

• **HOW YOU CAN HELP** •
• **A TOOLKIT FOR FAMILIES** •



**SUPPORTING RECOVERY
FROM A MENTAL OR
SUBSTANCE USE DISORDER**



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

MODULE 2

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

When a family member has a mental or substance use disorder, it is important to take the time to learn about the disorder. By educating oneself as much as possible about the mental or substance use disorder, family members can take an active role in their loved one's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental or substance use disorder by providing information and practical resources. This toolkit consists of five learning modules. Module 2 provides information that can help families support their loved one to effectively manage their mental or substance use disorder and prevent a relapse of symptoms. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*

Module 3: *Communication and Problem-Solving Skills*

Module 4: *Caring for Oneself 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 at www.heretohelp.bc.ca. Families are also encouraged to seek out books, articles, videos and organizations that can further assist them in learning more about the specific disorder(s) that affect their family member.

About Us

B.C. Schizophrenia Society is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners members are AnxietyBC, BC Schizophrenia Society, Canadian Institute for Substance Use Research, Canadian Mental Health Association's BC Division, Institute of Families for Child and Youth Mental Health, Jessie's Legacy eating disorders prevention and awareness (a Family Services of the North Shore program) and Mood Disorders Association of BC (a branch of Lookout Housing and Health Society). The BC Partners are funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority. For more information, visit www.heretohelp.bc.ca



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



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

What Is Recovery?

Recovery is a process and a goal—it is learning to successfully manage a disorder, having control over symptoms and achieving quality of life. It involves overcoming the negative impact of a mental or substance use disorder despite its continued presence. It is less about returning to a former state than about adjusting expectations and realizing a person’s potential.

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

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

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

Recovery involves sticking to a treatment plan and working with the mental health professional to evaluate the effects of the treatment. Plans should be reviewed and revised if something isn’t working. Remember, it can take time before a person experiences the full effects of a treatment.

Family members can encourage their loved one to become an active partner with their treatment team. The more a person learns about their disorder and their treatment options, the better equipped they will be to make decisions about their health and well-being.

Positive Factors in Promoting Recovery

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

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

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

Supporting a person to cope with setbacks and stay well involves:

- **Learning to be aware of the ups and downs in managing a mental or substance use disorder**
- **Staying positive about managing the disorder and resolving problems that arise**
- **Taking a realistic approach to relapse and developing a plan**
- **Acknowledging the setbacks and reminding the person of past successes**

Although recovery is often seen as the ability to engage in daily activities like work, school, relationships and household tasks, there is also a personal nature to recovery. The diagnosis of a mental or substance use disorder can damage a person's self-esteem, therefore rebuilding one's confidence and sense of self-worth are important components of recovery. Having a sense of control over one's life, including management of one's disorder, can help a person feel more self-assured, and developing skills can help them find purpose and value in their contributions. In addition, love and acceptance from family members and friends can help a person to feel good about themselves.

A common denominator of recovery is the presence of people who believe in and support the person with a mental or substance use disorder. This is one of the ways that families can significantly aid in recovery.

"Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges."

- "The Lived Experience of Rehabilitation," Patricia Deegan

Developing an Illness Management Plan

This section outlines a process by which the person with the mental disorder and their family can work together to develop a plan for managing the disorder. Managing a mental or substance use disorder involves a number of steps:

- Working with a health care professional to develop a treatment plan that is best suited for the person
- Identifying what can be done to reduce risk of relapse
- Monitoring for signs of possible relapse
- Developing coping strategies to deal with stressors
- Formulating a plan to deal with symptoms early on
- Developing a plan for handling crises or emergencies

The emphasis is on early intervention and preventing relapse (i.e. when symptoms begin to reappear or worsen). It is critical to deal with symptoms as soon as they arise in order to reduce the severity and impact on a person's

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

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

*- Support for Families:
What Can Family And Friends Do To Help?
Mood Disorders
Society of Canada*

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

Families should talk with their loved one about the importance of involving the family in treatment planning and ongoing care.

Some individuals are reluctant to have information about their mental health shared with their families. Help your loved one better understand how you can support them when you are part of the treatment team. Negotiate how you will be involved and what information can or cannot be shared with you.

life. Finally, although a lot can be done to prevent relapse, it may still occur and having a plan will reduce the stress when it does.

One of the most important things families can do is to encourage their family member to take an active role in managing their illness. Active involvement by the person with the mental disorder in the treatment plan developed with their mental health professional leads to better adherence and outcomes.

For adult family members, this means being informed about treatment options and strategies to care for themselves. Learning about the illness and what can be done to improve their quality of life is an important first step.

If the person is having difficulties or has any questions about their progress, they should speak with their mental health professional about modifying the treatment plan.

Even young children can be involved to some degree in looking after their mental health. While treatment decisions may be left to their mental health professional and their parents, there are likely strategies the child can use to help manage their symptoms.

Regularly reviewing an illness management plan helps ensure that it can be adjusted to respond to changing circumstances and conditions.

Why Do People Relapse?

Relapse is common for people with mental disorders, particularly those struggling with a substance use disorder. Relapse does not mean failure. Instead, relapses should be seen as opportunities to learn how to better handle the disorder in the future.

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

Relapse Prevention

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

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

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



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

Triggers of Symptoms and Relapse

Many people can identify stressful events, worries or changes in their routine that occurred prior to a relapse. These could be major changes in their life, such as the death of someone close to them or a number of smaller stresses occurring at the same time.

Stressful events or ‘negative’ situations the person experienced before they became ill may be high-risk events that could trigger a relapse. It is important to identify coping strategies that will help the person deal with high-risk situations.

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

Triggers of a relapse are individual to the person. Once potential risk situations have been identified, family members can work together with their loved one to find ways to:

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



Talking with other families can be helpful to learn about other unique triggers. Find out if there is a support group for family members in your community.

For a listing of support groups, visit www.bcsm.org/monthly-meetings-calendar/



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



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

Possible Triggers of Relapse

Below are some of the more common triggers that may lead to a relapse. Remember that each person has unique triggers and taking action early can help prevent relapse.

- Stopping medication or not taking medication as prescribed
- Changing prescribed medication
- Using drugs and/or alcohol
- Being under stress or feeling overwhelmed
- Undergoing conflict in personal relationships
- Facing a stressful life event, such as the loss of a loved one
- Sleeping poorly or not getting enough sleep
- Having a poor doctor-patient relationship or not receiving enough support from community services
- Experiencing perceived failure, disappointment or criticism
- Going through changes in season, daily routine or life circumstances
- Coping with other health problems or concerns
- Contending with legal problems

Warning Signs of Relapse

Research has shown that people with a mental disorder often experience a specific and individualized series of changes in their thoughts, feelings and behaviours before a relapse. These are called early warning signs. Recognizing early warning signs and being proactive can help prevent or minimize a relapse.

Family members and friends are often the first to notice some of these changes in the person's personality and behaviour. The person with a mental disorder will likely also notice changes in themselves that may not be evident to those observing them. Some signs are quite common whereas others may be unique to an individual. It is critical to discover which ones are relevant for one's family member.

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

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

Common Early Warning Signs

Early warning signs are unique to the individual, so it's important to identify the changes a person experienced during the onset of their mental disorder. Below is a list of some common early warning signs.

Thoughts/Perceptions

- Difficulty concentrating
- Forgetfulness
- Difficulty making decisions
- Racing thoughts
- Preoccupation with worries or obsessions (e.g., about weight)
- Irrational thoughts or beliefs
- Sensitivity to colours, sounds, and light
- Hearing voices
- Thinking that alcohol/drug use is the only way to feel better

Feelings

- More tense/anxious
- Depressed/low
- Restless
- Elated/'high'
- Irritable
- Fearful
- Threatened
- Guilty
- Suicidal
- Extreme changes in mood

Behaviours

- Withdrawal from family and friends
- Loss of interest/motivation
- Difficulty sleeping or changes in sleeping habits
- Neglecting one's appearance
- Talking more or less than usual
- Using alcohol or drugs
- Extreme outbursts of anger
- Preoccupation with calories, dieting or weight loss
- Purging or vomiting
- Extreme separation anxiety
- Taking out anger on others
- Changes in academic or work performance
- Avoiding school or work

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



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



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

Worksheet: Identifying Your Family Member’s Relapse Signature

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

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

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

Relapse Signs

1

2

3

4

5

6

7

8

Worksheet: Ways to Deal with Early Warning Signs

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

Actions That Can Be Taken

What Family Can Do to Help

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



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

*** Remember to update these worksheets regularly with your family member.**

Responding to Acute Episodes

Remember:

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

A person cannot be talked out of a delusion.

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

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

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

An acute episode can be frightening, both for the person with the mental disorder and their family. Family members should pay attention to their instincts and put their safety first. If the threat of physical harm is imminent, stay close to a door or exit.

In crisis situations, it may be better to make oneself safe rather than trying to stop the person's behavior or talk them down. Remove oneself and other family members from the situation and call 911 or another emergency contact (see the crisis plan sheet on page 15).

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

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

Families can support their loved one by showing compassion for any trauma the person experienced. It takes a lot of courage to manage a mental or substance use disorder.

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

Who is Most at Risk of Suicide?

- More than 90% of people who commit suicide have a mental or substance use disorder
- Women attempt suicide more often, but men complete suicide more than women
- People experiencing stressful life events
- People with a detailed, well thought-out suicide plan
- People dealing with intense feelings of depression and hopelessness
- People with access to lethal means, such as weapons
- People who have made previous suicide attempts

Monitoring for Signs of Suicide

Suicide is the second leading cause of death among Canadians ages 15 to 34. Whenever a person is struggling with a mental or substance use disorder, it's important to check for possible signs of suicide. More than 90% of people who commit suicide have a mental or substance use disorder. People who have been admitted into the hospital or a residential treatment program face an increased risk of suicide when they leave temporarily and when they are discharged. People contemplating suicide do not necessarily appear unhappy or upset.

If a person is expressing suicidal feelings, don't be afraid to talk to them about it. Stay

with them or arrange for someone else to be with them.

If a person is feeling suicidal, suggest strategies they can use (e.g., talk to someone they trust, call a crisis line, go to the emergency ward at the hospital, or talk with their counsellor).

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

Warning Signs of Suicide Risk

Emotional Clues

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

Behavioural Clues

- sudden changes in behaviour
- gives away favourite possessions
- drug and/or alcohol use
- thanks people for their kindness, settling affairs, writing goodbye letters
- previous suicide attempts
- stockpiles medications or gains access to lethal means

Physical Clues

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

Verbal Clues

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

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

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

If you know someone who is suicidal, seek help immediately, even if they ask you not to do so.

Call 1-800-SUICIDE (1-800-784-2433) or visit www.crisiscentre.bc.ca for a list of crisis lines across B.C.

Family Crisis Planning

Part of managing a mental disorder involves identifying the steps for dealing with crises. Planning ahead can lessen the confusion and anxiety when a crisis occurs. An effective plan should include a description of the responsibilities of each family member and the phone numbers needed. Below is an example of a crisis plan. On the following page is a template that families can use to create their own family crisis plan.

Sample Family Crisis Plan		
Family Member	Job	Phone Number
1. Mom	Calls G.P.	888-7777
2. Mom	Calls neighbour to watch siblings	999-8888
3. Dad	Takes siblings to neighbour	
4. Dad	Phones sister from neighbour's house to pick up siblings	777-5555
5. Sister	Picks up siblings from neighbour	
6. Mom	Handles child/youth in crisis	
7. Dad	Calls emergency health services, local crisis response team or police if necessary	911 or phone number for local crisis response team

Worksheet: Family Crisis Plan

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

notes:

Hospitalization and Discharge Planning

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

Whenever a person is admitted to hospital, there should be a plan put in place to ensure that their recovery continues. Discharge planning (arrangements for care and services after the person leaves the hospital) should begin as soon as possible after someone has been admitted to hospital. A solid discharge plan will address the services necessary to ensure a successful transition to community living after the person leaves the hospital. It is important that family members who are providing care for their loved one are included in discharge planning. The essential components of a good discharge plan are outlined in the worksheet below.

Worksheet: Hospital Discharge Checklist

Medication

- Medication supply/prescription

- Number of days medication is supplied for

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

- Special instructions

Home

- | | |
|---|--|
| <input type="checkbox"/> Family residence | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Own home/lives alone | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Boarding home | <input type="checkbox"/> Residential care facility |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Other | <input type="text"/> |

Follow-up Mental Health Care

- | | |
|--|--|
| <input type="checkbox"/> Mental health team | <input type="checkbox"/> Psychiatric social worker |
| <input type="checkbox"/> Psychiatrist/therapist | <input type="checkbox"/> Community support group |
| <input type="checkbox"/> Nurse specialist/visiting nurse | <input type="checkbox"/> Day treatment referral |

School

- | | |
|--|---|
| <input type="checkbox"/> Counsellor | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="text"/> |

continued on next page ►

Worksheet: Hospital Discharge Checklist

continued from previous page

Activities of Daily Living

- Hygiene instructions

- Activity, rest

- Activities requiring assistance

- Safety instructions

- Work, school, skills training

Follow-up Medical Care

- Appointment with GP or mental health professional

- Medical clinic appointment

- Diet/fluid instructions

- Dental care

- Occupational therapy/Physiotherapy

- Special instructions

Special Needs

- Parenting plan

- STI prevention education

- Transportation needs

- Financial assistance

~A discharge checklist for psychiatric patients, J. Hochberger

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

Managing Medications

Medication plays an important role in the management of mental disorders. Some medications work to eliminate or reduce symptoms of the disorder, while other medications help reduce problematic side-effects.

Finding the right medication is often a process of trial and error. What works for one person may not work for someone else. Depending on the type of medication, it can take up to several months for the medication to fully take effect.

Families can help with medication by:

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

Families can also help by providing information about how the person appears to be doing on the medication and any side effects they notice. It is also important that the mental health professional is aware of any other medications they are taking. This includes non-prescription drugs (e.g., St. John’s Wort) as they can interact with prescription medications.

caution:

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

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

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

Questions to Ask About Medication

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

Worksheet: Side-Effects Checklist

Monitoring the side-effects of medications can help determine if a particular medication is the best available option, the optimal dosage and whether any additional medications can help. Minimizing side-effects greatly increases the chance that a person will continue to take their medications. As each medication has its own unique side-effects, it is important for families to understand what medication their loved one is taking. Find out what type of medication is being prescribed and research this medication along with other available options.

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

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



For more info on medications:

- **Local pharmacists are a great source of information for any medication your family member is taking**
- **Call 811 to talk to a nurse, pharmacist or dietician. Pharmacists are on call at 811 every night from 5pm to 9am to answer medication related questions.**

Worksheet: Medication Side-Effects

Work with your family member to write down information about the side effects of the medication they are taking.

- It's best to complete this activity with the health professional who is prescribing their medication.
- Ask their health professional what are the mild and more common side effects for each medication. Also, find out if there are any other, more serious side effects of which you should be aware. Always discuss any side effects from a medication with their health professional.
- Report any side effects observed or experienced, even if they were not mentioned by their health professional.

MEDICATIONS - POSSIBLE SIDE EFFECTS

NAME OF MEDICATION	POSSIBLE SIDE EFFECTS	ACTUAL SIDE EFFECTS
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
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Alcohol or Other Drug Use

Mental disorders and substance use problems frequently occur together. People with a mental disorder are 2 to 3 times as likely to have a substance use problem compared to the general population. Many youth and young adults who develop a mental disorder will use alcohol and/or drugs at some point in their life. They may use alcohol or drugs for a variety of reasons, such as to combat social anxiety, boredom or loneliness; to block out symptoms or side-effects of medications; or because of a desire to fit in with their friends.

People with mental disorders are more sensitive to the effects of alcohol and drugs, because they can increase severity of symptoms and risk of relapse. The use of these substances can also interfere with the effectiveness of prescribed medications. Use of alcohol and drugs is also associated with increased risk of violence or other legal problems. People with mental disorders and their families need to be fully aware of these possibilities.

Families may not detect that their family member also has a substance use problem, because many of the symptoms of substance use problems are similar to the symptoms of mental disorders. For example, paranoia can result from substance use, but it is also a symptom of schizophrenia.

If a substance use problem is suspected, encourage the person to get help. If they are unwilling, talk to the mental health professional involved in their care.

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

Substance use is not an easy issue to deal with. If a person suspects their family member is using alcohol and/or drugs, it is usually best not to accuse the individual as denial will likely be the response.

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

If the person is living with their family or visits them on a regular basis, it's important for the family to set some rules as to what they will tolerate with respect to substance use.

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



For information on how to talk to your family member about stopping problematic behaviours please see [Module 3: Communication and Problem-Solving Skills](#).



For more on helping your family member set behavioural guidelines, see [Module 4: Caring for Oneself and Other Family Members](#).

Studies estimate that:

- **As many as 50% of people with a mental disorder abuse illegal drugs or alcohol, compared to 15% of the general population**
- **12-18% of people with anorexia and 30-70% of people with bulimia also have substance use disorders**
- **47% of people with schizophrenia exhibit problem drug use**
- **56% of people with bipolar disorder have a substance use disorder**
- **15-24% of people with an anxiety disorder also have a substance use disorder**

Managing Symptoms and Behaviours of Mental Disorders

Depression

Depression often robs a person of energy and motivation, including the ability to take basic care of themselves. Gently encourage and support the person to engage in activities and begin assuming responsibilities they may have relinquished when they were experiencing more severe symptoms. Talk with them about what type of activities they are more or less likely to do, as well as where, when and how often. Allow the person with depression to set the pace and respect their emotional and physical limitations, as they may need the rest to get well again.

If the person lives on their own, try to make sure that they are safe and looking after themselves. Check to see that they are eating, drinking and maintaining their personal appearance (e.g., showering, washing clothes, etc.).

Exercise can help reduce negative moods and increase mental well-being. Engaging in physical activity can provide a sense of accomplishment and boost self-confidence.

Hallucinations

When someone appears to be hearing voices or sees things that others do not see, it is important to stay calm. Try to distract them by asking them to do something or try to engage them in conversation. Encourage the person to speak with their doctor or mental health professional about the hallucinations since an increase in the severity and persistence of hallucinations can be an indication of a relapse. They may also find it helpful to join a support group to talk about their experiences with hallucinations.

Delusions

Delusions are very firmly-held false beliefs that cannot be changed by telling a person that what they think isn't true. It is pointless to argue with someone who is experiencing a delusion, rather, acknowledge that they truly believe what they are saying but don't agree with it. Ask them to respect other's beliefs, just as they would like their beliefs respected.

A delusion is likely to be troubling for the person experiencing it, so try to remain calm and reassure them. It is better to address the distressing emotions they are likely feeling rather than the belief itself.

It's okay to assert limits with regards to discussing delusional beliefs and tactfully steer the conversation to other issues.

Manic Behaviour

An episode of mania may begin abruptly, over the space of a few hours or days, or gradually, over some weeks. When a person is in a manic phase, they may undertake actions that are socially embarrassing or harmful to themselves or to others around them. This may include engaging in behaviours without consideration of safety or potential consequences, such as irresponsible sexual behaviour or financial spending.

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

Further information on coping with voices (auditory hallucinations) can be found in the Preventing Relapse of Mental Illnesses Info Sheet available at www.heretohelp.bc.ca

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

If a person is exhibiting manic behaviour, try to be a calming influence on them. For example, try to slow things down (e.g., talk more slowly). Express concerns about their actions, but be prepared that they may not see anything wrong with their behaviour. As manic behaviour can seriously affect the well-being of the whole family, it is important to set clear limits on behaviour and take action when warning signs begin to appear.

If family members are concerned that their loved one may be headed for a relapse, they should follow their illness management plan and seek help.

Social Withdrawal

Families can gently encourage their loved one to participate in everyday family activities (e.g., eating meals, watching TV), but they should be prepared that their loved one may refuse. This may be difficult for them, depending on their stage of recovery. In particular, large family gatherings may be too overwhelming.

Social contact outside the family is very important. Many communities offer support groups or one-on-one peer support for people with a mental disorder. A person's friends can also be an important source of social enjoyment.

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

Apathy/Lack of Motivation

During the initial part of the recovery phase, a person may need more sleep and may need to be left alone to rest. However, it is helpful if family members try to make regular contact with them when they are up. Having a regular routine can help a person to get back on their feet and be active. Ask them to help with simple tasks or chores and be sure to thank them. Regular exercise and mental activity—even going for a walk and reading the newspaper can help.

It is important to move at a manageable pace, as pushing a person to do too much too soon can be overwhelming and may add stress to their life (and increase the risk of symptoms worsening). Families should ask their loved one what they feel they are able to do.

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

Aggressive Behaviour

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

Acknowledge their feelings with comments such as “I can see you are angry,” or “I understand how you feel.” Try not to argue with someone who is acting aggressively as it can escalate the violence. If they make reasonable requests that don't put anyone in danger, try to go along with them.

It is important to give the person their physical space and avoid a situation where someone becomes ‘cornered’ in a room. Encourage the person to sit down and sit beside them at an angle rather than directly in front of them. Avoid eye contact. A person who is feeling agitated and aggressive may need more space than usual and may not want to be touched.

Set a house rule of no violence. Families may need to consider alternative housing

if their loved one is living in the family home and refuses to deal with their aggressive behaviour.

It can be helpful to try to identify what triggers the aggression. Families should develop a plan outlining what everyone will do if the person's behaviour becomes difficult.

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

~Schizophrenia: A Handbook For Families, Health Canada

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

~Schizophrenia: A Handbook For Families, Health Canada

Embarrassing Behaviour

Clearly outlining and reaching an agreement about what behaviours will and will not be tolerated can help families deal with embarrassing behaviours. Family members are advised to examine their own attitude about why they are allowing themselves to be embarrassed. Many families have reported that a direct approach using simple, honest statements can sometimes work well to change behaviour. For example, saying something like “Stop that,” or “Knock it off,” or “That’s inappropriate behaviour.” This may have to be repeated.

Some families have found it helpful to remind themselves that their family member may not be aware that they are acting in an inappropriate manner.

Dealing with Anxiety

Avoidance

One of the most common ways that people respond to anxiety is to avoid the thing or situation that causes them anxiety or fear (e.g., children who are afraid of being separated from their parents will try to prevent their parents from leaving). It is very common for family and friends to get caught up in avoidance strategies associated with anxiety disorders. Believing it is helpful, family and friends will often encourage their family member to actively avoid anxiety producing situations. However, avoidance prevents a person from learning that the situation they are avoiding may not actually be dangerous.

Setting up safety behaviours is another common response used to deal with anxiety provoking situations. For example, someone who has had a panic attack in a grocery store in the past and now fears going to the grocery store alone, will only go if a family member accompanies them.

Unfortunately, these strategies only reinforce the anxiety over time, making it harder to overcome. By relying on safety behaviours, a person doesn't have the chance to learn that the dreaded outcome does not always occur (i.e., panic attack or some other terrible event).

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

Exposure and Why It Helps

The best way to counteract avoidance and safety behaviours is exposure. This involves gradually exposing oneself to the things one is afraid of. Exposure helps a person confront and control rather than avoid and be controlled by fears. Family can play a key role in this component of self-management and recovery.

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

Why Avoidance Is Harmful in the Long Run

Sally experienced a panic attack while grocery shopping one evening after work. She now falsely believes that avoiding grocery stores will keep her safe from having a panic attack.

The problem with this type of avoidance is that grocery stores are not actually dangerous, nor do they cause panic attacks. By avoiding grocery stores, Sally is missing the opportunity to learn that they are not actually dangerous.

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

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

Overcoming Avoidance and Safety Behaviours

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

More information about setting up an exposure plan and ways that family and friends can help with anxiety disorders can be found under "Self-Help" at www.anxietybc.ca

Ways to Reduce Stress

The amount of stress in a person’s life plays an important role in determining how seriously or how often a person falls ill. Finding ways of reducing stress is a priority for families in managing a mental or substance use disorder. Establishing clear expectations and structure within the family can help a great deal in reducing stress in the household.



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

Include the entire family in planning for any vacation, outing, visit or other activities. The plan should include how the family member with a mental or substance use disorder would like to handle the situation. Would they prefer to join the activity or to have quiet private time?

By identifying the situations that cause stress, family members can help their loved one assess what they can realistically do and problem solve ways to manage stressful situations. Some situations may need to be completely avoided (even temporarily).

Relaxation techniques may be helpful for when stress cannot be avoided. One technique is to visualize a pleasant image or scene—something that invokes feelings of contentment or relaxation. To do this, concentrate on one positive idea while trying to put other thoughts out of one’s mind. For example, try visualizing a calm scene, such as lying on a tropical beach. Focus on this thought instead of thinking about the situation that is causing the stress. Exercise can also help to reduce feelings of stress, by taking one’s mind off their worries. It also has a calming effect and can help improve concentration.

Supporting Other Aspects of Recovery

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

Fostering Independence

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

Encouraging the person to develop problem-solving skills, manage their illness, take care of themselves and make decisions will help empower them and provide them with some sense of control over their life. Families can begin by giving their loved one just enough support to help them manage, and then withdraw gradually as they begin to improve.

Personal Care and Appearance

Families can help a person to take care of their appearance and cleanliness by teaching skills that may have been lost through the illness. This may include gentle reminders to shower and brush their teeth, instructions on how to use the washing machine, and suggestions for dressing appropriately. Families can also help their loved one establish a daily routine.

Friendship

Developing relationships with people outside the family is important for anyone. When someone has a mental or substance use disorder, relationships with friends, co-workers, fellow students, and dating can be a real challenge. Having a safe place to practice social skills like small family gatherings and peer support groups can help a person to feel more comfortable developing relationships.

A person may lose some friends as a result of their behaviour prior to getting help or due to misunderstandings about mental and substance use disorders. As a person starts to feel better, it's important to encourage them to develop new friendships as well as keep up old ones.

One's family member may need help in deciding how much information to share about their disorder with friends and colleagues. It may be better to begin by sharing a little information at first (e.g., had a rough time for a while) and then begin disclosing more as they become more comfortable.

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

Money Management

Family members can help their loved one manage their money by supporting them to:

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

For some mental disorders, such as bipolar disorder, families may want to consider appointing a substitute decision maker to take responsibility for their family member's financial decisions during periods of illness. Contact a local mental health organization for more information.



Depending on a family member's level of disability, they may be eligible for disability benefits. Information on disability benefits in BC can be obtained by contacting the BC Ministry of Social Development and Poverty Reduction at 1-866-866-0800. Your family member may also qualify for Canada Pension Plan disability benefits, call 1-800-O-CANADA for information.

Taking Care of Health

Sometimes when a person has a mental or substance use disorder, the focus turns to their mental health problems and aspects of their physical health are ignored. Establishing an effective ongoing relationship with one's family doctor can help a person monitor both their physical and mental health. Good dental care is also important.

Exercise

Exercise can help lift one's mood, improve self-esteem, enhance ability to sleep restfully, aid memory and concentration, decrease anxiety and combat weight gain—a side-effect of some medications. Look for activities the whole family can participate in or sports the person enjoyed previously. Even a walk around the block is a good start. If the person has been inactive for a while, or their previous exercise efforts were part of an eating disorder like anorexia, check with their doctor before embarking on an exercise plan.

Diet

A healthy diet is important for everyone. When a person isn't feeling well, it can be difficult to find the desire to eat properly, but poor diet can lead to other physical and mental health problems. If the person is living independently, check to see whether they are eating properly. People living on disability benefits may need help to set a budget to ensure there is enough money for food. Rather than just giving them cash, it may be more helpful to bring over a bag of groceries.

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

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

Encourage Hobbies and Other Meaningful Activities

Meaningful activities are those that a person enjoys and in which they find value. Examples include recreational and leisure activities, volunteering, hobbies and special interests. When a person feels they are well enough, encourage them to start considering which activities they might enjoy and begin trying them out. Activities that build on the person's strengths are a good starting point (e.g., sports, music, art classes).

For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at www.heretohelp.bc.ca

