



How You Can Help



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Mental health and substance use
information you can trust

A TOOLKIT FOR FAMILIES

**A Resource for Families Supporting
Children, Youth and Adults with a
Mental or Substance Use Disorder**

2010



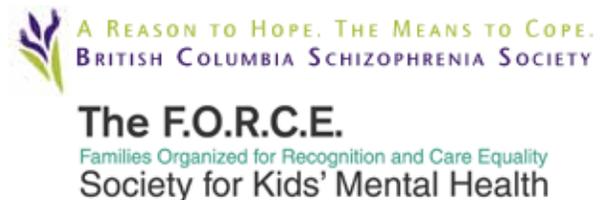
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BRITISH COLUMBIA SCHIZOPHRENIA SOCIETY

The F.O.R.C.E.

**Families Organized for Recognition and Care Equality
Society for Kids' Mental Health**

About Us

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



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This resource developed by the Nicole Chovil, PhD, British Columbia Schizophrenia Society with contributions from Keli Anderson, F.O.R.C.E. Society for Kids Mental Health. **Funding for this project was provided by BC Mental Health and Addiction Services, an agency of PHSA.**

Managing a Mental Illness

note:

For the purposes of this toolkit, we use the terms “mental illness” and “mental and substance use disorders” to refer to the set of disorders included in this toolkit. They include anxiety disorders, eating disorders, mood disorders (bipolar disorder and depression), schizophrenia, and substance use disorders (e.g., alcohol or other drug addiction).

Learning how to cope with any ongoing illness is no easy task. Learning how to manage a mental illness and make the most out of life can be challenging. However, with information and the support of their family and friends, most people (children, youth and adults) can take an active role in managing the symptoms of their disorder and in living a fulfilling and productive life. Illness management (also referred to as self-management) is a set of strategies designed to help individuals with a mental or substance use disorder to cope effectively with various aspects of their illness. An important part of illness management involves working collaboratively with the person’s mental health professionals involved in the person’s care. In addition, there are various strategies a person can use to help reduce the impact of the illness on their lives. These strategies are not intended to replace professional medical care for mental or substance use disorders but should be viewed as strategies individuals and families can use on a day-to-day basis.

Illness management involves both understanding the particular illness or disorder and using techniques to live successfully with the illness. Living successfully with one’s illness is often referred to as recovery. Recovery is not necessarily an absence of symptoms, but rather is often personally defined—discovering strengths, pursuing personal goals and developing a sense of identity that goes beyond the mental illness. It is probably best thought of as a journey rather than a desired end state.

Although there can never be a guarantee that a person will stay well, research shows that the information in this toolkit can help people to be more prepared, take action to get help when needed, and reduce the likelihood of a relapse occurring.

Why Do We Need a Toolkit for Families and Friends?

Illness management is typically presented as a set of self-management tools and strategies that patients or people with a diagnosed mental illness can use to manage their illness. However people with mental illness or substance use problems are not ill in isolation. Families and friends, no matter what they think of the illness, are involved in the lives of those they care for.

Families play a major role in supporting a person with a mental illness. Children and youth depend greatly on their families to help them deal with mental health problems. Spouses provide much needed support to their partners. As adults, we also rely on those who care about us to help us deal with problems that affect our lives.

Research shows that adults with chronic illness do much better when they have a strong social network. Research has also shown that peo-



You may benefit from reading this toolkit if:

- You are seeing your family member engage in behaviours that you instinctively know are not quite right
- You’ve noticed that quirks or behaviours haven’t improved despite your child getting older
- Your adolescent or teenager is showing unusual behaviours that are interfering with their school, social life or relationship with the rest of the family
- Your family member (child, youth, or adult) has been recently diagnosed with a mental or substance use disorder
- Your family member is struggling with their mental health problem and you would like to know how you can help them to have a better quality of life
- You are seeking general information about how you can support a family member who has an ongoing mental illness

ple who have major health problems recover more quickly and stay well longer when they have family members around to help them solve problems and deal with stressors in their lives. It is estimated that 40-65% of adults with a serious mental illness live with their families and many more have ongoing contact with their family. Family and friends are often the first to notice that “things are not quite right.” They are often called upon when help is needed. In order to best help a person, families also need information on how to support a person to manage their illness effectively.

When a person is diagnosed with a mental or substance use disorder, their health care provider will work with the person to determine the best method(s) of treating the disorder.

How Do I Use This Toolkit?

For the purposes of this toolkit, the term “family” is defined as an extended network of parents, spouses, siblings, children, other relatives and close friends. Regardless of who makes up the social support network, these individuals can play a crucial role in helping a person to manage their illness effectively.

This toolkit was designed to be used by families who have a family member with one (or more) of the following disorders: anxiety disorders, eating disorders, mood disorders (bipolar disorder and depression), schizophrenia, or substance use disorders (alcohol or other drug addiction). Families who have a family member who has symptoms but has not yet received a diagnosis may also find the information contained in this toolkit helpful. Families should always ensure that they obtain medical or professional advice in addition to reading this toolkit.

The aim of this resource is to highlight some of the more common issues that arise for families who have a family member who is faced with managing a mental illness. Coping effectively often involves learning new skills and making lifestyle adjustments. There are many things you can do to help your family member stay mentally well. For example, learning early warning signs can help prevent a relapse. Finding ways to reduce stress can help a person cope more effectively.

Learning as much as you can about mental illness is critical to providing effective support. All members of the family, including the person or child with the illness will benefit from increased understanding about symptoms, preventing relapse and ways to increase quality of life. This knowledge will help everyone involved be informed decision-makers about the support they can provide.

Module 1 provides a very brief overview of the various mental and substance use disorders and the more commonly-seen symptoms. We strongly encourage families to seek additional information relevant to their family member’s diagnosis as it is not possible to provide a comprehensive overview in this toolkit.

In **Module 2**, we explore the main features of illness management—identifying risk factors and early signs of possible relapse, developing a crisis plan and managing emergencies. Gaining mastery over symptoms and relapses is an important component of illness management. Not everyone will experience a re-occurrence of symptoms, however, the course of a mental or substance use disorder is often unpredictable. Watching out for early signs or problems and having a plan to cope will greatly assist in preventing a setback or worsening of symptoms.



Families may also benefit from reading the toolkits produced by the BC Partners for Mental Health and Addictions Information.

These include:

- Anxiety Disorders Toolkit
- Depression Toolkit
- Mental Disorders Toolkit
- Problem Substance Use Workbook
- Wellness Modules

These toolkits are available through the BC Partners. Please call 1-800-661-2121 or visit us online at www.HereToHelp.bc.ca

We have attempted to provide information and strategies that are relevant for adults as well as children and youth. It is important to keep in mind that there will be features of illness management that are unique to the person or child. Not all strategies will be applicable to everyone.

A good treatment plan is essential to managing an ongoing mental health problem. In order to provide the best support, families need basic information about their family member's treatment plan. Families who are providing ongoing, day-to-day care should be involved in treatment planning and monitoring. This will require developing a collaborative relationship with both your family member and the professionals involved in your family member's care. Families can help by providing information about how well their family member is doing (e.g., symptom management) and by encouraging their family member to work together with their mental health provider so that treatment is maximized.

Good communication and problem-solving skills will aid greatly in dealing with the challenges that mental illness presents to families. **Module 3** focuses on basic communication skills that all of us use in our day-to-day interactions. These include providing respectful feedback about behaviours and activities your family member engages in and conveying concerns or requests to change a behaviour in a respectful considerate way.

Positive feedback helps to build self-esteem and enables your family member to feel good about him or herself. Providing constructive feedback about difficult or problematic behaviours allows families to give negative information in a non-critical way.

In the last part of the module, we have provided a step-by-step approach to working through problems that arise in day-to-day coping with a mental or substance use disorder. These steps include defining the problem, exploring alternatives, deciding on a solution, implementing the solution and then evaluating the success of that solution.

In **Module 4** you will find tips and suggestions to help families to care for themselves. When mental illness strikes in a family, everyone is affected. How the person and their support network (families, friends, co-workers, etc.) cope on a daily basis plays a critical role in determining the quality of life for everyone. Having a family member diagnosed brings on many emotions and creates stresses in most relationships. Learning how to manage these feelings and relationships is essential to successful coping.

When a child or youth develops a mental health problem, it will likely have implications for how well they do in school. In some situations, additional support from the education system will be needed. **Module 5** presents some useful tips and tools for parents and teachers to help ensure that children are supported to do the best they can in school.

Whenever possible, we encourage families to work together with their family member to develop a plan for managing a mental or substance use disorder. For some families this may require helping your family member better understand how support from the family will help them achieve a higher quality of life. It is important to create a safe climate to talk about your family member's problem and negotiate a level of family involvement that meets everyone's needs. Each family will be unique as the degree to which the ill family member can make their own decisions about their health and



For more information about how you can become a better judge of health research findings and for summaries of mental health topics especially written for people diagnosed with a mental disorder and their families see www.cochraneconsumer.com

manage their illness in their day-to-day lives. The family member's age, level of maturity, type and severity of the disorder, and the resources of the family are factors which will influence the extent to which the family will be involved in the care of the person.

Most people are able to make decisions regarding the medical care of their disorder and can take care of themselves on a day-to-day basis. However, in some situations (or at some points in their life), a person may need some help to make decisions or may need a certain amount of decision-making done for them. Examples would include a young child, a person who does not believe they are ill, or someone who becomes acutely ill and unable to make decisions for themselves. There is a wealth of information contained in this toolkit, so we advise that you take your time and read it at your pace. Feel free to read the sections in any order. Your starting point (the first steps you may want to take) will likely depend on how well your family member or friend is doing and how long they have been dealing with a mental disorder. It may be helpful to re-read sections as it can be difficult to take in a lot of information at any one time. Although the idea of managing a mental illness may appear overwhelming at first, most people find they feel empowered by the information and strategies contained in this toolkit. Be kind to yourself—caring for someone with a disorder can be challenging. Go slow. Celebrate the small successes.

We strongly recommend that you consult additional resources and have listed some useful books and websites as a starting point. In your search for other resources, please be aware that the quality and accuracy of information can vary greatly. An important component of illness management is being able to evaluate the quality of the information. The information that is available is not always supported by evidence to date and caution is advised.

Disclaimer

The *How You Can Help Toolkit* is not intended to replace the need for a trained mental health professional when diagnosing, treating or managing a mental or substance use disorder. While BC Partners for Mental Health and Addictions Information makes every effort to provide reliable and accurate information, BCPMHAI does not guarantee the accuracy of its materials. The information provided through BCPMHAI is not intended to provide, nor is it a substitute for, professional medical advice or other professional services. Decisions regarding specific interventions for individuals remain the responsibility of the person who has the illness, in collaboration with their health care professional and support network.

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



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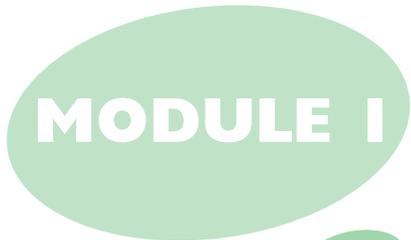


UNDERSTANDING MENTAL AND SUBSTANCE USE DISORDERS

What Are Mental and Substance Use Disorders? 3
 How Mental and Substance Use Disorders Can Affect a Person 4
 Types of Mental and Substance Use Disorders 5
 What Are the Causes of Mental Disorders? 6
 What Are the Treatments Available? 7
 Common Warning Signs 8
 What to Do If You Suspect a Problem 10
 Navigating the Child and Youth Mental Health System 11
 Navigating the Adult Mental Health and Addictions System 12
Worksheet: Local Mental Health Resources 13
 What If My Relative Refuses to Get Help? 14
 Criteria for Involuntary Admission 14



The F.O.R.C.E.
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Module 1: Understanding Mental and Substance Use Disorders

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental illness by providing information and practical resources. The Toolkit consists of five learning modules. Module 1 presents an overview of common mental and substance use disorders and how to seek help if you suspect your family member is experiencing mental health problems. The other four modules in the Family Toolkit are:

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

Module 3: *Communication and Problem-Solving Skills*

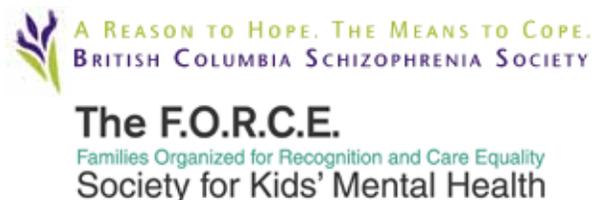
Module 4: *Caring for Yourself and Other Family Members*

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

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

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Introduction

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery.

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

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

Anxiety Disorders Association of BC | www.anxietybc.com

British Columbia Schizophrenia Society | www.bcss.org

Canadian Mental Health Association- BC Division | www.cmha.bc.ca

Centre for Addictions Research of BC | www.carbc.uvic.ca

The F.O.R.C.E. Society for Kids' Mental Health | www.bckidsmentalhealth.org

Jessie's Legacy - Family Services of the North Shore | www.familyservices.bc.ca

Mood Disorders Association of BC | www.mdabc.net



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

The HereToHelp website is a great starting place: www.heretohelp.bc.ca

What Are Mental and Substance Use Disorders?

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

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

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

Mental disorders can include:

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

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

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

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

How Mental and Substance Use Disorders Can Affect a Person

Thinking

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

Mood

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

Perception

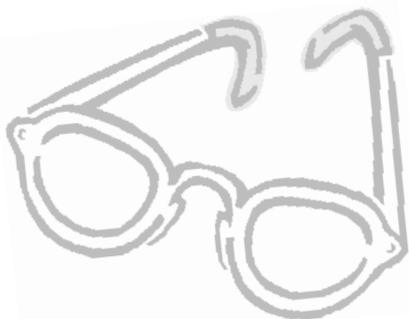
The person may experience the world with their senses (vision, smell, taste, touch, hearing) in unusual and/or strange ways (e.g., hearing voices, exaggerated sensitivity to sound).

Behaviour

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

Social Withdrawal

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



Types of Mental and Substance Use Disorders

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

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

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

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

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

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

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

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

More information about these disorders can be found in the Anxiety Disorders Toolkit at www.heretohelp.bc.ca

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

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

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

Mental Disorders Can Look Different in Children and Youth

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

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



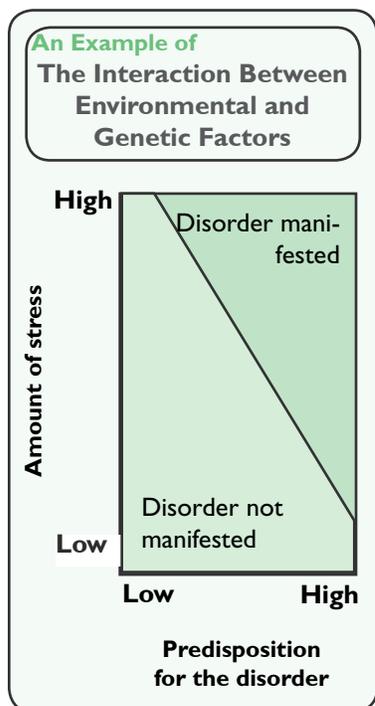
What Are the Causes of Mental Disorders?

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

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

Consider the example of diabetes:

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



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

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

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

What Are the Treatments Available?

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

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

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

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

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

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

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

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

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

?

For more information on treatments used with specific disorders, please check out our toolkits and fact sheets available at www.heretohelp.bc.ca

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

?

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

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

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

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

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

Common Warning Signs

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



In younger children:

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

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

In older children and pre-adolescents:

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



In adults:

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



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

~person diagnosed with bipolar disorder

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

What to Do If You Suspect a Problem

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

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

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

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

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

Navigating the Mental Health System

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

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

For information about child and youth mental health services, please visit www.mcf.gov.bc.ca or contact your local Ministry of Children and Family Development office.

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

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

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

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

Navigating the Child and Youth Mental Health System

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

Family Doctor or General Practitioner

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

Specialist (e.g., Pediatrician, Psychiatrist)

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

**Child and Youth Mental Health Services
Ministry of Children and Family Development (MCFD)**

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

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

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

Student Support Services

- Program placement
- Assessment
- Referral to MCFD mental health

Teacher

- Modified school work
- Seating alternatives
- Test alternatives

School Counsellor

- Assessment
- Counselling/therapy
- Program placement



Navigating the Adult Mental Health and Addictions System

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

Family Doctors/ General Practitioners

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

Psychiatrists

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

Hospitals

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

Mental Health Services

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

Community Services

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

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



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

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



Worksheet: Local Mental Health Resources

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

Family Doctor

Family Support Group

Hospital

Clubhouse

Mental Health Centre

School Support Services

Child and Youth Mental Health Services

Psychologist

Case manager

Alcohol and Drug Services

Psychiatrist

Psychologist

Housing Worker

Employment and Assistance Worker



What If My Relative Refuses to Get Help?

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

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

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

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

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

Criteria for Involuntary Admission

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

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

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

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

For further information about British Columbia's Mental Health Act, please visit the Ministry of Health website at www.health.gov.bc.ca/mhd/



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

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



SUPPORTING RECOVERY FROM A MENTAL OR SUBSTANCE USE DISORDER

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

~ *Recovery for Families*, Chris Amenson



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

The F.O.R.C.E.

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

MODULE 2

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

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

Module 1: *Understanding Mental and Substance Use Disorders*

Module 3: *Communication and Problem-Solving Skills*

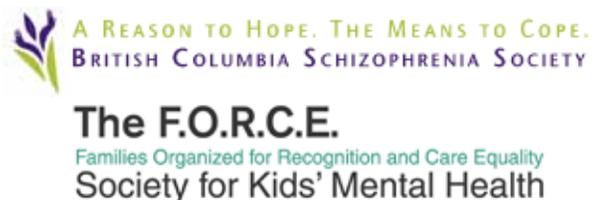
Module 4: *Caring for Yourself and Other Family Members*

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

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

About Us

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



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MODULE 2

Supporting Recovery from a Mental or Substance Use Disorder

What Is Recovery?.....4

Developing an Illness Management Plan5

Why Do People Relapse?.....6

 Relapse Prevention6

 Triggers of Symptoms and Relapse6

 Worksheet: Identifying Potential Relapse Triggers8

 Common Early Warning Signs.....9

 Worksheet: Identifying Your Family Member’s Relapse Signature10

 Worksheet: Ways to Deal with Early Warning Signs.....11

Responding to Acute Episodes.....12

Monitoring for Signs of Suicide.....12

 Warning Signs of Suicide Risk13

Family Crisis Planning.....14

 Sample Family Crisis Plan14

 Worksheet: Family Crisis Plan.....15

Hospitalization and Discharge Planning.....16

 Worksheet: Hospital Discharge Checklist.....17

Managing Medications18

 Worksheet: Side-Effects Checklist19

Alcohol or Other Drug Use20

Managing Symptoms and Behaviours of Mental Illness.....21

 Depression21

 Hallucinations21

 Delusions21

 Manic Behaviour21

 Social Withdrawal.....22

 Apathy/Lack of Motivation.....22

 Aggressive Behaviour22

 Embarrassing Behaviour.....23

Dealing with Anxiety23

 Avoidance23

 Overcoming Avoidance and Safety Behaviours24

 Exposure and Why It Helps24

Supporting Other Aspects of Recovery.....25

 Fostering Independence.....25

 Personal Care and Appearance.....25

 Ways to Reduce Stress.....25

 Taking Care of Health26

 Friendship26

 Money Management26

 Diet27

 Exercise27

 Encourage Hobbies and Other Meaningful Activities27

What Is Recovery?

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

~ *Recovery from Mental Illness*, William Anthony

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

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

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

Positive Factors in Promoting Recovery

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

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

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

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

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



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

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



Supporting a Person to Cope with Setbacks and Stay Well Means

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

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

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

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

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

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

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

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

~ The Lived Experience of Rehabilitation. Patricia Deegan



Developing an Illness Management Plan

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

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

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

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

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

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

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

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

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

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

Why Do People Relapse?

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

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

Relapse Prevention

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

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

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

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

Triggers of Symptoms and Relapse

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

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

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

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

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

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

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

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

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

Possible Triggers of Relapse

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

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



Worksheet: Identifying Potential Relapse Triggers

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

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

Potential Situations

1	
2	
3	
4	
5	
6	



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

Warning Signs of Relapse

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

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

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

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

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

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

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

Common Early Warning Signs

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

Thoughts/Perceptions

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

Feelings

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

Behaviours

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

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

Worksheet:
Identifying Your Family Member’s Relapse Signature

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

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

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

Relapse Signs

1	
2	
3	
4	
5	
6	
7	
8	

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

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

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

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

Worksheet: Ways to Deal with Early Warning Signs

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

Actions That Can Be Taken



What Family Can Do to Help

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



Responding to Acute Episodes

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

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

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

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

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

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

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

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

A person cannot be talked out of a delusion.

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

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

Monitoring for Signs of Suicide

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

Predictors of Suicide Risk

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

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

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

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

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

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

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

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

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

Warning Signs of Suicide Risk

Emotional Clues

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

Behavioural Clues

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

Physical Clues

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

Verbal Clues

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

~Suicidal Behavior, NEED Crisis and Information Line

Family Crisis Planning

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

Sample Family Crisis Plan

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

Worksheet: Family Crisis Plan

notes:

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

Hospitalization and Discharge Planning

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

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

Worksheet: Hospital Discharge Checklist

Medication

Medication supply/prescription

Number of days medication supplied for

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

Special instructions

Home

Family residence

Own home/lives alone

Boarding home

Hotel

Other

Group home

Nursing home

Residential care facility

Foster care

Follow-up Mental Health Care

Mental health team

Psychiatrist/therapist

Nurse specialist/visiting nurse

School

Counsellor

Individual Education Plan (IEP)

Psychiatric social worker

Community support group

Day care program referral

Student Support Services

continued on next page ►



Worksheet: Hospital Discharge Checklist

continued from previous page

Activities of Daily Living

- Hygiene instructions

- Activity, rest

- Activities requiring assistance

- Safety instructions

- Work, school, skills training

Follow-up Medical Care

- Appointment with GP or mental health professional

- Medical clinic appointment

- Diet/fluid instructions

- Dental care

- Occupational therapy/Physiotherapy

- Special instructions

Special Needs

- STD and AIDS prevention education

- Transportation needs

- Financial assistance

~A discharge checklist for psychiatric patients, J. Hochberger

Managing Medications

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

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

Families can help with medication by:

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

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

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

Questions to Ask About Medication

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

caution:

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

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

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



For more info on medications:



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

Worksheet: Side-Effects Checklist

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

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

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

Alcohol or Other Drug Use

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

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

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

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

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

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

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

Studies estimate that:

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

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

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

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

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

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

Managing Symptoms and Behaviours of Mental Illness

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

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

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

Depression

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

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

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

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

Hallucinations

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

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

Delusions

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

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

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

Manic Behaviour

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

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

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

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

Social Withdrawal

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

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

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

Apathy/Lack of Motivation

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

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

Aggressive Behaviour

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

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

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

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

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

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

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

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

~Schizophrenia: A Handbook For Families, Health Canada

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

Embarrassing Behaviour

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

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

Dealing with Anxiety

Avoidance

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

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

Exposure and Why It Helps

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

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

Overcoming Avoidance and Safety Behaviours

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

Why Avoidance Is Harmful in the Long Run

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

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

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



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

Ways to Reduce Stress

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

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

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

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

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



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



Supporting Other Aspects of Recovery

Fostering Independence

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

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

Personal Care and Appearance

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

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

Friendship

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

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

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

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

Money Management

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

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

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

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



Taking Care of Health

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

Diet

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

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

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



Exercise

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

Encourage Hobbies and Other Meaningful Activities

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



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

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

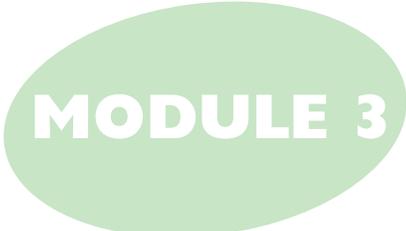


COMMUNICATION AND PROBLEM-SOLVING SKILLS

- Elements of Good Communication 3
- Expressing Ourselves Clearly..... 3
- Communication Guidelines 3
- Communication Is Both Verbal and Nonverbal 5
- Communication Skills..... 5
 - Telling People What Pleases Us: Communication of Praise..... 5
 - Worksheet: Catch a Person Pleasing You 6
 - Expressing Negative Feelings..... 7
 - Listening 9
 - Some Barriers to Listening 11
 - Suggestions for Increasing Your Ability to Listen 11
 - Supportive Listening Skills..... 12
 - Empathy 12
 - Worksheet: Assess Your Communication Skills..... 13
- Dealing with Communication Problems 14
- Talking to Children and Youth about Mental Illness 14
 - Suggestions for What to Talk About..... 15
- Conflict Situations..... 16
 - Choose Your Conflicts..... 16
- A Structured Approach to Problem-Solving 17
 - Problem-Solving Scenario..... 19
- Stages of Change 20
- Motivating Your Family Member to Make a Change..... 22



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



Module 3: Communication and Problem-Solving Skills

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental illness by providing information and practical resources. The toolkit consists of five learning modules. Module 3 provides practical skill training in effective communication and problem-solving. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*

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

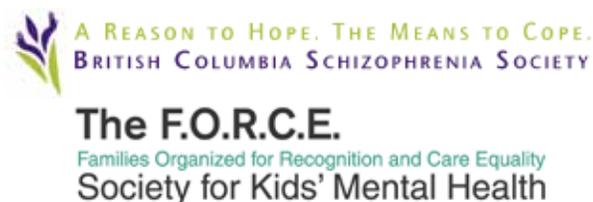
Module 4: *Caring for Yourself and Other Family Members*

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

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

About Us

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



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Introduction

Communication is one of the most frequent activities we engage in on a day-to-day basis. It has been suggested that 75% of our waking time is spent communicating. How often have all of us probably felt at one time or another that we were not as effective as we would have liked in our communications with others? Success in communicating depends on the communication choices we make and awareness about the factors that can influence how messages are delivered and reacted to by others. The more you know about communication, the better your chances of communicating effectively. Practice is essential.

You may find that as you read through this section, you are already doing the kinds of communication discussed in this section. If so, you can rest assured you are on the right track.

These communication techniques are useful for everyone in the family including the person with the illness. Good communication enhances relationships between the person with the illness, their health care providers, and their family. Mental and substance use disorders can create additional challenges, especially when the disorder affects a person's ability to think clearly or concentrate. Even at the best of times, it can be difficult to talk about sensitive topics. Sometimes communicating with a family member who has mental illness can be one of the hardest things we do. This is because, as family members, we bring a range of expectations and emotions to dealing with the illness.

The goal of this section is to provide families with the skills they need to discuss their thoughts, feelings, needs and problems constructively and successfully. This will help to ensure that issues are discussed and that action is taken to resolve problems.

Good communication can help:

- Express concerns and worries you may have about your family member in a non-threatening way
- Reduce the risk of relapse by creating a positive environment at home
- Enhance communication with professionals involved in your family member's care in the resolution of problems
- To clarify what each member of the family can do to help facilitate recovery

Communication should always include consideration of whether we are responding with the appropriate sensitivity to the well-being of the person who is receiving our message.



Elements of Good Communication

Ideal communication, especially when mental illness is involved, should consist of a number of elements:

- Clear communication. This will increase our chance that the message we intend to send is the one that is received.
- Willingness to listen to concerns and worries of family members.
- Use of language that is understandable to all persons involved.

When a family member has a mental illness, effective communication is even more important than usual. Your family member can experience stress when they have difficulty understanding what is said or what is expected of them. It can also be stressful when there are many arguments or too much criticism in the household. Stress is a common trigger for relapse, so it is important to reduce stress whenever possible.

Effective communication takes time, practice and cooperation.

Communication Guidelines

Avoid laying blame. Try not to blame yourself or your family member for the mental illness.

Remember, mental and substance use disorders are illnesses just like diabetes or high blood pressure.

Good communication is a matter of practice, persistence and using many of the skills we already have.

- Use short, clear direct sentences. Long, involved explanations may be difficult to follow as some mental disorders make concentrating difficult. Short, clear, and specific statements are easier to understand and answer.
- Keep the content of communication simple and focused. Cover only one topic; give only one direction at a time. Otherwise, it can be very confusing to follow the conversation, especially for someone with a mental illness.
- Do what you can to keep the ‘stimulation level’ as low as possible. A loud voice, an insistent manner, making accusations and criticisms can be very stressful for anyone who has suffered a mental breakdown.
- If your family member appears withdrawn and uncommunicative, back off for a while. Your communication will have a better chance of getting the desired response when your family member is more open to talking.
- You may find that your family member has difficulty remembering what you have said. You may have to repeat instructions and directions.
- Be pleasant and firm. If you make your position clear and do not undermine what you are expressing, your family member will not as readily misinterpret it.
- If the discussion turns into an argument, everyone involved in the discussion should agree to call a ‘time-out.’ It can be helpful to take a few deep breaths or take a short walk, then go back to the discussion.
- Listen carefully to what your family member tells you. Acknowledge that you appreciate their point of view and understand their feelings.

Expressing Ourselves Clearly

Below are some examples of ambiguous communications. In the column beside, we have provided some examples of clearer, more concrete language.

Suggestions for Making Clear Statements:

- Use short statements or questions
- Make one request at a time
- Be as specific as possible. For example, focus on a behaviour rather than making a generalization
- Avoid using highly negative statements

Ambiguous

Clearer

“You are inconsiderate.”

“I would like you to clean up after you make a snack.”

“I need more independence.”

“I would like to go out with my friends on the weekend.”

“We don’t communicate enough.”

“I would like if we could talk about our plans for this weekend.”

“I wish you’d be more attentive.”

“I would like if you would put down what you’re doing and listen to me.”

“You do a lot around here.”

“I’m grateful that you do the cooking and look after the children when they come home from school.”

Communication Is Both Verbal and Nonverbal

When we communicate face to face with another person, we use both spoken words and nonverbal actions to communicate our messages. Although these are often separated as two types of communication, in practice they are intertwined. Nonverbal actions can work in concert with the spoken words to provide emphasis and additional information not conveyed by the words, communicate emotions and feelings, and to indicate understanding and participation in a conversation.

It is important to be aware of how we use nonverbal communication. In some situations our words may convey one message while non-verbally we are communicating something quite different. For example, a person might say “Oh, that’s just great!” while indicating non-verbally they aren’t happy. The message we send non-verbally should be congruent with what we say.

Also, when listening to others, it’s always important to listen to the whole message and to understand the overall communication. For example, a person may say they will do something, but their lack of enthusiasm is expressed non-verbally. What the person may be telling us is that they are feeling obligated to say yes, but they really don’t want to. In this case, we may want to follow-up by exploring the reasons why the person is reluctant.

Communication Skills

Much of our communication involves trying to get people to understand what we think, feel, or believe about their behaviour and to influence them to behave in certain ways. How messages are framed influence how they are received by the other person. Framing includes qualities such as tone of voice and our choice of words.

Telling People What Pleases Us: Communication of Praise

Letting others know that what they do pleases us encourages them to do more of those actions. Praise involves communication of positive feelings for specific good behaviour. We all need compliments about our behaviours that are pleasing, kind or helpful. People with mental illness struggle with their self-esteem. Hearing that one has done well or has pleased the other person can help build self-esteem. Small accomplishments are important, particularly when someone is dealing with a mental disorder. At times of stress and discouragement, this helps a person to keep making efforts, even when progress is very slow.

- 1** Look at the person
- 2** Using a friendly tone of voice, say exactly what they did that pleased you
- 3** Tell the person how it made you feel

It is important to be specific about the behaviour that you liked. Vagueness makes it difficult to know exactly what the person did that you found positive. Consider the examples below:

Vague

“I thought what you did yesterday was wonderful.”

Specific

“Helping the boys with their homework yesterday was very nice of you. It made me proud.”

Improving communication can reduce stress for persons with mental or substance use disorders. Reducing stress decreases the chances of a relapse.

Eye contact, tone of voice, and facial expression are important nonverbal behaviours that contribute to effective communication.

Some mental disorders, such as schizophrenia, affect a person’s ability to understand nonverbal communication.

Behaviours of individuals affect our relationship with them. We can all benefit from respectful feedback about how our behaviours and how our actions affect those around us.

Acknowledging a helpful or positive action or attitude has two benefits:

- 1** it lets your family member know that the positive action has been noticed and appreciated
- 2** it makes it more likely that the positive action will be done again

Expressing Negative Feelings

Inevitably, no matter how well people get along with each other, certain behaviours irritate even the best of us. Constructive expression of negative feelings provides feedback to others about how their behaviour affects us. If we don't express feelings about the behaviour, others will never know their behaviour annoys us. By expressing our feelings in a constructive way, we can avoid bottling up emotions or expressing them in a hurtful or unhelpful way.

Negative feelings can be difficult to express—we may feel it will hurt the person or we fear the reaction of the other person. How we express our feelings is just as important as the message itself. It is possible to provide constructive feedback about actions that affect us in a negative way.

It is very difficult to change personality, attitudes, or feelings. However, if specific behaviours are identified as desirable or undesirable, it is more likely that the person will be able to work on changing these behaviours. Also, people tend to be more open to changing when people express unpleasant feelings about their behaviour, rather than their personality or character.

~Family Social Support Project,
UCLA Neuropsychiatric Institute

- 1 **Look at the person**
- 2 **Speak firmly (but not harshly)**
- 3 **Specify the behaviour**
- 4 **Tell the person how it made you feel**
- 5 **Suggest how the person might prevent this from happening in the future (or suggest a problem-solving discussion)**

Focusing on precise behaviours reduces the risk of overgeneralization, for example:

Overgeneralized

“You’re the most untidy person I’ve ever had to live with.”

Specific

“I don’t like the way that you cleaned up the kitchen.”

It also avoids threatening or nagging communication which is seldom effective. Threatening or nagging can evoke an angry response which is likely to further reduce the chances the person will change their behaviour. Below are some examples of threatening or nagging messages which should be avoided.

Avoid nagging messages:

“If you want to continue living here, you’d better get the kitchen cleaned up.”

“When are you going to clean up the kitchen? I’ve asked you over and over again but you still haven’t done it.”



When someone does something that makes you feel sad or angry, let them know in a calm, non-critical way. Do not assume that the other person will guess or that he or she 'should' know how you feel.

People with mental illnesses can be particularly sensitive to harsh and critical voice tones. Tone of voice may put the person on the defensive. They will be less likely to hear what is being said and less likely to try to do what you're asking.

Examples of Expressing Negative Feelings Constructively

“I felt angry when you shouted at me before dinner. I’d appreciate if you would speak quieter next time.”

“I’m sorry to hear that you did not get the course you wanted. Let’s sit down after dinner and discuss some other possibilities.”

“I get very anxious when you tell me I should be going out more. It would help me if you didn’t nag me about it.”

Communication of negative feelings works best when it is accompanied by:

a) A request for a different behaviour.

Again it is important to be specific about the behaviour. Also a request that is phrased in a polite way and includes how much it would be appreciated is more likely to be successful than a demanding or ‘nagging’ way.

Example:

“It irritates me when you play your music loudly. I would appreciate if you would play your stereo at a lower volume.”

OR

b) A request for a problem-solving discussion.

Whenever possible, it is often more successful if the problem can be resolved jointly. If the other person feels like they have a say in the issue, they are more likely to work at behaving differently.

Example:

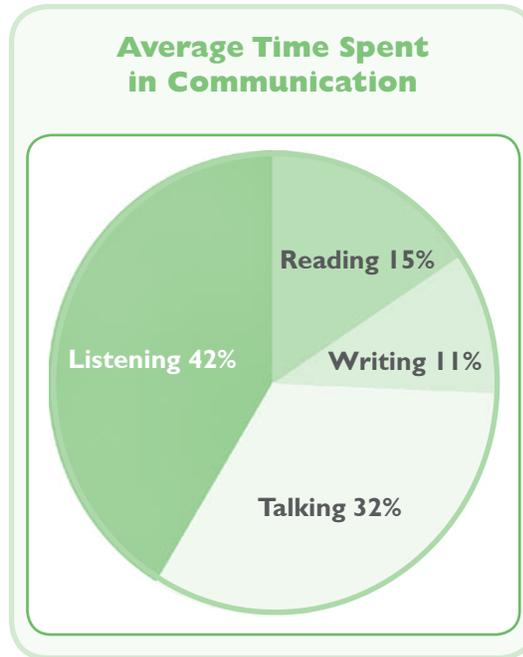
“It bothers me how much you sit at home and watch TV. I have suggested that you try to go out for a while but you don’t seem to want to do that. I’d like to have a discussion about this and see if we can come up with a plan to find other activities for you to do.”

Listening

Listening is an important but often taken-for-granted part of communicating. Listening involves both hearing the message correctly and interpreting it in the way it was intended by the speaker.

Listening is an active process—it is not just passively taking information, but rather involves selectively taking in some information while ignoring other irrelevant background noise. In many of our interactions with others, we are dealing with a host of competing demands for a person’s attention.

Being an effective listener also means providing feedback to the speaker either non-verbally (e.g., head nods, facial expressions) or through the use of verbal “Uh huhs.” This lets the other person know that you are attending to what they are saying.



Set aside a time each day that is devoted to talking with your family member. Find a place to talk where there are no distractions.

When was the last time you gave another person your full and undivided attention as they were speaking to you?

How would you rate yourself as a listener?

How much of your time was spent listening yesterday?

Attentive Listening

Two important features of listening are:

- **Paying attention to the person speaking**
- **Ensuring that you understand what the person is saying**

Attention may be reduced as a result of the busy lives we all lead. How many times have you tried to have a conversation with a family member while preparing dinner, watching TV or driving? It’s important to make sure that you are giving the other person your undivided attention. Often when we talk to each other, we don’t listen attentively.

Attentive listening can help facilitate discussion of a problem or other important family issues.

- 1 Look at the person talking**
- 2 Attend to what they are saying**
- 3 Indicate to the person that you are listening (e.g., Nod your head, say “Uh-huh”)**
- 4 Ask clarifying questions if you don’t understand. Identify areas where you need more information**
- 5 Check out what you’ve heard (paraphrase or summarize what the person said)**

Listening Can Be Enhanced By:

- **Repeating the message back to confirm it was heard correctly**
- **Reducing noise in the environment (e.g., radio or television) or distractions that take our attention away from listening to the person**
- **Being aware that physical or mental fatigue can interfere with our ability to listen**

Lengthy discussion or the addition of irrelevant issues can lead to boredom which, in turn, can reduce our attentiveness to what is being said. If the discussion seems

to be going nowhere, it may be better to postpone it until a later time when you are more refreshed; make sure you do get back to it. Also try to stick to one issue at a time.

Indicating to the person that you are following along is helpful to facilitating communication. Imagine trying to talk with someone who:

- doesn't look at you
- doesn't say anything
- shows no expression on their face

How would you know whether your message got across to them?

An Example of Listening

While you're reading this scenario, think about alternative ways to respond to Emily.

It's Thursday night and Susan has arrived home late from the office. Everyone is starving and she's frantically trying to make dinner. Her daughter Emily walks into the kitchen.

"Hi, how was your day?" Susan says.

"Fine, but I need to talk with you about something," replies Emily. She sits down at the kitchen table.

"Okay, what's up?" Susan reads the recipe and it calls for a number of ingredients. Green onions, two cloves of garlic, can of peas, ...

"Oh darn," she thinks to herself, "we don't have any canned peas."

"I'm feeling pretty anxious about this test tomorrow. It's worth a lot of my grade and I don't feel I understand the material."

"Uh huh." Darn, Susan realizes the recipe won't work, it needs to marinate overnight. She decides to find another one. She flips through the recipe book to find something else.

"I've re-read the chapters over and over but it's not staying in my head. I'm worried that I'll fail the course if I don't do well on this test."

"Yeah, uh huh, I'm sure you'll do fine." Susan thinks to herself, "There's gotta be something else I can make for dinner tonight."

"Well I guess I'll go read over my notes one more time."

"That's a good idea honey. I'll call you when dinner's ready."

If Susan had decided to delay dinner and focus on Emily's concerns, what could she say to Emily?

How would you rate this listener?

What could she have done differently?



Some Barriers to Listening

Communication from others seldom comes in isolation of other sounds from the environment. Listening requires us to be able to separate the communication from the background noise of our environment. Avoid letting distractions interfere with your communication.

Shutting off the television or radio, letting the answering machine pick up when the telephone rings, finding a quiet place to talk all make it easier for us to focus on listening.

Some barriers are internal rather than external. We may bring preconceived ideas of what we think the speaker will say to the listening situation. We ignore what the speaker is actually saying by assuming we already know what they will say.

We may be distracted, half listening while we do something else, and half thinking about something else. We may think we're listening, when in truth, we're busy formulating our response back. We may assume we know what the person is going to say and respond back based on our guess rather than on what the person is actually saying. We may interrupt before the person has had a chance to complete their thought.

Verbal or nonverbal feedback greatly enhances communication. Eye contact, alert facial expression, head nods, saying “Uh-huh” or “Yeah, I see” let the speaker know that the listener is paying attention and understands what they are trying to say. Asking questions helps to clarify parts that are vague or where more information is needed. They help the speaker know what more they need to say in order to be clear and complete. Checking out the accuracy of what you've heard by paraphrasing or summarizing helps to ensure that you've heard the person correctly. In some communication, this will likely also involve empathy—checking out the ‘feeling’ portion of the message.

Paraphrasing is particularly helpful when you are giving or listening to a set of instructions. Having the listener repeat back the instructions not only helps to ensure they heard it correctly but may also help in remembering the instructions.

Listening Is Often an Underdeveloped Skill

Test your listening ability in the next conversation you have. As the person speaks, focus on remembering the essential information being shared by the speaker. After they have finished talking, summarize back to them what you heard. Ask the person whether the summary is correct and to clarify any meanings if necessary.



Suggestions for Increasing Your Ability to Listen

Focus on the message, not the person speaking.

This helps to avoid prejudging the message, based on our feelings towards the speaker, who they are, or what we think they are saying.

Focus on their thoughts, not your own thoughts.

This helps to prevent you from focusing on your response back to the message.

Supportive Listening Skills

Supportive listening is listening with the purpose of helping the other person. Understanding the message correctly is still important, however, concern with feedback and support is added. It requires the ability to listen and respond empathetically.

Often we are called upon to help another person with a concern or problem they are having. Our main role in this situation is to act as a sounding board for that person, to hear them out.

Consider who you go to when you want to talk about a personal problem. What listening skills does that person use? What is it about their listening ability that makes you choose them over others to whom you also feel close?

The goal of supportive listening is to assist the person with the problem or concern through a process whereby they come up with a solution.



Some Qualities of Supportive Listening

- Being attentive
- Listening with empathy —not trying to solve the problem yourself
- Encouraging the person to explore the problem and possible solutions thoroughly—let them talk their way to the solution
- Listening to the emotions associated with the problem

Empathy

Empathy is an important quality of our interactions, particularly with those close to us. Being empathetic means being able to put yourself in the shoes of the other person and to appreciate their experience from *their* perspective or frame of reference. It is the ability to understand, be sensitive to and care about the feelings of the other person. Empathy doesn't mean you have to agree with what the person is saying, rather it is letting the other person know that you appreciate how they feel. Empathy is invaluable in assisting us to communicate effectively. Showing empathy can help encourage a person to open up about their feelings, worries and concerns.

How well do you communicate with your family members? Sometimes it is easier to communicate with friends, colleagues and strangers than it is with our own family.

You can use the worksheet on the next page to help you identify your positive communication habits, as well as which communication skills you may want to improve on.

Worksheet: Assess Your Communication Skills

For each of the following items, assess your strength by giving yourself a rating between 1 (low) and 5 (high). Ratings of 3 or less suggest skills you may want to work on.

1 Never **2** Rarely **3** Sometimes **4** Usually **5** Always

- I am a good listener and seldom miss what others are saying to me.
- I am easily able to read others' nonverbal communication.
- I can usually manage conflicts with other people without too much difficulty.
- I am usually able to find the appropriate words for expressing myself.
- I check with the other person to see if they have understood me correctly.
- I share my personal thoughts and experiences when it's appropriate.
- When I am wrong, I am not afraid to admit it.
- I find it easy to give compliments to others.
- I tend to pick up on how people are feeling.
- I generally try to put effort into understanding the other person's point of view.
- I make an effort to not let my negative emotions get in the way of a meaningful conversation.
- I am comfortable in expressing my opinions.
- I make an effort to compliment others when they do something that pleases me.
- When I have the impression that I might have harmed someone's feelings, I apologize.
- I try not to become defensive when I am being criticized.
- I check with others to ensure that I have been understood.
- When uncomfortable about speaking to someone, I speak directly rather than using hints.
- I try not to interrupt when someone else is speaking.
- I show interest in what people are saying through my comments and facial expressions.
- When I don't understand a question or idea, I ask for additional explanation.
- It bothers me when a person pretends to listen when in fact they are not really listening.
- I try not to jump to conclusions before a person has finished speaking and make an effort to listen to the rest of what they have to say.
- I look directly at people when they are speaking.
- I listen with disciplined concentration, not letting my thoughts wander when others are speaking.
- I do not find it difficult to ask people to do things for me.
- I express my opinions directly but not forcefully.
- I am able to speak up for myself.
- I try not to interpret what someone else is saying but rather ask questions that help clarify.

Dealing with Communication Problems

Confused or Unclear talk

If the person is not expressing their ideas clearly or the ideas are confusing:

- Let the person know you are having difficulties and want to understand what they are saying
- Ask the person to speak more clearly. You can help by asking them to rephrase or to provide more information.
- Restate what was said so you can check whether you understood the message.

Misunderstandings

Misunderstandings can occur as a result of jumping to conclusions or misinterpreting what was said. Cognitive difficulties that arise in mental disorders can make understanding difficult.

If a misunderstanding occurs:

- Calmly and briefly say what you meant and then either change the subject or walk away.
- Avoid arguing or discussing the misunderstanding at length. Apologize if your message was unclear.
- Consider that cognitive difficulties of the listener may have led to the misunderstanding.
- Losing your temper or criticizing does not accomplish anything and will likely hurt the person and make the situation worse.

Talking to Children and Youth about Mental Illness

When mental illness affects a family, the children are just as confused and scared as adult family members. They know something is wrong. They need information and explanations to help them to understand what is happening. Children often imagine things that are worse than what is really happening. Parents and older siblings can help dispel fears and anxieties. Help your child to be supportive of their family member by talking to them about mental illness. Be honest but optimistic.

Talk to your child using language and explanations that are appropriate to their age level and maturity. Look for books and handouts that are written for children. Comparing mental illness to other physical illnesses can help normalize the illness. If they have some knowledge of another chronic illness such as asthma, you can use them as examples that ongoing care is needed and that people have re-occurrences of symptoms.

It is important to be educated about the particular disorder you're dealing with. If your child asks you a question you don't know how to answer, be honest and tell them you don't know. Let them know you will try to find out.

What *you* say and do regarding your family member's illness will probably influence your child more than anything you tell them to do. Be a positive role model.

Questions Children Commonly Ask

- **Why is my [family member] acting this way?**
- **Is it my fault?**
- **Can I catch it?**
- **Will they always be this way?**
- **Do they still love me?**
- **Why is this happening to our family?**

Age Appropriate Explanations

Young children need less specific information because of their limited ability to understand. They will likely focus on what they can see—a family member behaving strangely or the emotions they see such as crying or angry outbursts. Keep explanations simple.

School-age children will likely ask more questions and want more specifics. They will likely want to know why someone is acting the way they do. They may also worry about their safety.

Teenagers can generally handle more complex information about mental illness. They may likely have already learned something about it but will likely have many more questions.

Young children often feel guilty or afraid while older children may feel more angry and embarrassed.

Suggestions for What to Talk About

- Ask your child what they think is the reason for why their family member has been acting differently. Use their response as a way to begin talking about mental illness or substance use.
- Ask a child about the way their family member acts and how it makes them feel. Help them to express their feelings. Let them know that feelings are neither right nor wrong. It's OK and natural for them to have the feelings they're having.
- Explain that sometimes mental illness can make a person act in strange, confusing or scary ways. Ask how that makes them feel.

Children, especially young children, often believe that if something happens in their world it is linked to something they did. Ask your child if they somehow feel they are to blame for their family member becoming ill. Reassure your child that their family member's mental illness was not their fault. Mental illness is nobody's fault.

Make sure your child knows what to do and who to call if they don't feel safe.

Explain to your child that even though other families may have mental illnesses too, many people still don't understand what mental illness is. Help your child to realize that when they try to talk about their family member's illness, their friends (and even adults) may make fun of it. They may say things that aren't true, or they may not know what to say. Practice with your child what they might say to their friends and other people. Let your child know that you are there to listen if they do want to talk.

Example of what children might say to their friends:

“My brother has an illness that makes him act strange at times. He's taking medicine and trying to get better. It's really hard for me, so please don't tease me about it.”

Tips for Effective Communication

- Listen attentively
- Ask questions and invite questions
- Provide feedback to your family member and ask for feedback from them
- Be tolerant of others
- Be honest
- Demonstrate respect by being open
- Clarify your own ideas before communicating
- Communicate purposely—focus on your real message
- Consider the timing, setting and social climate
- Acknowledge your family member's perspective and explain your own perspective
- Be aware of your tone and facial expressions
- Show empathy; put yourself in the other person's shoes
- Use humour when appropriate
- Look for common goals

Conflict Situations

When faced with a conflict situation, many of us begin to feel uncomfortable about what to do. Sometimes we will try to avoid the issue and hope it will go away. However, conflict situations seldom go away on their own (or at least not often enough). In addition, while we may be successful in avoiding dealing with the situation, the issues themselves remain. Gradually more issues are stored up. Resentment builds inside of us. Eventually what can happen is that we reach a point where numerous issues come to the surface in a single ‘mega-conflict’ situation. The result may be that our emotions fly high and resolution of the situation is blocked.

Suggestions for Dealing with Conflict

- Deal with issues as they arise. If emotions are very heated, allow some time to cool down and plan to discuss at another time. Be sure to follow-up on your intention.
- Solve one problem at a time. Promise to come back to other issues later and keep your promise.
- Work in a collaborative fashion whereby all persons involved gain something from the resolution.
- Be direct and specific about the particular issue—but sensitive to the other person.
- Identify the behaviour that is causing the problem rather than generalizing. Separate your feelings about the behaviour from your feelings about your family member.
- Consider bringing in a third party if you feel that, as a family, you are unable to resolve a conflict.

Choose Your Conflicts

Here you will find a ‘tip sheet’ that may help to prevent some conflicts from arising. The sheet was designed for families with young children, however, with some modifications may also be useful when dealing with other ages.

Tips on Avoiding Conflict: Learning How to Respond Differently

Many children with mental disorders are inflexible and have a low frustration tolerance. The Basket Concept was designed to help reduce meltdowns and conflicts with these children. It’s really about picking your battles, or in this case, baskets.

Basket A

Behaviours in Basket A are non-negotiable, in other words, unsafe behaviours—defined as those that could be harmful to your child, other people, animals or property. These are non-negotiable and are worth inducing and enduring meltdowns over.

Basket B

Behaviours in Basket B are high priority but over which you are not willing to induce a meltdown. The behaviours in this basket are where, over time, you’re going to help your child develop skills that are lacking like alternative solutions, hanging in there in the midst of frustrations etc. It is situations in this basket where your child recognizes that you’re able to help them learn coping. Example: curfew time or sibling relationships.

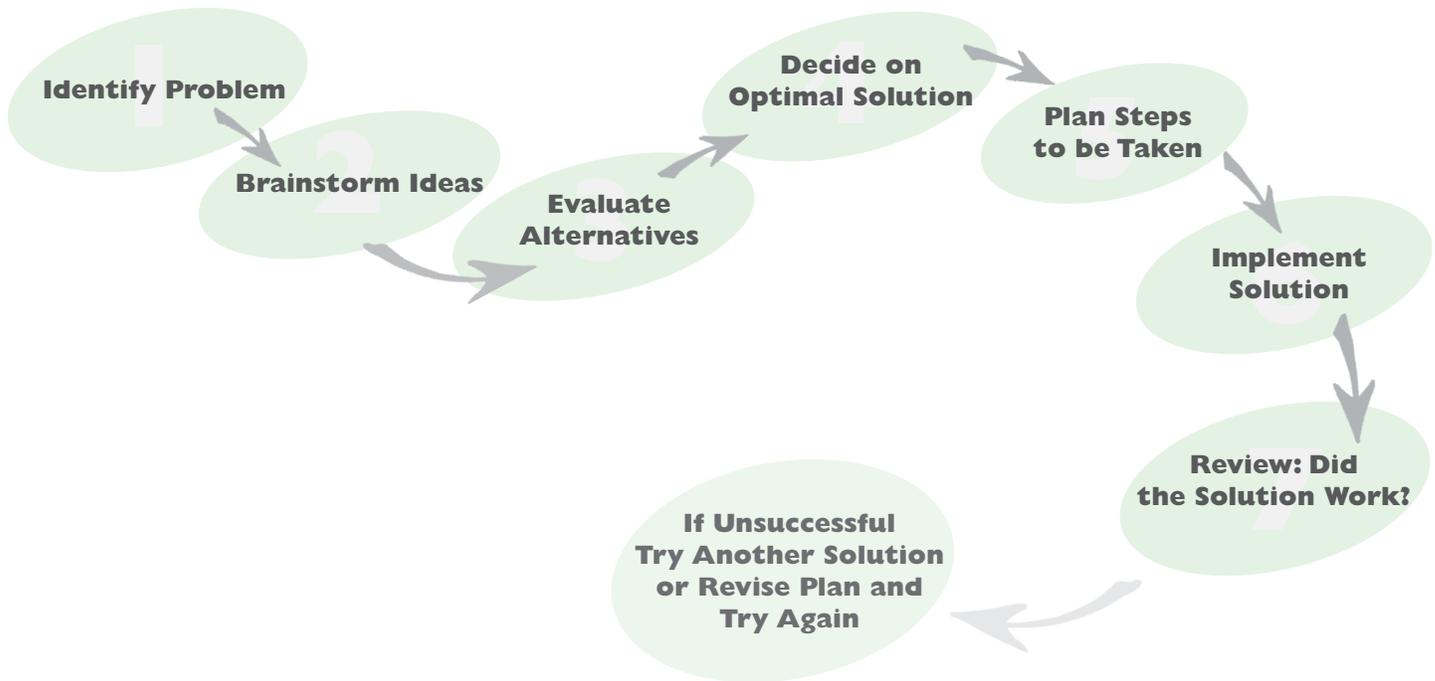
Basket C

Behaviours in Basket C are what once seemed important, or high priority, but have since been downgraded. The idea is that if a behaviour is in Basket C, you don’t even mention it anymore. Example: Eating too much sugar or not wanting to wear a coat. When the explosive behaviours and meltdowns have been reduced, items from Basket C can be moved to Basket B.

~The Explosive Child, Ross Green

A Structured Approach to Problem-Solving

The following steps offer a structured approach to the resolution of problems.



Step 1 Identify the Problem

Getting a clear definition of the problem is critical to successful resolution. Understanding the specific problem also helps us to know when the problem has been resolved, that is, how things will be different.

Problems can be clarified using active listening skills reviewed earlier in this module:

- 1 Look at the person; take interest in what they are saying
- 2 Reduce any distractions and listen carefully to what they say
- 3 Show or indicate that you are following what they are saying
- 4 Ask questions if you are unclear what the problem is
- 5 Check that you have understood by telling the person what you thought they were saying

It is important to focus on one issue. Too often we let issues build up and then try to solve all of them at once. Or sometimes in the course of discussing one issue, others arise.

Tackle one issue at a time. Avoid getting sidetracked. If other issues arise, agree to set aside another time to deal with them.

Step 2 Brainstorm Solutions

Brainstorming involves coming up with as many alternative solutions as possible. Encourage everyone to use their imagination—no matter how absurd the idea may seem. Ridiculous solutions can sometimes lead to discovery of a better solution than those that were more obvious at first. At this stage, possible solutions are just generated—not discussed. It is helpful to write these down for evaluation later.

Step 3 Evaluate Solutions

List all the positive and negative features of each solution. Remember even bad solutions can have positive features such as being easy to apply but not really solving the problem.

Step 4 Deciding on an Optimal Solution

The goal at this point is to pick a solution or set of solutions that seem the best option for resolving the problem. It is best if this solution is one that is not too difficult to implement. This may mean deciding upon a solution that may not be the 'ideal' one. A workable solution can help get started toward a resolution of the problem. Even if it doesn't work, what is learned from it can be helpful if further action is needed. This is likely to be a better course of action than choosing a solution that is impossible to achieve.

Step 5 Plan

Resolution of a situation often involves taking a number of steps. Working out the details of the plan will help to ensure its success. Does everyone involved know what they need to do? Have you planned any strategies for coping with unexpected difficulties?

Step 6 Implement Solution

Once you have the plan and the steps figured out, put it into action!

Step 7 Review

Problem-solving can require a number of attempts. It is important to evaluate the process as you move along. The first attempt to resolve the problem may not succeed—hitches or unexpected difficulties may arise. Some steps may need to be changed or new ones added. It is important to remember what has been learned and to praise the efforts of those involved. If the solution does not work, ask yourself (and those involved) the following questions:

What actions or steps were successful?

What actions weren't successful?

What could have been done differently?

If you want more detail on this structured problem-solving approach, see our wellness module on problem-solving at www.heretohelp.bc.ca/skills/module4

- Encourage everyone to acknowledge feelings of disappointment but don't dwell on them. Failure is usually the result of poor planning or events beyond anyone's control rather than inadequacy of the person.
- Any attempt is a small success that should be praised. It may help to consider the first few attempts as practice or as steps to resolving the problem. Even partial solutions are useful.
- Encourage the individual to try again.

Problem-Solving Scenario

Mary is bothered by the fact that John comes to her at the end of each month for money. Although he has a part-time job and receives disability benefits, he always seems to be broke at the end of the month. John doesn't like having to ask Mary for money. They decide to see if they can think of a solution to this problem.

Define the Problem

Vague

John is always broke.

Specific

John runs out of money at the end of each month and asks Mary for additional funds.

Brainstorm Solutions

- 1 John could keep a record of spending—dates and items purchased. This will help him to set up a budget.
- 2 John could ask for more hours.
- 3 John could ask an increase in his salary.
- 4 John could make fewer purchases.

Can you think of other ways to resolve this situation?

Evaluate Alternatives

- | | |
|---|--|
| <ol style="list-style-type: none"> 1 A record of spending will help to know where his money is going. 2 More hours will bring in more money. 3 John has been doing good work at his job and deserves a raise. 4 By not buying as much, John will have more money in his account. He wouldn't have to ask Mary for money and could start saving for more expensive items he'd like to buy. | <ol style="list-style-type: none"> 1 John has never had to keep a record and may find it difficult to do. 2 John is reluctant to work more as it puts more stress on him. 3 John is scared to ask his boss for a raise. 4 John would have to change his route home to avoid going by the stores. |
|---|--|

Problem-Solving Tips

- Problem-solving skills need to be practiced
- Highly charged emotional issues need to be handled with care
- Try not to solve issues when you are tired or stressed

Decide on Optimal Solution

John and Mary decide that John will keep a record of spending so they can create a budget for him and figure out where he can cut his spending.

Plan Steps to Be Taken

They work out a plan so that it is easy for John to remember what he buys.

Implement Plan

John keeps a record of the purchases he makes and bills that need to be paid.

Review

At the end of the following month, John and Mary review John's record of spending. Although he still ran out of money, the record provides useful information about what John spends his money on.

John notices that he spends money on lunches when he goes to work. He decides to start making his own lunch in order to save money.

Stages of Change

The Stages of Change Model outlines the different stages that people move through when contemplating a change in their behaviour.

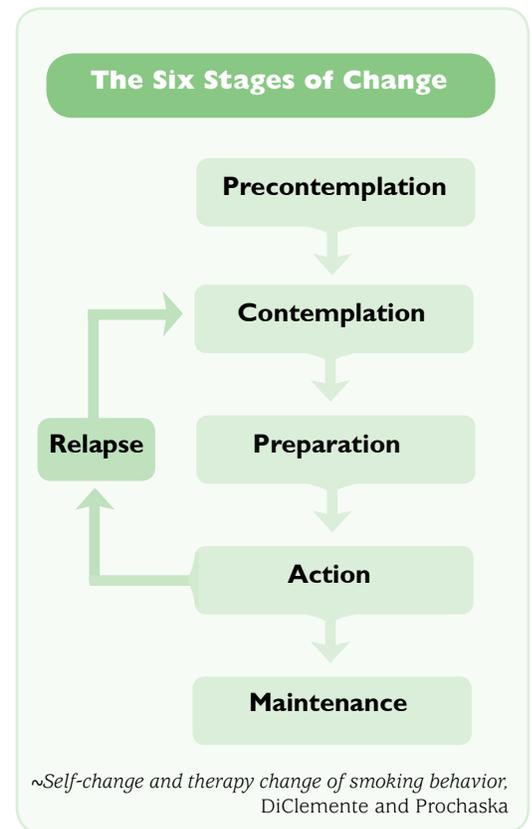
The idea behind this model is that behaviour change does not happen in one step. Instead, the model proposes that a person progresses through different stages on their way to successful change. Each person progresses through the stages at their own individual rate and may go back and forth between stages.

A person's readiness to change their behaviour depends, in part, on what stage they are in. In the early stages, the person may not be ready for change, so expecting a certain behaviour change within a certain period of time is rather naive (and perhaps counterproductive) because the person is not ready to change. The decision to change must come from within the person—stable, long term change cannot be externally imposed by another person.

Understanding the process of change is important when trying to support a family member make a change in their life.

Changing our behaviour is not an easy task and takes time.

Understanding where your family member is in this process can help you to identify what you can do to assist them.



The Six Stages of Change

Precontemplation

In this stage, a person has no intention of changing their behaviour; they likely haven't even thought about it. They may not see the behaviour as problematic. For example, a teenager may believe that his drinking is just "having fun with his friends." He may feel his parents are just exaggerating the extent of his drinking.

The person may not be fully aware of a problem possibly because they lack information about their behaviour or problem. Raising their awareness may help them to think about the benefits of changing their behaviour and help to move them to the next stage.

The person may be heavily invested in the problem behaviour or wanting to be in control. Suggesting choices may be helpful as it enables the person to have a say in the situation.

The person may believe that they cannot change their behaviour and as a result believes the situation is hopeless. Explore the barriers to change and attempt to instill hope.

The goal at this stage is not to make the person change their behaviour but rather to get them thinking about the possibility of change and whether it may be beneficial to them. A non-judgemental attitude helps to lower any defensiveness about the behaviour.

Contemplation

In this stage, the person recognizes that a problem exists and is open to considering action but has not made a commitment to change. Ambivalence is a cornerstone of this stage. The person may wax and wane as they consider the possibility of change. They are open to information but have not been fully convinced.

Information and incentives are important at this stage. Discuss with your family member the pros and cons of the behaviour as well as the pros and cons of change. Let them describe this from their perspective. Even when someone isn't willing to change, they may still see some negative aspects of the behaviour.

Understanding what they see as the positive aspects of the behaviour will help in identifying barriers to change. Ask about previous attempts to change. Look at these in terms of 'some success' rather than 'failures.' Offer additional options if the person is interested.

Preparation

At this stage the person has decided to take some action and may have already taken steps in that direction. As a person moves through this stage, they work towards a serious attempt at changing. Their ambivalence is decreasing, although pros and cons are still being weighed.

Help your family member to build an action plan and remove any barriers. Figuring out a way to evaluate the success of the plan is also important.

Action

In this stage the person is aware of the problem and actively works towards modifying their behaviour or life in order to overcome the problem. Change usually requires sustained effort.

Support your family member by helping them to evaluate their change plan. Is it working? Where are the problems? Does the plan include ways to handle little slips? What can the family do to help?

Acknowledge the successes and your family member's commitment to change. Frame any changes as being the result of the person's own actions (rather than being externally imposed).

Maintenance

In this stage, the person has developed a new pattern of behaviour which is becoming more firmly established. The possibility of slipping back into the old behaviour is becoming less and less.

Reassure your family member that they can maintain the change. Assist in developing a plan for when they are feeling worried they will slip. If a slip does occur, encourage your family member not to give up. Change often involves multiple attempts, and slips are normal.

Slow the process down and explore what did work and what didn't work. Praise your family member for their efforts and commitment to making the change.

Motivating Your Family Member to Make a Change

Below are four basic principles that apply to motivating change in a person.

Express Empathy

When talking with your family member, try to listen to what they say without making judgment. Accept their point of view and let them know that it is normal to have mixed feelings about wanting to make a change.

Avoid Argument

All of us want to be able to have a say in how we behave. The more someone tells us how things are or what to do, the more defensive we may become. Instead of taking an authoritarian approach (i.e., “You need to ...”), it is more helpful to focus on the negative consequences of continuing to engage in the behaviour and begin to devalue the positive aspects of the undesired behaviour. The person does not have to admit to the behaviour. The goal here is for the person to begin to see the benefits of change and develop arguments in support of moving towards the desired behaviour.

Roll with Resistance

It's OK to offer new ideas but they may be rejected or resisted by your family member. Offer but do not try to force them on your family member. Reinforce any positive steps they are already taking (even small steps are important). Your family member may be ambivalent (i.e., has mixed feelings) about making a change. This is a normal part of the change process. Help your family member to explore these feelings as they often contain the seeds of actual change.

Support Self-Efficacy (confidence in ability to make the change)

People are more motivated to change when they believe they have the ability and capacity to make the change. Encourage your family member and let them know you believe in their ability. Reinforce thinking confidently about making what is likely a very difficult change. Unless they believe they will be successful, they are unlikely to continue working on their problems.

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

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

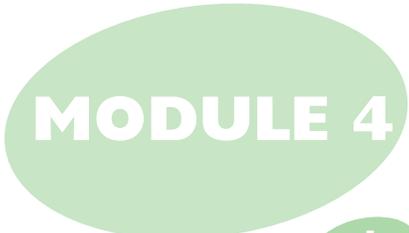


CARING FOR YOURSELF AND OTHER FAMILY MEMBERS

Impact of Mental Illness on the Family.....	3
Grieving and Mental Illness.....	5
Coping with Loss and Grief.....	5
Effect of Mental Illness on Different Family Members.....	6
Parents.....	6
Spouses.....	6
Siblings.....	6
Young Children of a Parent with a Mental Illness.....	8
Adult Children of a Parent with Mental Illness.....	9
Taking Care of Yourself.....	10
Setting Boundaries and Limits.....	12



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



Module 4: Caring for Yourself and Other Family Members

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental illness by providing information and practical resources. The toolkit consists of five learning modules. Module 4 provides information on how a family member's illness impacts the rest of the family and suggestions for coping. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*

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

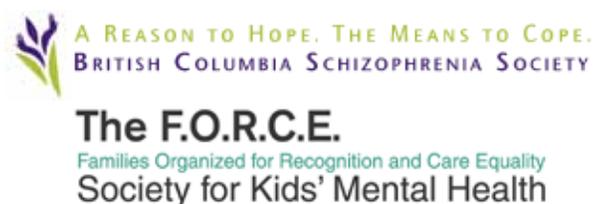
Module 3: *Communication and Problem-Solving Skills*

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

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

About Us

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



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Impact of Mental Illness on the Family

Mental and substance use disorders have a significant impact on the whole family. In addition to disturbing symptoms (e.g. hallucinations and delusions), families must cope with troubling behaviours that often accompany the onset of a mental or substance use disorder (e.g. self-neglect, suicide, trouble with the law, lack of awareness about having a problem). How everyone in the family copes with the illness will have a significant effect on the family member's recovery and ability to live a fulfilling life.

The experience of families is shaped by a variety of factors. These include (but are not necessarily limited to):

- emotional reactions to having a family member with a mental or substance use disorder
- the pre-existing relationship with the family member who has the illness
- the nature and severity of the disorder
- the other stress-producing conditions that exist in the family
- the kinds of coping mechanisms and interaction patterns that exist within the family
- the particular circumstances and resources of the family
- the family's wider support network

“Mental illnesses have a significant impact on the family. To begin with, they may face difficult decisions about treatment, hospitalization, [and] housing... The individuals and their families face the anxiety of an uncertain future and the stress of what can be a severe and limiting disability. The heavy demands of care may lead to burnout... The cost of medication, time off work, and extra support can create a severe financial burden for families. Both the care requirements and the stigma attached to mental illness often lead to isolation of family members from the community and their social support network...”

~A Report on Mental Illness in Canada, Health Canada

There is no question that any major illness affects the whole family and changes the way everyone goes about their daily life. The challenges that mental illness brings affect the entire family—parents, spouses, siblings and children—both young and adult. Relationships within the family may undergo changes. There may be a disruption of normal social and leisure activities.

When families first learn that a family member has a mental or substance use disorder, they may experience a number of emotions including shock, fear, sadness, guilt, anxiety, confusion, compassion, understanding and even anger. Some are relieved to finally

Mental illness is like a nuclear bomb, you don't have to be at ground zero to be affected.

~Doing What I Can,
Jerry Kulhavy

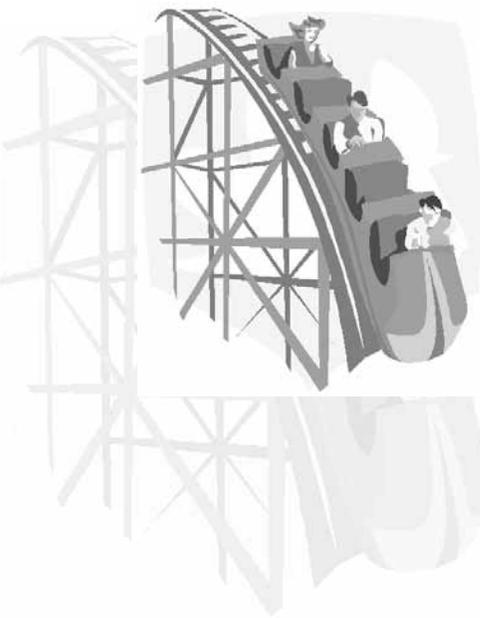
Research suggests that families who deal most successfully with having an ill family member are those who can find a way to accept what has happened and move forward.

Because of the stigma attached to mental illness, it can be difficult for families to be open about their need for support.



“There are really only eight kinds of people affected by mental disorder. It's a very small list, but we all know someone on it: someone's mother, daughter, sister, or wife; someone's father, brother, husband, or son. In other words, people just like us. Just like you.”

~Beyond Crazy. Journeys Through Mental Health, Scott Simmie



Roller-Coaster of Emotions

When Tom and Debbie learned their daughter, Elizabeth, had depression, their initial reaction was denial. They believed that Elizabeth had just been overly stressed by the demands of college. They felt she just needed love and care.

When they realized they could no longer deny the illness, they felt angry, embarrassed, and ashamed. Concerned by how others would react, they tried to keep Elizabeth's condition a secret.

As Elizabeth began to get better, they were optimistic that this was all behind them. Then Elizabeth suffered a relapse and the family was devastated. They realized though, that they needed to better understand the illness in order to support their daughter. Through learning about mental illness and joining a support group, they began to feel more optimistic that it could be effectively managed. Today, Elizabeth is doing well and has begun working.

Local mental health organizations can help you to find a support group in your area.

learn a reason for the changes they see in their family member. Others hope that the diagnosis is wrong or that there has been some mistake. Families may experience anger and resentment if they feel powerless in changing their family member's situation.

Feelings and attitudes will also likely change over time. Guilt is an emotion experienced by many families. A common reaction is that the family feels they are somehow responsible for the illness. Understand though, that no one can cause a mental illness.

Grief and feelings of loss are also common among family members of a person with a mental illness. They may grieve over the loss of the person they knew or lost opportunities for anticipated successes (e.g., college or career plans) of their family member.

Families may find they need to grieve and work through a re-evaluation of their expectations and hopes. When mental illness or substance use results in conflict, disruptions to family life and financial burden, family members may find themselves experiencing alternating feelings of anger and guilt.

Shared Family Burden

The disruptive force of mental illness is often referred to as a family burden. This burden has a subjective component, which consists of the emotional consequences of the illness for other family members, and an objective component, which consists of their everyday problems.

*~Children of Parents with Mental Illness,
Diane T. Marsh*

Families sometimes feel they ride an emotional roller-coaster—when their family member is doing well they're hopeful and optimistic. When their family member relapses, they are often devastated.

Understanding and acknowledging your feelings, as uncomfortable as they may be, is important. Explore where they are coming from and how best you can deal with them. Many families have found it beneficial to join a support group or speak with another family who is also dealing with mental illness. Counselling may also be helpful. Over time, most families are able to come to terms with having a family member with a mental illness and move on with their lives.

In the meantime, there is much that supportive others can do to help their family member.

Grieving and Mental Illness

Mental illness, especially when chronic, is often associated with a number of losses for everyone affected by the illness. These losses may include:

- Loss of the person as they were before the illness began
- Loss of personal goals and aspirations
- Loss of ordinary family life
- Disruption to relationships
- Loss of a ‘normal’ childhood and stable home
- Loss of one’s partner as a mate

Mental illness is said to result in ‘ambiguous’ losses for the family. These losses are ambiguous in the sense that, while the loved family member is still physically present, psychologically they have changed and the person we knew is no longer there. Grieving this kind of loss is difficult because, although we have rituals for mourning the death of someone close to us, we don’t have any for the losses incurred as a result of mental illness.

Grief is not necessarily experienced in the order of stages presented. People often move back and forth through these stages, skip a stage or go through two or three simultaneously.

Stages of Grief

Grief is a natural reaction we have to loss. Grieving takes time and everyone will have their own way of grieving. Elizabeth Kubler Ross suggested that people move through different stages as they come to terms with a loss.

- 1 Shock — Feeling empty and numb**
- 2 Denial — “This is not happening. My family member is just going through a difficult time or it is only temporary.”**
- 3 Anger at the unfairness of having to deal with mental illness**
- 4 Bargaining — “If only we could have a miracle. I’ll try to spend all my free time with him to get him back to the way he was.”**
- 5 Depression — As acknowledgement of the illness sets in, it can bring feelings of sadness: “We’ve both lost so much.”**
- 6 Acceptance — Coming to terms with the fact that your family member has a mental illness and learning to live with it and move on.**

Coping with Loss and Grief

Each member of the family will have their own individual way of coping with the emotions and reactions they experience. Below are some suggestions that may help:

- Don’t be afraid to reach out for support. Friends, extended family, support groups, and/or a professional counsellor can help.
- Be patient with yourself—it takes time to adjust to significant changes.
- Acknowledge and share your feelings with others who understand what you are going through.
- Be good to yourself. Make time for activities you enjoy.
- Know your limitations so you don’t find yourself overburdened by responsibilities.
- Writing in a journal or diary is helpful for some people.
- Try to maintain a healthy and balanced lifestyle for you and the rest of the family.

Acceptance

“I’ve been in shock, enraged, guilty, depressed and even hopeless since my spouse has been ill. Lately, I’ve been feeling better.”

“I’m not happy about what’s happened and I’m still hopeful of a cure, but I’m getting on with my own life.”

Effect of Mental Illness on Different Family Members

In this section, we explore how mental illness impacts different family members (e.g., parent, spouse, sibling, child). While family members may share a number of common issues, their unique role within the family and their relationship with the ill person will also influence how they cope and the support they can provide to their family member.

No one is to blame for the illness — neither the person nor the family.

Parents

When a child becomes ill, parents naturally want to do as much as they can to help. As guardians, they have a responsibility to ensure that their child receives the proper medical attention. They also want to be as supportive as they can in the day-to-day lives of their children.

When the family member is an adult child and becomes unable to live independently as a result of a mental illness, parents may find themselves taking on the parenting role again—providing daily care, a home and sometimes, financial support. This may be on a short-term basis or longer term, if no alternative living arrangements are available.

Regardless of the child's age, parents are often the ones who seek out services and help for their child, sometimes encountering a health system that is reluctant to acknowledge them as a partner in the recovery process.

Parents often fear that somehow they are responsible for their child becoming ill. Like many other parents, you may wonder “If only I had been a better parent, this would have never happened.”

Even though research has demonstrated that families are not to blame, it is sometimes difficult to overcome this feeling. Understanding that mental and substance use disorders are medical illnesses can help alleviate guilt that somehow you are responsible for your child's illness.

Parents will likely also be taking care of their other children and worry about how they are coping. The increased attention that mental or substance use disorders often requires may direct time away from the other children. Making time for them is important.

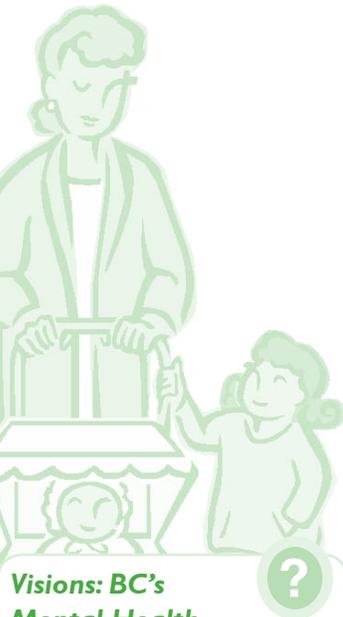
Spouses

When a spouse becomes ill, the family may face a number of changes in their lives. In addition to providing care for the ill spouse, the well spouse will likely face taking additional family responsibilities.

The family may experience financial difficulties due to loss of an income or financial mismanagement (e.g., reckless spending by the ill spouse). Family and marital problems may arise as a result of the increased stress often associated with mental illness.

Living with a spouse who has been diagnosed with a mental or substance use disorder can place strain on the existing relationship. The spouses of an ill person may experience guilt and shame, and they may even blame themselves as being responsible in some way. The couple's social life and physical intimacy may change when one spouse is ill. Both partners may feel grief over the loss of the life they had envisioned together.

While it may not be easy, it's important to maintain your relationship with your spouse. Try to ensure that you continue to do some of the enjoyable things that you did before



Visions: BC's Mental Health and Addictions Journal devoted an entire issue to families of children with mental illness. See the Families issue at www.heretohelp.bc.ca/publications/visions

It is important to pay attention to your relationship with your partner. The stress from coping with a child's illness can have a negative impact on your partner. Conversely, coping together as partners can strengthen a relationship in the face of adversity.

your partner became ill (e.g. going out to dinner, going for walks with your partner). Talk about what's happened, your feelings and work together as a team to solve problems. You can be the best support to your partner.

If problems seem insurmountable, marital therapy or counseling may be helpful to protect and nurture the relationship. Individual counselling or therapy can also help the well spouse to cope better.

Siblings

The onset of a sibling's mental illness can bring about confusion, stress, sadness or fear for their brother or sister's well-being.

Siblings may experience stigma, family life that revolves around their ill sibling, personal shame or 'survivor's guilt' (feeling bad because they are healthy and doing well).

Siblings need opportunities to learn effective coping skills including strategies for coping with disruptive behaviours, questions from friends, and their own feelings.

Siblings' experiences are unique and vary greatly depending on a number of factors, such as the sibling's closeness prior to the onset of the illness, the birth order of the siblings, and the ill sibling's willingness to engage in treatment. How other members of the family respond to and deal with the situation will also influence how the siblings deal with their brother's or sister's illness.

Mental illness can lead to a variety of emotional effects for brothers and sisters of the affected person. For example, they may feel:

- Confusion about their sibling's changed behaviour
- Embarrassment about being in the company of their brother or sister
- Jealousy of their parent's attention
- Resentment about not being like 'other families'
- Fear of developing a mental illness

Each sibling is likely to be unique in how they deal with having an ill brother or sister. Some may choose to become involved in supporting and caring for their brother or sister. Others may refuse to be involved. Some focus on becoming the 'perfect' child so as to not create additional burden on their parents.

Young adult siblings may have future-oriented concerns. They may wonder what will become of their brother or sister and whether they will be expected to take on future responsibilities. They may also be concerned about how their friends will accept the brother or sister with a disability. Young adults may want to seek genetic counseling when planning their own families.

View your spouse's illness as something you both have to fight as a team. Try to focus on what is best for both of you.

*~The Other Half -
Spouses of Bipolar Sufferers,
My Mental Health Trampoline*

The age of the sibling will likely also affect how they respond to the situation. The younger the child, the more difficult it may be for them to understand what is happening to their sibling or to interpret events realistically.

As a result of their experience, siblings have reported that they became more tolerant, compassionate and, in many ways, more mature than young people who have not had these experiences.

If siblings are supported, they are more likely to succeed in reaching their own goals and to contribute to the quality of life of their brother or sister. Siblings may need encouragement to ask questions and to share their feelings. They may need reassurance about their own mental health. It is important that siblings participate in activities and relationships outside the family and to develop their own future plans.

“When my son was ill and needed to be hospitalized, my daughter, who was only 7 at the time, felt very afraid and lonely as we were in the middle of a crisis and needed to go back and forth to the hospital. One night she made a mailbox for each of us out of a ziplock freezer bag and hung it from our bedroom doors with a piece of string. I promised her that no matter what, if she wrote me a note and put it in my mailbox, I would write her one back and put it in her mailbox. This didn't take much time everyday and it made an incredible difference in how she felt. She and I still have the notes we wrote each other.”

Children, especially young children, often believe that something that happens in their lives is caused by something they did. They need reassurance that they are not responsible for their parent's illness.

Young Children of a Parent with a Mental Illness

Many children will grow up with a parent who, at some point, will develop a mental or substance use disorder. Having a parent with a mental or substance use disorder can have a huge effect on the emotional, educational and social aspects of a child's life. These children are at an increased risk for developing disorders—both through the genes they inherit from their parent and their home environment. They are also at risk for developing social, emotional and/or behavioural problems.

Children experience a variety of emotions and reactions to a parent's illness. They may be scared and confused as to the changes they see in their parent. Providing them with age-appropriate information about their parent's illness helps to relieve their fears and gives them an explanation of what is happening to their parent.

The child should be encouraged to talk about their feelings and it is important to let them know that their feelings are normal. These talks can also be used as an opportunity to discuss ways in which the child can cope with their feelings.

Children who have a parent with a mental or substance use disorder may have to deal with instability or unpredictability in their home life. In some families, the child ends up taking on many adult responsibilities such as taking care of younger brothers and sisters or managing the finances or household duties. They may be the major providers of emotional support and take on responsibility for the caring and safety of their parent. They may have to fend for themselves, with no one to care for them. Often they feel isolated and alone—afraid or embarrassed to talk to others about their situation.

Children are far better equipped to deal with issues arising from their parent's mental illness when they have the support of a caring person who listens to their feelings and concerns and helps them to resolve problems in their life. For some families, additional services and supports may be needed to help ensure that children are adequately cared and protected from harm. Age-appropriate information and explanations help children to better understand what has happened. Look for books written for children and community programs that provide education and support programs to young children.



Concerned adults can support children by:

- **Explaining it's OK to ask for help**
- **Listening to and understanding the child's feelings**
- **Providing age-appropriate information about the illness to help them better understand what is going on**
- **Helping the child to identify a support network they can reach out to when needed**
- **Helping them to learn coping strategies, including how to keep themselves safe and telephone numbers of people who can help**

Adult Children of a Parent with Mental Illness

The impact of growing up with parental mental illness leaves a legacy that extends into the person's adulthood years. It can affect how the person feels about themselves, their personal identity and self-esteem.

Growing up with a parent who has a mental or substance disorder can also lead to the development of strengths and resilience. These include:

- a sense of self-reliance born out of necessity in the early childhood years
- an ability to be tolerant and non-judgmental, compassionate and caring
- personal creativity, described in terms such as imaginative, artistic, resourceful, original and focused
- a pulling together of family members in coping with the illness, as well as an appreciation for the uniqueness and individual strengths of each person including the ill parent

The impact of parental mental illness is undeniable and the effects are felt across the lifetime of the offspring.



Personal Legacy for Adult Children Some Possible Impacts

- **Grief that never ends**
- **Fear of breaking down**
- **Arrested or sabotaged development**
- **Guilt and shame**
- **Dual identities**
- **Difficulty with intimacy**
- **Difficulty setting limits**
- **Deferred dreams**
- **Fear of failure**
- **Isolation and loss**
- **Unfinished family business**
- **Search for meaning**

~Supporting Families with Parental Mental Illness,
Provincial Parental Mental Illness Working Group

“When things began to change in our family when my dad got sick, I thought it was because of me that everyone was upset.”

~ Rob's experience,
All Together Now, Health Canada

More information about how to support families where there is a parent with a mental illness can be found in *Supporting Families with Parental Mental Illness: A manual for communities*. www.mcf.gov.bc.ca or www.bcss.org

Visions: BC's Mental Health and Addictions Journal devoted an entire issue to families with a parent with mental illness. See the *Parenting* issue at www.heretohelp.bc.ca/publications/visions

Adult children reported they had become better and stronger people. Their experience of growing up with a mentally ill parent led them to develop greater empathy and compassion, more tolerance and understanding, healthier attitudes and priorities, and greater appreciation of life.

~Children of Parents with Mental Illness, Diane T. Marsh

Taking Care of Yourself

Dealing with a mental or substance use disorder in a family member—whether temporary or long-term—brings on challenges and stresses for the family. In order to be of help to the person you love, you need to first take care of yourself.

When we don't take care of our own needs, we're more likely to become irritable, short-tempered, judgmental, resentful—which can have a negative impact on the ill family member.

Self-care involves taking steps to preserve one's mental health. Recognize when you are feeling stressed. Problem-solve ways to reduce your stress. Keep your own life and don't let the illness consume the family.

Establishing a social support system is a necessity. Mental or substance use disorders are not something that anyone should have to deal with by themselves. Find supportive friends, co-workers, anyone you feel comfortable talking to about your family member. Join a support group for families—either in your community or an online support group.

Decide what level of support and care you are *realistically* able to provide. Let others involved in the care of your family member know what your limits are. This will help in making arrangements for care. It is also wise to plan for future care for when you are no longer able to provide support and care.

Don't let the illness take over everyone's life. Yes, it undoubtedly plays a part, but maintain as much of your life as possible.

Be aware of your health. If you're run down, you won't be able to provide the support your family member needs. Eat nutritiously and exercise as often as possible. Find activities you enjoy.

Let your doctor know that you are caring for a family member with a mental illness.

If you can't care for yourself, you can't care for another.

Flight attendants always give the following instructions before the plane takes off:

“In the event the cabin depressurizes, oxygen masks will automatically drop from the ceiling. Make sure you put your own mask on before attempting to help others.”

Similarly, your attempt to help your family member will only succeed if you help yourself first.

It makes sense to put yourself in a position where you can be most helpful before you try to render help.

Find a place that you can retreat to when you need a break. We all need to replenish our strength from time to time.

Be a hero—not a martyr. Sacrificing everything for your family member will only exhaust you. Encourage your family member to take responsibility and be as independent as possible.

Try and separate the mental illness from the person you are caring for. Try and separate your emotions from the problems of caring. This may help you to focus on problem-solving without negative emotions getting in the way.

Remember there is only so much you can do to help your family member. Recognize the limits of what you are able to do.

Continue to plan and pursue things that you enjoy. Give yourself permission to go off and maintain your normal routines. This will help reduce the stress for you and your family members.



Get as much help as you can from professionals and mental health organizations. Join a support group so you can network with other families and learn from their experiences.

Use the experience and the expertise you have built up caring for your family member to guide you when new problems arise. Get as much practical help as possible from other family members, friends, other relatives.

Talk over your problems with someone you trust. Problems are rarely solved on the first attempt. Don't get discouraged. Try out a number of solutions until you find the ones that work for you.

Don't lose hope. Focus on the successes, no matter how small.

One of the hardest things you will do while supporting your family member is to gradually let go and not take responsibility for their behaviour.

Ways to Take Care of Yourself

- Go for a walk or run**
- Practice meditation**
- Keep in touch with friends**
- Take a break; ask another family member or hire someone to provide care**
- Read a good book**
- Enjoy a pet**
- Go for a massage**
- Accept help**
- Let go of the need for everything to go right**
- Delegate chores**
- Stay with a routine**
- Enjoy nature**
- Take up a hobby**
- Maintain a good diet**
- Set limits and keep time for yourself**
- Celebrate the good times**

~Family-to-Family, British Columbia Schizophrenia Society



Family members confronted with the reality of mental illness quickly learn that without constructing appropriate boundaries they risk becoming engulfed and potentially consumed by the other's illness.

The inevitable task that family members face is to honor the obligation and commitment they feel towards their sick spouse, parent, child, or sibling without losing their own health and self.

~Bearing Responsibility: How caregivers to the mentally ill assess their obligations, D.A. Karp and D. Watts-Roy

Setting Boundaries and Limits

Let your family member be who they are—you cannot do everything for them or always protect them. They are more than just someone who has a mental illness. After making any necessary allowances, treat your family member day to day like anybody else.

Setting limits is about accepting and respecting your own feelings, and taking your own personal needs seriously. Families have a right to be comfortable in their home. Clear statements about what members of the family need, want, or expect will help everyone understand how they can help.

As a family, you will need to make decisions as to the extent of the support you can provide and the conditions under which you can provide that support.

The truth is that you can't force someone to seek treatment or change their behaviours, but you can set standards and boundaries for what you can and will live with when a family member has a mental or substance use disorder.

When we are placed in a caregiving role, we often want to do as much as possible to help the person. In doing this, we run the risk of overextending ourselves and responding to the needs of others at the expense of our own needs. We may feel obligated to help out of guilt, sincere desire, fear of hurting the person or our own need for approval by others. Understanding your own needs is not selfish; it is healthy.

In order to best help your family, find some time to sit down and evaluate what you and other family members can realistically do. Communicate the limits of the support you can provide and the expectations you have of your family member.

Keep in mind that establishing boundaries is a process. Take your time and look for small ways to begin.

It's OK to expect basic rules of conduct and cooperation. We all require these to get along with each other. Be aware that feelings of guilt may prevent families from effectively setting limits and realistic expectations for their family member.

If, as a family, you decide that your family member will be living with you, it may be necessary to set reasonable limits on what behaviours will be tolerated. Some of these rules may be for the benefit of the person with the mental or substance use disorder; others may be for the benefit of others living in the household.

The following are some guidelines that may be helpful in setting limits when your family member lives with you.

- As a family, decide on the rules or conditions under which the person can live in the home. For example, staying up late at night may be tolerated but use of alcohol is not.
- Communicate these limits clearly. It may be helpful to write them into your illness management plan (see Module 2).
- Anticipate that these limits will be tested.
- Be prepared to take action to enforce limits if necessary.

Everyone has the right and the duty to take responsibility for how we allow others to treat us.

Violence or aggressive behaviour is never acceptable.



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

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

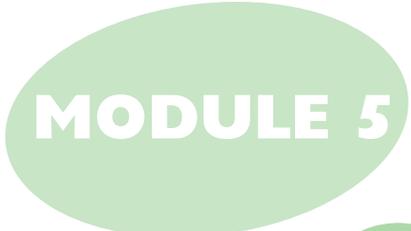


CHILDREN AND YOUTH IN THE SCHOOL SYSTEM

Problems Children with a Mental Disorder May Experience in School.....	3
Substance Use Disorders and School	5
Supporting Your Child in School	7
Working with Your Child’s School.....	7
Parents’ Rights	9
Keeping Records	10
Ministry of Education Policy Regarding Children with Special Needs.....	10
Identifying Special Needs of Children and Youth with Mental Illness.....	12
Adapted and Modified Education Programs	12
What Is an Individualized Education Plan (IEP)?.....	13
Worksheet: IEP Planning.....	16
IEP Reviews	18
Worksheet: IEP Review.....	18
Accommodations for Students with a Mental Illness	19
Effective Behaviour Support (EBS)	20
Worksheet: Tracking Behaviour	23
How You can Help: Supporting Learning at Home.....	24
Tools for Students, Families and Teachers.....	24
Thermometer	25
Daily Chart for Children	26
Rainbow Chart	27
Mood Charts	28
Checklist of Warning Signs of Substance Use Problems for Families and Teachers.....	30
Tips for Teachers With Students Who Have a Mental Illness	32
A Student’s Perspective on Learning: Do’s and Don’ts.....	32
What to Say (and Not to Say) to Students with a Mental Illness	33



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



Module 5: Children and Youth in the School System

When a family member suffers from a mental illness, one of the most important things to do is to take the time to learn about the disorder. By educating yourself as much as you can about the mental or substance use disorder, you can take an active role in your family member's recovery. The Family Toolkit was designed to assist families in caring for a family member with a mental illness by providing information and practical resources. The Toolkit consists of five learning modules. Module 5 provides information for parents on supports and services needed to ensure that children and adolescents with a mental illness can work to the best of their ability in school. The other four modules in the Family Toolkit are:

Module 1: *Understanding Mental and Substance Use Disorders*

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

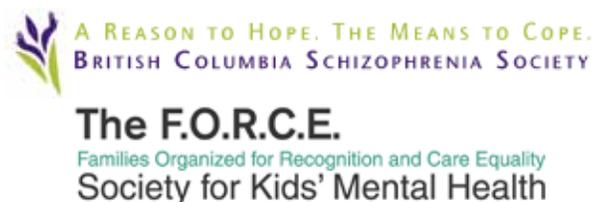
Module 3: *Communication and Problem-Solving Skills*

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

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

About Us

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



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Introduction

Education plays a critical role in the development of children. Schools not only provide educational growth, but also social and emotional growth. Improving outcomes for children with mental disorders includes ensuring there is a provision of support and services that will improve their school and learning opportunities.

The interesting thing about children and youth with mental disorders is that they are not necessarily the kids we think of or picture in our heads. In many cases, they are not the kids who are creating a problem in the classroom, or being sent to the office due to their disruptive behaviour. **They are the kids who should be occupying the empty seat in the classroom.**

For many children and youth with mental disorders, going to school and staying in school is the biggest challenge they face. Schools and the children who attend them can be extremely overwhelming for a student with a mental disorder. The child's functioning can vary greatly at different times throughout the day, season, and school year. Because of the cyclic nature of many mental disorders, students may function very well for months or years and then suddenly run into difficulty.

Transitions to new teachers and new schools, return to school from vacations and absences, and changing to new medications are common times of increased symptoms for children with mental disorders. Medication side effects can be troublesome at school. Weight gain and fatigue can impact on a child's ability to participate in gym and regular classes.

Families can do a great deal to help ensure that their child receives support and has a positive, productive school experience. In this module, we will try to assist you in understanding the Ministry of Education policy regarding mental disorders. First, you will need to learn about the different educational options available to children with a mental disorder. You'll also need to know how to obtain the accommodations your child needs in order to receive the most benefit from their education. In addition, we have included tips for both parents and teachers.



Children do well if they can. If they can't, we need to figure out why, so we can help.

~*The Explosive Child*,
Ross Green

At any given time, approximately 15% of children and youth (or 140,500 in British Columbia) experience mental disorders causing significant distress and impairing their functioning at school, with peers, or in the community.

~*Prevalence of Mental Disorders in Children and Youth*, C. Waddell and C. Sheppard

Problems Children with a Mental Disorder May Experience in School

Mental illness can affect a child's learning, performance in the classroom, and social relationships with schoolmates in a variety of ways. Below we have listed some of the ways symptoms of mental illness can impede a child's education. This list is not exhaustive but rather is intended to illustrate the need to look carefully at how mental illness can impact children's learning at school.

- fear in approaching figures of authority (e.g., teachers, principal)
- difficulty with concentration

“Look into my heart and understand that I did not choose this disability; it chose me. If I could choose to be ‘normal,’ I would be. I want to fit in; I want to do well; I want to have friends; I want to be successful. With your help, I can be successful! You can be the one person to make a difference in my life.”

~*Youth’s Perspective on Mental and Emotional Health Disabilities: What They Want You to Know*, J. M. White

- difficulty in screening out environmental stimuli
- trouble maintaining stamina throughout the day
- difficulty initiating interpersonal contact
- problems managing time and deadlines
- limited ability to tolerate noise and large groups
- difficulty focusing on multiple tasks simultaneously
- extreme reactions to negative feedback
- noticeable anxiety and confusion when given verbal instructions
- limited ability to tolerate interruptions

~ *Mental Health and High School: Questionnaire*, Canadian Mental Health Association

Difficulty completing homework is a common problem. Students may be exhausted and drained by the end of the school day from the accumulated stress of school. Expectations concerning homework can be modified seasonally, monthly, or daily according to the child’s condition. More homework could be given when the student is stable and feeling well and less when the child is more symptomatic.

Episodes of overwhelming emotion, such as extreme anxiety, tearfulness, frustration or rage, can be a problem for both the young person and those around them. To accommodate a child with this difficulty, a school should establish a ‘safety plan’ that designates a person and place for the child to go when they need some time to regain control of their emotions.

Some students with anxiety or depression may not show any overt learning or behaviour problems and therefore may not receive the support they need. Children suffering from depression may have difficulty in concentrating, making decisions and remembering, and the standard of their school work may drop. They may miss classes or have a lot of absence from school. Reduced self-esteem and a lack of confidence may also affect their ability to work at their highest potential.

Eating disorders can negatively affect performance in school in a variety of ways:

- Withdrawal from activities and peers
- Loss of interest in school subjects and extracurricular activities
- Loss of ability to focus on projects, papers, and tests.
- Increased sensitivity to what is going on in the environment and what others’ perceptions might be

Students with schizophrenia can have educational problems such as difficulty concentrating or paying attention. Their behavior and performance may fluctuate from day to day. These students are likely to exhibit thought problems, physical complaints, may



Our stereotypes about mental illness can lead us to miss problems because we don’t think they affect certain groups in our society. Although the majority of people who develop eating disorders are women, there is a small percentage of young men who also develop these disorders.

act out, or become withdrawn. Sometimes they may show little or no emotional reaction; at other times, their emotional responses may be inappropriate for the situation.

Obsessive-compulsive disorder (OCD) can result in compulsive activities taking up so much time that the student is unable to concentrate on their schoolwork. This can result in poor or incomplete work and even school failure. Students with OCD may feel isolated from their peers, in part because their compulsive behaviour leaves them little time to interact or socialize with their classmates. They may avoid school because they are worried that teachers or their peers will notice their odd behaviours.

Determining the effect a mental disorder has on a child's education takes more than a review of grades. Parents should collaborate with schools to ensure that a comprehensive review to assess how their child's mental illness impacts on all aspects of education. This can include grades, the effort put into school work, ability to get along and work with other students, ability to control their own behaviour, etc.

Substance Use Disorders and School

Research suggests that a significant proportion of young people will at some point experiment with alcohol or drugs. Only a minority of these young people will develop dependency problems with substance use. The consequences though, can be severe and therefore there is a strong focus in schools to prevent youth from using alcohol or drugs as well as early identification and treatment for those with substance use problems.

Teenagers take drugs for many different reasons. They might start taking a drug simply as an experiment, to defy authority or provoke adults, to imitate adults, relieve boredom, or overcome shyness. They might take a drug to lose weight or appear cool. Problem substance use may be part of a much larger problem, like not fitting in at school, problems at home, not meeting expectations, personal stress, or trauma. Substance use may seem to help deal with these stresses or provide escape from dealing with them.

Then the young person may come to feel that they need the substance to relax or get through the situation. Adolescent alcohol or other drug use tends to be more sporadic than adult use. Adolescents are more likely than adults to binge with alcohol and drugs. This can conceal the severity of their abuse. The use of multiple substances is more characteristic of adolescents than it is with adults. Young people also are more likely to have coexisting psychiatric disorders than adults. In adolescents, substance use disorder frequently goes hand-in-hand with mental disorders, particularly:

- mood disorders, e.g. depression and bipolar disorder
- anxiety disorders, e.g. post-traumatic stress disorder

Poor functioning in school can be signal of substance use problems, particularly when the young person has been doing adequately and there is no obvious reason for the



Youth who are involved in extracurricular activities are less likely to use alcohol and drugs.

Adolescents who begin using alcohol or drugs develop dependence more rapidly than adults do.

~Age at Onset of Alcohol Use
B. F. Grant and D. A. Dawson

decline in performance. Poor grades or attendance problems may suggest a problem with alcohol or drugs but are not the only clues to substance use. Some adolescents with good school performance engage in substance use and may be impaired in other life domains.

If you suspect your child is using alcohol or drugs in a harmful way, begin by talking with them about your concerns. Seek additional help from your family doctor or contact your local community addiction services.

Alcohol or other drug intoxication can interfere with learning, so students with a substance use problem frequently show a rapid deterioration in school performance. Serious alcohol use among youth can have significant neurological consequences. Alcohol damages areas of the brain responsible for learning and memory, verbal skills and visual-spatial cognition.

Alcohol problems are tied to lower grades, poor attendance and increases in dropout rates. Substance use is also often associated with some delay in normal cognitive and social-emotional development, affecting academic performance, self-image and social interactions with others. Younger children typically lack physical, intellectual and emotional maturity, making them more vulnerable to the negative consequences of drinking than older teenagers.

Substance use can produce acute behavioural changes such as loss of inhibitions, sluggishness, hyperactivity, agitation, drowsiness, and extreme awareness of surroundings, as well as changes in cognition (attention span, perception) and thought process. Chronic substance use can seriously disrupt the ability of adolescents to adequately meet developmental tasks.

Other ways in which substance abuse affects schooling is withdrawal from extracurricular activities that were previously important to the young person, cutting classes, being late for class or skipping school.

Risk and Protective Factors Related to Substance Use

Risk factors increase the likelihood that a young person will engage in substance abuse. Protective factors are those which help a young person avoid abusing substances.

Some risk factors

- **Family problems, including conflict and family history of substance use**
- **School difficulties such as poor or failing grades and behaviour problems**
- **Influence by peers who use alcohol or drugs**
- **Personal influences such difficulty with aggression, rebellion, not fitting in**
- **Community influences such as availability of substances**

Some protective factors

- **Sense of belonging or connection with one's family**
- **Caring relationship with a parent or significant adult**
- **Sense of fitting in at school**
- **Having someone who believes in them**
- **Being loved and respected**
- **Religious or spiritual connection**

~Risk and Protective Factors Related to Substance Use, The Hunter Institute of Mental Health

Supporting Your Child in School

Working with Your Child's School

Every parent wants their child to succeed in school. When a child has a mental disorder, parents need to work closely with the school to ensure that their child has the opportunities they require in order to do their best. Parents play a crucial role in the planning of children's education and need to be informed and knowledgeable about the school's and district's programs for students with special needs.

Communicating well with your child's school is essential to the success of your child's education. Keeping the lines of communication open throughout the year can go a long way in resolving problems early. Schools, like other formal organizations have established lines of communication. The general recommendation is to start first with the person who is immediately involved in your child's learning—their teacher. Call the school and find out the best time to meet with the teacher. Parent-teacher conferences are other opportunities to exchange information and work together.

Become a partner with professionals involved in your child's education. While they may be the experts on learning, you are the expert on your child. You know your child's strengths, abilities and challenges. Your ongoing involvement and support will make a positive and meaningful difference in your child's success. It is important that parents participate in decisions that affect their child's education. You can contribute information that is critical to planning and adjusting the program to best meet your child's changing needs.

When there are concerns about a child's ability to learn in school, the teacher will typically arrange an initial meeting with the parents and possibly a school learning team as well. This team may include the classroom teacher, a school counsellor, the principal or assistant principal, a teacher assistant, and possibly an education psychologist.

When Child and Youth Mental Health Services (Ministry of Children and Family Development) is also providing services, they will work closely with the school to ensure that the child receives the necessary support to do well in school.



When parents are included as partners in the special education of their children, a number of positive and essential changes can occur, for instance:

- parents are less likely to reject or distrust the special education program because of inadequate information
- parents gain knowledge of their children's learning abilities and where they need help
- teachers and others involved gain important insights from the long-term experience and knowledge of the parents
- when there is an atmosphere of cooperation, there is less possibility for teachers and parents to waste valuable time and energies in confrontation
- parents and teachers are able to proceed amicably and cooperatively with the real task of finding the best possible ways to assist the children to learn and to grow

~Parents as Partners in the Special Education Programs of Their Children,
Learning Disabilities Association of Canada

Families have a right to privacy but need to balance the importance of providing information that can help in planning with their right to keep information about their child confidential.

Dealing with the System

Parents and teachers should remind each other that one way to promote success in school is to ensure that the young person feels ‘special’ about their learning. Children should be praised for even small successes. We need to continually afford children opportunities to be increasingly self-sufficient and to maintain high expectations for school success.

The most diplomatic way to work with your child’s school is to go through the established hierarchy within the education system.

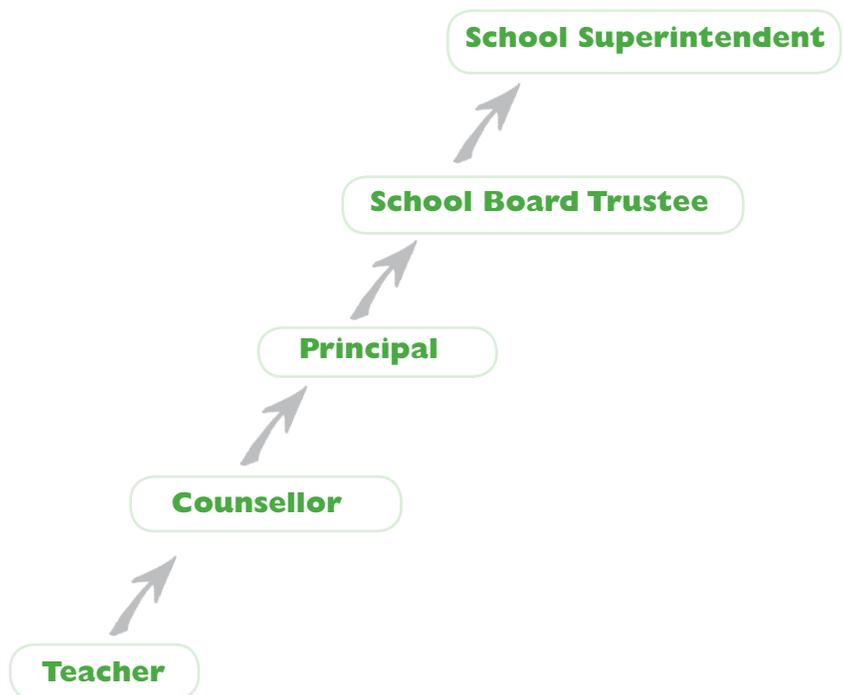
If you have concerns about or are dissatisfied with the services your child is receiving, it is recommended that you begin with the teacher and proceed up the levels of authority if the situation is not resolved to your satisfaction.

Questions you may want to discuss with your child’s teachers:

- How can we stay in touch so that I can support the work you are doing in the classroom? What’s the best way to reach you?
- Are there counsellors or learning assistant staff who could provide additional information and consultation on program planning for my child if we need it?
- What are some ways I can help my child at home? How can I reinforce skills my child is learning and using in class?

Questions you may want to discuss with your child about their school experience:

- Who helps you at school? What kinds of things do they do and say that help you learn?
- When I visit your classroom, what kinds of things do you want me to notice?
- What kinds of things can we do at home to support your learning?



Call your local school board office for contact numbers of school personnel.

If you have contacted all the above school professionals and have not been able to resolve a problem with your child’s school, you may want to consider some legal and related avenues:

- Ombuds office
- Human rights commission
- Courts

Parents' Rights

When discussing your child's learning with school personnel, you may hear terms you are not familiar with, such as IEPs—individualized education plans—created in order to meet any special needs (see page 14 for more information).

If at any time you are unsure about specific terms being used, ask for clarification.



Children are always winners when teachers and parents work together effectively.

Parents have certain rights under the BC School Act. Parents of children with special needs are entitled to:

- be informed about their child's learning and progress in school. This includes access to information in the child's school records, including results of specialized assessments and reports. Parents have a right to receive a clear explanation of the testing from an appropriate professional
- know what educational options in programs and placement are available
- be involved in the development of their child's individualized education plan (IEP)
- be consulted before their child is placed in a special education program
- bring an additional person to meetings (e.g., friend, advocate, mental health professional). It is recommended that parents let the school know ahead of time if they're planning on bringing another person
- receive reports on their child's progress at regular intervals during the school year (we recommend quarterly reports)
- question decisions that they do not think will best serve their child's learning needs and work with the school to find a better solution
- appeal decisions made by an employee of the school board which significantly affects the education, health or safety of a student (school boards are required to establish an appeal process)
- request annual reports respecting general effectiveness of educational programs in the school district
- belong to a parents' advisory council established in accordance with the School Act

Parents are advised to learn about our education system and factors that sometimes compromises teachers' ability to give close attention to students with special needs.

- **Ask how you can help your child's teachers to overcome obstacles and to promote positive change.**
- **Find out the various programs and supports which are available to meet the special needs of students in the school and school district.**
- **Ask the principal and/or school district staff about options available for your child.**



Keeping Records

To effectively support your child, you might wish to keep the following kinds of records organized and accessible:

- birth records, including a copy of the birth certificate and any pertinent information regarding the pregnancy and birth
- dates and ages of developmental milestones, such as first words and first steps
- record of immunizations and any childhood illnesses
- copy of your child’s IEP (Individualized Education Plan)
- copies of any letters or other documentation regarding your child’s education
- medical information, including assessments done, the diagnosis, medications or other treatments prescribed

Tips for Organizing Information

- You’ll need to decide how you want to store the information about your child’s education. You may want to use a large three-ring binder, an expandable file or another type of storage system that works for you.
- It is often helpful to keep the information in chronological order, with current documents on top or at the front of the file, as these are likely the ones needed most often.
- Highlighting dates helps with filing and retrieving documents. Self-stick removable notes can be used to flag important documents you need to review on a regular basis or those that require follow-up.
- Keep a list of key contact names and numbers at the front of your file.

- list of doctors (GP, pediatrician, psychiatrist) involved in diagnosing or caring for your child and their contact information
- progress reports or report cards
- record of educational assessments, standardized tests and accommodations
- school phone numbers, and names and titles of contact people
- dated school correspondence
- notes from meetings
- list of community support people, including names, agencies and contact numbers
- research information related to your child’s mental illness and any potential interventions or strategies that might be helpful.

Ministry of Education Policy Regarding Children with Special Needs

The BC School Act defines a student with special needs as “a student who has a disability of an intellectual, physical, sensory, emotional or behavioral nature, has a learning disability, or has exceptional gifts or talents.”

~Individual Education Planning for Students with Special Needs, BC Ministry of Education

In order for a student to qualify for Special Needs funding, the student must be appropriately assessed and identified, and have an Individual Education Plan (IEP) in place.

In this section, we review the Ministry of Education policy regarding services for children with serious mental disorders. For students with more complex needs or requiring more intensive support, school boards are allocated additional Special Needs funding.

The formula used by the Ministry of Education to provide funding for special needs students includes three categories. Level 3 is for students with serious mental illness or who require intensive behavioural interventions. In 2003, the level of funding for each student was \$6,000 a year.

Students Requiring Intensive Behaviour Interventions or Students with Serious Mental Illness

Students identified in this special education funding category (known as category H) are those most in need of intensive interventions. These students should have access to co-ordinated school/community interventions. These should be based on inter-service/agency assessment processes that are required to manage, educate and maintain the students in school and in their community.

Students Requiring Intensive Behaviour Interventions are eligible to be claimed in this special education funding category if they exhibit:

- antisocial, extremely disruptive behaviour in most environments (for example, classroom, school, family, and the community)
- behaviours that are consistent/persistent over time.

Students with Serious Mental Illness eligible to be claimed in this special education funding category are those with:

- serious mental health conditions which have been diagnosed by a qualified mental health clinician (psychologist with appropriate training, psychiatrist, or physician)
- serious mental illnesses which manifest themselves in profound withdrawal or other negative, internalizing behaviours
- these students often have histories of profound problems and present as very vulnerable, fragile students who are seriously ‘at risk’ in classroom and other environments without extensive support

In addition to meeting one of the conditions above, to be eligible for special education funding, these behaviour disorders and/or illnesses must be:

- serious enough to be known to school and school district personnel and other community agencies and to warrant intensive interventions by other community agencies/service providers beyond the school
- a serious risk to the student or others, and/or with behaviours or conditions that significantly interfere with the student’s academic progress and that of other students
- beyond the *normal capacity* of the school to educate, provided normal capacity is seen to include the typical special education support/interventions such as school-based counselling, moderate behaviour supports, the use of alternate settings, and other means in the school environment

~*Special Education Services: A Manual of Policies, Procedures and Guidelines*, BC Ministry of Education

Within the education system the mental health problems of children and young people are often divided into two broad classes: internalizing and externalizing.

The term ‘internalizing problems’ is used for emotional, thinking or somatic difficulties, such as anxiety or depression or social withdrawal.

The term ‘externalizing problems’ is used for behaviour such as attentional problems or aggressive behaviour.

~ *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*,
T. M. Achenbach and C.S. Edellbrock

Identifying Special Needs of Children and Youth with Mental Illness

Assessment

The process of identification and assessment of a student with a mental disorder sometimes begins at the classroom level, although these students are often identified in the community when parents seek help for their child from mental health professionals. When a teacher first notices a problem, they will consult with the parents and attempt strategies to manage the behaviour or support the student in the classroom. If these prove unsuccessful, the teacher may seek assistance from other school-based services or from the school-based team. A teacher or other school professional may ask that a child be assessed to see if he or she has special needs. Parents may also contact the child's teacher or another school professional to request that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child can be assessed.

Placement

The school board must ensure that the principal offers to consult with a parent of a child with special needs regarding the student's placement in an educational program. It is generally agreed that, as much as possible, students with special needs should be able to learn in regular classrooms.

The school board must provide a student with special needs with an educational program in a classroom where the student can be integrated with other students who do not have special needs, unless the educational needs of the student or other students indicate the educational program for the student with special needs should be provided otherwise.

Adapted and Modified Education Programs

An education program of a student with special needs may include an:

Adapted Program

This is a program that retains the learning outcomes of the prescribed (regular) curriculum but adaptations are provided so that student can participate in the program. Examples of adaptations include assigning a 'buddy' for note-taking, assigning fewer examples for practice, extending time for assignments and tests. Students on adapted programs are assessed using the provincial curriculum standards set out by the Ministry of Education.

Modified Program

This is a program in which the learning outcomes are substantially modified from the prescribed curriculum and specifically selected to meet the student's needs. Examples of modifications include the student being taught the same information as other students, but at a different level of complexity; or given a reduced assignment (e.g., fewer questions to answer); or the student uses a lower-level reading textbook. A student on a modified program is assessed in relation to the goals and objectives established in the student's IEP.

A student's program could include some courses that are modified and others that are adapted.

All children learn, but not all children learn in the same way, at the same time or at the same rate—learning is a very individualized process.

~The Learning Team, Alberta Learning

Parents should be aware that a modified program in the high school years will lead to a *British Columbia School Completion Certificate*. This certificate is not the same as a *Dogwood Diploma* (high school diploma).

Students with a *BC School Completion Certificate* will not be able to go on to post-secondary university opportunities.

School-Based Teams

A school-based team is comprised of school staff who are responsible for planning and coordinating support services for students with special needs. The team usually consists of the principal, the learning assistance or resource teacher, the child's classroom teacher(s), and counsellor. Parents and students (where appropriate) and any other relevant persons may also be part of this team. The role of the team is to provide support to the teacher, coordinate services, and make recommendations about other school, district, community or regional services.



When a child is involved with Child and Youth Mental Health Services (Ministry of Children and Family Development), services are provided through the establishment of an Integrated Case Management Process (see Module I of this toolkit for more information). The schools are usually an integral part of this process.



What Is an Individualized Education Plan (IEP)?

Individual Education Plan (IEP) refers to a written plan created for a student to enable the student to develop their individual potential. It is a road map that helps guide what teachers and schools can do to help the student in their learning. As each student is different, each IEP needs to be different to meet the unique needs of the student.

An Individual Education Plan identifies any additions, changes and adaptations to the regular program that should be made for each individual child, to ensure that all students have an educational program that meets their specific needs.

The Ministry of Education requires that an Individual Education Plan (IEP) be developed for each student who has been identified as having special needs. The IEP helps to ensure that your child's education program is right for them based on their special needs.

An IEP should be developed each year. IEP planning meetings usually take place at the beginning of each school year. During the school year, meetings may be held to make sure the plan is working and to make revisions if needed. Dates to review the plan should be written into the plan. The Ministry of Education requires that IEPs for students coded in category H be reviewed at least twice a year.

Depending upon the educational needs of an individual student and resources available, the IEP team may include:

- classroom teacher(s)
- school administrator
- parents or legal guardians
- the student (if appropriate)
- other school-based and community support staff who are going to be involved in the delivery of the IEP

Schools are not obligated to develop IEPs:

- for students with special needs who require no adaptation or only minor adaptations to educational materials, or instructional or assessment methods
- when the expected learning outcomes established by the applicable educational program guide have not been modified for the student with special needs
- for students with special needs who require in a school year 15 hours or less remedial instruction by a person other than the classroom teacher in order for the student to meet the expected learning outcomes

In some schools, the school-based team may appoint the IEP team members; in other schools, the school-based team may develop and implement the IEP.

Placement in special education funding category H is not intended to be static from year to year, as it is expected that an intensive and coordinated approach, including in some cases medical intervention, will result in changes. Students identified in category H are required to have one IEP review a year, however most IEPs are reviewed regularly as they are working documents.

*~Special Education Services,
BC Ministry of Education*

One member of the team should be designated as the coordinator for the development and implementation of the plan. This role should be assigned to the school staff who will have the most contact with the student in addressing his/her special needs. Parents can support the planning process by offering the following kinds of information:

- family history, medical history, and health care needs
- a description of the child's strengths, needs and wants, including social, educational, physical and emotional aspects
- a description of what the parent wants their child to learn, including both short-term and long-term goals
- supporting documents that might be helpful, including photographs that demonstrate the child's home life showing skills or interests, or samples of past school-work
- methods that have been successful for communicating with the child at home, or ideas for the strategies that could help support the teacher in the school setting
- comments and feelings about any strategies or situations the parents think are appropriate and beneficial for their child
- comments and feelings about those strategies and situations parents think are questionable or problematic for their child
- information about other community services or after-school and other caregivers which have an impact on the child's life

Ideally, your child's IEP should be reviewed in the fall and spring. However, as a parent, you can request other review meetings if you feel they are necessary. Remember—IEP meetings don't replace report card meetings. Report card meetings give both the parent and the teacher an opportunity to discuss progress, raise concerns, and address issues before they become major ones. You may want to arrange for meetings where you can discuss both reports rather than setting up two separate meetings.

Special Education Services

For students coded in the category of Students Requiring Intensive Behaviour Interventions or Serious Mental Illness (H), there must be one or more of the following additional services provided:

- **direct interventions in the classroom by a specialist teacher or supervised teachers' assistant to promote behavioural change or provide emotional support through implementing the plan outlined in the IEP**
- **placement in a program designed to promote behavioural change and implement the IEP**
- **ongoing, individually-implemented, social-skills training and/or instruction in behavioural and learning strategies**

The above may be complemented/co-ordinated with:

- **in-depth therapy, counselling and/or support for the student or family in the community**
- **medication treatment as prescribed and monitored by a physician**

~Special Education Services, BC Ministry of Education

What an IEP should consist of:

- relevant medical, social and education background information about the student
- information about the student’s current learning strengths and needs
- degree that the student participates in the regular school program
- the areas in which the student may need program adaptation and/or modification
- goals appropriate to the student in one or more of the following areas: intellectual, social/emotional and career/work experience
- necessary classroom accommodations (changes to expectations, instructional and assessment strategies, material and resources, facilities)
- the names of personnel responsible for the implementation
- information on where part or all of the educational program will be provided, and plans for implementation and review
- plans for the next transition in the student’s education (including transitions beyond school completion)
- adaptations for evaluating student progress
- the date for the annual (or if necessary, more frequent) review

When writing the IEP, the following steps are suggested:

- 1 identify priorities for the student
- 2 determine long-term goals from the priorities
- 3 break the goals down into short-term objectives
- 4 determine what strategies will be used and what resources will be required to assist the student to reach the objectives
- 5 establish ways of assessing student progress and dates for review

~Special Education Services, BC Ministry of Education

Goals should:

- challenge your child’s learning, but be achievable
- be relevant to your child’s actual needs
- focus on what will be learned rather than what will be taught
- be stated positively (i.e., do’s instead of don’ts.)



Planning for Transitions

To ensure that your child continues to receive the necessary support for their learning experience, it is important to plan for changes. These changes include: a change in schools or a change from one level to another, graduation from high school to higher level education or to the workforce.

Always remember: An IEP is a working document.

Role of Student in IEP Planning

The extent and way students participate in the development and implementation of their IEPs will vary according to their abilities.

Most students can:

- express goals and dreams for themselves
- indicate likes and dislikes
- make suggestions about areas of interest

Even when a student is not able to communicate their ideas and wishes at an IEP meeting, their participation at the IEP meeting can help the team members to stay focused on the students’ needs and the purpose of the meeting.

Role of Parents in IEP Planning

- express their goals and dreams for their child
- provide information on their child’s learning styles, interests, their reactions to situations and suggestions on ways to avoid potential problems
- reinforce and extend the educational efforts of the teacher
- provide feedback on the transfer of skills to the home and community
- maintain an open line of communication with the school

Worksheet: IEP Planning

Use this sheet to help you prepare for an IEP planning meeting. Below are some questions for you to think about in preparation for your child's IEP meeting. You may wish to write down your thoughts for future reference by the IEP Team.

Student Name

Date

Parent's Name(s)

What do you feel are the strengths of your child?

What do you feel are your child's weaknesses ? (e.g., areas that may be frustrating or that you feel your child has a particular need to improve in)

How do you think your child learns best? What kind of situation makes learning easiest?

Please describe educational skills that your child practices at home regularly. (e.g., reading, making crafts, using the computer)

Does your child have any behaviours that are of concern to you or other family members? If so, please describe the behaviour(s).

What are your child's favourite activities?



Worksheet: IEP Planning

What are your child's special talents or hobbies?

Does your child have any particular fears? If so, please describe.

How does your child usually react when they get upset and how do you deal with the behaviour?

Do you have any particular concerns about your child's school program this year? If so, please describe.

What are your main hopes for your child this year?

Is there other information that would help us gain a better understanding of your child?

Are there any concerns that you would like to discuss at the next IEP meeting?

IEP Reviews

Reviewing your child’s IEP is critical to ensuring that their needs are being met by the school system. It is recommended that IEPs be reviewed at least once a year. The following questions may help guide you in preparing for a review.

- is the IEP an accurate reflection of your child’s current education program needs?
- how effective are the strategies and resources that have been selected to support your child’s learning?
- how much progress has your child made toward achieving the goals and objectives set at IEP meetings?
- do new goals need to be selected and new objectives created to more accurately reflect your child’s changing strengths, needs and interests?

Decisions about resources needed in a school are often made in the spring so it’s a good idea to meet with the school in February/March to ensure that your child will receive the needed supports for the next school year.

We also recommend that you meet again with the school early in the fall to develop a plan for your child’s learning. Usually the IEP meeting is scheduled at the end of September or early October, once the teacher is more acquainted with your child.

Worksheet: IEP Review

Use this sheet to help you prepare for IEP review meetings.

Student Name

Date

Team Member(s)

Accomplishments (successes, personal observations)

What has helped your child?

What areas need improvement?

What do you think would help for next year? (recommended strategies, goals, support services)

What transition plans are in place? (transition refers to a change in schools or graduation from high school)

Accommodations for Students with a Mental Illness

Below are some examples of how teachers can adapt their teaching and classroom in order to facilitate learning when a student has a mental illness.

- Minimize distractions; if needed, move the student to a seat close to the front of class.
- Pre-arrange a cue to use if the student is distracted to refocus attention.
- Provide the student with recorded books as an alternative to reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where a student can go to regain self-control of their emotions when needed.
- Provide an extra set of books at home for homework and studying.
- Recognize small achievements.
- Audiotape missed lessons for the student to review at a later time.
- Provide a notetaker (this could be a peer or someone specifically employed for this task) for lessons both attended or missed by the student.
- Stagger assessment requirements as the stress of many assignments and/or examinations within a short period of time may increase stress levels dramatically. This is especially important if the student has been/is being hospitalized for extended periods of time.
- Ensure that all of the student's teachers are aware of the student's needs so they can be consistent and realistic in their expectations and in their teaching approach. This can also help them provide support for one another and share resources.
- Forming a peer network for the student to provide support for the student and to increase understanding by the student's peers.
- Provide a separate testing room for tests and exams.
- Allow extra time for taking tests.
- Reduce work load for the student.
- Provide break periods as needed for rest and taking medication.
- Give the student time within the school day when they can do homework.

note to teachers:

Each individual student diagnosed with mental illness has specific and individual needs to enable them to participate fully and effectively in the curriculum. Therefore it is not possible to list specific needs. It is important to liaise with support personnel both within and outside the school to understand the student's needs.

~Social Emotional Disorder, Queensland Studies Authority

Effective Behaviour Support (EBS) (Also known as Positive Behaviour Support)

Effective (or Positive) Behaviour Support is an approach for reducing behaviours that are disruptive or harmful to a child’s learning (or to the other students), teaching more appropriate behaviours, and instilling supports necessary for successful outcomes.

Effective Behaviour Support begins by identifying the behaviours that are a concern and observing these behaviours in the situations where they occur. This process of identifying the problem behaviour and developing an understanding of what factors surround that behaviour is called Functional Assessment. The Functional Assessment is used to develop an idea as to why the behaviour is occurring—the conditions or events that trigger the problem. Once we have an idea about why and when the behaviour happens, we can then develop a behavior support plan—a guide for preventing the problem behaviour, teaching new skills to replace the behaviour, and developing new ways of responding to the behaviour.

Positive Behaviour Support is a holistic approach in that it considers all of the factors that impact on a child and the child’s behaviour. This approach has been used to address problem behaviours that may range from aggression, tantrums and property destruction, to withdrawing or anxious behaviours. Instead of asking yourself, “What’s it going to take to motivate this kid to behave differently? Ask “Why is this so hard for this child? What’s getting in his or her way? How can I help?”

Behaviour occurs for a reason. Children do what they do because it works for them. To understand the reason some children engage in what has been termed ‘challenging behaviour,’ it is necessary to:

- try to understand what the child’s needs are
- establish how the behaviour meets those needs
- examine what the child finds reinforcing
- examine what other behaviours the child has in their repertoire

Once we understand the reasons why the behaviour occurs, we can then work towards:

- helping them engage in more effective and socially acceptable ways of meeting those needs, learn new skills, and find new opportunities
- changing the environment, interaction consequence, lifestyle and competencies to facilitate use of positive behaviours

Understanding what the child is trying to achieve by the behaviour they use can enable us to respond in different and more constructive ways that can make things better for everyone. The more thoroughly we can understand the behaviour, the more effectively we can plan positive strategies to teach new behaviours. These strategies are called *positive behavioural interventions*. They include strategies to (1) control the environmental conditions that lead to the challenging behaviours and (2) change the child’s response repertoire to include more effective behaviours. The goal is to teach children how to manage their own behaviour.

Changing behaviour often requires *shaping*—rewarding any instance of the desired behaviour to help increase the likelihood it will occur again. Behaviour shaping acknowledges that not all children can do everything at 100%. If a child does not turn in homework daily, expecting that homework will be completed 100% of the time is not realistic. By rewarding small gains and reinforcing the gains as they occur, children learn how to stick with a task and to improve their skill.

~ Adapted from *Positive Behavior Support*, T. Osgood and B. Marks

Behaviour is often children’s alternative to language, their loudest voice.
~*Behavior Problems*, Baker et al.

Effective or positive behavior support is not just for schools. Parents can use the same ideas to create a better environment for the entire family.
~*The Explosive Child*, Ross Greene



Effective behaviour support involves changing things so that the child does not need to use ‘problem’ behaviour to get what they want. Ask:

- What can be changed?
- How are things set up?
- How do people respond to the child?
- How can the child be given new ways of asking?
- What new skills does the child need to be taught?

The goal is to prevent the disruptive behaviour from serving its purpose while teaching the kind of behaviours that will better achieve the purpose.

Assess Strengths and Incorporate Them Wherever Possible

Assessment of a child’s behaviours should always include both strengths that the child has as well as areas in which they need help. Some examples of strengths are listed below.

- Lots of energy
- Willing to try things
- Ready to talk/can talk a lot
- Get along well with adults
- Can do several things at one time
- Smart/fast learner
- Good sense of humour
- Very good at taking care of younger kids
- Spontaneous
- Sees details that other people miss
- Understands what it’s like to be teased or to be in trouble so is understanding of other kids
- Cares a lot about family
- Can think of different and new ways to do things
- Enjoys helping others
- Happy and enthusiastic
- Imaginative/creative
- Articulate/can say things well
- Sensitive/compassionate
- Eager to make new friends
- Great memory
- Courageous
- Fun to be with
- Charming
- Warm and loving

“Tommy would destroy structures built by other children. In assessing the situation, the teacher recognized that Tommy was an excellent artist. Rather than separate Tommy from the other children when they were playing with the blocks, the teacher suggested Tommy make drawings that could accompany the block structures, such as signs or flags.”



We need to look at **why** a child behaves in a negative way. We need to find out why the behavior occurred in the **first place** and provide **support** rather than segregating them. Putting in **positive behaviour support for kids is important.**

~A Lot To Lose, Maryann B. Hunsberger

Positive Phrasing

Positive phrasing lets children know the positive results for using appropriate behaviours. As simple as it sounds, this can be difficult. Teachers and parents are used to focusing on misbehaviour. Warning children about a negative response to problem behaviours often seems easier than describing the positive impact of positive behaviours. Compare the difference between positive phrasing and negative phrasing:

Positive phrasing “If you finish your reading by recess, we can all go outside together and play a game.”

Negative phrasing “If you do not finish your reading by recess, you will have to stay inside until it’s done.”

Positive phrasing helps children learn that positive behaviours lead to positive outcomes. This, in turn, can help them gain control of their behaviours.

~Toolkit for Teachers, New Jersey State Council on Developmental Disabilities

Steps towards Changing Challenging Behaviours

- **Discuss the situation with other people involved**

Agree on what the behaviour is you are talking about and why it is a problem—What does it look like? How do you know it has started? Finished? Would it still be a problem if changes were made to the way things are done?

- **Start keeping records**

How often does the behaviour happen? How long does it last? When does it happen? With whom? Where? What is going on at the time? What is happening in the person’s life generally: illnesses, changes, eating/sleeping patterns etc.? What do the parents do when it happens? What do other people do? What usually ends it?

- **Think about the child**

What do they like to do? What do they need in their life? What is missing from their life? What skills and strengths do they have? What skills do they need to learn? With whom do they get along? With whom do they not get along? What kind of places do they like to be in: lively, quiet etc.?

- **Compare the information you have about the behaviour and that you have about the child**

Look for clues about what the child might be achieving or trying to achieve with the behaviour; think about how it could be achieved in better ways.

- **Look for ways to improve the child’s life in general**

This will often reduce the person’s need to achieve whatever the function of the behaviour is, even if you can’t see what that function is.

- **Keep on keeping records**

Keeping old records helps to see if things are getting better or worse.

- **Get specialist help**

Psychologists, behaviour therapists and some specialist nurses can all help. Doing the things above will make it easier for them to help.

How You can Help: Supporting Learning at Home

There are many ways to support your child's learning at home, including talking about what is going on at school, helping your child with their homework, and recognizing your child's learning accomplishments. Talking with your child lets them know that you value hearing about their school experiences and it provides an opportunity to acknowledge efforts, strengths and successes. Ask your child about friendships, recess activities, progress on assignments, new experiences, highlights of the day, homework, and concerns or difficulties. Ask about tomorrow and upcoming events too.

Set a homework routine and choose a regular place for doing homework, away from distractions such as TV and video games. Break homework time into small parts and have breaks. If your child continues to have difficulty completing their homework, talk with your child's teacher about options such as reducing the amount of homework. This can also be discussed at your child's IEP meeting.

To help your child experience success, focus on the effort they put into school, not just the grades they receive. Reward your child when he or she tries to finish school work, not just for good grades. You can give extra rewards for earning better grades.

Show your child that the products of his or her learning are important to you. Display artwork on the fridge. Design a scrapbook with favourite selections from each school year, in order to show growth over time. Have a special piece framed so that it is preserved forever. Tie a bow around a piece of art or written project and send it to a grandparent or other relative as a gift. Remember to celebrate small successes. Sometimes just getting to school is an accomplishment. Staying the whole day is a major success.



Tools for Students, Families and Teachers

On the following pages you will find a series of charts and sheets that can be used to help manage stress and emotions of a student. The charts are helpful in monitoring mood changes, medication doses, hours slept, sleep/wake times, etc. This information is invaluable for assessing effectiveness of treatments, triggers of mood changes and early identification of negative stressors or possible relapse.

Thermometer

This chart is designed to be used by the child in school. The child places a post-it note on the thermometer to indicate his or her stress level. Calming techniques are listed on the right side of the chart to encourage self-directed coping skills.

Daily Chart for Children

This chart can be filled out by the child and covers areas of mood, energy and sleep.

Rainbow Chart

This chart is designed to track three emotions (sad to happy, angry to satisfied, and frustrated to peaceful), energy level (tired to energized) and cognition (confused to sharp-minded). The child rates his or her own levels from 1 to 10 on a rainbow-coloured chart three times daily. There is room under each rainbow chart for details such as medications taken, sleep disturbances or school experiences.

Mood Charts

There are two types of mood charts: daily charting and monthly charting. Daily charts consist of one day per sheet and can be kept in a journal. The information off the daily sheets can be transferred later to the monthly sheet (one month per sheet). Either the child or the parent may keep these charts.

Thermometer

Stress Level

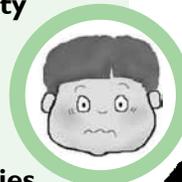
I'm having serious difficulty with assignments or getting along with peers. I feel like using threatening language, being aggressive with my body language, or wanting to commit acts of aggression.



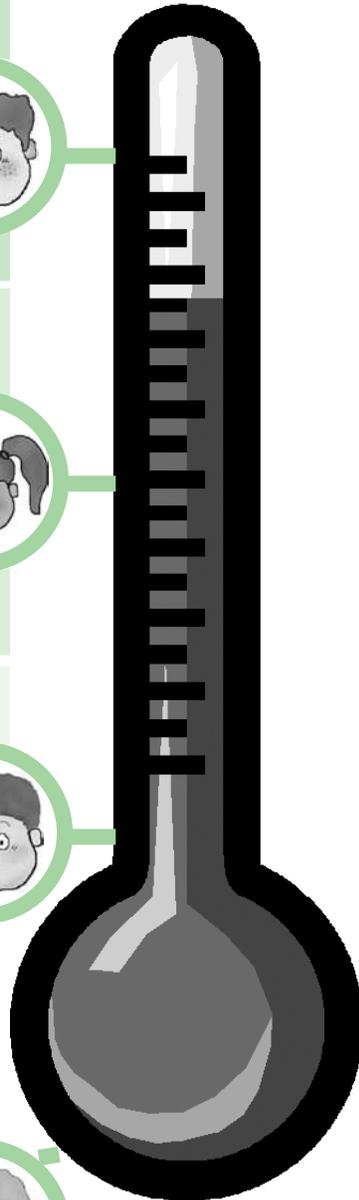
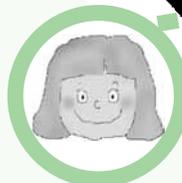
I'm having considerable difficulty with assignments or getting along with peers. I can't stay in my seat. I react in anger to teacher, and I want to hit my peers.



I'm having some difficulty with assignments or getting along with peers. I have trouble staying on task or keeping within boundaries.



Not stressed at all, can handle all my assignments and get along with peers.



Techniques

I WILL...

- Go to my safe place to calm down for 10 minutes.
- Put on headphones and listen to music for 10 minutes.

OR

I WILL...

- Put my head on my desk for 5 minutes.
- Walk to the back of the room and read the bulletin board.

OR

I WILL...

- Take deep breaths and count to 10.
- Read for 5 minutes with a book that I like.

OR

I will stick a post-it on the level of stress I am feeling so my teacher can tell how stressed I am.

Daily Chart for Children

Name

Date

Mood

Circle the highest and lowest for today



Very Low



Low



Even



High



Very High

Energy

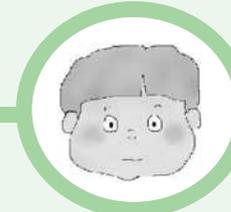
Circle the highest and lowest for today



Very Low



Low



Even

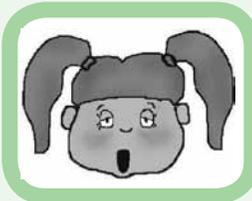


High



Very High

Sleep



Time I went to sleep last night

Time I woke up this morning

How I slept

Medication

Morning

Afternoon

Evening

Bedtime

School

How my moods affected me today

Rainbow Chart



Name

Date

Morning

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How I slept last night:

Meds: _____

School

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

How school went:

Meds: _____

Evening

Sad	1	2	3	4	5	6	7	8	9	10	Happy
Tired	1	2	3	4	5	6	7	8	9	10	Energized
Frustrated	1	2	3	4	5	6	7	8	9	10	Peaceful
Angry	1	2	3	4	5	6	7	8	9	10	Satisfied
Confused	1	2	3	4	5	6	7	8	9	10	Sharp-Minded

A positive social experience today was:

Meds: _____

Daily Mood Chart

Mood (and Energy) Mark mood with a dot, then connect dots to see trends (If desired, mark energy with an E)

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Very High																				
High																				
Even																				
Low																				
Very Low																				

Rages Mark on 'R' for rages, write trigger beneath

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Rage																				
Trigger																				

Medication Mark abbreviation of medication(s) given with dose:

Hour	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	
Very High																				
High																				
Even																				
Low																				
Very Low																				

Sleep Mark a 'B' for bedtime; mark an 'X' for hours slept (day or night); mark 'W' for waking during the night

Hour	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	
Night																									
Nap																									

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Monthly Mood Chart

Mood

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Very High																																
High																																
Even																																
Low																																
Very Low																																

Sleep

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Woke on Time																															
Woke Late																															
Bed on Time																															
Bed Late																															

School

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Good Day (less than 2 reprimands)																															
Bad Day (more than 2 reprimands)																															

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Checklist of Warning Signs of Substance Use Problems for Families and Teachers

The following is a list of some of the signs of teenage alcohol and drug use. These signs are organized into three stages: early or at risk, middle, and late stages. Keep in mind that it is a cumulative list such that a teenager in later stages will likely show signs from earlier stages. It is also important to remember that adolescence can be difficult, and many young people will show some of these signs. An adolescent who is having problems with alcohol or drugs will likely show several of the signs in different areas of their life.

At Risk (or Early Use Stage)

- Withdrawn
- Aggressive
- Low frustration tolerance
- Disregards or openly defies rules
- Drug-oriented graffiti on notes or clothes
- Has no future plans or has grandiose or unrealistic future plans
- Wants immediate gratification of needs
- A loner
- A risk taker
- Easily influenced by peers
- Believes alcohol or drug use makes a person more popular
- Has friends who use alcohol or drugs
- Low involvement in any type of activities
- Lack of motivation to learn in school
- Decreasing or low involvement in extracurricular activities
- Family has low tolerance for problem or unconventional behaviour
- Family has low expectations about school performance
- Parent has little control over child's behaviour
- Student is not willing to discuss family situation
- Parents frequently use alcohol/drugs or have an addiction problem
- Student has poor self-image
- Feelings of incompetence; lack of confidence
- Difficulty communicating
- Low expectations of self
- Overly dependent
- Feels invulnerable (bad things happen to others, not them)
- High participation in unconventional behaviour coupled with high participation in problem behaviour
- High level of stress or anxiety

Middle Stage of Alcohol/Drug Use

- Avoids eye contact
- Uses eye drops frequently
- Sleeps/daydreams in class
- Forgetful
- Becomes less responsible (e.g., homework, lateness)
- Expresses suicidal thoughts/feelings
- Change in social circle
- Hangs out with known users
- More secretive about friends and activities
- Conflict between school/family expectations and those of their peers
- School grades begin to drop
- Falls behind in or doesn't complete schoolwork
- Withdraws from family and activities
- Changed attitude about family members

- Complaints from parents about teenager's lessening responsibility
- Expresses feelings of hopelessness
- Is caught using alcohol or drugs
- Continues to use alcohol or drugs after firm stand has been taken
- Is caught with drug paraphernalia

Late Stage of Alcohol/Drug Use

- Abnormally poor coordination
- Glassy or dull eyes
- Smelling of pot, alcohol or solvents
- Slurred speech
- Bad hygiene—no attention paid to hair, clothes etc.
- Frequent complaints or injuries
- Persistent cough
- Frequent headaches or nausea
- Excessive aspirin use
- Lack of affect (emotion)
- Fatigue or loss of vitality
- Either hyperactive or sluggish or going from one extreme to the other
- High consumption of coffee or sugar or junk food
- Weight loss or gain
- Inappropriate dressing (e.g., not dressing warm enough)
- Trouble with the law
- Frequent fights or arguments
- Dishonesty—getting caught in lies
- Carrying weapons
- Verbally or physically abusive
- Inappropriate responses (e.g., laughs when nothing is funny, gets angry out of proportion to the event)
- Suicide attempts or actions
- Frequent fighting or arguing with friends
- Activities with friends seem to always involve alcohol or drugs
- Frequently absent from school
- Constant discipline problems at school
- Has been suspended from school
- Frequent nurse or counsellor visits
- Loss of eligibility for extracurricular activities
- Continued use of alcohol or drugs after being caught
- Running away from home
- Refusal to follow rules of family
- Uses home as a 'pit stop' only
- Overwhelming feelings of hopelessness
- Sense of identity centres around alcohol and drugs (all they ever seem to talk about)
- Selling drugs or frequent exchanges of money

~ Assessment and Referral Checklist, Alcohol and Drug Programs, Youth and Family Resource Centre

Tips for Teachers With Students Who Have a Mental Illness

The following two pages can be photocopied and given to teachers.

Understanding Families When a Child Has a Mental Illness

The following are some suggestions that teachers can follow as they build relationships with the parents of students who have a mental illness.

- When a child is diagnosed with a mental illness, parents understandably experience a variety of emotions such as shock, anger and grief. Eventually most families come to accept and learn how they can support their child to do well in spite of having an illness. If a parent is angry or frustrated, try to understand where that emotion is coming from.
- Be aware that parents are not the cause of their child's illness. Parents often feel a lot of guilt and can be sensitive to any references that they are to blame for their child's disorder.
- Let parents know you appreciate how difficult it can be when a child has a mental illness. Empathy can go a long way toward building a relationship with parents.
- Work toward removing the stigma of mental illness every chance you get. Having a mental illness or brain disorder should be nothing to be ashamed of, any more than one would be ashamed of having diabetes or asthma.
- Teach your students about mental illness and help to dispel the myths and stigma surrounding mental illness.
- Be sensitive to single-parent families, families with limited incomes or families of different ethnic backgrounds. These families may face unique challenges.
- Encourage parents to learn as much as they can about their child's illness and treatment options. Express interest in receiving information if it will be useful to you as a teacher to better help children learn.

A Student's Perspective on Learning: Do's and Don'ts

- Do assume that I want to learn.
- Expect me to do my best.
- Ask me what modifications might help me better be able to do my work.
- Listen to my words and my behaviours—both are telling you what I need.
- Praise me when I am doing well. Be specific so I know exactly what I need to keep doing.
- Ask my parents for how we handle certain situations at home. My parents know me better than anyone else.
- Treat me with respect. My disability is a challenge for you—and for me.
- Ask me what interests me.
- Relate academic topics to areas that I am interested in. Show me connections.
- Communicate with me often to help me keep up with how I am doing.
- If we need to discuss a problem, please do so privately and (again) with respect.
- Set up a plan that allows me to have 'down time' for cooling off after difficult situations.
- Don't just tolerate me; teach me.
- Don't be afraid of me because of my reputation or past behaviours.
- Don't expect less from me because I have a disability that is difficult to understand.
- Don't blame my parents for my behaviour; I have a mental disorder and blame will not change who I am now or what my needs are now.
- Don't assume that my behaviour is a personal attack on you; my behaviour is often an 'impulsive reaction' that I cannot control.
- Don't challenge me when my behaviour is escalating—my impulse for self-preservation takes over and I might not respond in the most socially acceptable way.
- Don't embarrass me in front of my peers.

~Youth Perspective, D. Lawrence

What to Say (and Not to Say) to Students with a Mental Illness

Say...

Instead of...

“It sounds like this is getting frustrating for you. Would you like some help?”

“You’re not trying hard enough.”

Or

“I know this is really hard for you right now. You’re doing a good job. Maybe you need a little break. I bet when you come back to it after you’ve had a break, it won’t be so frustrating.”

“Walk”

“Don’t run!” (or hit, spit or use bad words).

Or

“Keep your hands to yourself”

Or

“Can you try that again with nice words?”

“I’m concerned with what I just saw because (why). How could you handle this differently next time?”

“What I saw you do was wrong and now you have to go see the principal.”

“Hey, it looks like you need to calm down. Would you like to go to your ‘safe place?’”

“Why did you just do that? You know better than that!”

Or

“Would you like to draw or read (a favourite book) here in the classroom?”

“Shoes are not for throwing.”

“Do the work right now or I’ll send you to the principal.”

Or

“Scissors are not for cutting pages in your book.”

“You need to listen to me.”

“How can you show me you are listening?”

~Tips for Teachers, Child and Adolescent Bipolar Foundation

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



heretohelp

Mental health and substance use
information you can trust

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