prescription needs to be refilled.”



For more info on medications:



- **Your local pharmacist can be a great source of information about any medications your family member is taking**
- **HealthLink Bc helps you learn about health topics, check your symptoms and find health services and resources. Call 811 to talk to a nurse, pharmacist or dietician. Pharmacists are on call at 811 every night from 5 pm to 9 am for medication questions.**

Worksheet: Side-Effects Checklist

Monitoring any side-effects of medications can help in determining whether the particular drug choice is the best available option, the optimal dosage, and whether any additional medications can help. This will greatly increase the chance that your family member will continue to take their medications. As each medication has its own unique side-effects, it is important to understand what medication your family member is taking. Find out what type of medication is being prescribed and research it and other options as much as you can.

Below are some common side-effects of medications used to treat a mental disorder. Please keep in mind that there may be others not listed here.

- Sleeping too much**
- Daytime drowsiness**
- Feeling unmotivated**
- Muscles trembling or shaking**
- Feeling restless, can't sit still**
- Trouble falling asleep or staying asleep**
- Stiff muscles**
- Loss of energy**
- Weight gain**
- Hunger pains**
- Cognitive/memory problems**
- Sensitivity to sunlight**
- Difficulties with coordination**
- Blurry vision**
- Changes in sexual functioning**
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Alcohol or Other Drug Use

Mental disorders and alcohol/drug problems frequently occur together. Fifty per cent of people with mental disorders also experience a substance use problem. Many youth and young adults who develop a mental disorder will begin to use alcohol and other drugs at some point in their life. They may use alcohol or drugs for a variety of reasons, such as to combat social anxiety, boredom or loneliness; block out symptoms or side-effects of medications; or because of a desire to fit in with their friends.

People with mental disorders are more sensitive to the effects of alcohol and street drugs. Drugs/alcohol can interfere with the effectiveness of prescribed medications. They can also increase severity of symptoms and risk of relapse. People with mental illness and their families need to be fully aware of these possibilities. Use of alcohol/drugs is also associated with increased risk of violence or other legal problems.

Families may not detect that their family member also has a substance use problem. This could be because many of the behavioural signs that would lead one to suspect a drug problem are similar to those that indicate a mental disorder. For example, paranoia or feelings of being persecuted can result from substance use, but is also a symptom of schizophrenia.

Encourage your family member to get help. If they are unwilling, take your concerns to the mental health professional involved in their care.

While experts point out that abstinence is by far the safest option, some families may initially need to negotiate a tolerance of occasional use or an agreement to cut back. These options may elicit reasonable cooperation whereas insistence on total abstinence may result in denial and reduce your chances of communicating further on the subject.

Alcohol or substance use is not an easy issue to deal with. If you suspect that your family member is using alcohol/drugs, it is usually best not to accuse the individual. Denial will likely be the response.

Studies estimate that:

- **at least 50% of people with mental illness abuse illegal drugs or alcohol, compared to 15% of the general population**
- **12-18% of people with anorexia and 30-70% of people with bulimia also have substance use disorders**
- **47% of people with schizophrenia exhibit problem drug use**
- **56% of people with bipolar disorder have a substance use disorder**
- **more than a third of people with an anxiety disorder also have a substance use disorder**

However, you can voice your objections to behaviours that are interfering with family life. These behaviours may take any number of forms: apathy, irritability, neglect of personal hygiene, argumentativeness, and so forth. Since the problem of drug use is a very serious and complicated matter, it should be addressed in a careful, sensitive and deliberate manner.

If your family member is living with you or visits on a regular basis, it's important to set some rules as to what you will tolerate with respect to substance use.

Remember that it can take time for a person to recover from substance use. Seek professional help and advice.

For information on how to talk to your family member about stopping problematic behaviours please see **Module 3: Communication and Problem Solving.**

For more on helping your family member set behavioural guidelines, see **Module 4: Caring for Yourself and Other Family Members.**

~Dual Diagnosis: Substance Abuse and Mental Illness, *Agnes B. Hatfield*

Managing Symptoms and Behaviours of Mental Illness

“When my son was in the throes of a depression we started attending football games together. This was something we were both interested in and gave us something to look forward to that we could do together.”

Further information on coping with voices (auditory hallucinations) can be found in the **Mental Disorders Toolkit** available through our website www.heretohelp.bc.ca

“We made the mistake of pretending to agree with our daughter’s strange ideas. When she was well again, she was very, very distressed that we hadn’t been truthful and provided her with a reality check. After a family meeting with her doctor, my daughter decided to use us to check her thinking and reality. It’s worked really well.”

Depression

Depression often robs a person of energy and motivation to even take basic care of themselves. Gently encourage and support your family to engage in activities and begin assuming responsibilities they may have had to relinquish when they were acutely ill. Allow your family member to set the pace—even if it’s not as fast as you would like. Respect their emotional and physical limitations. They may need the rest to get well again.

Figure out what type of activities your family member is more likely and less likely to do, as well as where, when and how often.

If your family member does not live with you, try to make sure that the person is safe and looking after themselves. Check to see they are eating, drinking and maintaining their personal appearance (e.g., showering, washing clothes, etc.).

Exercise can reduce negative moods and improve positive moods. Engaging in physical activity gives a sense of accomplishment and can provide a boost in self-confidence.

Hallucinations

When your family member appears to be hearing voices or sees things that you do not see, stay calm. Try to distract them by asking them to do something or try to engage them in conversation. It may be helpful for your family member to join a support group or ask their mental health provider for some help.

An increase in the severity and persistence of voices can be an indication of a relapse. Encourage your family member to speak with their doctor or mental health professional if they are bothered by hallucinations.

Delusions

Delusions are very firmly-held false beliefs that cannot be changed by telling your family member that what they think isn’t true. It is pointless to argue with them. Rather, acknowledge that you appreciate your family member truly believes what they are saying but don’t agree with it. Ask your family member to be as respectful of your beliefs as they would like you to be of theirs.

Any delusion is likely to be troubling to your family member. Try to remain calm and reassure your family member. It is better to address the distressing emotions they are likely feeling rather than the belief itself.

It’s OK to assert your limits of your willingness to discuss delusional beliefs. Tactfully steer the conversation to other issues.

Manic Behaviour

An episode of mania may begin abruptly, over the space of a few hours or days, or gradually, over some weeks. When a person is in a manic phase, they may undertake actions that are socially embarrassing or harmful to themselves or to others around them.

If your family member begins to exhibit manic behaviour, try to be a calming influence on your family member or friend. Try to slow things down by example (e.g., talk more

slowly). Express your concerns about their actions but be prepared that they may not see anything wrong with their behaviour. As manic behaviour can seriously affect the well-being of the whole family, it is important to set clear limits on behaviour and to take action when warning signs begin to appear.

If you believe that your family member may be headed for a relapse, follow your illness management plan and seek help.

Social Withdrawal

Gently encourage your family member to participate in everyday family activities (e.g., eating meals, watching TV), but be prepared that they may refuse. It may be difficult for them, depending on their stage of recovery. Large family gatherings may be too overwhelming.

Social contact outside the family is very important. Your community may offer support groups or one-on-one peer support for people with mental illness. Your family member's friends can also be an important source of social enjoyment.

“We are slowly encouraging our son to participate in family activities. Watching TV and rented videos has worked well for us.”

Apathy/Lack of Motivation

Your family member may need more sleep during the initial part of the recovery phase. You may need to leave them alone but try to make regular contact when they are up. Having a regular routine can help a person to get back on their feet and be active. Ask your family to help with simple tasks or chores and be sure to thank them when they do. Regular exercise and mental activity—even going for a walk and reading the newspaper can help.

It is important to move at a manageable pace, as pushing your family member to do too much too soon can be overwhelming to them and may add stress to their life (and increase the risk of symptoms worsening). Ask your family member what they feel they are able to do.

Aggressive Behaviour

Families do not have to tolerate violent or aggressive behaviour. The first thing to do is assess the level of danger present. Call 911 for help if you feel your family's safety is at risk. If you feel the situation is safe, try to find out what is making your family member angry. Speak softly, firmly and clearly. The most effective way to calm a person is to encourage them to talk about their angry feelings. Ask your family member to explain what is upsetting them or what is making them angry.

Acknowledge your family member's feelings with comments such as “I can see you are angry,” or “I understand how you feel.” Try not to argue with your family member as it can escalate the violence. Be reassuring. If they make reasonable requests that don't put anyone in danger, try to go along with them.

Allow your family member to have physical space. Neither of you should be ‘cornered’ in a room. Each of you should have a clear way out.

Encourage them to sit down. They may need more space than usual and may not want to be touched. Position yourself at an angle, rather than directly in front of them. Avoid eye contact.

“My daughter and I have written out a contract about what is acceptable behaviour in our home. Since then everything has been great!”

Set a house rule of no violence. If your family member is living with you and refuses to deal with the behaviour, consider alternative housing.

Try to identify what triggers the aggression. Discuss a plan with your family outlining what everyone will do if your family member's behaviour becomes difficult.

“One day my son told me that whenever he had friends over, his sister would join them and do embarrassing things. Could I please do something about it? I spent days trying to decide how to handle his situation wisely. Then my son told me he had handled it himself. He simply told his sister, ‘When I have friends over, I want to be alone with them.’ My son was direct and honest, and no feelings were hurt.”

~Schizophrenia: A Handbook For Families, Health Canada

“One family made it clear to their son, who had behaved extremely aggressively in the beginning, that if he ever threatened violence or damaged property again he would have to leave home. He could go to the hospital in a taxi, with the police, or with his parents, but he would not be permitted to remain at home any more. They told him that because he was of age, they would even charge him with trespassing and call the police should he break his agreement.” ~Schizophrenia: A Handbook For Families, Health Canada

Embarrassing Behaviour

Clearly outline and reach an agreement with your family member about what behaviour will and will not be tolerated. Examine your own attitude about why you are allowing yourself to be embarrassed. Families have reported that a direct approach can sometimes work well. Saying something like “Stop that,” or “Knock it off,” or “That’s inappropriate behaviour,” changed the behaviour.

This may have to be repeated. Families advise that reminding themselves that sometimes the family member is not aware they are acting in an inappropriate manner helps—and is why simple, honest statements can work well.

Dealing with Anxiety

Avoidance

One of the most common ways that people respond to anxiety is to avoid the thing that they fear (e.g., people who are afraid of dogs will try to avoid being near them). It is very common for family and friends to get caught up in the avoidance associated with anxiety disorders. Believing it is helpful, family and friends will encourage their family member to actively avoid feared situations as it feels like it helps bring down the anxiety. Safety behaviours are another common response to dealing with anxiety producing situations—behaviours or strategies we put in place that allow us to enter the anxiety-provoking situation. An example is someone who is only willing to go to the grocery store if a family member goes with them due to their excessive fear of something terrible happening if they were alone. Unfortunately these well-intended strategies will only worsen the anxiety symptoms over time. Avoidance prevents us from learning that the situations we fear excessively are not actually dangerous. In both situations, the person is cheated out of learning that the dreaded outcome (heart attack or some other terrible event) would not have occurred even if they had not used their safety behaviours. Avoidance cheats your family member out of living a healthy and fulfilling life.

One of the best ways families can support recovery is to help their family member gradually overcome their avoidance and safety behaviours. This creates opportunities to practice new ways of coping with the feared situations.

Exposure and Why It Helps

So, what is the answer to avoidance and safety behaviours? The best answer we have is exposure. Exposure involves gradually exposing oneself to the things we are most afraid of. Exposure helps a person confront and control rather than avoid and be controlled by fears. Family can play a key role in this component of self-management and recovery.

The best strategy for Sally (see the example to the right) is to gradually break down the feared situation into manageable tasks with the help of her family. She might start by going into the store for just a few minutes while a family member waits at the front of the store. Once Sally is comfortable with this task, she might try staying in the store for longer periods of time with a support person nearby. Over time, a family member might wait in the car while Sally shops and eventually she will be able to grocery shop alone. Gradual exposure will enable Sally to learn that nothing terrible happens even when she shops alone.

Overcoming Avoidance and Safety Behaviours

Exposure is best done gradually which involves breaking down the feared situation into manageable tasks. Start with the tasks that trigger the lowest amounts of anxiety. The presence and support of a family member at this stage can often help a person get started with exposure tasks. After lots of practice, the person can gradually work their way up to the tasks that trigger higher levels of anxiety. Family should not push a person to try feared tasks too fast or too soon. Instead the best strategy is to encourage the person to push themselves as much as they can possibly handle while providing lots of encouragement and support. This gives the person lots of practice opportunities before moving on to a more challenging exposure task.

Why Avoidance Is Harmful in the Long Run

Sally experienced a panic attack while grocery shopping one evening after work. She now (falsely) believes that avoiding grocery stores will keep her safe from having a panic attack, dying or going crazy. The problem with this type of avoidance is that grocery stores are not actually dangerous, nor do they cause panic attacks. By avoiding grocery stores, Sally is missing the opportunity to learn that they are not actually dangerous, and do not lead to death or madness.

With the support of her family, Sally will no longer need to rely on avoidance or safety behaviours as her way of coping. She will be back in control instead of her fears controlling her. Below are examples of how Sally gradually overcame her avoidance and safety behaviours with the support of her family.

Exposure Task	Expected Anxiety (out of 10)
Goes inside grocery store with family member	1
Goes inside grocery for 5 minutes while family member waits at front	2
Goes inside grocery store for 5 minutes while family member waits outside front entrance	3
Goes inside grocery store with cell phone for 15 minutes while family member waits in car	4
Goes inside grocery store without cell phone for 15 minutes while family member waits in car	5
Goes inside grocery store without cell phone for 30 minutes while family member waits in car	6
Goes inside grocery store with cell phone for 15 minutes while family member waits at home	7
Goes inside grocery store with cell phone for 30 minutes while family member waits at home	8
Goes inside grocery store for 15 minutes alone without cell phone	9
Goes inside grocery store for 30 minutes alone without cell phone	10



More information about setting up an exposure plan and ways that family and friends can help with anxiety disorders can be found in the **Anxiety Disorders Toolkit** available at www.heretohelp.bc.ca or by visiting www.anxietybc.ca

Ways to Reduce Stress

The amount of stress in a person's life plays an important role in determining how seriously or how often a person may fall ill. Finding ways of reducing stress is a priority for families in managing a mental illness.

Establishing clear expectations and structure within the family can help a great deal in reducing stress in the family household.

Include your family in your planning for any vacation, outing, visit and other activities. The plan should include how your family member would like to deal with the situation. Would they prefer to join the activity or to have quiet private time?

Identify what situations cause your family member stress. Some of these situations may need to be avoided (even temporarily). Help your family to assess what they can realistically do to help them to problem-solve situations they cannot avoid.

Relaxation techniques may be helpful for when stress cannot be avoided. One technique is to visualize a pleasant image or scene—something that makes you feel good and relaxed. To do this, you will need to concentrate on one good idea while putting other thoughts away from your mind. For example, you could try visualizing a calm scene, such as lying on a tropical beach. Focus on this thought instead of thinking about the situation that is causing the stress. Exercise can also help to reduce feelings of stress, partly because it takes our mind off our worries. It also has a calming effect and can help improve concentration.



For additional ways of handling stress, please see the BC Partners' series of Wellness Modules available at www.heretohelp.bc.ca



Supporting Other Aspects of Recovery

Fostering Independence

It can be an ongoing challenge to find the right balance between offering support to your family member and letting them build their independence. It can be tempting to do everything and *make* decisions for your family member, rather than support them to do things and make decisions for themselves. Although it may be quicker and easier to do everything for your family member, in the long run it is not really helpful (except when they are acutely ill).

Encourage your family member to refine their problem-solving skills, learn to self-manage their illness, take care of themselves and make decisions for themselves. This will help empower them and provide them some sense of control over their life. Try to give just enough support to enable them to manage, and then withdraw gradually as they begin to improve.

Personal Care and Appearance

Families can help a person to take care of their appearance and cleanliness by teaching skills that may have been lost through the illness. These may include gentle reminders to shower and brush their teeth, instructions on how to use the washing machine, and encouraging appropriate dress. Help your family member to establish a daily routine.

Supporting a person to become as independent as possible involves helping them learn the skills they need to perform the activities of daily life.

Friendship

Developing relationships with people outside the family is a natural behaviour for anyone. When someone has a mental disorder, relationships with friends, co-workers, fellow students, and dating can be a real challenge. Having a safe place to practice social skills can greatly assist a person to feel more secure in developing relationships with people. Small family gatherings and peer support groups can help a person become more comfortable.

Your family member may have lost some friends as a result of their behaviour prior to getting help or misunderstanding of mental illness. As they start to feel better, it's important to encourage them to develop new friendships as well as keep up old ones. Your family member may need help in deciding how much information to share about their illness with friends and colleagues.

It may be better to begin by sharing a little information (e.g., had a rough time for a while) at first and then as both parties become more comfortable, begin disclosing as much as your family member feels comfortable sharing.

A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.

Money Management

Family members can help a person to manage their money by helping them:

- identify needs and wants
- set up a budget
- plan for future financial needs
- learn how to save for more expensive purchases
- learn how to handle a credit card
- manage a chequing account
- keep financial records

For some mental illnesses such as bipolar disorder, you may want to consider appointing a substitute decision-maker to take responsibility for your family member's financial decisions during periods of illness. Contact a local mental health organization if you would like more information.

Depending on your family member's level of disability, you may want to inquire about disability benefits they may be entitled to. Information can be obtained by contacting the BC Ministry of Human Resources (call Enquiry BC for the local office at 604-660-2421 or 1-800-663-7867) or Canada Pension Plan Benefits (call 1-800-O-CANADA for contact information).



Taking Care of Health

Sometimes when a person has a mental illness, the focus turns to their mental health problems and other aspects of physical health are ignored. A good ongoing relationship with your family member's physician can help them to keep an eye on other aspects of their health. Good dental care is also important.

Diet

A good diet is important for everyone. When we aren't feeling well, it can be difficult to find the desire to eat properly. Poor diet, though, can lead to other physical and mental health problems. If your family member is living independently, check to see whether they are eating properly. People living on disability benefits may need help to set a budget so there is money for food. A bag of groceries may be better than just giving cash.

Meals are often the most difficult time of day for people struggling with an eating disorder.

- Conversations that focus on topics such as the person's day, fun activities and current events can help direct your family member away from obsessing about calories and fat grams.
- Avoid comments about how much weight your family member has gained or lost, or how they look; instead comment on their energy level and overall health.



Exercise

Exercise can help lift low spirits, improve self-esteem, enhance ability to sleep more restfully, improve memory and ability to concentrate, decrease anxiety and can combat weight gain—a side-effect of some medications. Look for activities that the whole family can participate in or sports that your family member enjoyed in the past. Start with even a walk around the block. If your family member has been inactive for a while, or their previous exercise efforts were part of an eating disorder like anorexia, check with their doctor before embarking on an exercise plan.

Encourage Hobbies and Other Meaningful Activities

Meaningful activities are those which a person enjoys and feels value in doing. Examples include recreational and leisure activities, volunteering, hobbies and special interests. When your family member feels they are well enough, they should think about activities they would enjoy doing. Suggestions might include ones that build on their strengths or self-esteem (e.g., sports, music, art classes).



For a complete list of references used in developing the Family Toolkit, please see **Family Toolkit: References** at www.heretohelp.bc.ca/ You can provide feedback at www.bcsc.org/familytoolkit eval