

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



# UNDERSTANDING MENTAL AND SUBSTANCE USE DISORDERS

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**The F.O.R.C.E.**  
Families Organized for Recognition and Care Equality  
Society for Kids' Mental Health

**MODULE I**

## Module 1: Understanding Mental and Substance Use Disorders

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 1 presents an overview of common mental and substance use disorders and how to seek help if you suspect your family member is experiencing mental health problems. The other four modules in the Family Toolkit are:

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

**Module 3:** *Communication and Problem-Solving Skills*

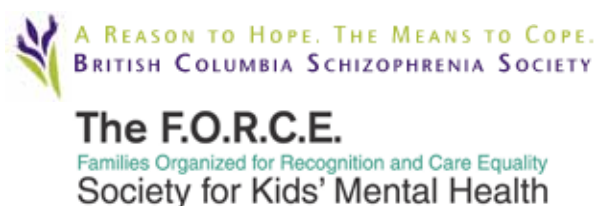
**Module 4:** *Caring for Yourself and Other Family Members*

**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](http://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](http://www.heretohelp.bc.ca).



## Acknowledgements and Thanks

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## Introduction

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.

In this module, we present an overview of the various mental and substance use disorders. There is a wealth of information and resources available on mental illness and addictions. Families are advised to seek out books, articles, videos and organizations who can assist them in learning more about the specific disorder(s) affecting their family member.

**Member organizations of the BC Partners have good resources for people wanting to learn more about mental illness or addictions. Your regional health authority may have additional resources.**

Anxiety Disorders Association of BC | [www.anxietybc.com](http://www.anxietybc.com)

British Columbia Schizophrenia Society | [www.bcss.org](http://www.bcss.org)

Canadian Mental Health Association- BC Division | [www.cmha.bc.ca](http://www.cmha.bc.ca)

Centre for Addictions Research of BC | [www.carbc.uvic.ca](http://www.carbc.uvic.ca)

The F.O.R.C.E. Society for Kids' Mental Health | [www.bckidsmentalhealth.org](http://www.bckidsmentalhealth.org)

Jessie's Legacy - Family Services of the North Shore | [www.familyservices.bc.ca](http://www.familyservices.bc.ca)

Mood Disorders Association of BC | [www.mdabc.net](http://www.mdabc.net)



**Public libraries and the Internet are good resources for learning about mental illness and treatment options.**

**The HereToHelp website is a great starting place:**  
[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

## What Are Mental and Substance Use Disorders?

Mental and substance use disorders consist of a range of specific conditions which affect a person's thoughts, feelings, actions and mental functioning (e.g., memory). There are many different types of mental disorders and each has its own specific pattern of symptoms.

These disorders are associated with significant distress and may result in a diminished ability to cope with daily life over an extended period of time. This is especially true if left untreated or if not managed effectively.

For the purposes of this resource, the term, 'mental illness' is used to refer collectively to the diagnosable mental disorders discussed in this toolkit. These include: anxiety disorders, bipolar disorder, depression, eating disorders, schizophrenia, and substance use disorders (e.g., alcohol and other drug addiction).

### **Mental disorders can include:**

- **problems that affect how a person thinks (e.g., schizophrenia)**
- **problems that affect how a person feels (e.g., depression)**
- **problems that involve potentially harmful behaviour (e.g., eating or substance use disorder)**

Mental and substance use disorders are diagnosed using the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The DSM lists the criteria for diagnosing the different mental disorders which are helpful in determining what treatment will likely be beneficial.

To make a diagnosis, a psychiatrist or other mental health professional should take a detailed family history and a history of symptomatic behaviour, including when difficulties first began appearing and current symptoms. A physical examination is also helpful in ruling out any undetected physical illnesses that may be causing the symptoms.

Symptoms of mental illness are often cyclical in nature. An episode can last from weeks to months with periods where no symptoms are evident. With children, these changes may occur even more frequently. Individuals will also vary in how severe their symptoms are; some individuals can manage to live almost symptom free; others may experience some degree of symptoms, despite their best efforts; and a small proportion of people are severely disabled by their disorder. With modern treatment and good support, most people can function very well, particularly if they manage their illness effectively.

## How Mental and Substance Use Disorders Can Affect a Person

### Thinking

Thoughts may occur very quickly or slowly, may be poorly organized, confusing, illogical or irrational. These difficulties are reflected in their communications with others (e.g., difficulty in following along with conversation, statements that don't make sense, memory problems).

### Mood

All us experience a variety of moods (e.g., feeling down, anxious or excited) and mood changes. In most cases, they disappear fairly quickly. In mental disorders, however, mood symptoms cause significant distress over time and impair a person's ability to function in daily life.

### Perception

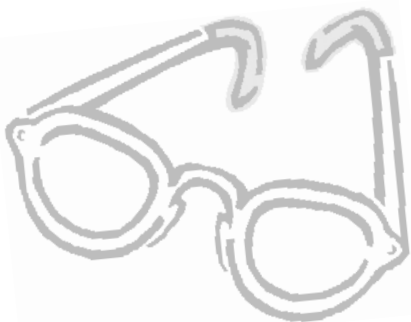
The person may experience the world with their senses (vision, smell, taste, touch, hearing) in unusual and/or strange ways (e.g., hearing voices, exaggerated sensitivity to sound).

### Behaviour

Mental illness can lead to behaviours that may be quite bizarre and confusing for family and friends (e.g., a man experiences severe anxiety when his wife leaves the house; a young girl with obsessive-compulsive disorder washes her hands 50 times after she touches an object; a person with depression has no energy to get out of bed for days at a time). Sometimes these behaviours are embarrassing to families, especially when they occur in the presence of other family or friends.

### Social Withdrawal

With some mental illnesses, the person begins to withdraw from family and friends. Social activities are dropped and the person increases the amount of time they spend alone. This is often distressing to families as they struggle with wanting to help.



## Types of Mental and Substance Use Disorders

In this section, you will find a description of the most common mental disorders (including substance use disorders). The information provided here is not exhaustive, nor does it include the full range of symptoms. It is strongly recommended that you seek additional information if you are unfamiliar with the symptoms and treatment of mental disorders.

**Anxiety Disorders** are characterized by intense, unpleasant feelings of extreme fear or worry that interfere with a person's life. Physical symptoms such as chest pains may accompany these emotional states. There are a number of disorders within this category which include: social anxiety, phobias, generalized anxiety, panic disorder, post-traumatic stress disorder and obsessive-compulsive disorder. More information about these disorders can be found in the Anxiety Toolkit.

**Concurrent Disorders** are co-occurring disorders (when the person has two or more disorders such as depression and an eating disorder). The diagnosis is also given when a person faces a problem with alcohol and/or other drugs and has a diagnosis of a mental disorder.

**Eating Disorders** are characterized by a marked disturbance in eating behaviours. For example, a person may engage in extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of distress or extreme concern about body shape or weight. The main types of eating disorders are anorexia nervosa and bulimia nervosa.

**Mood Disorders** are characterized by a severe or prolonged disturbance of mood that interferes with a person's ability to function on a daily basis and impacts all areas of their life including work, school, personal relationships and family. Depression is marked by severe episodes of sadness, coupled with feelings of worthlessness, pessimism, altered sleep and appetite, and the inability to experience pleasure. Bipolar disorder refers to a condition in which a person experiences two extremes in mood. The person's mood swings from excessively 'high' and irritable, to sad and hopeless, and then back again, with periods of normal mood in between. Symptoms of 'psychosis'\* (e.g., hallucinations, delusions) may also be evident.

**Schizophrenia** is a mental disorder that disrupts a person's ability to think clearly, discern what is real from what is not, manage emotions and relate to others. It can also result in a deterioration in daily functioning and self-care. Some of the characteristic symptoms include the following: delusions (false beliefs), hallucinations (false perceptions such as hearing voices), disorganized speech (difficulty staying on track with a conversation or train of thought), disorganized behaviour (difficulties performing activities of daily living), flat or blunted 'affect' (decrease in emotional expressiveness), social withdrawal, and decreased motivation.

**Schizo-Affective Disorder** includes features of both schizophrenia (e.g., hallucinations, delusions, and deteriorating function) and a mood disorder (either bipolar disorder or depression).

**Substance Use Disorders** are complex behavioural disorders characterized by preoccupation with obtaining alcohol or other drugs (e.g., marijuana, cocaine, pain killers, sedatives), excessive consumption and loss of control over consumption. They may also be accompanied by the development of tolerance, withdrawal if the substance is not available, and impairment in social and occupational functioning. Over time, daily life can be negatively affected by substance use. Continued use can impact relationships, work performance and daily routines that support health and effective coping.

**More information about these disorders can be found in the Anxiety Disorders Toolkit at [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)**

**People with eating disorders often do not recognize or admit that they are ill. As a result, they may strongly resist getting and staying in treatment.**

**“Robert, who has schizophrenia, answered questions in a peculiar and illogical way. For example, concentrating on the questions was like ‘looking into a bright sun.’ When asked, ‘How have you been feeling?’ he answered, ‘I’m as sure as you can help me as I have ice cubes in my ears.’”**

\*Term used to describe the severe cognitive/thought symptoms associated with some disorders such as schizophrenia and bipolar disorder



## Mental Disorders Can Look Different in Children and Youth

The way in which mental illness expresses itself is affected by the age of the person with the illness. Below are some examples of how mental disorders appear in children/youth and adults. There are likely other differences. There may be signs specific to the age of the child that might be missed if only looking for patterns of symptoms based on what we know about adult mental illness.

- **Bipolar Disorder** - Rapid cycling of moods (extreme highs to extreme lows) is common in children whereas these moods are more prolonged within each cycle in adults.
- **Anxiety** - Young children may experience anxiety when facing separation from their parents whereas an adult may worry excessively about health, money, family, or work.
- **Childhood Schizophrenia** - Children have more difficulty interpreting dreams from reality and hallucinations stem from their real-life experiences.



## What Are the Causes of Mental Disorders?

Over the years, there have been many theories about the causes of mental disorders. Some of these theories have been tested and rejected because they are not supported by research.

Researchers generally agree that mental disorders are complex diseases. A complex disease is one that is caused by a combination of different factors. Many common diseases such as diabetes, heart disease, and asthma are thought to be complex diseases.

### Consider the example of diabetes:

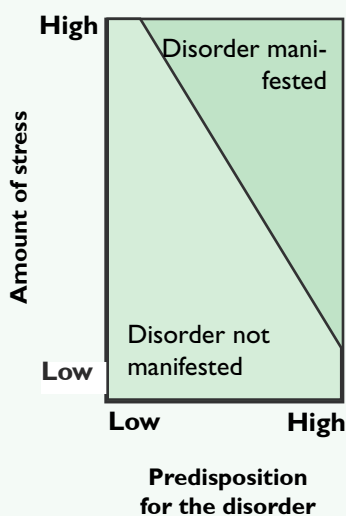
- A person may have a genetic predisposition toward diabetes
- But particular stressors (e.g., becoming overweight) may need to be present before the disease actually takes effect.

Researchers believe a similar process occurs with mental disorders. For example, a person whose mother had recurrent major depression may have inherited a vulnerability to developing major depression (genetic influence). When this is combined with, for example, the stress of having lost a job (environmental stressors), they are at an increased risk for developing depression.

It is now believed that in most cases of mental illness, both genetic and environmental factors play a role. Evidence from family, twin and adoption studies support the idea that mental illness seems to run in families. This means that if someone in your family has a mental disorder, you are at an increased risk for developing the disorder. However, a predisposition is not the only cause. Environmental vulnerability factors also appear to play a role. For example, it is believed that even though a person may have inherited a susceptibility to a mental disorder, they only develop the disorder if a certain combination of stressors occur. Some of these environmental risk factors may occur very early in life while the brain is still developing such as complications during pregnancy or during delivery. Other environmental factors occur later in life and are particularly likely to precipitate episodes of illness. For example, the use of street drugs or a stressful life event may result in the onset of the disorder.

It is important to recognize that no single factor has been shown to *cause* any particular mental illness. Current research continues to identify factors which are associated with an *increased risk of* mental illness and to increase our understanding of mental and substance use disorders.

### An Example of The Interaction Between Environmental and Genetic Factors



## What Are the Treatments Available?

Most people who have a mental or substance use disorder can be effectively treated—including those with disorders that are very disabling such as schizophrenia. The future is even more promising as we better understand mental illness and develop new treatments.

Treatments for the various disorders depend on the disorder itself. We have listed here the various types of treatment options that are generally available. The particular treatment options that will be available for your family member depend on the diagnosis, community resources and types of services that are available in your community. Families should consult with a doctor or other mental health professional for help in identifying which treatments are applicable in their family member's circumstances.

**Behavioural Therapy** relies on basic principles of learning to change problematic behaviour patterns by substituting new behaviours to given stimuli for undesirable ones. For example, systematic desensitization works on reducing a person's anxiety to a feared source (e.g., dogs) by teaching them relaxation skills and then gradually and repeatedly exposing the person to the feared source until they no longer fear it.

**Cognitive-Behavioural Therapy (CBT)** involves identifying and managing disruptive patterns of thinking and behaving that make symptoms worse. CBT also helps a person to develop new patterns of thinking that can help a person to better manage their disorder.

**Detoxification or Withdrawal Management** is the initial and acute stage of treatment for drug/alcohol problems. The goal is to achieve withdrawal and stabilization in as safe and comfortable a manner as possible. While many people can be supported in outpatient or community-based programs, some will require medical supervision in short-stay residential facilities. Withdrawal management is seldom effective on its own and should be regarded as the first phase of treatment.

**Electroconvulsive Therapy (ECT)** involves the use of electrical stimulation to the brain. ECT has been proven to be useful in the treatment of depression when it is severe or life-threatening or in cases of severe depression that does not respond to any other treatment.

**Family Therapy** works with the family as a unit to help resolve problems and to change patterns of behaviour that may contribute to difficulties or conflict within the family. The goal is to help families identify resources and solutions that work for their particular situation.

**Interpersonal Therapy** focuses on improving aspects of the person's relationships within the family, social or work environments. Goals may include building communication and conflict resolution skills, and helping the person resolve interpersonal problems in a structured way.

**Medications** can be very useful in the treatment of mental disorders and are often used in conjunction with one or more of the therapies mentioned above. Sometimes medications are used to alleviate severe symptoms so that other forms of treatment (e.g., cognitive-behavioural therapy) can be used successfully. Medication is effective for many people and may be either a short-term or long-term treatment option, depending on the disorder, symptom severity and availability of other treatments. The most common types of medications include antipsychotic medications, antidepressants, anti-anxiety medications and lithium. Medications prescribed for substance use disorders include medications to treat withdrawal symptoms, ones that provide a safer substitution (such as methadone or nicotine patch), and ones that discourage the use of substances.

**?**  
For more information on treatments used with specific disorders, please check out our toolkits and fact sheets available at [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

Individuals with alcohol/drug problems who stay in treatment for at least three months (12 months for methadone) have better outcomes than those who leave treatment early.

**?**  
For more information about when ECT may be considered, see *Electroconvulsive Therapy: Guidelines for Health Authorities in British Columbia*, published by MHECCU, and available at [http://www.health.gov.bc.ca/library/publications/year/2002/MHA\\_ect\\_guidelines.pdf](http://www.health.gov.bc.ca/library/publications/year/2002/MHA_ect_guidelines.pdf)

**Psychotherapy** refers to psychological therapies used for treating a broad range of mental health problems. These therapies are focused on helping people explore concerns they may have by talking about them, thinking about them in new ways, and learning new ways of responding and behaving. There are many styles of psychotherapy, including both individual and group therapies.

**Rehabilitation** covers various services and programs designed to help a person restore or improve their level of functioning in the community to an optimal level. Training may be provided in such areas as daily living and independent living skills, housing issues, vocational counselling and job placement, communication skills, recreation and leisure.

**Relaxation Techniques** involve the ability to more effectively cope with the stresses that contribute to anxiety, as well as with some of the physical symptoms of anxiety. Examples of techniques taught include breathing re-training and exercise.

**Self-help and Support Groups** help individuals by connecting them with others who face similar challenges. They can help in the recovery process by providing mutual support as well updated information about treatment and local services available. Many people find that self-help groups are an invaluable resource for recovery. These groups are operated on an informal, free-of-charge and non-profit basis. They are voluntary, anonymous and confidential.

## Common Warning Signs

The following list of symptoms may be indicative of a mental disorder, should they persist and worsen over time. It is not exhaustive and other signs may also be present. If you suspect your family member may have a mental or substance use disorder, it is important that you consult with a doctor or mental health professional.



“Ever since my son William was born he was different from my other children. It took forever for him to fall asleep and during the night he frequently woke up crying for no reason.”

### In younger children:

- Reluctance to separate from parents
- Significant decline in school performance
- Frequent aggression, acting out or tantrums
- Excessive worry or anxiety
- Hyperactivity
- Sleep problems or persistent nightmares
- Persistent disobedience or aggression
- Withdrawal from activities, family or friends
- Refusing to go to school





### In older children and pre-adolescents:

- Excessive or unhealthy substance use
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Acting out, rebellion or opposition to authority
- Intense fear of weight gain
- Prolonged depressed mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger
- Talk or thoughts of suicide
- Refusing to go to school

### In adults:

- Decline in work performance or poor work attendance
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Deterioration of work at school or on the job
- Strong feelings of anger
- Delusions (strongly held beliefs that have no basis in reality)
- Hallucinations (hearing, seeing, smelling, or feeling something that isn't real)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of severe problems
- Numerous unexplained physical ailments
- Excessive or unhealthy substance use



**“Prior to becoming ill, I found I needed very little sleep. I felt far less hungry and lost weight. I had strong urges to go out and socialize and talk. I would talk to everyone I met – people in the supermarket or on the street.”**

*~person diagnosed with bipolar disorder*

**“Janet began experiencing problems during college. She became convinced that her mind was being controlled by ‘forces’ that broadcasted to her through radio waves.”**

## What to Do If You Suspect a Problem

The decision to seek help for a relative or friend can be tough for many reasons. It can be difficult to know what to do or where to go. We may be unsure of what the problem is. The person may not wish to get help or even see there is a problem. It can be difficult to cope with a person who is in distress but refusing to get help. If you suspect that someone close to you may have a mental or substance use problem, it is important to be honest and open when talking with them.

**Families should be aware that health information about an adult in British Columbia is subject to confidentiality, that is, unless the person gives their consent to share information, professionals are limited in what they can share with families. In some situations, adolescents over the age of 12 may also be able to refuse to give consent for information to be shared with their family.**

**Families can, however, share their observations and knowledge about their family member with the doctor or health care provider providing treatment. It is important to talk with your family member about the need to share information. Under certain circumstances, health care providers are able to share certain information with family members.**

**For more information on the guidelines around releasing information to family members, please see Appendix 13 of the “Guide to the Mental Health Act” available through Mental Health and Addictions, Ministry of Health Services at [www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf](http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf)**

- If the person appears to be in danger to themselves or others, seek help immediately.
- Let the person know that you have noticed changes in their feelings and behaviour, and that you understand they are having difficulties.
- Listen to what they have to say and try to solve the problem together.
- Encourage the person to talk with their doctor or mental health professional. Offer to go with them to an appointment.
- If the person does not believe they have a problem or refuses to get help, encourage them to talk with someone they trust.
- Allow the person to stay in control by offering choices of how you can help them.
- Offer to help the person to find out more about where to get assistance.
- Reassure them that it's okay to seek help, even if they think they can cope without it.
- Stay positive about the future and reassure them that things will improve.
- If your family member is a child or youth, talk to their school counsellor.

## Navigating the Mental Health System

Our mental health system in British Columbia is a complex system consisting of both public and private services available to individuals and their families.

There are a number of avenues for seeking help. Many families first begin by consulting their family doctor (general practitioner). A general physician can assist both by ruling out other possible causes of symptoms and by providing a referral to a psychiatrist or pediatrician.

**For information about child and youth mental health services, please visit [www.mcf.gov.bc.ca](http://www.mcf.gov.bc.ca) or contact your local Ministry of Children and Family Development office.**

Public mental health services for children and youth (up to age 19) are provided through the Ministry of Children and Family Development. An integrated case management approach (working collaboratively with the child/youth and their families) is used to ensure all necessary services are put in place to address the needs of the child/youth and their family. Child and youth mental health professionals also work very closely with adult mental health professionals to facilitate the transition from the child and youth system to the adult mental health system.

Services for adults (over 19) are provided through mental health centres and other organizations funded by the regional health authorities. The focus is on providing care close to home in smaller community settings. Individuals seeking help through mental health centres will also be assisted to obtain other services they may need (e.g., housing, application for income support).

Intensive care and treatment of a person with a mental illness is provided either on a psychiatric ward of a general hospital, through specialized regional facilities, or in a specialized hospital such as Children's Hospital. Emergency treatment is also available through the emergency ward.

**For information about adult mental health services, please visit <http://www.health.gov.bc.ca/mhd/> or contact your regional health authority.**

## Navigating the Child and Youth Mental Health System

If you are concerned that your child may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with the services provided by each.

### Family Doctor or General Practitioner

- Assessment and diagnosis
- Prescription of medication
- Ordering diagnostic tests (to rule out other possible causes of symptoms, may include blood tests)
- Referral to a specialist (e.g., pediatrician)
- Monitoring progress and recovery

### Specialist (e.g., Pediatrician, Psychiatrist)

- Assessment and diagnosis
- Psychological work-up
- Prescription of medication
- Referral to in-patient units
- Ordering diagnostic tests (e.g., CAT Scans)

### Child and Youth Mental Health Services

#### Ministry of Children and Family Development (MCFD)

- Psychoeducational testing (e.g., aptitude and achievement testing)
- Cognitive-behavioural therapy
- Other individual therapies
- Family therapy and education
- Referral to Day Treatment Programs

### Private Sector (Psychologists, Counsellors, Therapists, Private Health Plans)

Psychoeducational testing (e.g., aptitude and achievement testing)  
Cognitive-behavioural therapy  
Other individual therapy/counselling  
Family therapy and education  
Medication cost coverage (e.g., private health plans)

### Student Support Services

- Program placement
- Assessment
- Referral to MCFD mental health

### Teacher

- Modified school work
- Seating alternatives
- Test alternatives

### School Counsellor

- Assessment
- Counselling/therapy
- Program placement

## Navigating the Adult Mental Health and Addictions System

If you are concerned that your adult family member may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with services that are provided.

### Family Doctors/ General Practitioners

- often the first place you turn to when seeking help
- diagnosing and prescribing of medications or other treatments
- ordering any medical tests needed to rule out other possible causes
- assisting in getting a referral to a psychiatrist or other services that may be needed
- monitoring progress and recovery

### Psychiatrists

- have specialized training in the diagnosis and treatment of mental illnesses
- a referral is typically needed

### Hospitals

- hospitalization may be necessary because symptoms are so severe or the person is unable to function even minimally
- the goal is to stabilize the symptoms so that the person is able to return to their community

**Looking for the phone number of a mental health centre or service in your community? See the blue pages of your phonebook or call HealthLinkBC at 811 (available 24/7) or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca)**



### Mental Health Services

- contact information can be obtained through your regional health authority or local hospital
- various services and programs for people dealing with mental or substance use disorders
- staff are comprised of a multidisciplinary team of professionals, including psychiatrists, psychiatric nurses, psychologists, social workers and rehabilitation specialists

### Community Services

- providing assistance with housing, income, recreational, employment, addiction problems, and peer support programs for people with mental illness
- drug and alcohol programs

**For more information about drug and alcohol services, contact your family physician or phone the BC Alcohol and Drug Information Line, which is confidential and open 24 hours a day, at 604-660-9382 or 1-800-663-1441.**

**Services can also be accessed under “Alcohol Addiction Information and Treatment” in local community yellow pages.**



## Worksheet: Local Mental Health Resources

It is important to learn about what services are available in your community and to get phone numbers in case of emergencies. As the person begins to manage their illness, the need for other kinds of services and programs may arise. Below are some of the services your family member(s) may require. You will likely want to add others to this list.

**Family Doctor**

**Hospital**

**Mental Health Centre**

**Child and Youth Mental Health Services**

**Case manager**

**Psychiatrist**

**Psychologist**

**Housing Worker**

**Employment and Assistance Worker**

**Family Support Group**

**Clubhouse**

**School Support Services**

**Psychologist**

**Alcohol and Drug Services**





**For suggestions on how to talk with your family member about problems you've observed, see the "What To Do If You Suspect a Problem" section on page 10**

**Before you speak with a medical professional, it is a good idea to write down your observations of your family member – changes you've noticed and any difficulties they're having. Information about any substance use (alcohol or other drug) that you know of is also helpful.**

## What If My Relative Refuses to Get Help?

Families may find themselves in a situation where they believe their relative is having serious problems that warrant professional intervention but their relative refuses to seek medical advice. If your family member is unwilling to see a doctor or mental health professional, you should set aside some time to discuss the concerns of the family and reasons why the person is unwilling to seek help. Back up your concerns with examples of behaviours or problems you have noticed. Because symptoms of mental illness may stem from other physical illness, you may want to initially encourage your family member to see their doctor for a check-up (rather than suggesting from the start that it is a mental illness). You can also speak to your family doctor about your concerns and what can be done. If your efforts fail, you should contact your local mental health centre. They may have outreach workers who will go to your family member's residence.

In some cases, a person may be so severely ill that they need to be hospitalized. Not all people with mental disorders will need to be hospitalized and most people who need a hospital setting will admit themselves. There are, however, a significant number (often those most in need) who are unable to seek help.

The Mental Health Act in BC was created so that people who are in need of hospital treatment for a mental disorder but refuse treatment, can be helped.

### Criteria for Involuntary Admission

**There are four criteria that must be met before a person will be involuntarily admitted to hospital. The person:**

- 1) is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others**
- 2) requires psychiatric assessment in or through a designated facility (such as a hospital)**
- 3) requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's protection or the protection of others**
- 4) is not suitable as a voluntary patient**

*~The Guide to the Mental Health Act, Ministry of Health and Ministry Responsible for Seniors*

Only a qualified doctor can involuntarily admit a person for treatment. A physician must examine the person and complete a medical certificate. This enables the person to be admitted for a 48-hour period. Two medical certificates are required for hospitalization beyond 48 hours.

**For further information about British Columbia's Mental Health Act, please visit the Ministry of Health website at [www.health.gov.bc.ca/mhd/](http://www.health.gov.bc.ca/mhd/)**



**For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at [www.heretohelp.bc.ca/](http://www.heretohelp.bc.ca/) You can provide feedback at [www.bcss.org/familytoolkitval](http://www.bcss.org/familytoolkitval)**