



Help?

It's out there!

O.K, so you think you (or someone you know) may be having a mental health problem - where to now?

You may recognise that you are feeling depressed, constantly anxious, having obsessive thoughts, experiencing delusions or any of a wide range of things that lead you to wonder why you can't 'hold it together'. You may be finding life a bit too much to cope with or generally feeling overwhelmed by your responsibilities. It can often take a while to realise that you need help but once you do, you need to know where help is available. This fact sheet tells you where you can go, what you can do and has a list of some of the organisations that may be helpful in the pursuit of mental health care and information.

Your Local GP

One of your first options is to explain your symptoms and concerns to your local/family doctor. Some symptoms of mental illness can be caused by a physical illness or medications and it is important to eliminate physical causes first. A GP is able to refer you to a psychiatrist, psychologist or counsellor depending on your needs. A GP is also able to prescribe medication if they are familiar with the particular illness. It is usually appropriate to see a mental health professional for a more thorough assessment and they in turn are able to make medication and/or therapy recommendations depending on the type and course of your mental health problem. For the most common mental illnesses - depression and anxiety amongst others, some form of therapy such as cognitive-behavioural therapy or general counselling is often an essential adjunct to medication.

Community Health Centres

Alternatively you can go to your local Community Health Centre (CHC) listed in the White Pages under Community. Most Community Health Centres have a mental health professional - a social worker, psychologist or counsellor who you would be able to talk to about your symptoms and concerns. They may treat you within their team or refer you elsewhere for further assessment or treatment as appropriate.

Crisis/Mobile Teams

What do you do if the person experiencing signs of a mental illness refuses to seek help and/or is behaving in a disturbed way preventing you from being able to communicate to them the importance of seeing a doctor?

If they are acting in a way that is potentially harmful towards themselves or others, you can call the crisis team at your local Community Health Centre. These teams are often

available 24 hours. If your nearest CHC doesn't have one, ask for contact details for the nearest 24-hour service and keep this 'after hours' phone number handy. Talk to the mental health worker about the situation and tell them all the things you are concerned about. Examples might be that the person is feeling suicidal, talking in a paranoid way, or experiencing hallucinations etc. It may be that you recognise symptoms that have led to a breakdown before and can see that they are becoming worse again.

The crisis team is a mobile unit that is able to come out and make an assessment in the person's home, hospital emergency department or another suitable place. It is helpful if they have some history of the person or situation, so as soon as you think a person (or yourself) may be beginning to experience symptoms of a mental illness, call the team and keep them updated regarding the person's progress. They will be able to tell you under what circumstances they will be able to come out. This is particularly important if the person is reluctant to seek help once the illness (depression, psychosis, mania, panic attacks, etc.) develops further.

Admission to Hospital

If a person is considered by their doctor to be ill enough to require hospitalisation then they can admit themselves voluntarily or they may be taken by relatives, friends or the crisis team to a hospital and admitted as a voluntary or involuntary patient. It is sometimes necessary for the crisis team to enlist the help of the police or an ambulance if the person is unwilling to go to hospital.

If the person is taken to hospital against their will they will be assessed by a doctor within 12 hours. Admission procedures and the person's voluntary or involuntary status are set out in the NSW Mental Health Act. If they admitted as an involuntary patient they will be given a Statement of Rights. To find out more about Act and the procedures, patient rights, etc. you can contact the relevant hospital, the Mental Health Advocacy Service, Mental Health Review Tribunal or the Mental Health Information Service.

Other sources of help
<p>After Care Association of NSW 3 Wharf Rd Leichhardt NSW 2040 (02) 8572 7700 Mental health rehabilitation and accommodation support services.</p>
<p>Alzheimer's Australia NSW Building 21, 120 Coxs Road (Cnr Norton Road) North Ryde, NSW 2113 (02) 9805 0100 or 1800 100 500 www.alzheimers.org.au Support and education for people affected by dementia as well as for their families and carers. Support groups, counselling, library, information service and education programs.</p>

Association of Relatives and Friends of the Mentally Ill (ARAFMI)

Level 5

80 William Street

East Sydney NSW 2011

Tel: (02) 9332 0700

www.arafmi.org

Support and information for relatives and friends of people with a mental illness via telephone, newsletter and support groups in various locations in NSW.

GROW NSW

27 Hope St

Rosehill NSW 2142

(02) 9633 1800 or 1800 558 268

www.grow.net.au

Mental health self-help/mutual support groups in various locations in NSW using Grow's 12 step program.

Lifeline

13 11 14

www.lifeline.org.au

24 hour, 7 day counselling and support telephone service.

Face to face counselling available in some areas.

Club SPERANZA (Australian Mental Health Suicide Consumer Alliance Inc)

PO Box 96

Neutral Bay NSW 2089

(02) 9908 1233

www.clubspanza.org

Two Sydney support groups for people with problems associated with suicide and self-harm. Provides information, advocacy, education and training, young people's program - Youth SPERANZA.

Mental Health Coordinating Council

Ground Floor Broughton Hall (Bldg 125)

Corner Church and Glover Sts

Lilyfield NSW

(02) 9555 8388

www.mhcc.org.au

Mental Health Information Service

Level 5

80 William Street

East Sydney NSW 2011

Tel: 1300 794 991

A telephone information service with details of mental health services throughout NSW. We have a range of brochures and fact sheets on mental illness and issues surrounding mental health. Details of support group meetings for various groups (depression, anxiety, schizophrenia, etc) in NSW

Mental Health Advocacy Service

Level 4

74-76 Burwood Road

Burwood NSW 2134

(02) 9745 4277

www.legalaid.nsw.gov.au

Legal aid matters under the Mental Health Act. Advice and minor assistance in matters under the NSW Mental Health Act, Guardianship Act and Protected Estates Act

Mental Health Review Tribunal

Building 40, Gladesville Hospital, Digby Road

Gladesville NSW 2111

(02) 9816 5955 or 1800 815 511

www.mhrt.nsw.gov.au

An independent body set up under the *NSW Mental Health Act* to make legally binding decisions about the detention of involuntary and forensic hospital patients and people under Community Treatment Orders.

NSW Disability Discrimination Legal Centre

PO Box 989

Strawberry Hills NSW 2012

(02) 9310 7722 or 1800 800 708

Community legal centre providing advice on disability discrimination complaints.

Schizophrenia Fellowship of NSW Inc.

Building 36

Old Gladesville Hospital

Gladesville 2111

(02) 9879 2600

www.sfnsw.org.au

Supports people with schizophrenia and other mental illnesses, their family and friends. Telephone information and referral service, library, support groups, newsletter, education, support friends social club and Clubhouses.



**Telephone Interpreter
Service 131 450**

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.



Medicare Rebates and Accessing Private Practitioners

What is the difference between psychiatrists and psychologists?

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

Medicare rebate for psychologists

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 www.psychology.org.au.

* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between \$10 - \$30 per individual per annum. Please note that most of the reference books are not available for loan

You will find the Resource Centre Booklist on our website: www.mentalhealth.asn.au for further information contact 1300 794 991.

Disclaimer

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Mental Health Association NSW Inc
Level 5, 80 William Street
East Sydney NSW 2011

Phone: 1300 794 991
Fax: (02) 9339 6066
Email: info@mentalhealth.asn.au
Web: www.mentalhealth.asn.au



mental health
association nsw

Mental illness: Frequently asked Questions

Mental illness is a term used to describe a wide range of disorders that are considered to be related to the mind or brain in some way. It is easier to understand the term mental illness when you bear in mind our basic biology. In some ways it is an artificial concept to separate the brain from the body, just as it would be to suggest that the liver or any other organ is separate from the body. The brain is part of the central nervous system which extends through our bodies and includes the spinal cord. Thus, the brain plays a role with everything we do from walking, sleeping, worrying, hearing and crying to falling in love. If there is some change in the structure or chemistry of the brain, then our feelings, thoughts and behaviour are affected.

When an illness has an impact on our thoughts, feelings or behaviour it is considered to be a 'mental' illness. Looking at mental illness this way sheds light on how disorders as different as schizophrenia, anorexia and attention deficit disorder come under the term 'mental illness.' Some disorders begin with a problem in the nervous system while others result from external stress that in some way has an impact on the nervous system. Mental illness is NOT a character fault, weakness or something inherently 'wrong' with a person. It is an illness like any other and a person has a right to expect appropriate medical and other treatment, as well as care and support through their illness.

Has This Been 'Passed Down' From My Parents or Grandparents?

Some mental illnesses may be wholly or partly inherited. This means that something may be passed on within the genes and therefore form part of a person's genetic make up. However, a person may inherit a gene but not experience the symptoms, or they may not inherit that particular gene, even though a parent or grandparent did carry it.

Some mental illnesses also seem to be caused by biological changes that are not genetic (and thus cannot be inherited), whilst others seem to be triggered by difficult life circumstances and stress. Overall mental illness seems to be caused by a combination of factors that are unique to each person.

Can Drugs Or Stress Trigger a Mental Illness?

Drugs and stress can create a set of circumstances that make a person vulnerable to mental illness. Trauma, abuse and other stressful life experiences are thought to contribute to, or trigger, certain mental illnesses such as Post Traumatic Stress Disorder. Mental illness can also begin through habitual thought patterns that have been learnt, such as focusing on the negative or fearful in any situation.

Environmental factors such as excessive stress and substance abuse can play a part by altering the brain's chemistry, and an individual's personality can also influence the way they react to life events.

Each of us has a different combination of personality traits, coping skills, family history, education, and perception of our selves and our environment. It is a complex interplay between each individual, their perceptions of the world, and responses to it that influences how we cope with the things that happen around us and within us.

How Will Having a Mental Illness Impact on My Life?

A mental illness will have an impact on a person's behaviour, their thought processes, feelings and moods. It follows that a mental illness affects, to a greater or lesser extent, a person's ability to relate to others, to socialise, to work or to study. The effect will differ greatly depending on the kind of illness the person has, whether they receive effective treatment at an early stage, and the support they receive from friends and family.

Is There A Cure?

Although it is considered there is no cure for many mental illnesses such as chronic schizophrenia, almost all disorders can be treated. Medication can help to alleviate symptoms while psychotherapy and counselling can assist a person to better manage their emotions, thinking and behaviour. Practical forms of help and support can also be important to assist someone to enter or rejoin the workforce, or gain greater confidence in their social and interpersonal skills.

What Is Psychosis And A Psychotic Episode?

Psychosis is a severe disturbance in a person's feelings, behaviour, perception and thinking. A person experiencing a psychotic episode loses touch with ordinary reality. Their ability to make sense of both the world around them and their internal world is severely altered. Psychotic episodes are a symptom of several disorders, including schizophrenia and bipolar disorder. A person with bipolar disorder may be depressed or elated out of proportion to current events and act on these in potentially dangerous ways.

People in psychosis often experience:

- **Delusions** - such as paranoid delusions e.g. believing that everybody is plotting against them, or that they are being followed or wanted by the police etc, or grandiose delusions - e.g. thinking that they are someone famous, or psychic.
- **Hallucinations** - seeing, hearing or feeling things that are very real to the person but not experienced by others, e.g. hearing voices.

If I Have a Mental Illness Will I Experience Psychosis?

Not necessarily, as not every mental illness involves losing touch with reality. Psychotic episodes only usually occur with disorders such as schizophrenia, bipolar disorder and severe depression. It is also important to remember that most people who experience a psychotic episode do recover and find ways of managing their illness.

Does My Relative (Friend or Spouse) Have A Mental Illness?

"They have been behaving in an unusual way. I have tried to talk to them about it but they say nothing is wrong."

Certain difficult behaviours can occur due to changes or stressful events in a person's life. We can all find ourselves being irritable, rebellious, shy, argumentative, thoughtless, moody, over sensitive, over emotional, withdrawn or lazy. This does not necessarily mean that we have a mental illness.

These behaviours can all be quite common responses to events such as the break up of a relationship, moving to a new home, exam time, death of someone close, a wedding, a family crisis, birth of a baby, or a physical illness. Often someone will get through a difficult period by talking with friends, their partner or perhaps through taking time out. However, if they seem to be taking a longer time to get over a crisis then it may be important for them to seek help.

Behaviours that may indicate something more serious is going on:

- total withdrawal from friends, colleagues and family
- afraid to leave the home, refusing to go to school
- saying or writing things which do not make sense
- significant changes in eating and/or sleeping patterns
- extreme changes in mood - from excited to depressed
- a loss of mood variation - becoming flat and unemotional
- deteriorating performance at work or school
- hearing voices or seeing things that no one else can hear or see
- believing their thoughts are being interfered with by something or someone external
- believing they are being influenced, harmed or contacted by television, radio, spacemen, the devil etc
- spending extravagant/unrealistic amounts of money or talking about unrealistic business, investment ideas
- believing people are plotting against them.
- believing they have special powers or thinking they are famous or religious or political figures.

These behaviours indicate that something more serious may be happening and the person needs to see a G.P. and/or a mental health professional for an assessment. Drug use can also contribute to certain symptoms - or drugs may be being used by the person to ease the symptoms they are experiencing. These issues are complicated and best sorted out with the help of a professional.

Where Do I Go For Help?

- Mental Health Information Service for information about services in your area:
1300 794 991
- Your local Community Health Centre (see White Pages – under 'C')
- Your local doctor or a General Practitioner at a medical centre
- Australian Counselling Association for referral to a counsellor:1300 784 333



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The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 www.psychology.org.au.

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Caring for someone with a mental illness

Being diagnosed with a mental illness can be a frightening and confusing experience. It can also be difficult for the person's family, relatives and friends. This information sheet outlines some of the issues facing those who are caring for someone with a mental illness and helping them on their journey to recovery. It also provides suggestions on where carers can go for further advice and support.

How Does Mental Illness Affect a Person?

Learning how mental illness is affecting someone close to you, and understanding what they are going through, is perhaps one of the most important aspects of a carer's role. Very often the behaviour of someone with a mental illness is misunderstood. A common misconception is that 'people with a mental illness are lazy and weak, and if they tried hard enough they could snap out of it'.

Although each person's experience of their mental illness is individual they are likely to face a number of difficulties including:

- Fear about the onset of another episode
- Confusion or anger about the illogical or irrational nature of their inner world
- Anger or bitterness about the impact of the mental illness on their life
- Feeling judged or criticised by others
- Isolation in response to both the real or perceived rejection from friends, relatives and work colleagues.

These can all lead to a sense of despair, loss of interest or lack of energy and motivation.

As a carer learning to understand the specific impact of the illness on your loved one is important. Finding people who can answer your questions and talk through any difficulties you may be having is vital. It may be helpful to discuss things with the treating team, e.g. case manager or psychiatrist. As there are sometimes matters they cannot discuss, due to respecting confidentiality, it is also worth considering joining a support group. These offer the opportunity to share knowledge and experiences with others in a similar situation.

How to Help Your Relative or Friend

Realistic expectations

It is normal to feel the loss of what your loved one was able to do before the onset of the illness. They are also likely to be experiencing similar feelings of loss and sadness. Many carers envisage that 'recovery' means that the person will be able to function as they were before. While this will be true for some, this attitude or expectation may make it hard to see the small signs of progress.

These expectations may carry over to the person with the illness, who may also feel that they are not progressing. Expectations of employment or schooling may simply be inappropriate at certain periods, while a possibility at other times. So learning to recognise and validate positive changes is important. Some realistic signs of progress could be as simple as when the person starts eating with the family again, or having daily showers.

Positive outlook and a sense of hope

One of the most important ways a carer can help is by instilling hope of a more positive future. Often the person experiencing the mental illness may not be able to foresee 'better days'. Helping them have a more positive outlook can demonstrate your support.

Communication

Conversation and communication can become challenging when carers feel that their relative is not 'hearing' what they have said. At times this can be because the person is preoccupied with other thoughts, or because the relationship between the carer and relative has deteriorated. Some hints for improved communication are:

- face the other person and maintain eye contact
- present one thought at a time
- don't rush but speak in a calm manner
- listen to the other person's thoughts and feelings
- acknowledge the other person's thoughts and feelings
- rephrase your message if needed
- take 'time out' if you are not able to get your message across, and come back to the issue when both you are both more receptive.

Problem solving

It can be tempting to make decisions for someone with a mental illness rather than encouraging them to come to a decision for themselves. The use of problem-solving techniques will help empower the person and give them a sense of control over their life.

For example:

Relative: "I am not sure whether to attend the support group today".

Instead of saying, "It's good for you, you should go", you could say,

Carer: "What did you think of the session last time?" or "How did you feel after the last meeting?"

In this example, you can help the person see the benefit of attending a support group for themselves.

Learn to reduce stress

Encourage your relative to practice stress reduction strategies. Excessive stress may make someone with a mental illness more vulnerable to relapse. Good stress reduction strategies may even help reduce some symptoms of mental illness, e.g. anxiety, depression, lack of motivation, etc. Some simple ways to reduce stress are:

- walking
- relaxation, meditation
- adequate rest, sleep
- talking with a friend
- listening to music.

Be empathic and sensitive

A person who is experiencing an acute episode of a mental illness may feel very unwell, just as we all do when we have a bout of physical illness. It is important to avoid making comparisons to others' successes at work, school or relationships. Such comparisons may sound belittling and increase a sense of isolation. Also, remember that those who have not experienced a mental illness cannot fully understand what it is like for those that have.

Encourage compliance with medication

There may be times when your relative refuses to take medication. This may be due to the side effects, or because they feel that the medication is of no benefit. Some mental illnesses can lead a person to believe that they are not unwell at all, so taking medication makes no sense.

Simply telling them to take their medication as 'it's good for you' is unlikely to be convincing. Keep in mind that they have reasons for stopping their medication even if you don't agree with them.

Some things you can do to encourage compliance with medication are:

- When your relative is looking and feeling better, suggest that the medication may have played a part in this process.
- If they are having problems with side effects, ask them to write down all the things they are experiencing and encourage them to make an appointment with their doctor to discuss these issues.
- If your relative feels that the medication is not helping, encourage them to ask their doctor how long it takes before the medication takes effect.
- Work out a good time for taking medication as regularity is an important part of the medication's effectiveness.
- Talk about medication when your relative is more open to discussion – even the time of day can make a difference, e.g. often people with a mental illness will experience their symptoms more intensely at a particular time of day.

If your relative suggests that they do not need to take medication because there is 'nothing wrong with them', discuss this with their doctor. In some cases a Community Treatment Order may be appropriate. A Community Treatment Order is a legal order that requires people to comply with certain conditions. These generally involve taking medication and maintaining regular contact with a Community Mental Health Team.

Learn

A more informed carer is better resourced to help. Find out about the particular mental illness your relative is experiencing, about treatment options, and the services available in your area.

Carer workshops are also offered in each area health service across NSW. These are designed to help you understand the issues involved in caring for someone with a mental illness, and allow you to meet others in a similar position.

Needs of Other Family Members

Caring for someone with a mental illness can affect the dynamics of a family. Often the caring role takes most of the caregiver's time, energy and patience. Grief may also be involved. This may be grief for the loss of the person's former personality, achievements and contributions, as well as the loss of the family's lifestyle. This grief can lead to unconscious hostility and anger. If other family members start contributing towards caring they may also neglect their own needs.

Children

Children may not fully comprehend what is happening when someone has a mental illness. They can often gauge the stress that the family is experiencing, but not actually understand or ask what the matter is. They may withdraw, or pretend that the change in family dynamics does not exist. Alternatively, they may start contributing greatly towards the household, and show signs of 'growing up too quickly'. Other children may demonstrate anger and irritability, and choose to spend more time away from the home. Some specific resources have been developed to help explain mental illness to children.

Relationships

Intimate relationships are also greatly affected by mental illness. This is especially true if the carer's partner is the person with the mental illness. As the needs of the relationship change, the carer may experience loneliness. At times their partner may be unable to give them much attention and the dramatic increase in responsibilities may cut the carer off from other friends and social contacts. Caring for a child with mental health problems can also create friction between the parents, particularly if there are issues of blame about the cause of the child's mental illness.

Attending to the needs of other family members:

- Allocate time to spend with other family members, and seek assistance or respite, if necessary to do so.
- Organise family outings where everyone can participate, e.g. picnics, bushwalking, family cricket matches.
- Encourage family members to see positive qualities in your relative and not just the mental illness.
- If children are involved, pay attention to whether they are keeping in touch with their friends and continue to do things that other kids their age are doing, e.g. bike riding, going to movies, etc.
- In your own relationships and friendships try to do some of the enjoyable things that you did before your caring role began, such as going out to dinner, or going for walks.

Looking After You

Many carers find it difficult to address their own needs. They may have given up paid work and stopped socialising with friends. They may find it difficult to do even simple things like reading a book or going for a walk. Sometimes carers persist with their role to the point of exhaustion and breakdown.

The situation can lead to issues of guilt and blame if carers feel responsible for the person's mental illness or believe that they are not doing a good enough job of caring. They may think that by taking 'more' or 'better' care the person will recover from their mental illness.

If carers take on such a huge burden of responsibility it can have a negative impact on their own mental and physical health. An exhausted, frustrated and emotionally drained carer will find it difficult to keep giving.

How to care for you

- devote at least 30 minutes a day to yourself, and do what you enjoy, e.g. going for a walk, talking to a friend, reading a book, sitting down with a cup of tea, watching your favourite TV show, etc
- plan for longer breaks and use respite services if available
- attend a support group for friends and family
- avoid extra pressures and unnecessary tasks
- try to get out of the house at least once a day
- eat regular healthy meals
- exercise regularly
- get adequate sleep.

What Sort of Questions Should I Be Asking?

Caring for someone with a mental illness is a new experience for most people. It is usually a role they never expected or imagined they would need to take on. Working out what you need to know and the questions to ask is important.

Talking to mental health professionals

The psychiatrist, psychologist, case manager or GP can provide information about the disorder the person you are caring for is experiencing. Sometimes because of confidentiality, mental health professionals will not be able to discuss some of the particular issues affecting your relative unless you have the person's permission. However, you can always let the professional know of your concerns. In your capacity as a carer, you may have information and insights into your relative's situation that can assist the mental health professionals in providing effective care.

Some useful questions to ask:

- How do I find out more about my relative's mental illness?
- What do I do if there is a crisis?
- What are my relative's rights when they are in hospital?
- What are my rights as a carer?
- Are there support groups to help my relative or me?

- What are the side effects of the medication my relative is taking?
- What can I do if my relative refuses to take medication?
- What other treatments are available?
- Are there services that can help with accommodation?
- Are there services that can help with my relative's social needs?
- Is my relative able to work? Can someone help them look for a job?

Talking to your relative or friend

In your role as a carer, it is often easy to forget to simply ask if your relative is happy with the assistance you and others are providing. It is easy to start 'telling' the person what they 'should' be doing rather than just asking for their opinion.

It can be useful to bring up some of the following issues when the person is well and willing to talk:

- Are you happy with your mental health worker/ psychiatrist?
- Would you like a second opinion?
- Would you like to speak with someone else if it is difficult for you to discuss things with me?
- If you are going through a difficult time, e.g. experiencing an episode of psychosis; what can I do to help? What can I say that will help? Are there things that I should not say?
- How else can I help you?

How to Help Someone Experiencing a Psychotic Episode

If someone is experiencing a psychotic episode:

- Remove any immediate danger e.g. sharp objects, and ensure that your relative is in a safe environment.
- Contact your nearest mental health crisis team if the person is at risk of serious harm to themselves or someone else.
- Speak to their case manager or doctor if there is no immediate danger but you are concerned. They will be able to assess whether specialised hospital care or a change in medication is required.
- Do not argue with the person if they are expressing paranoid ideas or responding to internal voices. The ideas and feelings are very real to the person experiencing them. Let them know that you understand their viewpoint but that it differs from yours, e.g. "You may believe that Fred next door is spying on you, but I believe that he is an avid gardener who enjoys spending time in the garden."

What to do if Your Relative Is Suicidal

People with a mental illness sometimes think about and talk about suicide. Such thoughts are not uncommon for someone experiencing an acute episode of a mental illness. It does not necessarily mean that they will harm themselves. However, it is important that your relative discusses these thoughts with their doctor as soon as possible. All suicide threats should be treated seriously.

Suicide threats, especially when someone has a plan of how they will carry it out, require urgent attention. It can be helpful to attend suicide prevention workshops to learn how to identify risk factors, and learn the necessary actions that need to be taken. (See our fact sheet entitled '*What You Should Know About Suicide*').

If there is a crisis:

- Call your local mental health crisis team (always keep the phone number handy)
- Take the person to the Emergency Department at the nearest hospital if they are willing and can be safely transported
- Call '000' and request help from the emergency services if necessary
- Inform the health professional treating your relative or friend as they have a duty of care to provide advice and support.

Useful Websites

- Association of Relatives and Friends of the Mentally Ill NSW (ARAFMI): www.arafmi.org
- Carers NSW: www.carersnsw.asn.au
- Commonwealth Carer Respite Centres: www.centrelink.gov.au
- Children of Parents with a Mental Illness (COPMI) www.copmi.net.au
- SANE Australia: www.sane.org

Talk To Someone

We usually cope better with stress by talking to and sharing our feelings with other people. This may be as simple as talking to your partner or best friend. Sometimes carers find regular sessions with a counsellor or psychologist a good way of helping them manage the challenges of the caring role. Don't let misconceptions about your relative's mental illness stop you from seeking help.

- Contact the Mental Health Information Service on 1300 794 991 for information about services in your area
- Speak to your local doctor (GP)
- Contact the Australian Psychological Society (APS) on 1800 333 497 for referral to a psychologist in your area
- Call lifeline on 131114
- Call the Association of Relatives & Friends of the Mentally Ill (ARAFMI NSW Inc) on 9332 0700 or 1800 655198

Family and Carer Mental Health Program

You may also want to find out more about the activities of the Family and Carer Mental Health Program operating in your area.

This program aims to:

- improve family/carer wellbeing
- improve outcomes for consumers
- increase family/carer knowledge and ability to manage their caring role effectively
- promote open communication between services about family/carer issues.

It is run by four non government organisations (NGOs) across NSW who provide:

- education and training to build coping skills and resilience
- individual support, information, advocacy and peer support.

A fact sheet produced by the Mental Health Information Service

There is one NGO providing family and carer support in each Area Health Service (AHS). The contact details for each organisation are set out below:

Area Health Service	NGO Provider	Contact Details
Hunter New England AHS	Carer Assist www.sfnsw.org.au	Armidale (02) 6772 3211 Newcastle (02) 4925 2811 Tamworth (02) 6761 3222 Taree (02) 6551 4333 Warialda (02) 6729 1392
Greater Southern AHS	Carer Assist www.sfnsw.org.au	Albury (02) 6021 5882 Goulburn (02) 4822 3173 Griffith (02) 6962 3099 Moruya (02) 4474 0900 Queanbeyan (02) 6232 9044 Wagga Wagga (02) 6925 9399
Greater Western AHS	Carers NSW www.carersnsw.asn.au	Dubbo (02) 6884 7200 Orange (02) 6363 8430 or (02) 6363 9432 Broken Hill (02) 6361 2457
North Coast AHS	Carers NSW www.carersnsw.asn.au	Alstonville (02) 6628 6416 Coffs Harbour (02) 6650 0512 Tweed Heads (07) 5599 2141 Wauchope (02) 6585 1600
Northern Sydney Central Coast AHS	ARAFMI NSW www.arafmi.org	Gosford (02) 4324 0000 Ryde (02) 9888 1819
South Eastern Sydney Illawarra AHS	Carers NSW www.carersnsw.asn.au	Bulli (02) 4285 0155 Nowra (02) 4422 6514 Sydney (02) 9280 4744
Sydney South West AHS	Carer Assist www.sfnsw.org.au	Belmore (02) 9750 9744 Campbelltown (02) 4620 5255 Moss Vale (02) 4868 2755
Sydney West AHS	Uniting Care Mental Health www.parramattamission.org.au	Parramatta (02) 8842 8289



**Telephone Interpreter
Service 131 450**

A fact sheet produced by the Mental Health Information Service

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects

Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between \$10 - \$30 per individual per annum. Please note that most of the reference books are not available for loan.

You will find the Resource Centre Booklist on our website: www.mentalhealth.asn.au for further information contact 1300 794 991.

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.

This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from www.mentalhealth.asn.au. The Association encourages feedback and welcomes comments about the information provided.

This fact sheet was last updated in July 2010.



Mental Health Information Service
Mental Health Association NSW Inc
Level 5, 80 William Street
East Sydney NSW 2011

Phone: 1300 794 991
Fax: (02) 9339 6066
Email: info@mentalhealth.asn.au
Web: www.mentalhealth.asn.au

Suicide Thoughts and Behaviors: Some Guidelines

An Excerpt from Mental Health First Aid Guidelines, 2014

Suicide can be prevented. Most suicidal people do not want to die. They simply do not want to live with the pain. Openly talking about suicidal thoughts and feelings can save a life.

Do not underestimate your abilities to help a suicidal person, even to save a life.

How can I tell if someone is feeling suicidal?

It is important that you know the warning signs and risk factors for suicide, and the reasons why a person might have thoughts of suicide.

Signs a person may be suicidal:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

(Adapted from Rudd et al, 2006). Warning signs for suicide: Theory, research and clinical applications. *Suicide and Life-Threatening Behavior*, 36:255-262

Reasons why a person might have thoughts about suicide

The main reasons people give for attempting suicide are:

1. Needing to escape or relieve unmanageable emotions and thoughts. The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help.

*Adapted from May & Klonsky (2013) Assessing motivations for suicide attempts: Development of psychometric properties of the inventory of motivations for suicide attempts. *Suicide and Life-Threatening Behavior*, 43(5), 532-546.*

Factors associated with a higher risk of suicide

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Been recently exposed to suicide by someone else.

Suicide is also more common in certain groups, including males, indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people.

*Adapted from Howton K, von Heering K. Suicide. *Lancet* 2009; 373: 1372-1381.*

What you can do if someone tells you they are thinking of suicide?

- Get professional Help. See services on pages 18 – 20 in the NSW Resource List in this Toolkit.
 - Call LifeLine on 13 11 14. Let the person speak to Lifeline.
 - Take the person to the nearest Hospital Emergency Department
 - Self-care: Debrief with another conference member or the Conference President.
-

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Please cite the guidelines as follows:

Mental Health First Aid Australia. *Suicidal thoughts and behaviours: first aid guidelines* (Revised 2014). Melbourne: Mental Health First Aid Australia; 2014.

Enquiries should be sent to:

Mental Health First Aid
Australia email:
mhfa@mhfa.com.au

All MHFA guidelines can be downloaded from **www.mhfa.com.au**

TRAUMA INFORMED PRACTICE

ASCA FACTSHEET FOR WORKERS IN DIVERSE SERVICE SETTINGS

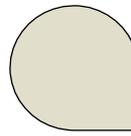
- 1 The majority of people who access the community services and mental health sectors have trauma histories; i.e. have undergone many overwhelming life experiences, interpersonal violence and adversity.
- 2 Current organisation of service-delivery does not reflect the prevalence of trauma. This has led to calls for implementation of a new paradigm – *Trauma-Informed Care and Practice* (TICP) with change to existing ways of operating, and application *across the full spectrum of service-delivery*. See the ASCA Guidelines at www.asca.org.au/guidelines (i.e. two sets of guidelines; second set is non-clinical for services, agencies and organisations to work in a 'trauma-informed' way).
- 3 Trauma-informed practice recognises that many problems, disorders and conditions are *trauma-related*. It rests on awareness of the impacts of trauma (as distinct from directly treating it) emphasises a 'do no harm' approach and aims to avoid *re-traumatisation*.
- 4 Key principles of trauma-informed practice – **safety, trustworthiness, choice, collaboration and empowerment** – should be embedded *for all activities at all levels of service-delivery*. They enable positive relational experiences, established by research as necessary both for resolution of trauma and for general well-being. Trauma-informed practice is 'win-win'!
- 5 Trauma is a state of high arousal in which coping mechanisms are overwhelmed in response to extreme stress. Our normal 'survival' responses ('fight', 'flight' and 'freeze') activated by the perception/experience of threat are initially protective. They only *become* pathological if traumatic experience is not resolved after the precipitating event/s.
- 6 Unresolved trauma has pervasive effects, and impairs a wide range of functioning. Trauma radically restricts the capacity to respond flexibly to daily stress and life challenges. *If trauma is not resolved people cannot 'move on'.*
- 7 'Complex' trauma is *cumulative, repetitive and interpersonally generated*. It differs from, and is more common than, 'single-incident' trauma (i.e. post-traumatic stress disorder; PTSD). It includes *child abuse* in all its forms; sexual, physical, emotional and neglect.
- 8 Unresolved trauma has life-long impacts and affects the next generation. *Parents do not need to be actively abusive for their children to be adversely affected* (e.g. parents with unresolved trauma histories may be unable to connect with their children emotionally).
- 9 *It is possible to recover from trauma*. The resolution of trauma in adults has positive effects on their children and can avoid transmission of trauma to the next generation.
- 10 Research has established the relationship between overwhelming childhood experiences and emotional **and** physical health problems in adulthood. *Childhood coping mechanisms* become risk factors for adult ill health if overwhelming childhood stress is not resolved.
- 11 Many symptoms and challenging behaviours should be reappraised as responses to trauma, with focus not on what is *wrong* with a person but rather on what *has happened* to a person.
- 12 The structure of the brain changes in response to experience (*neuroplasticity*). Early interactions with caregivers 'sculpt' the developing brain; experience of intimate relationships impacts our ability to cope with stress.
- 13 When a child is threatened, two brain circuits are activated simultaneously. Caught in the 'biological paradox' between the 'survival reflex' and the 'attachment circuit', the child's internal world collapses (Siegel, 2012). The brain of the traumatised child reorientates from 'learning' to 'survival'.



TRAUMA INFORMED PRACTICE

ASCA FACTSHEET FOR WORKERS IN DIVERSE SERVICE SETTINGS

- 14** Traumatized children often have problems with *emotional regulation, relationships, attention and reasoning under stress*. Such responses are frequently misinterpreted, evoking an ineffectual, punitive approach. While setting of boundaries is important, *consistent care*, rather than punishment, is required.
- 15** *Dissociative* responses to extreme stress ('spacing out') are common in infants and children, because under threat, young children are rarely able to 'fight' or 'flee'. *Both visible agitation (hyperarousal) and 'emotional blunting' (hypoarousal) are trauma responses.*
- 16** Because recovery is relational, positive experiences need to occur *within services and organisational settings* accessed by people with trauma histories. Trauma-informed service-delivery requires sensitivity to diverse coping strategies, recognition that both agitation and withdrawal are signs of distress, and that challenging behaviour may be trauma-related.
- 17** Basic knowledge of the brain helps us understand the effects of negative experiences on our functioning. This understanding can increase empathy with clients, and *self-compassion* for our own compromised functioning when we are stressed and 'not at our best'.
- 18** The brain comprises three regions from 'top to bottom': **cortex** (*thinking*) **limbic area** (*emotions*) and **brain stem** (*controls states of arousal, including 'survival' responses*). See Dan Siegel's 'hand model of the brain' at <http://www.youtube.com/watch?v=DD-lfP1FBFk> *Under stress, 'lower' brain stem responses flow 'bottom up' and limit our ability to be calm, reflect and respond flexibly.*
- 19** *Your own awareness, conduct and self-care affect your interactions with clients.* Personal well-being is a precondition for trauma-informed service-delivery. Staff well-being (which includes individual and organisational components) fosters empathy, reduces risk of vicarious trauma, and the likelihood of destabilising interactions with clients. Mutually rewarding, safe, courteous and respectful interactions *actively assist trauma recovery.*
- 20** In implementing the key principles of *safety, trustworthiness, choice, collaboration and empowerment*, trauma-informed practice focuses both on *what the service offers*, and on *the way in which it is provided*. *How you provide services – not just what you do – is crucial to operating in a trauma-informed way.*
- 21** You can learn more about trauma informed practice by attending ASCA trauma informed training. These programs can be tailor-delivered in-house on request. Alternatively you may attend one of the many training opportunities scheduled regularly around the country. To find out more go to **www.asca.org.au/workshops** The training for workers is endorsed for CPD points by AASW, ACA and ACMHN with CPD points available from APS, PACFA and CAPA for self-directed learning.



Responding with compassion when someone says “I have been sexually assaulted”

When someone says they have been sexually assaulted, the first response is critical to their recovery and decisions about what to do next.

A response which is supportive, non-blaming and compassionate will help the person feel they have chosen the right person to speak with.

A response which is non-believing, seeks to give excuses to the perpetrator, or in some way indicates that the person who experienced the violence is in some way to blame, will often result in the person not speaking of the violence again or for a very long time. This can lead to the trauma severely impacting that person's life.

To be the person someone chooses to tell the most awful story of their life to is a very honourable place to be. It is also a place of great responsibility. Below, and overleaf, are some examples of important things to do and say to someone who tells you they have been sexually assaulted.

Three key things to say

Say...

I am sorry for what has happened.

What happened is a crime.

I will do what I can to help.

This is heard as...

I believe you.

This is not your fault.

You are not alone.

24/7 Counselling

NSW Rape Crisis
1800 424 017

1800RESPECT
1800 737 732
1800respect.org.au

Administration

P 02 8585 0333
F 02 9555 5911

rape-dvservices.org.au
info@rape-dvservices.org.au

Initial Response

Do:

- Listen to the story.
- Let them express how they feel.
- Let them cry.
- Encourage them.
- Not worry if parts of the story don't add up.
- Tell them you are sorry for what happened.
- Explain what you can do.

Do Not:

- Tell them what to do or try to take over.
- Ask them the 'why' questions, why they were there, went there, why they trusted him.
Why questions are blame questions
- Get angry on their behalf.
They have enough to deal with without worrying about you
- Assume you know how they feel.
Everyone experiences sexual assault differently

If the sexual assault was recent

- Consider options for preserving forensic evidence.
- Help the person to access counselling and medical services.
- Assist them to consider reporting to Police.

Remember

The decision about what to do is always with the person who has been sexually assaulted.

Look after yourself

Assisting someone who has been sexually assaulted is difficult. Their level of pain and distress will impact on you. This is called vicarious trauma.

After you have assisted someone who has experienced sexual assault use your workplace support services to manage impacts. You can ring Rape & Domestic Violence Service Australia 24/7 to

debrief. Have your own strategies to make sure you are OK - keep contact with family and friends, laugh and have fun.

Notice changes and take action. You are too important to be lost to this work because it becomes too much.

How Rape & Domestic Violence Services Australia can help

You can refer any person who has been impacted by sexual violence to us.

If you are a counsellor and are working with someone who has been sexually assaulted you can consult with us on therapeutic interventions. You can also arrange for us to provide out of hours and annual leave support for your client.

If you have assisted a person who has been sexually assaulted you can contact us to debrief.

Factsheets on sexual assault, law and criminal justice processes, prevention, and the service can be downloaded from the website.

Contact Us

24/7 Counselling is available via:

Phone: 1800 424 017 (NSW)

Online: www.rape-dvservices.org.au

Those living outside NSW can contact 1800RESPECT:

Phone: 1800 737 732

Online: 1800respect.org.au

If you have questions regarding the material included in this factsheet, please contact administration:

Phone: 02 8585 0333

Email: info@rape-dvservices.org.au

Some Strategies for difficult situations

While we cannot avoid crossing paths with difficult people – in our jobs, friendships, and yes, sometimes even our families – we can do something about it. It takes work, but it is definitely worth the effort.

Here are six ways to approach dealing with difficult people:

1. **Avoid Labeling or Judging People**

If you think you are dealing with a difficult person, you are setting up the conversation to be difficult. Subconsciously, you may put people in categories and then expect them to behave that same way every time.

For example, your inner-talk about co-worker Jack may go something like this, "Oh that Jack is such a crab; he's going to complain about anything I suggest. I hate talking with him."

These thoughts that occur before the conversation even takes place may actually negatively impact the nature and outcome of the conversation. Resist the temptation to label or judge, even if their behavior is irritating or disturbing.

2. **Step Back Before You Respond**

Your natural response to a difficult person may be a quick or critical comeback. Stop yourself! That response may, in fact, come back to haunt you and cause the conversation to go spiraling downward.

Trust that the other person does not mean to be difficult. The more you can separate the behavior from the person, the less likely you'll be to interpret their behavior as a personal attack. Take time to compose yourself and think of your response, instead of reacting immediately.

3. **Stop Wishing They were Different**

How many times have you thought, "If only she would be more responsive, positive, or reliable?"

Stop wasting your precious mental energy on a futile effort as you've probably realized by now that wishing doesn't work. Difficult people are not irritating you on purpose—and the best way to see a change in them is to change your own thinking and behavior.

4. **Use a Learning Mindset Approach**

Approach each interaction with an open mind—avoid making decisions or predictions before you start. Really listen to what the other person has to say and remain open to their viewpoint. When people feel your support, they will be more willing to work with you.

Practice using this approach with a friend and see if he or she notices a difference. Or, seek help and feedback from someone you trust. A little candid feedback can get you back on track after a slip into auto-pilot mode.

5. **Acknowledge vs. Argue**

Our first reaction may be to argue and defend our case. When someone makes an unrealistic demand, we might blast out with a snappy retort like, "That can't be done!" or "That's not realistic," which can only lead the conversation spiraling downward (see point two above).

Instead, acknowledge their perspective and offer to collaborate on next steps. For example, "I can see that this is urgent and you want the system fixed by tomorrow morning. It is more complex than it may seem. I would like to take a moment to go over it and explore a timeframe that will ensure that it is fixed properly and completely." This type of response will not only position you as more of a partner, it will also lead to a better conclusion for both parties.

6. **Don't be a Difficult Person Yourself!**

It is easy to identify someone else being difficult. But, how many times do you look in the mirror and acknowledge that you are the one being difficult, especially when you are pushed, cajoled, or just plain tired?

Know thyself and recognize what triggers your own responses. Take responsibility for your actions without turning to your "dark side" so you don't become the difficult person that others avoid.

By changing your attitude and approach towards difficult people, you'll gain a wealth of knowledge, build relationships, and feel a whole lot better. You'll also find that others respond differently to you because they sense your support and willingness to listen.

*Diane Berenbaum is Senior Vice President and co-owner of Communico Ltd. and has more than twenty-five years of experience as a consultant, coach, and facilitator. Diane is the co-author of *How to Talk to Customers: Create a Great Impression Every Time with MAGIC®* and editor of the *MAGIC Service Newsletter*.*

From: http://www.communicoltd.com/pages/465_six_strategies_for_dealing_with_difficult_people.cfm