

# Living With Mental Illness:

## A Guide For Family And Friends



Capital Health



healthy minds  
cooperative

## NOTES



## About us

Community Mental Health is a team of mental health professionals. We support people to manage a mental illness and improve their mental health and well-being. We are part of the Capital District Mental Health Program within Capital Health, and support adults throughout HRM and West Hants. \*Hants Community Mental Health supports adults, youth and children.

## Acknowledgements and thanks

This family handbook was produced by Community Mental Health together with the Healthy Minds Cooperative and family members of people living with mental illness. Other contributors include the Schizophrenia Society of Nova Scotia, Caregivers Nova Scotia, Consumer Initiative Centre and the Canadian Mental Health Association. Patience and perseverance played key roles in producing the final product which we hope you will find helpful and empowering.

Two excellent resources provided a path for us to follow in the production of this handbook:

### ***How You Can Help: A Toolkit for Families***

A Resource for families supporting children, youth and adults with a mental or substance use disorder

Produced by: BC Partners for Mental Health and Addictions Information, 2004

Citation: BC Partners for Mental Health and Addictions Information. How You Can Help: A Toolkit for Families. Vancouver, BC: BC Partners for Mental Health and Addictions Information; 2004.  
Available at: <http://www.heretohelp.bc.ca>

### ***Working Together Towards Recovery: Consumers, families, caregivers and providers***

A toolkit for consumers, families and caregivers

Produced by: Canadian Collaborative Mental Health Initiative, 2006  
Citation: Canadian Collaborative Mental Health Initiative.

Working together towards recovery: Consumers, families, caregivers and providers. Mississauga, ON: Canadian Collaborative Mental Health Initiative; February 2006.  
Available at: <http://www.ccmhi.ca>

We would like to commend and thank the BC Partners for Mental Health and Addictions Information and the Canadian Collaborative Mental Health Initiative on their excellent work and their shared commitment to providing helpful resources for families and friends who support people living with mental illness.

Much of the content for this family handbook was modified from original text in the two publications noted above. Other content was written expressly for this handbook by family members of people living with mental illness and health professionals. The text was edited by **Cindy Bayers, Pebble Communications**. The family handbook was designed by **Michelle Doucette, Michelle Doucette Design and Photography**, based on the beautiful cover artwork by **Thomas Wiktor**.

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This is our first try at developing a family handbook. We value input from you, your family members and friends. Please complete the short evaluation form in the appendix. If you wish, you may do this anonymously; you are not required to provide your name or any other identification. If you prefer, you may e-mail your comments to community@cdha.nshealth.ca or call 454-1402. Your privacy will be respected.

You may also e-mail community@cdha.nshealth.ca to request additional copies of this handbook.

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### Disclaimer

The Family Handbook is not intended to, nor can it, replace the need for a trained mental health professional. The Handbook is provided for information and education purposes only. The information is not medical advice. You should make any decision concerning your health, treatment and/or medication together with a qualified health care professional.

While the Capital District Health Authority makes every effort to provide reliable and accurate information, Capital Health does not guarantee the accuracy of its materials. This information is provided as a public service. Readers should verify the information before acting on it.

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# INTRODUCTION

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Our goal is to make things just a little bit easier for you as a family member, caregiver or friend of someone who is living with a mental illness or who is exhibiting symptoms of mental illness.

When you first recognized your family member or friend might have a mental illness you probably felt many emotions: shock, fear, sadness, anger. You also likely felt all alone. You are not. During their lifetime, one in five Canadians will experience mental illness. This will directly affect their family and friends as well.

No one's illness, whether physical or mental, affects the individual only. If someone you care about is living with mental illness, you and your family may have to take on more responsibilities and deal with things you never expected. These additional responsibilities may in turn affect your work or even your own health.

Supportive families and friends play an essential role in helping someone they care about cope with mental illness. Those who best manage their illnesses often have a strong social network to support them.

If you are supporting someone you care about who is living with mental illness, or you suspect that someone you care about may have a mental illness, you need information that helps you and others to support that person. This handbook can help.

## About this handbook

This handbook is for family, friends and caregivers of adults living with mental distress or who may have a mental illness. It includes information on how to get help, communicating with someone you love, supporting your family member and focusing on you and your family. The information and resources have been organized so that you can easily flip from one section to another depending on your needs.

The handbook has been produced for you by a group of family members, caregivers and mental health professionals.



## Mental health services and supports for youth or children

This handbook is a resource for family, friends and caregivers of adults living with mental illness. Should you need information on mental health services and supports for youth or children living with mental illness, visit the IWK Health Centre website at <http://www.iwk.nshealth.ca>. Follow the link to Care Services and click on Mental Health and Addictions for a description of available services. A short video presentation can also be viewed online. It provides an overview of the IWK's mental health and addictions services.

To contact IWK Mental Health Services, call 902-464-4110. Youth, their families, physicians, school and community partners may make referral requests through this number. You may also want to contact the mental health advocate for children, youth and families at the IWK; call 470-7302. The mental health advocate helps children, youth and families find and access services and advocates on their behalf. If you live in West Hants, services for children and youth are provided by West Hants Community Mental Health; call 902-792-2042.

## Is this handbook for you?

Yes, if any of the following apply:

- Someone you care about has been diagnosed with mental illness
- You want more information about how to support someone you care about who is living with mental illness
- Someone you care about is acting in a way that you think instinctively is not quite right
- You are looking for ways to help all family members cope with mental illness in your family

\* Throughout this handbook, we refer to family members as males in some sections and as females in other sections. For instance, in this first chapter "Understanding Mental Illness" we refer to the family member as male. In the next chapter "Getting Help", we refer to the family member as female. We have done this to make the handbook easier to read – reference to female and male in particular sections is arbitrary and should not be considered an indication of instances where males are more affected than females or vice versa.



## UNDERSTANDING MENTAL ILLNESS



Learning more about mental illness can help you to talk openly and candidly and to better support your family member. This section provides basic information about mental illness and answers some of the questions you may have. It also provides other helpful resources where you will find more detailed information.

**“Knowledge is power and to be without power is to be a victim. No one wants that.”**

### Some terms

Just to be sure we all understand what we're talking about in this handbook...

**Mental health** (or well-being) is a balance of mental, physical, emotional, social and spiritual health. Caring relationships, a place to call home, a supportive community, and work and leisure all contribute to mental health. No one's life is perfect; mental health is also about handling life's ups and downs.

**Mental illness** includes a range of specific conditions that cause serious disturbance in thoughts, feelings and perceptions severe enough to affect day-to-day life. There are many different types of mental illness; each has its own specific pattern of symptoms. Some common mental illnesses are schizophrenia, depression, bi-polar disorder and anxiety disorders.

Symptoms of mental illness often occur in cycles. An episode can last from weeks to months with times when no symptoms are evident. With children, these changes may be even more frequent. People will also differ in how severe their symptoms are. Mental illness, especially if left untreated, will affect your loved one's quality of life. It will also affect those around him.

More detailed definitions and explanations of common mental illnesses are included in the appendix.

**Recovery** is a process and a goal – it is learning to successfully manage mental illness, having control over symptoms and having quality of life. It involves overcoming the negative impact of mental illness despite its continued presence. Some describe recovery as a way of living in order to make the most out of life. It is about getting on with life in spite of having a mental illness. It can be described as a journey rather than any point in time.

**Family member living with mental illness** refers to someone you love and support. He or she can be a family member in the traditional sense—spouse, mother, father, sister, brother, grandmother, aunt, uncle, cousin – or a friend.

**Family members and caregivers** can be family members, friends or caregivers. We recognize that friends and caregivers can play as significant a role as family members in supporting someone living with mental illness. For the purposes of this handbook, any reference to family members is inclusive of friends and caregivers.

**Health care professional** refers to dietician, family doctor, occupational therapist, naturopath, nurse, psychiatrist, psychologist, recreation therapist, social worker, spiritual care worker – any health care professional who may be a member of your family member's care team. This list is far from complete but provides some of the more common health care professionals.

**Care plan** outlines a person's recovery goals and the supports that will help your family member in their recovery, e.g., medications, schedule of group sessions, health professional(s), employment counselling.

**Wellness plan** is a document written by a person living with mental illness that describes what keeps them well and what their warning signs of relapse are. It also lists all the key contacts in their lives and if they have an advance directive or living will.

**Advance Directive** is a living will that describes a person's preference and wishes regarding care when they can no longer make decisions for themselves. It also describes the individual's wishes in the event that their death is imminent. It usually involves talking with loved ones, physicians and others who provide support.

**Care team** includes anyone who is supporting your family member in their recovery – health professionals, alternative therapists, Elder, boss, minister, teacher.

**Case manager** supports people living with mental illness to achieve their recovery goals for housing, education, etc. Case management is defined in many different ways by many different agencies.

**Family crisis plan** includes simple instructions for family members on what to do in a crisis or emergency. It also includes the names and phone numbers of people who need to be contacted in the event of a crisis or emergency. A sample family crisis plan is included in the appendix.

## A few words about stigma

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination) toward people living with mental illness. We believe, as others do, that the greatest obstacle to improved mental health is the stigma surrounding mental illness. Your family member may try to hide a mental illness and may not get help because of a fear of how he will be treated by family, friends and the community. Often, even if your family member is honest about mental illness and gets help, he may feel shame or have low self-esteem.

Stigma is not reserved only for people living with mental illness. It also affects family members and friends. Sometimes they struggle with the reality of mental illness and may have feelings of embarrassment and regret, not sure what to say, if anything, to others. Embarrassment may also prevent people from supporting their family member living with mental illness.

Remember that you and your family member are not alone. Mental illness affects one out of every five people in Canada. The more we learn individually and collectively and the more we open our hearts and minds to that knowledge, the less stigma we will have. It may benefit you and your family member to share your experiences with people who've "been there" (affected by mental illness). Information on peer support is included in the chapter on "Getting Help".

More on stigma and its effects is included in the chapter on "You and your family."

*“I waited so long to get help – I was terrified about what my friends and family, my boss would think.”*

*“I hear what people say... I didn’t want it to be me. I had a crisis that could have been avoided.”*



## How mental illness can affect a person

Mental illness can affect people in many ways but there are some general symptoms you can expect.

### Behaviour

Mental illness can lead to behaviours that may be quite bizarre and confusing, e.g., a man experiences severe anxiety when his wife leaves the house; a young girl washes her hands 50 times after she touches an object; a young woman has no energy to get out of bed for days at a time.

### Thinking

Your family member's thoughts may occur very quickly or slowly, may be poorly organized, confusing, illogical or irrational. You may observe this when your family member talks with others. Difficulty following along with conversations, statements that don't make sense, and memory problems may be signs of mental illness.

### Mood

Everyone experiences a variety of moods like feeling down, anxious or excited, and mood changes. With mental illness, however, severe moods and mood changes often cause significant distress over time and reduce a person's ability to function on a day-to-day basis.

### Perception

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

### Social withdrawal

With some mental illnesses people begin to withdraw from family and friends. Social activities are dropped and they increase the amount of time they spend alone.

## Common warning signs

Though mental illnesses each have their own patterns of symptoms and every person is unique, there are common warning signs. These warning signs may indicate that your family member has a mental illness if they persist or get worse. You know your family member best; this is not a complete list and you may notice other signs. Trust your instincts.

In trying to decide whether you think there is a serious problem, it may be helpful to write down some warning signs that you have noticed – in particular changes in regular patterns of behaviour.

### In younger children:

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

### In older children and adolescents:

- Excessive or unhealthy substance use
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- 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
- Unexpected, noticeable weight loss or gain

### In adults:

- Decline in work or school performance or poor attendance
- Prolonged depression (extreme sadness or irritability)
- Feelings of extreme highs and lows
- Having too much energy
- Exaggerated feelings of self
- Excessive worries and anxieties
- Social withdrawal
- Loss of interest in personal hygiene
- Dramatic changes in eating or sleeping habits
- 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
- Excessive concern about germs, time, or eating

## What causes mental illness?

There is no simple answer because no single factor causes mental illness. Mental illnesses are complex diseases, meaning that they are caused by a combination of different factors.

Researchers believe that in most cases of mental illness, both genes and environmental factors play a role. For instance, if a person is at increased risk of having a mental illness because of genetic factors (for example, mental illness runs in the family), he may only develop an illness if a certain combination of stressful situations occurs (environmental factors). Environmental factors can be anything that causes major stress and can occur at any point in life, e.g., death of a loved one, abuse, use of street drugs, loss of income.

## What to do if you are concerned

If you are concerned your family member may have a mental illness, you will need to talk with him about your observations. This may not be easy but it will be helpful for you to have specific observations to mention. It is important to be honest and open when talking with your family member.

- If your family member appears to be a danger to himself or others and you need help immediately, call 911.
- If your family member is in distress or experiencing crisis but does not appear to be a danger to himself or others, call the Mental Health Mobile Crisis Team at 429-8167 or 1-888-429-8167.
- Let your family member know that you have noticed changes in his feelings and behaviours, and that you understand he is having difficulties.
- Listen to what your family member has to say and try to solve the problem together. You may want to connect with other family members, your church, community groups, or others for support.
- Encourage your family member to talk with his family doctor or mental health professional. Offer to go with him to an appointment.
- If your family member does not believe he has a problem or refuses to get help, encourage him to talk with someone he trusts. More information on what to do if your family member refuses help is included in the chapter on "Getting Help."
- Allow your family member to stay in control by offering choices of how you can help.
- Offer to help your family member to find out where he can get support.
- Reassure your family member that it's okay to get help, even if your family member thinks he can cope without it.

- Stay positive about the future and reassure him that things will get better.
- If your family member is a child or youth, talk to his school counsellor.

More information about what to do if you are concerned and how to get help is included in the next chapter, "Getting Help."

## Helpful resources – general information

The following resources offer trustworthy information that will help your family member and you get the facts and become partners in care and recovery.

<http://www.canadian-health-network.ca>

Topics on this site include definitions, helpful tips for the day-to-day, and where to find services and self-help groups.

<http://www.mediresources.sympatico.ca>

This site offers information in the form of definitions and frequently asked questions.

<http://www.cmha.ca>

This Canadian Mental Health Association site offers answers to frequently asked questions and information on specific illnesses. Local branches provide services to people living with mental illness and their families.

<http://www.mentalhealth.com>

This site offers the latest research, information on diagnosis, medication and therapy. It also has discussion groups and magazine articles.

<http://www.psychdirect.com>

The information on this site is aimed at students but is very useful for the general public. It includes a women's mental health section and fact sheets on mental illnesses.

Public libraries are also good resources for learning about mental illness and treatment options: <http://www.halifaxpubliclibraries.ca>



Thanks to the Internet, we now have an incredible amount of easy-to-access health information. Many websites are trustworthy. However, some offer outdated or incorrect information. The Canadian Health Network (web address above) provides advice that can help you decide whether a website is trustworthy. As for specific pieces of information gathered from websites, it is often wise to verify the information with other sources such as a family doctor, other health professional or local Canadian Mental Health Association.

## NOTES



## GETTING HELP



This section provides you with information on options for getting help and includes local mental health resources. It also presents what you and your family member can expect from service providers and what they expect from you. As well, it includes advice on what to do when things go wrong – regrettably and unfortunately this happens – and what to do if your family member refuses help.

There are many sources of help and support as you and your family member manage mental illness, its symptoms and its impact on family life. You and your family member may first turn to other family members, friends, your church, community groups and mental health organizations. They are often a great source of comfort, support and help.

The decision to seek professional help for your family member can be tough for many reasons. It can be difficult to know what to do or where to go, and you may be unsure of what the problem is. We recommend contacting a family doctor, Community Mental Health or another health care provider as early as possible. People often say that they wish they had been able to figure out what was wrong sooner. It's never too early to seek professional help.

If you are considering getting professional help for your family member, you will likely have questions or concerns. The same can be true if your family member is already receiving professional help.

### **Resources to help:**

<http://www.ssoAware.com>

This site offers the facts on schizophrenia and tells visitors why getting help early matters.

<http://www.psychosisucks.ca>

This site includes information about the signs and symptoms of schizophrenia, treatment and recovery.

<http://www.e-earlypsychosis.ca>

This site is hosted by the Nova Scotia Early Psychosis Program and provides information on signs and symptoms and how to get help early.



## A note about suicide

The thought of your family member completing suicide may leave you paralyzed with fear. Talking with your family member may help him to get help and avoid an attempt.

Though people living with mental illness are at higher risk of committing suicide than the general population, there are people living with mental illness who are most at risk:

- Those who are abusing drugs or alcohol.
- Those who have made past attempts, especially involving lethal means.
- Those who have a plan and the means to attempt or complete suicide, e.g., pills or weapons on hand.
- Those experiencing major life-altering developmental changes, e.g. teens and seniors.

Worrying signs:

- Hints or outright statements such as: "I don't want to live anymore." "There is no future for me." "They would be better off without me."
- Making preparations like getting one's affairs in order and giving away prized possessions.
- Keeping large amounts of medications on hand.
- Social isolation.
- A recent loss such as the death of a loved one, loss of a job, significant financial losses.

## Follow your instincts if you sense a reason for concern.

It is a common myth that just raising the subject of suicide with a family member will put the idea in his head or drive him to take action. In fact, talking may help. Some strategies to use if you fear your family member feels suicidal:

- Take it very seriously but don't panic. Talk with him in a straightforward manner about suicide.
- Stay connected. People who are suicidal feel very alone. Offer the message "you matter" even if they can't respond at the time.
- Listen. Hearing your family member's deepest feelings will be positive for him.
- Don't keep it a secret. Contact other family members, friends or doctor and begin to build a support network and support plan that answers questions such as: How can I help? Who (and when) can you call for support? What, even in a small way, makes you feel better?

- Call the Mental Health Mobile Crisis Team at 429-8167 or 1-800-429-8167. A team member will talk with you and/or your family member.
- If, for whatever reason, you can't reach the Mental Health Mobile Crisis Team, and your family member is at immediate risk of harming himself, call 911.

### Resources to help:

#### **Mental Health Mobile Crisis Team**

429-8167 or 1-800-429-8167

A team of mental health professionals who offer telephone and, in some circumstances, on-site crisis support for people who feel suicidal or are experiencing other crises. Family members can also call the team for advice and support.

<http://www.suicideinfo.ca>

This site includes many resources and information about how to get help, prevention, education and research.

<http://www.befrienders.org>

A worldwide site of volunteers who are online 24 hours a day, seven days a week to talk with people who are feeling suicidal.

<http://www.cmha.ca>

This site includes a fact sheet about preventing suicide and offers advice on how to support and help someone who is suicidal.

## Options

There are many services available to help your family member and you. Some you may want to consider are outlined in the following paragraphs.

### **Family doctor**

A family doctor can be an excellent information source, can answer many questions about mental illness and can often provide a diagnosis. The family doctor will talk with your family member to determine what her needs are. Family doctors can prescribe medication, order tests (to rule out other possible causes of symptoms), refer your family member to a mental health professional and can monitor progress and recovery.

We recommend that your family member contact her family doctor as early as possible. Your family member may want you to attend the first or subsequent appointments. Family doctors should welcome you if your family member has asked you to be there (see note on confidentiality in the chapter on "Getting Help"). If your family member does not have a family doctor or is not comfortable talking

to her family doctor, she may want to contact Community Mental Health.

For help finding a family doctor, visit <http://www.doctorsns.com>

### **Community Mental Health**

Community Mental Health is a team of mental health professionals. They provide a range of services that help people to manage a mental illness and improve their mental health and well-being. Health professionals will talk with your family member to determine what his needs are. They will then work with your family member to prepare a care plan. Community Mental Health is located in Cole Harbour, Dartmouth, Halifax, Sackville and Windsor. Team members are also located in family doctors' offices and in community hospitals and health centres. Services are available to adults and are publicly funded (there is no direct cost to you or your family member) and are available to adults.

\*West Hants Community Mental Health also provides services for youth and children.

#### **Contacts:**

##### **Bayers Road Community Mental Health**

Suite 109, Bayers Road Centre  
7071 Bayers Road, Halifax  
454-1400

##### **Bedford/Sackville Community Mental Health**

Cobequid Community Health Centre  
40 Freer Lane, Lower Sackville  
865-3663

##### **Cole Harbour/Eastern HRM Community Mental Health**

Cole Harbour Place  
51 Forest Hills Parkway, Dartmouth  
434-3263

##### **Dartmouth Community Mental Health**

Belmont House  
33 Alderney Drive, Dartmouth  
466-1830

##### **West Hants Community Mental Health**

Hants Community Hospital  
89 Payzant Drive, Windsor  
792-2042

**Employee Assistance Programs**, for people who are working... Many employers now offer Employee Assistance Programs. These programs provide confidential counselling. The number of sessions is usually limited to about six per employee. That is often enough to help a person sort out her difficulty. If there is a more serious mental illness, counsellors can provide referrals to other mental health services. Your family member can get more information through her company's human resources department. Employee Assistance Programs are completely confidential and are becoming more and more popular. As a family member who is working, you may also benefit from talking to a counsellor through an Employee Assistance Program.

### **Registered health professionals (private practice)**

Some occupational therapists, psychiatrists, psychologists and social workers offer mental health services in private practices. Your family member may be able to get help from a health care professional in private practice on a fee-for-service basis. If you have private health insurance, your insurance provider may cover these fees. Psychiatrists in private practice are covered by MSI at no direct cost to you. In order to practice in Nova Scotia, occupational therapists, psychiatrists, psychologists and social workers, among most other health care professionals, must be registered by a professional college or regulatory organization. The college/regulatory organization is responsible for ethics, practice standards, complaints and discipline. If your family member would like to receive help through a private practice, encourage her to ask her family doctor for a referral. Trying to choose an appropriate professional can be overwhelming.

#### **Resources to help:**

**College of Physicians and Surgeons of Nova Scotia**  
<http://www.cpsns.ns.ca/>

**Doctors Nova Scotia**  
<http://www.doctorsns.com/>

**Association of Psychologists of Nova Scotia**  
<http://www.apns.ca/index.html>

**Nova Scotia Association of Social Workers**  
<http://www.nsasw.org/>

**College of Occupational Therapists of Nova Scotia**  
<http://www.cotsns.ca>

## **Self-help and peer support**

The professional and scientific views of mental health and mental illness are one part of the picture. Another part is the knowledge and wisdom that comes from living everyday with a mental illness. Many people living with mental illness and their family members find that they want to share their stories among people who have “been there” – those who understand exactly what they are going through and can speak from lived experience.

Self-help and peer support groups:

- offer their own stories
- suggest ways to handle the day-to-day
- develop self-help manuals
- host chat rooms
- provide links to local resources
- offer practical tips about all the things they wish they had known when they, or a loved one, was first diagnosed
- provide support with developing coping skills
- provide practical help with other issues such as obtaining housing or finding appropriate professional help

Above all, they offer messages of hope. “You are not alone.”  
“I went through it and I’m doing fine now.” “My son just got a job!”

There are many local self-help and peer support groups. You can find out more about what is available by contacting any of the resources listed below.

### **Resources to help:**

#### **Canadian Mental Health Association, Halifax-Dartmouth Branch**

455-5445 or 455-6983

<http://www.cmha.ca/bins/site.asp?cid=284-1646>

#### **Self Help Connection**

466-2011

<http://www.selfhelpconnection.ca/>

#### **Consumer Initiative Centre**

404-7800

#### **Healthy Minds Cooperative**

404-3504

<http://www.healthyminds.ca>

#### **Depression and Bipolar Support Alliance**

<http://www.dbsalliance.org>

## **Schizophrenia Society of Nova Scotia**

<http://www.ssns.ca>

## **Caregivers Nova Scotia**

<http://www.caregiversns.org/>

## **Complementary therapies**

You and your family member may want to explore complementary therapies. Complementary therapies include health-related services we don’t often think of as being medical in nature. Some more popular complementary therapies include massage therapy, music therapy, chiropractic, reiki, Qigong and acupuncture. People living with mental illness and their families often say they need a much broader range of help than just diagnosis and medication. This broader – or holistic – approach to recovery (caring for the mind, body and spirit) is becoming more widely accepted as offering substantial benefits to people living with mental illness.

### **Resources to help:**

#### **Massage Therapists Association of Nova Scotia**

<http://www.mtans.com/>

#### **Atlantic Association of Music Therapy**

[aamt@musictherapy.ca](mailto:aamt@musictherapy.ca)

#### **Chiropractic Nova Scotia**

<http://www.chiropractors.ns.ca/>

#### **Canadian Reiki Association**

<http://www.reiki.ca>

#### **Qigong Institute**

<http://www.qigonginstitute.org>

#### **Chinese Medicine and Acupuncture Association of Canada**

<http://www.cmaac.ca/>

## **Exploring more than one service and support option**

Many people living with mental illness find that they benefit the most when they work with a team. Working with a team supports a holistic approach to recovery. Team members don’t have to be health care professionals; they can be a clergyperson, Elder, boss, neighbour, teacher – anyone who wants to support your family member in her recovery. To work together and provide the best service or support, each team member needs to know who your family members other team members are. Encourage your family member to talk with her team members about other services or supports she is receiving.

## Note on confidentiality

In Nova Scotia, health information is confidential. That is, unless your family member gives her consent (often in writing), professionals are limited in what they can share with families.

## Treatments, in brief

There are many treatments available to help people manage mental illness and live a healthy, full life. The future is even more promising as we better understand mental illness, develop new treatments and discover the benefits of complementary therapies.

Treatment often includes medications and counselling. More and more, cultural healing practices and complementary therapies are part of a person's care plan. The particular treatment options available to your family member depend on the illness, community resources and types of services available in your community. While treatment is often an important part of one's recovery, it is valuable to recognize it as a part and not as a whole. Many supports (employment, housing, peer support, advocacy) play an important role in the recovery journey.

## Navigating the mental health system

Our local adult mental health system (within the Halifax Regional Municipality and West Hants) is complex. It includes both public and private services. We have outlined many of the available options above, but there are other services as well.

The Capital District Mental Health Program provides:

- Community Mental Health
- Psychiatric emergency services
- Inpatient mental health services
- Specialty mental health services, e.g., seniors mental health, Early Psychosis Program
- Recovery & rehabilitation services, e.g., Connections Clubhouse, New Beginnings Clubhouse and supportive community outreach.

\* these services are covered by MSI which means there is no direct cost to you

A complete list of services provided by the Capital District Mental Health Program, with contact numbers, is included in the appendix.

One of the first questions people living with mental illness and their families ask is "**Where do we start?**" A family doctor is often the first source of professional help.

It may not be possible or comfortable for your family member to go to a family doctor. If that's the case, Community Mental Health is also a good place to start. You or your family member can contact any of the five locations directly. Contact information for Community Mental Health was listed previously and is in the appendix.

People living with mental illness and their families often want help finding housing and employment information, government services like social assistance, and financial and legal assistance. We have included some helpful resources on these topics in the appendix.

### Resources to help:

<http://www.healthyminds.ca> or 404-3504

The Healthy Minds Cooperative is an innovative health care cooperative that provides a variety of peer-based services to people living with mental illness and their families, including assistance with navigating the mental health system.

## When your family member gets help

Your family member may be very anxious about getting professional help. She will likely have many questions and concerns. In fact, this is very common. People generally know little about mental illness and treatments.

Knowing more about what your family member can expect may help you to support your family member and to talk about her treatment. You may also find it helpful to know what kinds of things your family member and their health professionals will talk about. Encourage your family member to talk with you about her treatment, but be respectful of her privacy. Also, remember that your family member's health information is confidential.



If at any time you feel that your family member is not talking openly with her health professional, you can contact the health professional to talk about your observations. Before you speak with a health professional, it is a good idea to write down your observations of your family member – changes you've noticed and any difficulties she is having. Information about any substance use, physical health conditions, or medications that you know of is also helpful.

## **What to expect from health professionals**

You and your family member can expect that health professionals will:

- have time for your family member and for you
- listen to your family member and to you
- work with your family member in an atmosphere of compassion, respect and dignity
- make a great deal of effort to understand your family member and her life
- be up-to-date in their area of expertise
- be holistic in their approach
- explain things to your family member and answer questions
- communicate options from which your family member can choose
- respect your family member's history, culture and language

## **Questions your family member may be asked**

Health professionals will ask your family member many questions. The questions help the health professional to get to know your family member, her concerns and problems and her strengths and hopes. The health professional will also want to know about your family member's life circumstances; all of this information helps when developing a care plan.

Sample questions include:

- What has brought you here today?
- Can you describe what you are doing to cope with these symptoms?
- What is your living situation?
- What is going on in your life right now?

## **Your family member and you may have questions too**

Meeting with a health care professional, especially for the first few times, can be very stressful. If your family member and/or you have questions, you have every right to ask them. People can be intimidated by health care professionals, which may make asking questions difficult. It may be helpful for your family member to write questions down before an appointment or to contact the health care professional via phone to ask questions. It's important to remember that a health care professional is there to support your family member. Your family member is the most important member of her care team.

A few questions your family member may want to ask:

- How often will you see me?
- What should I do if I am in distress? Can I call you? If I can't reach you, who can I call?
- What medications are you prescribing and how are they expected to help?
- Are you able to provide me with counselling? If not, where can I get this?



Families should talk with their family member about the importance of involving the family in care planning. Your family member may be reluctant to have information about her mental health shared. Help your family member to understand that you can better support her when you are part of the team. Talk about how you will be involved and what information can be shared with you.



**Consistent goal setting** – Your family member's health professionals should support your family member to set, and often review, recovery goals. At times, health professionals may focus too closely on their own specialty and not recognize that your family member may have set goals with other health professionals, and that there may be a conflict. For example, your family member's psychiatrist may increase her medications to address symptoms, making her tired. Meanwhile your family member is working with her case manager to find a job. Both goals are important but they are working against one another. As a solution, you can encourage your family member to keep a record of her recovery goals and share them with all of her health professionals and with you. This way, everyone is on the same page.

**The best way to stay informed of your family member's care plan, especially if you are not directly involved, is to talk with her. Be open to her choices, questions, concerns and fears.**

### **Recovery goals:**

Recovery goals are unique to each person. They can be small or large, long term or short term. Setting goals is an important part of wellness, regardless of where a person may be on her recovery journey.

**Recovery goals are set, managed and achieved by the person living with mental illness.**

**They are supported by family members.**

### **Sample recovery goals:**

Get out of bed by \_\_:00 a.m.

Take a short walk each day.

Eat breakfast.

Get training or experience for a job.

Build a relationship with friends or family.

## **Scenarios:**

Your family member may set a goal of exercising regularly which she defines as 30 minutes per day five days a week. She may start with a 10-minute walk three times a week. She may then progress to a 10-minute walk five times per week and then a 20-minute walk five times per week. Smaller goals may be achieved until she reaches her overall goal. Recovery goals are often broken down into smaller steps. Each achievement should be supported and celebrated by your family member and you.

Your family member may set a goal of returning to work. This may involve talking to the employer to see if it is possible to resume responsibilities slowly over a period of weeks. If medication makes your family member drowsy in the morning, perhaps it is possible to come in later and work later in the day. If returning to work is not an option at this time, perhaps she can get a voluntary position with a community organization for the important structure needed until she is ready for the workplace.

## **Advocating for your family member**

If your family member has chosen to have you directly involved in her care plan, you, your family member and her health professionals are equal members of the care team. People are often intimidated by health professional know-how and feel that their job is to follow orders. This is not the case. The system is very complicated; some professionals do not have all the answers. You and your family member have to ask questions and provide input to be sure your family member is getting what she needs.

One tip is to keep notes. If you and your family member have notes about previous medications and therapies, copies strategies and their effectiveness, your family member won't have to try again with something that didn't work. Keeping records can also help your family member and you to remember what has worked well in the past and will encourage you to use those strategies again. More information on keeping records is included in the appendix.

Your family member may also want to keep track of:

- the number of visits to health professionals and what was talked about;
- what programs she has been referred to and whether they worked for him or her; and
- when she has been in hospital and for how long.

Having this information will prevent your family member from having to tell her story over and over again and will help her to manage her care plan.

## **Resources to help:**

### **Canadian Mental Health Association, Halifax-Dartmouth Branch**

455-5445 or 455-6983

<http://www.cmha.ca/bins/site.asp?cid=284-1646>

### **Healthy Minds Cooperative**

404-3504

<http://www.healthyminds.ca>

### **Schizophrenia Society of Nova Scotia**

465-2601

<http://www.ssns.ca>

(The Schizophrenia Society of Nova Scotia provides support for families of people living with all types of mental illness, not only schizophrenia.)

### **Capital Health Patient Representative**

460-4544

## **What to do when things go wrong**

Health professionals are there to provide support – and most people are satisfied with the care they receive – but things can and do go wrong. Your family member may not be relating to the health professional or team. It can be a matter of “fit”, approach, or that the health professionals’ treatment philosophy just isn’t for your family member. Other concerns may be:

- your family member doesn’t feel she has received the correct diagnosis
- your family member’s medication is not working and he or she can’t convince the health professional(s) to try a new one
- the health professional(s) seems to ignore your family member’s or your perspective
- your family member can’t reach her health professional(s) by phone and they don’t return messages



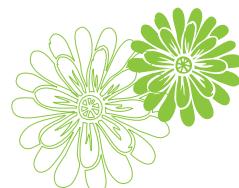
There may be times when your family member and her health professional(s) disagree about medications, treatment approaches, needs. It's important for your family member and for you to keep in mind that health professionals offer advice and opinions based on their expertise. It is also important to remember that you and your family member hold expertise and knowledge of your situation. Keeping this in mind will help your family member and you to consider advice and opinions that may differ from your own.

Many issues are about poor communication. In fact, poor communication between professionals, their clients and family members is a common source of frustration. The good news is that these issues can often be resolved.

Talking about concerns with a health professional or team is not easy. However, if nothing is said, your family member's relationship with the health professional(s) is going to worsen which will likely result in less effective treatment and more frustration. Here are some thoughts:

- Most people experience a certain amount of frustration with the health care system. You and your family member may want to write down your concerns and check them out with a friend who can give you an objective opinion. Is the health professional ignoring your family member's concerns? Is your family member being treated badly? Or are you and your family member overreacting?
- If your family member has confirmed that her concerns are justified, she can make it easier to bring her concerns forward by rehearsing ways of talking with the health professional(s). Also, you and your family member should try to think of solutions to the problems.
- Your family member may want to have you there for support when she talks with her health professional(s). The two of you may also want to bring someone else along. Having someone there who is aware of your concerns and is prepared to help you and your family member tell her story may make you both more comfortable.

**If you have concerns that you don't feel you can share with your family member, you may want to consider some of the above points before contacting the health professional(s) directly. Remember, the health professional(s) won't be able to share your family member's health information; however, he or she should be open to your thoughts and concerns.**



If your family member is not able to resolve things with his or her health professional(s), there are other options to consider.

- **Get a second opinion.** Your family member may feel that she hasn't received the correct diagnosis. If she wants a second opinion, she may ask her family doctor, psychiatrist or psychologist for a referral or make an appointment directly.
- **Contact the team manager.** In most cases, health professionals will have a team coordinator or manager your family member can contact, though this may be less likely when working with private health professionals.
- **Contact a patient representative.** Patient representatives work within Capital Health to support people who have concerns about health services or their health professionals. Call 460-4544.
- **Ask for a referral to another health professional or team.** Your family member may make this ask of her health professional (including family doctor), the coordinator or the manager.
- **Turn to the traditional healing ways of your culture.** Western approaches to medicine and helping are only one way of supporting people in their recovery from mental illness. Your family member may find that connecting with a sense of cultural history and belonging, along with the medicines and practices of your community are empowering and healing.

### **When things have gone really wrong**

If your family member's experiences with her health professional(s) are extremely troubling and haven't been resolved, she may consider making a formal complaint. Formal complaints should be made to the relevant professional college or regulatory organization. The point of being a registered health professional whether in public or private practice, is that it is mandatory to belong to a professional college or regulatory organization. Their role is to protect the public.

Complaints to a professional college/regulatory body are of a very serious nature and include:

- negligence (a lack of proper care and attention) or malpractice (careless, wrong or illegal professional behaviour)
- a breach of ethics, conduct or communication, e.g., failing to warn your family member about potentially dangerous side-effects related to a procedure or medication
- concerns of an intimate or sexual nature

The following websites are for relevant colleges in Nova Scotia:

**College of Physicians & Surgeons of Nova Scotia**

<http://www.cpsns.ns.ca/>

**College of Registered Nurses of Nova Scotia**

<http://www.crnns.ca>

**Nova Scotia Association of Social Workers**

<http://www.nsasw.org>

**Nova Scotia Board of Examiners in Psychology**

<http://www.nsbepp.org>

**College of Occupational Therapists of Nova Scotia**

<http://www.cotsns.ca/>



If your family member's complaint relates to mental health services provided by the Capital District Mental Health Program, she may contact the patient representative at 460-4544. The patient representative will help your family member make her complaint to the relevant college. Remember that the patient representative is there to support your family member and you.

## Culturally competent care

Marginalized groups often have very few mental health services in their communities that recognize their unique cultural experiences. The Capital District Mental Health Program, together with community organizations, is working toward the goal of offering services that respect a person's cultural beliefs, known as *culturally competent care*.

Culturally competent care means that the health professional or team recognizes and respects diversity. Diversity can include your ethnic, cultural and racial roots, gender, age or sexual orientation. Culturally competent care also means that health professionals:

- show respect for your family member's unique experiences
- appreciate your family member's beliefs and traditions by making them part of her care plan
- are responsible for gaining an awareness and understanding of your culture's traditional healing methods, its medicines, its views of health and illness, and the role of family, community and religion in your family member's recovery goals

**Your family member's health professional(s) may not understand everything about your culture. They should, however, create an atmosphere of respect. Also, it is helpful if you and your family member share information and knowledge about your culture with the health professional(s).**



People from marginalized groups often experience particular difficulties with getting help. These difficulties relate to:

- language;
- different values and beliefs;
- inadequate funding;
- inadequate resources;
- lack of cultural understanding; or
- a form of racism that devalues people from minority cultures.

## What if your family member refuses help

You and other family members may find yourselves in a situation where you disagree with your family member about the need for professional help. If your family member is unwilling to see a doctor or mental health professional, you should set some time aside to discuss your concerns and the reasons why she is unwilling to seek help. Be prepared to talk about specific behaviours or problems you have noticed. Sometimes symptoms of mental illness can stem from other physical illness. For this reason, you may want to first encourage your family member to see her family doctor for a check up (rather than suggesting from the start that she has a mental illness). You can also contact your family doctor or Community Mental Health about your concerns and what can be done.

In some cases, a person may be so ill that they need to be hospitalized. Not all people living with mental illness will need to be hospitalized; most people who need to be in hospital will admit themselves. There are, however, a number of people (often those who need help the most) who are unable to seek help.



If your family member is agitated, irrational and/or aggressive and you are concerned about her safety, yours or others, call the Mental Health Mobile Crisis Team at 429-8167 or 1-800-429-8167. If you feel that your family member's safety or that of others is at immediate risk, call 911.



More information on what to do in emergency and crisis situations is included in the next chapter, "Managing Mental Illness."



All people are different and so too are how we handle life experiences. While some people are quick to recognize when they are acting or feeling differently, others are not. Mental illness can have a significant impact on judgement, on when a person recognizes things are different and on willingness and ability to get help. Your family member may not see what you see. Even if she does, she may not be ready to get or accept help. This can be very frustrating, and over time, may make family members feel helpless.

#### **Resources to help:**

**Canadian Mental Health Association,  
Halifax-Dartmouth Branch**

455-5445 or 455-6983

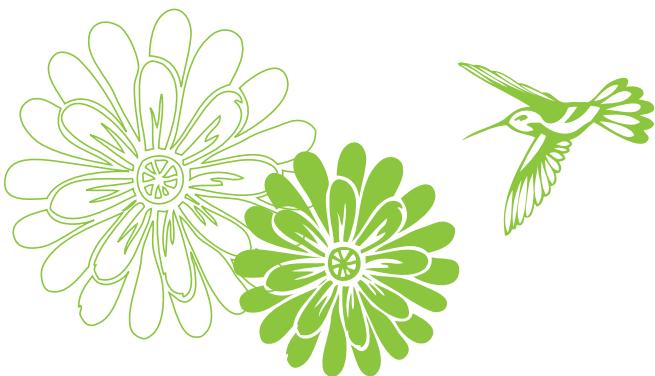
<http://www.cmha.ca/bins/site.asp?cid=284-1646>

**Schizophrenia Society of Nova Scotia**

<http://www.ssns.ca>

**Caregivers Nova Scotia**

<http://www.caregiversns.org>



## **Involuntary Psychiatric Treatment Act**

The **Involuntary Psychiatric Treatment Act** in Nova Scotia was created so that people who need to be in hospital because of a mental illness, but refuse, can be helped. The Involuntary Psychiatric Treatment Act can apply to a person living with a mental illness who:

- needs inpatient care;
- is a danger to herself or others;
- is likely to suffer serious physical impairment or serious mental deterioration, or both; and
- lacks capacity to make decisions about their care.

The Involuntary Psychiatric Treatment Act, like many other government Acts, can be confusing and difficult to understand. It outlines rules for:

- medical examinations;
- involuntary psychiatric assessment;
- involuntary admission to a psychiatric facility;
- substitute decision making;
- leave certificates; and
- community treatment orders.

Overall, the Act is intended to balance people's rights with ensuring they receive the treatment they need. An independent Patient Rights Advisor service is available to help people better understand their rights under the Act. The service also provides assistance to people who have been designated as substitute decision makers.

A substitute decision maker is usually a close relative such as a spouse or parent who has had contact with the person living with mental illness within the last year. The substitute decision maker is legally authorized to make treatment decisions on behalf of the patient when she is incapable of doing so.

#### **Resources to help:**

**Patient Advisor Service**

404-3322 or 1-877-877-9292

**Nova Scotia Department of Health,  
Mental Health Services**

424-7895

<http://www.gov.ns.ca/health/mhs/ipta.asp>

## NOTES



## SUPPORTING RECOVERY



It's never too early to think - or to talk - about recovery. In the "Getting Help" chapter, we introduce the idea that recovery goals can be small and can be set from the time a person first gets help with mental illness. You may also have noticed that the sample recovery goals extend beyond mental illness. Getting help and managing mental illness are contributing factors to a person's recovery. There are, however, many other factors that affect one's health and wellbeing and thus contribute to recovery. They include: safe and stable housing; food; relationships; income; employment; self-esteem; peer recognition; physical activity; and others. In fact, recovery does not require people to experience reduced symptoms and reduced need for medical and social care; it is about experiencing improved quality of life and higher levels of functioning despite the illness (<http://www.enotalone.com>).

Supportive families play an essential role in their family member's recovery journey. While we reference recovery throughout the handbook, this chapter is devoted to improving understanding of recovery and providing information that may help you to support your family member's recovery journey.

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

– (*Recovery: The Lived Experience of Rehabilitation*, P. Deegan, Psychosocial Rehabilitation Journal, 1988)

### The recovery journey

Recovery is a process and a goal – it is learning to successfully manage mental illness, having control over symptoms and having a quality of life. It involves overcoming the negative impact of mental illness despite its continued presence. It can be described as a way of living in order to make the most out of life. Just as each person is unique, so too will their recovery journey be unique.

**Recovery is not a cure. It is a journey. There is no timeline. It is living life to the fullest despite challenges.**

With new treatments and a better understanding of mental illness, the majority of people living with mental illness will experience significant recovery.

In recovery, people reclaim their sense of self, their connectedness to others, their power over their own lives, the roles they value, their hope for themselves (Center for Psychiatric Rehabilitation, <http://www.bu.edu/cp>).

**...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**

(Psychiatric Rehabilitation, 2nd edition, W. A. Anthony et. al., 2002).

The recovery journey often happens in phases. At first, your family member may be in shock, denying that anything has changed or happened. She may go through grief, despair and depression, as the meaning of her situation sinks in. Over time, this often gives way to anger and then acceptance. Finally, your family member may develop a sense of hope, coping and empowerment as her recovery strengthens.

**“Recovery is a journey that helps us gain some control over our lives and our illness – by finding our own way to deal with it. Recovery includes hope, encouragement and support. It is also about being honest and learning to take responsibility for yourself.”**

Part of the recovery journey involves working with a care team and sticking to a care plan that addresses the person's life, not only the person's illness. It also involves reviewing the plan to be sure it is helping your family member through her journey. Care plans should be revised if something isn't working. Encourage your family member to become an active partner with her care team and to manage her care plan. This can't be stressed enough. If a person plays an active

role in developing her care plan, it will contain the elements that she knows she needs to recover. She will have a sense of ownership of the plan and will be more likely to follow it. The more your family member learns about her illness and treatment options, the better able she will be to make decisions about her health and well-being.

Supportive families are central to their family member's recovery. While your family member may be all too aware of the trauma of mental illness, you may minimize the fact that you have suffered too. As your family member gets better, you celebrate. But you may, yourself, need to recover. Having a family member living with mental illness can sometimes mean months or years of frantic worry, terror of suicide attempts, trips to the emergency room and financial burdens. You may have endured seeing your family member homeless. It is important for you to recognize that you may need to take a recovery journey of your own.

**“Recovery has given me hope for a future I can create myself.”**

**“I now exist beyond the diagnosis of a mental illness – I’m living well again.”**



For people living with mental illness who are severely ill and struggle with delusions or hallucinations, recovery may have to begin with the tiniest of steps. For a time, supportive family members and others may lead recovery planning because their family member is simply too ill to make choices. Here, the contribution of recovery is that it provides hope. Even those who have the most severe forms of mental illness can do better. The most important part of their recovery is to be surrounded by people who believe in them and in their future.



## **Factors that promote recovery**

- strong social support networks
- stable living conditions
- 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

## **Tips for families**

- Acknowledge and applaud all accomplishments, even those you consider to be very small
- Believe your family member will experience recovery and encourage your family member to believe as well
- Encourage your family member's efforts to try new things or do things differently than she did before mental illness
- Encourage your family member to make choices and decisions
- Recognize that recovery is individual. How far and how quickly people experience recovery varies widely
- Be patient; the recovery journey may be long and there will often be setbacks

## **Resources to help:**

<http://www.heretohelp.bc.ca>

An online community and resource for people living with mental illness and their families.

<http://www.selfhelpconnection.ca>

Besides helping people connect with a self-help group for support, they also have, through their Consumer Initiative Centre, many programs that are recovery based for persons living with a mental illness.

<http://www.nnmh.ca>

This site offers the Lexicon of Recovery: Defining the language of self-directed citizenship, a document written by people living with mental illness. It explores the definitions and struggles of recovery.

<http://www.mentalhealthrecovery.com>

This U.S.-based site provides information on recovery and links to many online and printed resources.

# **COMMUNICATION**

Communication is one of the most frequent activities we do on a day-to-day basis. You may have felt, as we all have at some time or other, that you were not communicating as well as you would have liked. The goal of this section is to help you assess your skills for discussing your thoughts, feelings, needs and problems.

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

The communication tips in the following sections are useful for everyone in your family, including your family member living with mental illness. Good communication may improve relationships between your family member and his health professionals and family. Mental illness can create additional communication challenges. Even at the best of times it can be difficult to talk about sensitive topics. Sometimes communicating with your family member will be one of the hardest things you do.

## **Good communication can help to:**

- 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.
- Improve communication with health professionals involved in your family member's care.
- Clarify what each member of your family can do to help in your family member's recovery journey.

## **Communication guidelines**

When a family member is living with mental illness, good communication is even more important than usual. Your family member can experience stress when he has difficulty understanding what is being said or what is expected of him. It can also be stressful when there are many arguments or too much criticism. Though the following guidelines are put in the context of a person communicating with their family member living with a mental illness, they may be useful to keep in mind for all communications.

- Some mental illnesses make concentrating difficult. Short, clear, direct sentences are easier to understand and respond to. For example: “Please put your dishes in the sink when you have finished eating” instead of “Please clean up when you’re done.”
- A loud voice, or making accusations and criticisms, can increase stress and decrease the ability for effective communication. Do what you can to reduce behaviours that can interfere with communication. Reducing distractions like radio and television and activity by other members of the family will also help.
- If your family member appears withdrawn or does not want to talk, be patient. You will have a better chance of getting the desired response when your family member is more open to talking. Sometimes just sitting quietly with him can open the door to conversation.
- You may find that your family member has difficulty remembering things. You may have to repeat instructions and directions.
- Be pleasant and firm. Make your position clear so that your family member will be less likely to misinterpret what you are expressing. For example, “Please ask me if you can borrow my car before you make arrangements with your friends” or “Please let me know if you will be home by 6 p.m. for supper.”
- When a discussion turns into an argument, everyone involved should take a “time out”—such as taking a few deep breaths or removing yourself to another room—and go back to the discussion at a later time.
- Listen carefully to what your family member tells you. Acknowledge that you appreciate your family member’s point of view and understand his feelings. If you don’t understand what your family member is telling you, ask for clarification until you do understand. Give your family member time and space to make his feelings known.
- Avoid nagging and threatening.
- When someone does something that makes you feel sad, irritated or angry, let them know in a calm, non-critical way. Ask for a different behaviour. For example, “It irritates me when you play your music loudly. I would appreciate it if you would play it at a lower volume.”

How you say something is just as important as what you say. Eye contact, tone of voice, facial expression, and body language are nonverbal behaviours that can contribute to communication both positively and negatively. Try to maintain eye contact, keep your voice low and even, show empathy in your facial expressions, and try to lean slightly towards the other person to show a willingness to listen. Sitting down may also benefit the conversation.



Physical or emotional fatigue can interfere with our ability to listen. If you have had a stressful day at work, you may not be able to pay your loved one full attention. In such cases, it is probably better to wait until you are both rested and at ease. More information on listening is included later in this chapter.

## Effective communication takes time, practice, cooperation and patience.

### Building a collaborative relationship “LEAP”

“Look before you leap.” The following takes you through some steps that may help you to avoid confrontations with your family member. LEAP is a communication process developed by Dr. Xavier Amador, a psychologist at Columbia University, New York. The process is intended to help families talk with their family member living with mental illness about accepting their illness and getting help. It can, however, help when talking about other sensitive topics and with day-to-day communication.

The four components of LEAP are: listen, empathize, agree and partnership.

#### **Listen**

“The first step is to walk in the other person’s shoes to gain a clear idea of their experience of the illness and treatment.”

- Set time aside for discussion
- Agree on an agenda: what will be discussed – and stick to it. Don’t allow your family member to control the discussion by changing the subject.
- Listen to your family member about his beliefs about self and the illness and treatments
- Do not react emotionally
- Repeat what you hear to find out if you have heard correctly

#### **Empathize**

“If you want someone to consider seriously your point of view, be certain he feels that you have seriously considered his.”

Having empathy means being able to put yourself in the shoes of the other person and to appreciate their experience from their perspective. It requires the ability to understand, be sensitive to and care about the feelings of the other person. Empathy doesn’t mean that you have to agree with what the person is saying, rather it is

letting the other person know that you appreciate how they feel... Showing empathy can help encourage a person to open up about their feelings, worries and concerns.

It is important to convey empathy for the other person's frustrations, fears, discomforts and desires. Empathy helps to communicate respect for each other's point of view. Little statements, such as "I understand what you are trying to say" or "I sympathize with how you are feeling" go a long way towards reassuring your family member that you are listening and want to help.

### **Agree**

In this step you must focus on your shared observations and find the facts that you both agree on. If there is disagreement, agree to disagree. It is often helpful to find common ground. For example, your loved one may be drinking to ease the pain of mental illness and you may be seriously worried that he is abusing alcohol. Can you reach an agreement that he won't mix medications with alcohol? In a discussion that has escalated to a heated argument, it is always a good idea to agree to leave things for the moment and wait until emotions on both sides are under control. Just agreeing to "cool down" rather than continue with the confrontation signals to your loved one that you are being supportive.

### **Partnership**

This has to do with making a shared decision to work together on a plan of action. People living with mental illness can often feel isolated and afraid, sure that no one else understands what they are going through. By creating a partnership, you are telling your family member that you do care and you are willing to be supportive in a constructive way. It is worth remembering that sometimes support is not constructive. Enabling a loved one to continue his substance abuse because you think it is one way he can cope with mental illness is not constructive and is not a partnership. In a partnership, you help your family member deal with their fears and deal with their substance abuse in a positive way.

### **Resources to help:**

*I am Not Sick I Don't Need Help!, X. Amador, 2000.*

## **Expressing negative feelings**

Negative feelings can be difficult to express. You may fear it will hurt the person or result in an argument. How you express your feelings is just as important as the message itself. It is possible to provide constructive feedback about actions that affect you in a negative way.

Here are some tips:

- Look at the person.
- Speak firmly (but not harshly).
- Specify the behaviour, for example "I would really like for you to put your dirty dishes in the sink when you've finished eating" rather than "You always leave things in a mess."
- Avoid nagging messages, for example "If you want to continue living here you'd better get the kitchen cleaned up" or "When are you going to clean up your room? I've asked you over and over again and you still haven't done it" Instead, give the person choice and share the responsibility to improve things. Try phrases like, "How much time do you need to clean up your room?" or "Can you please put the laundry in the hamper by 6 p.m.?"
- Tell the person how it made you feel, for example "I was angry when you forgot to meet me at the park."
- Suggest how the person might prevent this from happening again, for example "In the future, would you like me to call you to reconfirm the time we are supposed to meet?"

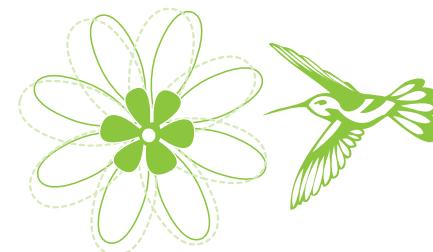
### **Examples of expressing negative feelings constructively**



"I felt angry when you shouted at me before dinner.  
I'd appreciate if you would speak more quietly next time."

"I'm sorry to hear that you didn't get the course you wanted.  
Let's sit down after dinner and talk about 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."



## Listening

There are many elements to communication including speaking, messages, body language, and expression. Listening, often overlooked, is one of the most important elements. Listening involves hearing the message correctly and understanding it the way the speaker wants you to. Listening is an active process. To be a good listener, we also need to provide feedback to the speaker. Feedback lets the speaker know that you are paying attention to what he is saying. It includes physical feedback like head nods and facial expressions and verbal feedback like "uh huhs." It also means, however, allowing the person to speak and not interrupting.

Often when we communicate, we don't really listen.

Some tips:

- Look at the person talking, but focus on the message (this helps to avoid prejudging the message).
- Pay close attention to what he is saying. Focus on the speaker's thoughts, not your own – don't assume you know what the person is going to say next.
- Indicate to the person that you are listening, e.g. provide feedback (head nods, "uh huhs").
- Ask questions if you don't understand what the person is saying.
- Check out what you've heard: repeat the message back to the person to confirm you heard it correctly.

## Dealing with communication problems

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

- Let the person know you are having difficulty and want to understand what he is saying.
- Ask him to rephrase or to provide more information.
- Restate what was said so that you can check whether you understand what the person is trying to say.

Misunderstandings can often result from jumping to conclusions or misinterpreting what was said. Mental illness can make this happen even more often.

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 repeatedly. Apologize if your message was unclear.
- Consider that the symptoms of mental illness may have lead to the misunderstanding.

**Losing your temper or criticizing doesn't accomplish anything; it will likely hurt the person and make the situation worse.**

## Conflict situations

When faced with a conflict situation, you may begin to feel uncomfortable about what to do. You may try to avoid the issue and hope it will go away. However, conflict situations rarely go away on their own. In addition, while you may be able to avoid dealing with the situation, the issues themselves remain.

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 talk at another time.
- Solve one problem at a time. Promise to come back to other issues later and keep your promise.
- Work together – everyone involved should gain something from the resolution.
- Be direct and specific about the particular issue, but be sensitive to the other person.
- Identify the specific behaviour that is causing the problem. Separate your feelings about the behaviour from your feelings about your family member, for example "I get frustrated when you forget to call me" and not "You make me frustrated because you're irresponsible."
- Consider bringing in a third party if you feel that, as a family, you are unable to resolve a conflict.



Conflict is not always among family members. There may be times when your family member is angry with a health professional, friend, colleague, or other and takes it out on her family members. At these times, things like deep breathing, sitting quietly, writing your feelings down, or putting energy into something else may help you and/or other family members to handle the conflict directed your way.



If your family member is agitated, irrational and/or aggressive and you are concerned about her safety, yours or others, call the Mental Health Mobile Crisis Team at 429-8167 or 1-800-429-8167. If you feel that your family member's safety or that of others is at immediate risk, call 911.

## Talking to children and youth about mental illness

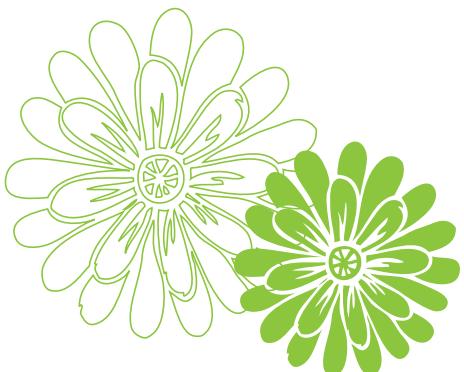
When mental illness affects a family, the children are just as confused and scared as adult family members. They know something is wrong. They need information and explanations to help them to understand what is happening. Children often imagine things that are worse than what is really happening. Parents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

It is important to be knowledgeable about the particular mental illness your family member is living with. If your children ask you questions you don't know the answers to, be honest and tell them you don't know. Let them know you will try to find the answers.

Suggestions for what to talk about:

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

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



### Age-appropriate explanations

Talk to your children using language and explanations that are appropriate to their age level and maturity.

**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 acting 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 specific information. 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 have already learned something about it, but will likely have more questions. Their fears will most often stem from a concern that they will develop the illness. At times, counselling is needed, and for some, genetic counselling in particular may be helpful.

**Young children often feel guilty or afraid while older children may feel more angry, embarrassed or concerned about themselves.**

### Resources to help:

<http://www.aacap.org>

This site offers tips for talking with children and youth about mental illness. It also includes fact sheets for families.

Most family resource centres offer groups and workshops on talking with children. Visit <http://nsCouncilFamily.org> for a directory of family resource centres in Nova Scotia. You will find contact information for the family resource centre nearest you.

## NOTES



# MANAGING MENTAL ILLNESS



For many, managing mental illness requires discipline, self-reliance, perseverance and a tremendous amount of support. Perhaps most important though is the realization that it is possible to manage mental illness. It is possible for people living with mental illness to be in control of their illness just as it is possible for their family members to be in control of their lives. While this is true, every person is unique and mental illness affects people differently. Some people living with mental illness can manage it rather easily. Others, however – especially those with severe and persistent mental illness – may struggle to manage their illness through most of their lives. Families differ too in how mental illness affects them and in how they manage mental illness.

Supportive families play an essential role in helping a family member cope with mental illness. People who manage their illnesses best are often those who have a strong social network to support them. In this section, we have included practical tips on medications, hospital stays, discharge planning, emergency and crisis planning, how to recognize relapse signs and how to support your child in school.

## Helpful tips

While we provide tips throughout this chapter that will help you support your family member to manage mental illness, here are some general tips for you to keep in mind.

**Be prepared for emergency situations.** Know what numbers to call. Plan how you would handle the various situations that could arise. With your family member's permission, you may be able to discuss with his/her mental health professionals, what kinds of emergencies could arise and how they should be handled. More detailed information on emergency and crisis situations is included with this chapter.

**Keep records.** Keeping clear records could prove useful in a future emergency, so try to keep a list of your family member's health professional(s), telephone numbers, etc. Also keep track of any specific events, such as a sudden crisis. Try to write down what you think may have triggered that crisis. Similarly, if she is going through a good period, note what seems to be working at this time. Is it the medication? A relaxed environment without undue stress? More information on keeping records is included in the appendix.



Having the contact information for your family member's friends and acquaintances may be useful, especially in the event she goes missing.

**Set clear limits on what behaviours you will accept.** Setting clear limits and boundaries is outlined in detail further on in this chapter. Setting limits is about accepting and respecting your own feelings. It's also about taking your own needs seriously. You have a right to be safe and comfortable in your own home.

#### **Ask your family member to complete a Wellness Plan.**

A Wellness Plan is a document written by a person living with mental illness. It describes what keeps the person well and what her warning signs of relapse are. It also lists all of the person's key contacts. Health professionals in the Capital District Mental Health Program provide wellness plan forms to clients. Completing a wellness plan is valuable to people living with mental illness because they identify, for themselves, what keeps them well and their warning signs of relapse. It is also valuable because it records important information for the person living with mental illness and their family.

### **Managing symptoms and behaviours of mental illness**

As your family member begins and continues her recovery journey, she may exhibit negative symptoms and behaviours. There are ways you can help your family member to manage those symptoms.

**It is important that you learn to accept your family member as she is now and make sure she is always treated with respect. You will need to separate the illness from the person.**

#### **Depression**

Gently encourage your family member to engage in activities and assume responsibilities she may have given up. Allow your family member to set the pace – even if it's not as fast as you would like. Respect your family member's emotional and physical limitations. She may need the rest to get well again. Getting outside and doing physical activity of any form often gives a sense of accomplishment and can boost self-confidence. Be sure to give positive feedback for all accomplishments, such as walking a block or to the neighbour's home next door, even if you had hoped for more.

#### **Hallucinations**

When your family member seems to be hearing voices or sees things that you do not see, stay calm. Try to distract her by asking her to do something or by engaging her in conversation. If your family member is hearing voices more and more, this may be a sign of relapse. Encourage your family member to speak with her health professional(s). Do not pretend to see or hear what she hears, but acknowledge what she's hearing, e.g., "I understand you hear another voice even though I don't."

#### **Delusions**

Delusions are firmly held false beliefs that can't be changed simply by telling your family member that what she thinks isn't true. It is pointless to argue with her. Acknowledge that you appreciate that your family member truly believes what she is saying, but don't agree with it. It is better to help her with the distressing emotions she is feeling rather than to dispel the beliefs.

Any delusion is likely to be troubling to your family member and to you. Try to remain calm and reassure your family member. It is not uncommon for delusional beliefs to include family members. This type of delusion may be particularly troubling to you because others may think these beliefs are true.

The nature of some delusions may lead you to be concerned about your family member's safety or well-being. It may be difficult to know what is true and what is not. As you work this through, it is usually helpful to verify "facts" with others.

*“We made the mistake of pretending to agree with our daughter’s strange ideas. When she was well again, she was 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 for us.”*



## **Manic behaviour**

Manic behaviour patterns include hyperactivity, heightened mood to the point of elation, and overexcitement. If your family member begins to exhibit manic behaviour, try to be a calming influence. Try to slow things down (for example, talk more slowly, walk more slowly). Express your concerns about her actions but be prepared that she may not see anything wrong. Since manic behaviour can seriously affect the well-being of your whole family, set clear limits on behaviour and take action when warning signs begin to appear. A more common manic behaviour is impulsively spending money. Paying attention to spending patterns, credit card use and bank balances may help you to identify this behaviour early.

## **Social withdrawal (withdrawal from family, friends and activities)**

Gently encourage your family member to participate in everyday family activities (eating meals, watching television), but be prepared for your family member to refuse. It may be difficult for your family member depending on her stage of recovery. Large family gatherings may be too overwhelming. Social contact outside the family is very important. Your family member may find peer support or other community-based supports helpful. Friends can also be an important source of social enjoyment.

## **Apathy/Lack of motivation**

Ask your family member to help with simple tasks or chores and be sure to thank her when she does. You may say something like, "Thank you for helping me with the laundry. I enjoyed your company; it made the chore much easier." Regular exercise and mental activity like going for a walk and reading the newspaper can also help.

It is important to move at a manageable pace. Pushing your family member to do too much too soon can be overwhelming and may add stress to her life. If she doesn't want to join the family for dinner, suggest that she come for a short period or perhaps to get a plate and then leave to eat alone. Ask your family member what she feels she is able to do. While no small task for most, many families find that learning to appreciate very small steps and see them as significant accomplishments makes life just a little bit easier.

## **Aggressive behaviour**

You don't have to tolerate violent or aggressive behaviour. The first thing to do is assess the level of danger. If you feel your family's safety is at immediate risk, call 911 for help. If you feel the situation is safe, try to find out why your family member is angry. 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 her or making her angry.

Acknowledge your family member's feelings with comments such as "I can see you are angry" or "I appreciate how you feel." Try not to argue with your family member; it could make the situation worse. Be reassuring. If your family member makes reasonable requests that don't put anyone in danger, try to go along with them.

## **Embarrassing behaviour**

Clearly outline and reach an agreement with your family member about what behaviour is and is not acceptable.

Families have reported that a direct approach sometimes works well. Saying things like "Stop that," or "Knock it off," or "That's inappropriate," may change the behaviour.

## **Alcohol or other drug use**

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

People living with mental illness are more sensitive to the effects of alcohol and street drugs. Drugs and/or alcohol can interfere with the effectiveness of prescribed medications. They can also increase symptoms and risk of relapse. Use of drugs and/or alcohol is also linked to increased risk of violence. People who have mental illness and serious problems with substance use are said to have a concurrent disorder.

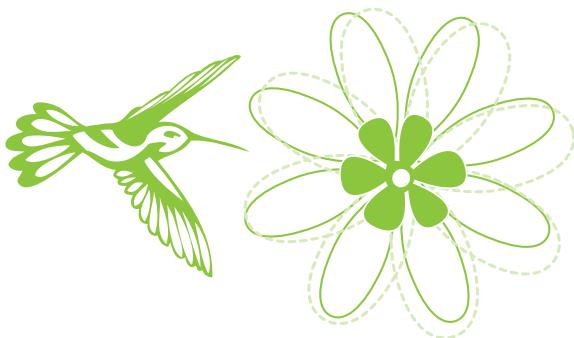
Alcohol or drug use is not an easy issue to deal with. While abstinence is the safest option, experts recognize that many people are unwilling or unable to completely abstain. The concept of harm reduction focuses on reducing the risks and consequences of harmful involvement with alcohol, other drugs and gambling. If you suspect your family member has an alcohol or drug use problem, talk with her openly. If you accuse her, however, she is likely to automatically deny there is a problem. As a family member, you may be able to negotiate occasional use or an agreement to cut back. Encourage your family member to get help. Capital Health's Addiction Prevention & Treatment Services (APTS) can be reached at 424-3263. Services for families are available from APTS even if your family member chooses not to seek services for herself. There is no cost for the services.

### **Studies estimate that:**

- At least 50% of people living with mental illness abuse 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 living with schizophrenia exhibit problem drug use.
- 56% of people living with bipolar disorder have a substance use disorder.
- More than one in three people living with an anxiety disorder also have a substance use disorder.

### **Gambling**

While anyone can develop gambling problems, people living with mental illness are at higher risk of developing problems if they start gambling. Problems with gambling can happen quickly or develop slowly. Many people believe gambling problems are due to a lack of willpower and self-control, but this is not true. The causes of gambling problems can be very complex. Some people gamble as a way of coping. Others may see gambling as a possible source of income. Whatever the reason or cause, it is important for people to get help. Unfortunately, many people with gambling problems feel embarrassed or ashamed and don't often get help. If your family member is gambling and you are concerned, first talk with her. Try not to jump to conclusions. You may want to refer to the chapter about communication for tips on how to talk with your family member. If after you've talked with her and you are concerned she may have a gambling problem, you may want to talk with your family member's health professional(s). Capital Health's Addiction Prevention & Treatment Services (APTS) can be reached at 424-3263. Services for families are available from APTS even if your family member chooses not to seek services for herself. There is no cost for the services. Nova Scotia's problem gambling help line is also available. Call 1-888-347-8888.



### **Setting limits and boundaries**

Setting limits and boundaries can be difficult in most relationships. This is especially true if your family member is living with mental illness. Setting limits is about accepting and respecting your own feelings and taking your own personal needs seriously. You and your family have a right to be safe and comfortable in your own home. It's worth noting that both you and your family member should understand that violence and aggressive behaviour, whether a symptom of mental illness or not, is never acceptable.

It will be easier for you and your family member if you establish basic rules for behaviour and co-operation before a situation arises. For instance, if you are concerned that your family member may drink alcohol or use drugs while socializing, establish that borrowing the family car is never an option under these circumstances.

It is important to take the time to discuss these limitations and expectations with your family member. A clear understanding (by all involved) about what members of the family need, want, or expect is important.

You should anticipate that the limits may be tested and make it absolutely clear to your family member that rules will be enforced if necessary. For example, you may decide that in the event of physical violence or property damage, you will call the police. Your family member should be aware that violence is not acceptable and that you will call the police if she becomes violent.

Some of the rules and expectations you and your family may want to discuss and decide upon include:

- How much financial support you are able/willing to provide.
- Whether or not you are willing to co-sign papers (e.g., a lease, loan or credit card) for your family member.
- Your family member's ability to live in your home.
- How much practical help you can provide (meals, budgeting, grocery shopping, transportation).
- What household chores you expect your family member to do.
- Personal hygiene requirements.
- Disruptive behaviours such as refusing to follow house rules, playing music too loudly, neglecting to show up for family meals, being argumentative, etc.
- Use of tobacco, alcohol and/or street drugs in your home.
- Gambling.
- Attending medical appointments.
- Taking prescribed medications.

## Triggers of symptoms and relapse

Many people living with mental illness can identify the stressful events, worries or changes in their routine that may have lead to their relapse. It might have been a major change in the person's life such as the death of a loved one or a number of small stresses that all came at the same time.

It is important to identify strategies that will help your family member to handle "high-risk" situations. This can help increase your family member's confidence that she can stay well.



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

Your family member will have her own relapse triggers/high risk situations – they are unique to each person. Once your family member and you have identified her high risk situations, you can then work together to find ways to:

- Identify which ones can be avoided and how to avoid them.
- Develop ways to deal with the situations that can't be avoided.
- Take steps to deal with the problems early on.

## Warning signs of relapse

There are warning signs of relapse just as there are warning signs that a person has a mental illness. Research shows that people living with mental illness often experience a specific series of changes in their thoughts, feelings and behaviours before a relapse.

In many cases, families are the first to notice some of these changes. Also, your family member will likely notice changes in herself that may not be evident to others. Some signs are quite common while others will be specific to your family member. It is important for you and your family member to discover which ones are relevant to your family member. 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 her about your concerns and ask how you can help. You may also want to share your observations with her health professional(s).



### Thoughts/Perceptions

- Difficulty concentrating and/or making decisions
- Becoming forgetful
- Racing thoughts
- Irrational thoughts or beliefs
- Fear of their support person dying and being left alone

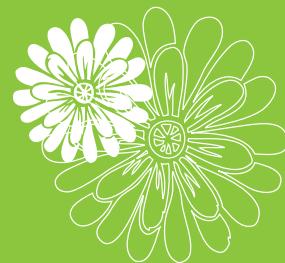
### Feelings

- 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
- Alcohol/drug use
- Extreme anger outbursts
- Preoccupation with calories, dieting or weight loss
- Extreme anxiety over separation from parents
- Changes in school grades or performance



*“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.”*

## Responding to acute episodes

Even with the best of care and management, your family member will likely experience setbacks on her recovery journey. Relapse can 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 lessen the symptoms and to provide support to your family member during the episode. Safety and protection are also issues that must be considered.

One way of providing support is to offer choices to your family member when you can. Giving your family member options may give her more of a sense of control. An acute episode can be frightening. Try to keep in mind that your family member may be as frightened as you are.

If your family member needs to be hospitalized, she will likely need a lot of support. Focus on the benefits that being in hospital 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. Unfortunately, this is not always possible. You should be prepared for the possibility that your family member may need to be admitted to hospital against her will. (Nova Scotia's Involuntary Psychiatric Treatment Act includes rules for involuntary admission. More information on the Act is included in the chapter on "Getting Help."



When your family member is feeling better, set aside time to discuss the experience. Try to learn as much as you can from the experience. What worked? What could have been done differently?



## Emergency and crisis situations

Though we hope emergency and crisis situations never arise, they do. There may be times when you have to deal with aggressive behaviour, are worried about your safety or aren't able to locate your family member. Crisis and emergency situations are often confusing and frightening. There are things you can do to prepare and to respond when a situation occurs.

- **Erratic, irrational, disruptive or aggressive behaviour.**

While we provided tips on managing aggressive behaviour earlier in this chapter, it's worth repeating here. You don't have to tolerate violent or aggressive behaviour. The first thing to do is assess the level of danger. **If you feel your safety is at immediate risk, call 911.** If you feel the situation can be resolved and your safety or that of others is not at risk, try to find out why your family member is agitated. While it may not be possible, the most effective way to calm a person is to encourage them to talk about their feelings. Ask your family member to explain what is upsetting her or making her angry.

- **Your family member is at risk of harming herself or another.** Call the Mental Health Mobile Crisis Team at 429-8167 or 1-800-429-8167. If you feel your safety is at immediate risk, or if for whatever reason you are not able to reach the crisis team, call 911.

- **Your family member has harmed herself or another (medical emergency).** Call 911. Paramedics will respond. If, when you describe your situation, you mention your family member is living with a mental illness, paramedics and police will respond.

- **Your family member is missing.** If you have contacted other family members, friends and neighbours, and have not located your family member, call 490-5020 to report your family member as missing. This missing persons number is shared by the Halifax Regional Police and RCMP. You do not have to wait for 24 hours to report a family member with mental illness as missing. Police officers will consult with you and then decide how to proceed. Your family member's information will be added to the Canadian Police Information System so that all police agencies in Canada will be advised.

- **Your family member has no food or shelter.** Feed Nova Scotia operates a help line at 421-1188. It can provide information on food banks and other meal programs such as Hope Cottage, Feeding Others of Dartmouth, etc. For emergency shelter, call Pendleton Place at 422-2017. Other shelter and housing resources are available in the appendix.

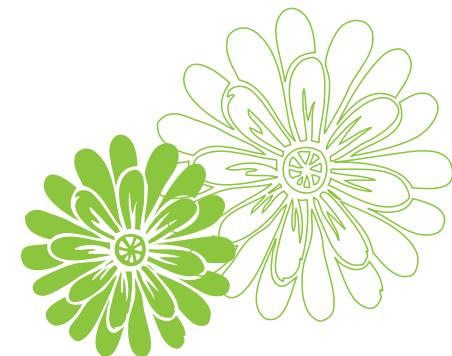
- **You are concerned that children in the care of a person living with mental illness may be at risk.** The Nova Scotia Department of Community Services' child protection services protect children under 16 years of age from abuse and/or neglect while making every effort to keep families together. Call 424-4754 or 1-866-922-2434 (after hours).
- **When to call for help.** It is always better to be safe. If you are in a situation you feel you can't handle, call for help. If you are reluctant to call the crisis team or 911, call another family member, friend or neighbour – anyone who can help the situation.
- **When to take your family member to the nearest emergency department.** If your family member is willing to go with you to your local emergency department, and your safety and that of your family member is not at immediate risk, it may be best for you to take her rather than calling 911. Going with you (or another family member) to an emergency department, rather than with paramedics and police, may be much less agitating for your family member.
- **When you call 911.** You will be asked to describe your situation. The dispatcher (the person who answers your call) will send police and paramedics to your location. The dispatcher may also contact the Mental Health Mobile Crisis Team to respond as well. Your family member may be removed from your home/location and taken to the nearest emergency department.
- **When you call the Mental Health Mobile Crisis Team.** Your call will be answered immediately, or returned within 30 minutes, by a team member who can help you manage the crisis. You will be asked to describe your situation. The team member will ask to speak with your family member to intervene and try to resolve the crisis. If the situation gets worse and police and/or paramedics are needed, the crisis team member will put you in contact with 911.
- **What your family member and you should expect in the emergency department.** Whether your family member goes with you or with paramedics and police to your local emergency department, there are a few things she and you can expect:
  - When your family member arrives at the emergency department, she will be 'triaged' meaning that staff will determine how urgently she needs to be seen by an emergency nurse and/or doctor. If your family member does not go to the emergency department because of a medical emergency, it is likely she will wait a number of hours before being seen by an emergency nurse or doctor or mental health clinician. Medical emergencies receive priority in emergency departments.

- Most often, your family member will be seen by an emergency nurse or doctor before being seen by a mental health clinician.
- When your family member is seen by an emergency nurse, doctor or mental health clinician, they will determine whether your family member should be assessed by a psychiatrist.
- If a psychiatrist is called, there will be another waiting period.
- From the emergency department, your family member may be referred to any number of mental health services including inpatient services, Community Mental Health, Mental Health Mobile Crisis Team follow up. It is also possible that an emergency nurse, doctor or mental health clinician may determine that your family member does not need emergency psychiatric care.
- Every emergency department works slightly differently for any number of reasons including operating hours, staff, location, etc. The expectations above are only a guide for your family member and you.



If your family member goes to the emergency department willingly, without being accompanied by police through the Involuntary Psychiatric Treatment Act, she can leave the emergency department at any time. She is not obligated to stay. Emergency department staff are not obligated to try and prevent her from leaving.

**In many situations, police are able to refer you to a service that your family member or you may need.**





## Preparing for emergency and crisis situations information.

In emergency situations it helps to have information available quickly and easily. Write down the names and numbers of friends, family members, neighbours and clergy who can offer support in an emergency or crisis. You may also note the names and phone numbers of your family member's health professional(s), friends, acquaintances and employer(s). Keep the information together in one place, and be sure all of your family members know where to find it.

### Emergency / Crisis Phone Numbers

|   |          |
|---|----------|
| Emergency (police, paramedics, fire dept.).....   | 911      |
| Mental Health Mobile Crisis Team.....             | 429-8167 |
| Health professional 1.....                        | 555-5555 |
| Health professional 2.....                        | 555-4444 |
| Minister Bob Jones.....                           | 555-6633 |
| Best friend.....                                  | 555-2222 |
| Partner.....                                      | 555-3355 |
| Employer.....                                     | 555-8899 |
| Halifax Regional Police missing persons line..... | 490-5020 |

**Plan.** Together with your family members, make a plan for emergency and crisis situations. For instance, if you have young children, arrange for someone to care for them in the event of an emergency or crisis. Assign each family member responsibilities in the event of an emergency or crisis. A sample family crisis plan is included in the appendix.

**Learn.** Every crisis is an opportunity to learn – learn about what works and what doesn't for your family member and for you. You may find it helpful to write down what triggered the crisis, how you and your family member responded and what you may do differently, if anything, next time. Are there contact numbers you wish you'd had? Did you ask the questions you wanted to? Is there something or someone that was particularly helpful?

If you had a good experience with someone through an emergency or crisis situation, you may want to share this kindness; let them know how much you appreciated their help.



## Safety.

If your family member is experiencing a crisis and:

- she has harmed herself or another, call 911
- you feel your safety is in immediate risk, call 911
- she is at risk of harming herself or others, but you feel the situation is manageable, call the Mental Health Mobile Crisis Team at 429-8167

## If your family member comes into contact with the law

If your family member has been arrested, you can contact your local police department (RCMP or Halifax Regional Police) to find out where they have been taken. If you feel that your questions and concerns are not being adequately answered, there is a sergeant on duty each shift that you could speak with. After an arrest, every person is given an opportunity to contact a lawyer within hours of their arrest. If your family member chooses to do so, a legal aide lawyer or private lawyer will contact your family member and follow through with the case. You can contact the public prosecution office for details about the court process and who your family member's lawyer is. If you don't think your family member is able to understand the court process or you believe your family member has been arrested as a result of actions relating to her illness, be sure to speak to her lawyer or to the prosecutor. In some cases, arrangements will be made for a psychiatric assessment, either on an inpatient or outpatient basis, at the East Coast Forensic Hospital.

If your family member is charged with a criminal offence, she will be asked to appear for a "booking." Your family member's fingerprints and photograph will be taken. This process may take up to several hours, and your family member may want to have you or someone else with her. Keep in mind that for the most part, there are no special considerations or exceptions for people living with mental illness. Your family member will receive the same treatment as others through the arrest and booking process, and until her lawyer goes before a judge to request a psychiatric assessment (if needed).

### Resources to help:

<http://www.gov.ns.ca/pps/>

The public prosecution service website has an excellent overview of how court proceedings work.

## Hospitalization and discharge planning

Whenever a person is admitted to hospital, hospital staff will work with the person and their family to put a plan in place to ensure recovery continues. Discharge planning (arrangements for care and services after the person leaves hospital) should begin as soon as possible after your family member has been admitted to hospital. If you are concerned that recovery goals have not been set with your family member and that discharge planning hasn't begun, be sure to talk with the health professional(s) who have been working with your family member while in hospital. Start this conversation early, within the first week of admission, if possible.

A good discharge plan will outline the services your family member will need after she leaves the hospital. If you are providing ongoing care for your family member, it is important that you be included in this planning.

## Managing medications

Medication can, and often does, play an important role in managing mental illness. Some medications eliminate or reduce symptoms of mental illness. Others help with problematic side-effects.

Everyone's experience with medications is different. Finding the right medication that works for your family member may be a process of trial and error. Depending on the type of medication, it can take up to several months for the medication to take full effect.

Questions for you or your family member 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 foods I have to avoid or should be eating?
- What if I miss a dose?
- What symptoms indicate that the medication needs to be changed?
- How long will I be taking it?
- Where can I get more information?



You can help your family member with medication by:

- Learning as much as you can about the medications prescribed for your family member. Be sure to ask questions of your family member's health professional(s) or a pharmacist if you and/or your family member have concerns.
- Reminding your family member to take medications or helping her to develop a schedule. A simple tool like a weekly pillbox may be helpful. Cell phone alarms can be used as reminders. Having medication put into bubble packs may also help; most pharmacies are able to do this.
- Alerting your family member's health professional(s) if it appears she has stopped taking her medication, is taking more or less than the prescribed amount, or is not taking medication as prescribed.
- Talking with your family member's health professional(s) about how she is doing on the medication and any side effects she seems to have.



Caution: If your family member is taking medication for mental illness, she should talk with her family doctor or psychiatrist first before changing the dosage and/or stopping the medication. Stopping abruptly can have serious side-effects.

## Children and youth in school

Children and youth living with mental illness who stay in school live healthier physical, social and emotional lives. For many, however, going to school and staying in school are the biggest challenges they face. Schools and the other children who attend them can be extremely overwhelming for a student living with mental illness.

Many mental illnesses have natural cycles. As a result, the child's ability to function can vary greatly at different times throughout the day, season and school year making things even more difficult. Students living with mental illness may function very well for months or years and then suddenly run into difficulties. Families can do a great deal to help ensure that their child receives support in school and has a positive, productive experience.

In Nova Scotia, school boards across the province are making changes to better support children and youth living with mental illness and those at risk. These changes are being made because of a recent provincial inquiry, the Nunn Commission of Inquiry. The

Commission has made 34 recommendations on how the school system and other public services can better support children and youth. As a result, schools are focusing more on keeping children and youth in school, improving daily attendance, and education for teachers on helping students living with mental illness.

For more information on the Nunn Commission of Inquiry, visit <http://www.nuncommission.ca>



### **Problems children and youth living with mental illness may experience in school:**

- Fear of approaching teachers, principal
- Difficulty concentrating
- Trouble maintaining energy throughout the day
- Difficulty initiating interpersonal contact
- Problems managing time and deadlines
- Limited ability to tolerate noise and large groups
- Extreme reactions to negative feedback

### **Assess strengths and incorporate them wherever possible**

There is no doubt parents of children living with mental illness face unique challenges. Teachers can face some of these same challenges, especially when it comes to disruptive behaviours. Sometimes, “negative” behaviours can overshadow a child’s positive behaviours or strengths. Every child has strengths. Remembering your child’s strengths will help you and your child. Some examples of strengths are listed below.

- Lots of energy
- Willing to try things
- Gets along well with adults
- Smart/fast learner
- Good sense of humour
- Very good at taking care of younger kids
- Spontaneous
- Sees details that other people miss
- Cares a lot about family
- Can think of different and new ways to do things
- Enjoys helping others
- Imaginative/creative

### **Supporting your child in school**

You can play a crucial role in the planning of your child’s education. To do so, you need to work closely with your child’s teachers, principal and other administrators. You also need to be informed and knowledgeable about the school’s and school board’s programs for

students with special needs. Become a partner with the professionals involved in your child’s education. While they may be the experts on learning, you are the expert on your child.

Communicating well with your child’s school is essential to the success of your child’s education. Keeping the lines of communication open can go a long way in resolving problems early. Your child’s teacher should be your first point of contact with the school.



### **When parents are included as partners in their child’s education, positive and essential changes can occur, for instance:**

- Parents are less likely to reject or distrust the education program because of inadequate information
- Parents learn about 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 energy in confrontation
- Parents and teachers are able to proceed, together, with the real task of finding the best possible ways to help the children to learn and to grow



### **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?
- Are there things I/we can do to help you?

### **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 help you learn things at school?

For information on mental health services and supports for youth and children, visit <http://www.iwk.nshealth.ca>.

## NOTES



## YOU AND YOUR FAMILY



As a significant source of strength for their family member living with mental illness, supportive families can lose their own sense of self and healthy living. For many, their biggest challenge is maintaining balance in their lives so that mental illness does not consume every minute of every day. Family members may experience intense periods of stress, years of worry and mourning for life before mental illness affected their family.

In this chapter, we provide information to help you and your family manage the effects of mental illness. We have also included tips for how to know when to take care of yourself. Though mental illness can be devastating, family life can still be rewarding. All family members can have lives that are fulfilling and joyful. Learning more about managing the day-to-day and achieving balance, and finding support in other families' experiences can help you and your family live well physically, mentally, socially and spiritually.

### Impact of mental illness on the family

Supportive families and friends play an essential role in helping a loved one cope with mental illness. Those who manage their illnesses best are often those who have a strong social network to support them. Supporting your family member can come at a cost to you and your family, especially if your family member lives in your home. There are additional responsibilities, added worry and more stresses.

Many supportive families feel excluded – ignored by mental health and social systems. Some struggle to find the right information or the right help for their family member. After months or sometimes years, this wears families down physically and mentally. In contrast, some families report that finding the right help made a huge impact on their life and their family member's lives.

*“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 Illnesses in Canada, Health Canada, 2002.

  
“Even though family caregivers spend endless hours searching tirelessly for services and treatments and advocating on behalf of their family members, their efforts are often unappreciated or ignored.” – *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, The Standing Senate Committee on Social Affairs, Science and Technology, 2006.

## Roller coaster of emotions

When you first learned your family member is living with mental illness, you and other family members may have experienced a range of emotions. Common ones include: shock; fear; sadness; guilt; anxiety; confusion; compassion; understanding; and even anger. Some families are relieved to finally learn a reason for the changes they see in their family member. Others hope the diagnosis is wrong. Some families may feel anger and resentment, especially if they feel powerless in changing their family member’s situation.

All families and family members will have their own reactions, their own emotions and feelings. Talking about them can help families to cope. It’s important to remember that it’s okay to feel the way you do. Feelings and attitudes will also likely change over time.

You and your family members may feel you are riding an emotional roller coaster. Understanding and acknowledging your feelings, as uncomfortable as it may be, is important. Explore where your feelings are coming from and how best you can deal with them. Many families have found joining a support group or talking with other families who are also dealing with mental illness helpful.



When Suzanne learned her son, Charles, had depression, she was in denial. She was sure he just needed time, love and care to be “back to normal.” When the reality of Charles’ illness had sunk in, Suzanne was angry, embarrassed and ashamed. She talked about her feelings to very few people, opting to keep it pretty much a secret.

When Charles began to get better, she started to think that the experience of the illness was behind her and her son. Then Charles suffered a relapse. Suzanne was devastated. She realized though that she wanted and needed to better understand the illness in order to support Charles. Through learning about mental illness and joining a support group, she and Charles began to feel more optimistic that his illness could be effectively managed.

### Resources to help:

Visit [http://nscountifamily.org/FRC\\_Directory/AboutUs.htm](http://nscountifamily.org/FRC_Directory/AboutUs.htm) for a directory of family resource centres in Nova Scotia. You will find contact information for the family resource centre nearest you.

### Self Help Connection

<http://www.selfhelpconnection.ca/>

The Self-Help Connection is a self-help resource centre for over 500 groups in Nova Scotia.

### Healthy Minds Cooperative

<http://www.healthyminds.ca>

The Healthy Minds Cooperative provides support to people living with mental illness and their families.

### 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

## Impact of mental illness on different family members

### Parents

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

Even though research shows that families are not to blame for their child's mental illness, it is sometimes difficult to overcome this feeling. Understanding that mental illnesses are medical illnesses can help reduce or eliminate the guilt that some parents feel.

Parents may also be caring for other children and worry about how they are coping. The increased attention that mental illness often requires may direct time away from other children.

### Spouses

Living with a spouse who has a mental illness can place strain on the existing relationship. The spouse of an ill person may experience guilt, shame and may blame themselves. The couple's social life and physical intimacy may change. Both partners may feel grief for the loss of the life they had imagined together.



"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 Bi-polar Sufferers*, My Mental Trampoline, <http://www.mymentaltrampoline.com/>

### Siblings

The onset of a sibling's mental illness can cause other siblings confusion, stress, anger, sadness or fear for their brother's or sister's well-being. Siblings may experience stigma, family life that revolves around their sibling living with mental illness, personal shame or 'survivor's guilt' (feeling bad because they are healthy and doing well). They may also fear that they too, or their children, will develop mental illness. Some may fear that they will one day have to take on the role of primary support. Siblings sometimes benefit from counselling, which may be accessed through their family member's health professional(s), school, university, employer, and/or family resource centre.

Mental illness can lead to a variety of emotional effects for brothers and sisters of the sibling living with mental illness. For example, they may feel:

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

Siblings' experiences are unique and depend on a number of factors, such as age, how close they are to their sibling, the birth order of siblings, and the ill sibling's willingness to get treatment. How other members of the family respond to and deal with the situation will also impact how the siblings deal with their brother or sister's illness.



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. 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 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.”

## **Young children**

Young children experience a variety of emotions and reactions to a parent's or sibling's illness. They may be scared and confused about the changes they see in their family member. Providing them with age-appropriate information about their family member's illness helps to relieve their fears. Children should be encouraged to talk about their feelings. It is important to let children know their feelings are normal. You may also want to use these talks as an opportunity to discuss ways the children can cope with their feelings. Children often feel isolated and alone. They are better able to deal with issues when they have the support of a caring person who listens to their feelings.

The chapter called "Communication" includes more on talking with children and youth about mental illness.

There are a number of ways to support children and help adjust to living with someone with a mental illness.

**Make time.** Family life is about more than the illness. You want to make sure your children continue to feel safe and secure, with as little disruption in their everyday routine as possible. Try to make time for family outings or just do things with your children. Cooking or creating art together can be a great time to talk things out without getting heated or upset.

- **Talk about your feelings and encourage your children to share theirs.** Don't try to pretend everything is just fine when it's not. Children can easily sense when things are not right. Let them know how you feel, but in a way that ensures they don't feel helpless or abandoned. Encourage them to speak about their fears, guilt and confusion. If your children are old enough, talk to them about the illness and let them know about long-term plans for on-going support; involve them in supporting their family member if it seems they can handle the responsibilities. If they are worried that they or their own children may develop a mental illness, talk to them about their chances. There are websites and other research materials available that discuss the statistics of inheriting mental illness.

- **Consider counselling or other professional help.** Counsellors or other professionals may be available through school, university, employers, family resource centres, or your family member's health professional(s).



- **Provide them with age-appropriate information about the illness.** There are some resources listed in the appendix, but you may want to check with your local library to see if they have suitable materials, particularly for very young children. Ask library staff to recommend some appropriate reading material.
- **Help them to see that they are not alone.** Encourage them to meet others in similar situations. Schools, family resource centres and your family member's health professional(s) may offer suggestions for peer groups.
- **Provide a safety network:** Provide a list of names and telephone numbers of caring adults for children and youth to call if they need help. Defuse their fears with information. Give them clear instructions for what to do in case of an emergency. Ensure that they understand ahead of time that emergency situations could arise and that they know what to do. You may have to explain to them what kinds of emergencies could arise and remind them that their safety and welfare comes first.

## **Adult children of a parent living with mental illness**

Growing up with a family member living with mental illness can have an impact that lasts into a person's adulthood. It can affect how the person feels about themselves, their personal identity and self-esteem. It can also lead to strengths. These include:

- A sense of self-reliance
- An ability to be tolerant and non-judgemental, compassionate and caring
- Personal creativity, described in terms such as imaginative, artistic, resourceful, original and focused
- A pulling together of family members to cope with the illness, as well as an appreciation for the unique strengths of each person – including the parent living with mental illness



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

– D. T. Marsh from *Children of Parents with Mental Illness 2*, edited by V. Cowling, 2004.

## Stigma

At a time when your family member, you and your family are challenged by the difficulties of mental illness, you will likely experience stigma. It may be in the form of insensitive remarks, imposing questions or social shunning. Stigma can be crippling. It is at these times when you should know you and your family are not alone.

The typical reaction experienced by someone living with mental illness is fear and rejection. It isn't only the person living with mental illness who suffers though, it is also their family. Everyone has the right to fully participate in their community; however, people living with mental illness and their families often find themselves facing a constant series of rejections and exclusions. People living with mental illness and their families may experience increased isolation and loneliness following a diagnosis of mental illness. Sometimes their friends, coworkers and other social supports are not as open and welcoming. This often relates to misunderstanding and lack of knowledge.

One of the things we can all do is find opportunities to pass on facts and positive attitudes about people living with mental illness. Take the time to correct someone you know if their assumptions or beliefs are incorrect. Challenge the myths and stereotypes presented by the media; write a letter to the editor or contact the editor by phone. Let them know how negative words and incorrect descriptions affect people living with mental illness and their families.

***“I was a counsellor, I was a substitute teacher, I was a daycare worker, I worked in a women’s shelter, but once they labelled me “mentally ill” I lost all credibility.”***

— Ruth Johnson from *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addictions Services in Canada*, The Standing Senate Committee on Social Affairs, Science and Technology, 2006.

***“In the end, just to sum up, the tragedy does not lie with the disability; that is not the tragedy. The tragedy is in the way society treats the child and the family that is dealing with the disability.”***

— Donna Huffman from *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addictions Services in Canada*, The Standing Senate Committee on Social Affairs, Science and Technology, 2006.

### Resources to help:

[http://www.camh.net/Care\\_Treatment/Resources\\_clients\\_families\\_friends/stigma\\_brochure.html](http://www.camh.net/Care_Treatment/Resources_clients_families_friends/stigma_brochure.html)

This site includes detailed information about stigma, including what effect it has on people living with mental illness.

<http://www.cmhwrb.on.ca/stigma.htm>

This is a fact sheet about stigma and its impact on people living with mental illness and their families.

### What do you say?

Keeping the secret of mental illness is a burden in itself. This is especially true when you may need to reach out to support your family member. Talking about your family member's illness may not be easy. It may help you to give your comments and possible answers to questions some thought in advance so that you are not caught off guard. It's worth noting too that you will want to say more to some people than to others.

Just as with any illness, there are some things to think about before talking about your family member's illness:

- Illness is a private matter – most people you meet don't need to know.
- If you want to tell, ask yourself if you know the person well enough
- How much will you tell? You may not want – or need – to be too detailed.
- Is it really important that they know? You may need to take time off work to attend appointments with your family member, or you may have to ask for accommodation to continue in your job, for example. In these cases, your employer has to have some information, though you don't have to reveal a diagnosis unless you are comfortable doing so.

**“At first we didn’t tell anyone anything. We just didn’t know what to say or how it would be perceived. I now wish that I could have been more comfortable in just saying ‘she’s suffering from depression.’ I think that would have helped both of us get support.”**

– Guy from *All Together Now: How families are affected by depression and manic depression*, Health Canada, 1999.

**“When people ask me what my adult children do,’ I describe them in terms of their gifts and talents. One loves to sing and drive, is very funny and has the sweetest baby. Two are very creative and involved in the arts. They all love to travel and enjoy food from around the world. When I do talk about illness, I use words like ‘challenges,’ ‘recovery’ and ‘proud’ a lot.”**

– Sheila Morrison

#### **Resources to help:**

<http://www.mentalhealthnetworks.ca>

This site offers practical scenarios that tell stories of how people can talk about mental illness in a straight-forward manner.



One in five people in Canada will experience mental illness. Canada has a population of about 33 million people. Considering that, one in five equals about seven million people who will experience mental illness at some point in their lives. You are not alone. You have your family member, your family, your friends and the many other families who are supporting their family member living with mental illness.

## **Managing the everyday**

Though supporting a family member living with mental illness can seem to take over your life, mental illness in the family doesn’t mean that family life has to be tragic. You and your family can have lives that are fulfilling and joyful.

It is important that you learn to accept your family member as he is now and make sure he is always treated with respect. You may need to separate the illness from the person. For example, if your loved one is moody or irritable and quick to anger, remember that it is the illness making him act this way. These mood swings may be as upsetting to him as it is to you. You can help him by trying to imagine what your family member is enduring because of his illness. It will also help to recognize and talk about your family member’s special strengths and courage in dealing with their illness. These things won’t only help your family member, they will help you and other family members as well. When you demonstrate respect, you have a much better chance of having that respect returned by other people.

While you want to support your family member as much as possible, try not to make him the centre around which the family revolves. Try not to sacrifice all your resources, time, money and energy on him. If you wear yourself out, you are not going to be of much help to your loved one or your other family members (read through taking care of yourself later in the next section). Try to find a balance that works for you and your family. All members of the family should experience a nurturing, supportive home environment. If other family members are old enough and willing, engage them in caring for your family member. Sharing the responsibilities will ensure you have time to take care of your own mental health and happiness.

#### **Tips to manage the everyday for caregivers**

- **You have a right to a full life.** Outside activities are essential to maintaining your health. Maintain a balance, making time for hobbies, social events and other activities that you enjoy.
- **Nurture your own health.** Take care of your mental, physical, social and spiritual health. Staying healthy will ensure that you can continue to support your family member. Be sure to let your family doctor know that you are the primary support for a family member with mental illness. More information on taking care of yourself is included in the next section.
- **Know that there is a limit to what you can do.** You can act as an advocate, but you can’t control the situation or eliminate the illness. Encourage your family member to take as much responsibility as possible for his own life. It is very easy for a loved

one with a mental illness to become dependent on other family members for all their daily needs – from providing meals, doing laundry, etc., to being their exclusive social contact. It is important that you make it clear to your family member that you need time for yourself and time to be with other friends and family members.

- **Learn what to expect from yourself and from other family members.** Know and respect your own limitations, those of your family member living with mental illness and those of other family members. Are you and other family members fully accepting of your family member's diagnosis? What support can you and other family members provide? It is important to respect the limitations and pace of other family members and accept differences between them and you.
- **Set clear limits on what behaviours you will accept.** This has been discussed earlier in this handbook; remember that when setting limits you spell out the consequences, and follow through.
- **Seek outside help.** We provide information on many formal options for help in this handbook. We have also included a list of support organizations in the appendix. You likely have other family members, friends, neighbours and community organizations that are willing to help. Talk to professionals, such as a social worker or psychiatrist. Get in touch with local societies and support groups, such as the Schizophrenia Society of Nova Scotia or the Nova Scotia Bipolar Peer Support Alliance family support group.
- **Get information.** There are many useful books and websites, some of which we have recommended in the appendix. There are a lot of resources available; check for material in your local public library and look at the websites of mental health groups. Call mental health organizations (some have lending libraries). Also, ask about family education programs.
- **Take breaks.** Sometimes a weekend away or even a few hours can do wonders. Explore options for respite care if your family member can't be left alone for a few hours. Is there someone else in the family who can take over caregiving for a while to give you a break?
- **Consider getting involved in efforts to advocate for your family member and others with mental illness.** Service that can help everyone with mental illness can be very healing for you. It will also bring you into contact with others who share your concerns and responsibilities. We provide more information on making a difference later in this chapter.

- **Maintain daily routines as much as possible.** Family life should be kept as normal as possible. The illness should not take over family life completely. You should watch for signs that the illness is dominating family life because sometimes you may not notice the signs. You may start with the best intentions of keeping a healthy balance between your family member living with mental illness and the rest of your family. Before you know it though, every family discussion can be based on the illness. Try to take a step back to recognize if the illness is taking over.

## Taking care of yourself

*“Caring for yourself means respecting and honouring your own life. If you are a caregiver it goes without saying that you have a respect for life...just be sure to include your own.”*

– Sheila Morrison

Supporting a family member living with mental illness 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 – as difficult as that may seem at times. You may wonder: When would I do that?

The answer is not so much when, but how. Learning to balance 'me time,' family time, friend time and time for your family member living with mental illness is key to keeping yourself healthy. When we don't take care of our own needs, we're more likely to become irritable, short-tempered, judgmental, resentful – all of which can have a negative impact on you and your family.

Living a healthy life also means balancing physical, mental, social and spiritual well-being. The demands of supporting a family member living with mental illness can negatively affect your health and well-being. More time spent caring for your family member means less time for leisure and social activities. This can result in lost friendships and family conflict.

*“Spirituality is defined broadly – as those things that lift your spirits – nature, art, music, worship, and writing – as only a few examples.”*

– Canadian Collaborative Mental Health Initiative.

You may want to think, and take time to write down a few notes, about what being healthy means to you physically, mentally, socially and spiritually. This will help you to decide if there are things you would like to do differently for yourself. Small changes can have a big impact.

Here are some questions and thoughts for you to consider:

**Who could take over the caregiving for an hour, a day, a weekend or a week?** Who can help you on a regular basis or on a very occasional basis? It may be a spouse, sibling, an adult child, a friend or a hired professional. Make a list; it should include more than one person. If this is difficult, talk to your family member's health care professional(s) about your need for a circle of support.

Establishing a circle of support is necessary to staying well. Mental illness is not something that anyone should have to deal with by themselves. Find supportive friends, other family members, co-workers, anyone you feel comfortable talking with. You may also find it helpful to talk with others who are supporting their family members living with mental illness. More information on peer support is included in the chapter on "Getting Help."

As difficult as it may be, ask for help when you need it. Many people are eager to help but not sure what they can do. Help from others may allow you to free up time for yourself. Although it is easier said than done, taking time for yourself is very important. Even a 15 minute break can help you feel refreshed and energized.

**What would I do if I had the gift of an hour, a day or a weekend?** Set some goals for yourself. Your goal could be to browse in a bookstore, spend a night at a bed & breakfast, take a walk, go to church, attend a concert, visit a friend, take in an exercise class. It may even be to escape to a quiet part of your home while someone else takes your family member for a walk. Make a list of small and big things you would love to do – then figure out how to make them happen, one at a time.

**What did I use to do for fun?** Is it something you would like to do again, even on a smaller scale? If you used to play softball, go watch a game. Did you play a musical instrument? Paint? Draw? Write? Do yoga? Do karate? Think about what physical or creative activities appeal to you. What could you do, perhaps on a smaller scale, that you used to do and miss or always wanted to try?

***“I never painted in my life but I was amazed at what I produced.”***

**Am I physically active?** For some people physical activity is part of their fun. For others, it's more challenging. There are ways to start small and to work physical activity into your day. Schedule something for every day. It could be a walk, a few more flights of stairs, lifting weights or beginner yoga. If you don't have the time or money to join a gym or regular exercise program, schedule time to exercise at home with videos or DVDs from your local library.

**Who can I talk with about the difficulties in my life?**

Support for you is healing. Do you have a friend or family member you can talk with? If not, you may find a support group helpful. If going to a support group would be hard for you, talk to your family doctor or spiritual leader. Attending public lectures and information sessions on mental health can also lead you to people who will talk comfortably about how to live with illness in the family. Getting to know other people who have a mental illness and who are living in the community can be very reassuring. It can also help you overcome any stigma you may be experiencing yourself.

**Knowledge and support for you.** There are support groups for caregivers in many communities. Some welcome caregivers and their family member living with mental illness, while others are specifically for caregivers. Either way, support groups are often warm and welcoming environments that help families and their family member living with mental illness to see they are not alone. Support groups offer the power of knowledge that comes from a wealth of shared experience.

**Do I have any volunteer activities unrelated to mental health?** Volunteer work doesn't always have to be demanding or regular. Working at a particular event for a few hours can be fun and divert your attention from your worries.

**How is my mood most days?** If you find yourself often feeling grouchy or short-tempered then perhaps something needs to change. Are you constantly trying to provide solutions, to fix things, to make suggestions for others? Part of supporting your family member living with mental illness in his recovery is allowing him to make decisions, choices and mistakes. Try listening more. Say less – a lot less. Repeat back in your own words what you think you hear the other person saying and then wait. You may find they are more likely to answer their own question, lessening your responsibility and empowering the other person.

**Am I having repetitive thoughts, especially negative or fearful ones?** An overwhelming amount of fear and stress may be a part of your life as you support your family member living with mental illness. As a result, you may have recurring, repetitive

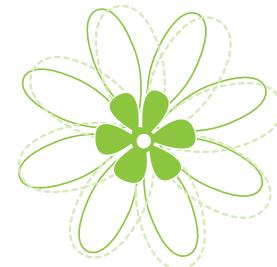
thoughts that can affect you day or night. A health professional can help you resolve these thoughts. It is first important to recognize that they happen, and then to ask for help. Sometimes just keeping a journal can help (first thing in the morning is a great time for this). Learning about your thoughts can lead you to begin setting new goals for yourself that will make you feel healthier and stronger.

**Am I feeling sad and stuck most of the time?** You may want to visit your family doctor, clinic or community health nurse for a check up. Your body and mind may be reacting to stress. Everyone reacts in different ways.

**Am I continually exhausted?** If you have done all you can to restore balance in your life and you are still tired, you may need a nutrition checkup. If your annual physical check up is fine, your doctor or a naturopathic doctor can tell you whether or not you should be taking supplements to boost your energy. Healthy food and good supplements can make a huge difference in your energy levels.

**Are mealtimes a challenge for me?** If you are not getting a balance of all food groups your health will suffer. A whole wheat cracker, low fat cheese, and an apple is a better snack than buttered toast and tea. Having handy a list of nutritious easy-to-make meals can help with planning. Talk to your nutritionist or dietician to get ideas that will save you time and worry while providing good fuel for your body. Your whole family will benefit. You will also be setting a good example for your family member living with mental illness who may have to learn to cook and eat well on a low budget. Learn how to cut the bad fats, increase the good fats, reduce sugar, increase whole grains and fibers and introduce more fruits and vegetables. Always encourage your family member to take part in small ways even if he says no. It is important to offer small, repetitive options and challenges.

*“Eating well is a challenge when my days are full. This week I am making one small change – an apple or orange every day.”*



**Do I laugh a lot?** Laughter reduces stress and is healing. It may be that you have not laughed for a long time. Did you know that there are laughing clubs? Think about what makes you laugh and seek it out. Funny movies and books, friends who are funny, jokes – anything you can think of to bring laughter into your home.

**What do I feel most challenged by?** Knowledge is powerful. If you are facing big challenges related to your family member or anything else in your life, find out who you can talk to, who can help, who has the knowledge you need. This will reduce stress and help you stay healthy. For example, if your family member has a criminal charge laid against her, talk to people who have been through the legal system. Learn from them what you will be facing, what questions to ask, what steps to take. Easing your mind will make it easier for you to help your family member as well.



In the chapter “Supporting Recovery” we provide information on how families can support their family member living with mental illness on their recovery journey. We also noted that it is important that families recognize that they may have to take a recovery journey of their own – and make plans for it – just like their family member is doing. You may want to refer back to that chapter to find helpful tips and information for you.

### The role of healthy eating, exercise and sleep

There's a reason why we've all heard that healthy eating, exercise and sleep are essential to our health and well-being. It's because it's true!

Canada's Guide to Healthy Eating and Physical Activity recommends:  
**Healthy eating**

- Enjoying foods from each of the four food groups
- Eating foods mainly from the “Grain Products,” “Vegetables,” and “Fruit” groups
- Drinking skim, partly skim or reduced-fat milk
- Baking, broiling or microwaving food instead of frying it
- Eating more peas, beans and lentils
- Choosing dark chocolate and fruits and vegetables for snacks
- Drinking water (8 cups or more a day) as much as possible



## APPENDIX

### Physical activity

- Getting 30 – 60 minutes of moderate physical activity every day. This includes things like gardening, housework and walking.
- Choosing a variety of activities from these groups:
  - biking, swimming, dancing, brisk walking (for your heart, lungs and circulatory system)
  - yoga, tai chi, simple stretches (to keep your muscles relaxed and your joints mobile)
  - pilates, lifting small weights (to strengthen muscles and bones and improve posture)

You don't need to work out at the gym for an hour each day. You can build your physical activity through the day in periods of 10 minutes or more each.

### Sleep

Sleep is very important. It allows your body to restore itself and prepare for the next day. When you don't get enough sleep, you might be edgy, less able to deal with stressful situations and more prone to illness. The Canadian Health Network recommends that we:

- Develop a regular routine; go to bed and wake up around the same time each day
- Avoid smoking and caffeine
- Have a relaxing bath or read a book before bed
- Avoid strenuous activity close to bedtime

### Making a difference

As you continue to support your family member living with mental illness and as your family member gains more independence, you may feel that you want to be involved in making a difference for people living with mental illness and their families. Often people living with mental illness and their families work to improve mental health services in their community, advocate for more resources or educate the public about mental illness. You may want to sit on the board of directors for a community organization, become a member of a committee, planning body or task force, or participate in a research project. Consider contacting any of the community organizations included in the appendix.

#### Resources to help:

Healthy Minds Cooperative  
<http://www.healthyminds.ca>  
404-3504

The Nova Scotia Hospital  
Volunteer Services  
494-3163

### Common Mental Illnesses

Here we provide brief explanations of some more commonly diagnosed mental illnesses. We have not attempted to include all mental illnesses or disorders.

#### Anxiety Disorders

Anxiety is a normal reaction that many people experience. An anxiety disorder, however, is diagnosed when various symptoms of anxiety create significant distress and some degree of functional impairment in daily living. A person with an anxiety disorder may find it difficult to function in areas of life such as social interactions, family relationships, work or school.

- **Panic Disorder:** A panic attack is a sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. These attacks include symptoms such as shortness of breath, palpitations, chest pain or discomfort, and choking or smothering sensations. Panic disorder is diagnosed when there are recurrent unexpected panic attacks.
- **Agoraphobia:** Often when people have panic attacks the episodes are so overwhelming they will do anything to avoid having the experience again. This avoidance behaviour is called agoraphobia. People often think agoraphobia means fear of crowds or open spaces, but it is actually a fear of having a panic attack in a situation where you feel your escape might be difficult (or embarrassing), or where help might not be available.
- **Social Anxiety Disorder:** Social anxiety disorder or social phobia is the most common anxiety disorder. It is a condition that involves fear of being appraised or judged negatively by others and as a result, feeling embarrassed or humiliated. People with social anxiety disorder, can become quite afraid of making presentations or public speaking, eating in restaurants or in front of anyone, going to social gatherings, blushing in public, meeting new people, etc.

- **Specific Phobia:** Many people admit to being afraid of snakes and spiders but they can manage their fears quite well. With specific phobias, however, the fear is not manageable. Instead, the person experiences overwhelming fear when faced with a particular object or situation, and this often leads to avoidance behaviour. There are many types of objects, animals and situations that can trigger this type of fear, including, flying, driving, snakes, spiders, other animals, heights, bridges, tunnels, dentists, doctors, elevators, blood, injections, storms.

- **Post-Traumatic Stress Disorder:** Post-traumatic stress disorder occurs when a person has been exposed to traumatic events that cause her to experience distressing psychological symptoms that can become disabling. Common symptoms include nightmares; feelings of anger, irritability or emotional numbness; detachment from others; and flashbacks, during which the person re-lives the traumatic event. Frequently, the person will try to avoid situations or activities that remind her of the event.

- **Obsessive Compulsive Disorder:** Obsessive compulsive disorder is a condition in which a person experiences intrusive thoughts, images or impulses. These are often very disturbing to you and may make the person feel anxious (obsessions). In turn, the person may perform certain acts or rituals in order to feel better or less anxious (compulsions). Typically, obsessions include fears of contamination, doubting (such as worrying that the iron has not been turned off), thoughts of hurting others, disturbing thoughts that go against the person's religious beliefs, or thoughts of performing acts the person feels are highly inappropriate. Compulsions can involve repeated checking, counting, washing, touching, or organizing things over and over again until they are symmetrical or 'just right.'

- **Generalized Anxiety Disorder:** Everybody worries from time-to-time. It is considered a normal part of life, but when worry starts to interfere with life, a person might have generalized anxiety disorder. The disorder is characterized by chronic anxiety and worry. Symptoms are mainly physical and include nausea, fatigue, muscle tension, restlessness and problems with concentration.

## Mood Disorders

- **Bipolar Disorder:** Bipolar disorder can affect how a person feels, thinks and acts. It involves dramatic shifts in mood – from the highs of mania to the lows of major depression. More than a fleeting good or bad mood, the cycle of bipolar disorder lasts for days, weeks or months and is disruptive to work/social relationships. Bipolar disorder can rarely be overcome without

medical treatment. For some, the periods between episodes of illness can be normal and productive. However, research suggests that when left untreated, episodes of illness occur more often and are more severe. During a manic episode, a person might impulsively quit a job, charge up huge amounts of debt, or feel rested after sleeping two hours. During a depressive episode, the same person might be too tired to get out of bed and full of self-loathing and hopelessness over his or her unemployment status and credit card bills.

(<http://www.helpguide.org>)

- **Depression:** Most people feel depressed at some time in their lives. Feelings of discouragement, frustration and even despair are normal reactions to loss or disappointment and may last for days before gradually disappearing. For some, however, depression is at the root of continuing lows. Depression is a serious, debilitating illness that intensely affects how an individual feels, thinks, and behaves. It can last for years and without treatment, can cause permanent disability. Depression affects the whole body and can alter eating and sleeping patterns, increase restlessness and overall fatigue, and even cause mysterious physical symptoms.

(<http://www.mooddisorderscanada.ca>; <http://www.hertohelp.bc.ca>)

## Eating Disorders

- **Anorexia Nervosa:** Anorexia nervosa is characterized by an obsession with controlling the amount of food eaten. It is often caused, at least in part, by a belief that if the individual can control her body, she can control her life.
- **Binge Eating Disorder:** People living with binge eating disorder eat excessive amounts of food at one time, often because dieting has made them hungry or to comfort themselves in stressful situations. A common myth is that people living with binge eating disorder compensate for binging by vomiting, fasting, over-exercising or abusing laxatives; this behaviour is more characteristic of people affected by bulimia nervosa and anorexia.
- **Bulimia Nervosa:** Bulimia nervosa is characterized by cycles of bingeing and purging. As with anorexia nervosa, the desire to regulate feelings and worries about body weight and shape contribute to bulimia nervosa and its characteristic behaviour. The cycle begins with the person rapidly eating large amounts of food in a single sitting, which can lead to discomfort and anxiety about weight gain. As a consequence, the person tries to rid the body of the food that was consumed by vomiting, using laxatives, enemas or diuretics, by exercising excessively, by skipping meals or by dieting.

(<http://www.nedic.ca>)

## **Psychosis**

The word ‘psychosis’ is used to describe conditions that affect the mind, in which there is distortion of, or some loss of contact with, reality. Hallucinations, delusions (false beliefs), paranoia and disorganized thoughts and speech are symptoms of psychosis. These symptoms can seem so real that often the person does not realize that he is experiencing psychosis. Psychosis also affects feelings and behaviour. There are many disorders that can cause psychotic symptoms. Common ones include schizophrenia, bipolar disorder, psychotic depression, and delusion disorder.

(<http://www.psychosissucks.ca>)

## **Schizophrenia**

Schizophrenia is characterized by delusions, hallucinations, disturbances in thinking and withdrawal from social activity. The illness affects an estimated 1 in 100 Canadians and their families. There isn’t yet widespread agreement on the cause of schizophrenia. While there is no cure, there are effective treatments. Many people living with schizophrenia manage symptoms with the help of treatment and enjoy life to its fullest.

(<http://www.schizophrenia.ca>)

## **Personality Disorders**

While there are many different types of personality disorders, as a group they are characterized by long-term patterns of thoughts and behaviours that cause people to feel and behave in socially distressing ways, which often limit their ability to function in relationships and at work. (<http://www.mayoclinic.com> ; <http://www.nlm.nih.gov/medlineplus/personalitydisorders.html>)

## **Capital District Mental Health Program Services**

The Capital District Mental Health Program provides mental health services for adults in the Halifax Regional Municipality and West Hants. Its services are publicly funded, which means there is no direct cost to people engaged in services or their families. The program is complex and includes forensic mental health services as well. Here we provide a list of services, with a brief description and a contact number. Some require a referral from a family doctor or other health professional; however, it is still valuable to know what services are available. If your family member or you think that one or more of these services may be beneficial, talk to one of your family member’s health professionals. You may also want to contact the service directly to find out more.

**Services that do not require a referral from a family doctor or other health care professional are marked with an asterisk (\*).**

### **Community Mental Health\***

Community Mental Health includes a team of mental health professionals who provide services on an outpatient basis that can help people to manage mental illness and improve their mental health and well-being. The team works with individuals, families, community organizations, family physicians and others.

### **Contacts:**

#### **Bayers Road Community Mental Health**

Suite 109, Bayers Road Centre  
7071 Bayers Road, Halifax  
454-1400

#### **Bedford/Sackville Community Mental Health**

Cobequid Community Health Centre  
40 Freer Lane, Lower Sackville  
865-3663

#### **Cole Harbour/Eastern HRM Community Mental Health**

Cole Harbour Place  
51 Forest Hills Parkway, Dartmouth  
434-3263

#### **Dartmouth Community Mental Health**

Belmont House  
33 Alderney Drive, Dartmouth  
466-1830

#### **West Hants Community Mental Health**

Hants Community Hospital  
89 Payzant Drive, Windsor  
792-2042

### **Mental Health Mobile Crisis Team\***

The Mental Health Mobile Crisis Team provides crisis support for children, youth and adults experiencing a mental health crisis. It offers telephone crisis service 24/7 anywhere within the Capital Health District and mobile crisis response from 1 p.m. to 1 a.m. daily to Halifax, Dartmouth and Bedford. The Team includes mental health professionals and police officers who are designated to the crisis service. It offers confidential and non-judgmental mental health assessment and intervention as well as support and consultation to individuals, family and community members.

429-8167 or 1-800-429-8167

### **Connections Clubhouse\***

Connections Clubhouse provides employment services, community outreach and housing, supported education and healthy lifestyles programs for adults living with long-standing mental illness. The Clubhouse is founded on the realization that recovery from mental illness must involve the whole person in a vibrant and culturally sensitive community. Connections offers respect, hope, and unlimited opportunity that opens the door to all the richness that the community has to offer, along with all the rights and responsibilities of active citizenship.

473-8692, clubhouse@navnet.net  
or <http://www.connectionsclubhouse.com>

### **New Beginnings Clubhouse\***

New Beginnings is a place where people living with mental illness can be involved in work, social, recreation and community activities. Volunteer members of New Beginnings and staff work together to run the clubhouse. It supports people living with mental illness (its members) to regain self-worth, purpose and confidence.

464-3588

### **Supportive Community Outreach Team (SCOT)**

The teams provide service to individuals living in the community with a severe and persistent mental illness or concurrent mental illness and substance misuse. In most instances, mental illness or substance misuse has had a major impact on aspects of clients' lives, such as housing, employment, social supports, finances, daily living skills. The Principles of Psychosocial Rehabilitation guide the teams' work. These principles emphasize hope, recovery, empowerment, and effective rehabilitation.

434-5027

### **Seniors Services (community and day program)**

While many of the mental health needs of seniors can be met by family physicians, Mental Health Seniors Services supports people 65 years of age and older who are living with mental illness and physical challenges or disabilities. It also supports individuals with dementia who live with behavioural difficulties associated with mental illness. The service provides community-based assessment and time-limited treatment and follow-up to seniors in their homes (private home or long-term care facility). It also provides a day program for seniors living with depression, anxiety, loss, grief and other similar difficulties.

473-7799

### **Community Outreach Assessment and Support Team (COAST)**

– Community-based component of the Dual Diagnosis Program (services for people living with mental illness and developmental disability)

The Community Outreach Assessment and Support Team provides services for people living in the community with mental illness and developmental disability. Their services include assessment, follow-up, crisis assessment and admission to hospital for acute treatment and stabilization. They also provide ongoing evaluation of individual care plans, nutrition counselling, support and information for families and care providers, and consultation with family physicians and other primary health care providers.

464-3032 or 464-3048

### **Nova Scotia Early Psychosis Program\***

The Nova Scotia Early Psychosis Program (NSEPP) supports people between the ages of 15-35 who are experiencing a first episode of psychosis and their families. The program promotes early detection and provides quick and accessible assessment and treatment. It focuses on clinical services, education, research and advocacy.

473-2976, nseppweb@dal.ca or <http://earlypsychosis.medicine.dal.ca>

### **Mental Health Day Treatment Program**

The Day Treatment Program is an intensive, six-week group therapy program for adults living with mental illness. Group sessions include stress and anger management, assertiveness training, goal setting, feelings, skills for change, recreation/physical activity, relaxation and leisure lifestyles. The program's objectives are to support people to reduce symptoms, develop coping strategies, improve communication skills, better handle interpersonal relationships, change dysfunctional thinking and improve overall functioning.

473-2500 or 473-2503

### **Eating Disorders Clinic**

The Eating Disorders Clinic helps people overcome anorexia nervosa and bulimia nervosa. The clinic offers a variety of treatment options through a series of groups that address concerns associated with eating disorders, including self-esteem and relationship issues.

473-6288

### **Centre for Emotions & Health**

Many physical ailments and complaints may be linked to mental more so than physical causes. The Centre for Emotions and Health focuses on the role of emotions and psychiatric disorders in physical health and illness.

473-5664

## **Chronobiology & Sleep Disorders Program**

The Sleep Disorders Program assesses and treats sleep disorders in adults. People supported through the Sleep Disorders Program live with disorders including insomnia, restless leg syndrome, obstructive sleep apnea and sleep disordered breathing.

473-4298

## **Mood Disorders Program**

Often collaborating with family physicians, the Mood Disorders Program provides consultation, assessment, group therapy and follow up for people living with mood disorders, especially bipolar disorder. The program also provides services for people at high risk of developing a mood disorder as a result of family history, and focuses on mood disorder research and education.

473-2585

## **Reproductive Mental Health Services**

Offered by the IWK Health Centre, Reproductive Mental Health Services supports women with mental health concerns that affect them during reproductive care, e.g., when pregnant, after birth, miscarriage or other traumatic event, including assault.

470-8098

## **Provincial Sex Offender Assessment and Treatment Program\***

The Provincial Sex Offender Assessment and Treatment Program provides assessment and treatment to people living in the community, the majority of whom have been convicted of an offence and are on parole or probation. The goal of the program is to make communities safer by minimizing the likelihood that people convicted of sex offences will commit repeat offences. Group programs are provided throughout Nova Scotia.

464-4129

## **Emergency Psychiatric Assessment Services\***

When a person goes to an emergency department in the Capital Health District and emergency staff determine the person needs an emergency psychiatric assessment, he will be referred to Emergency Psychiatric Assessment Services. These services provide psychiatric assessments on an emergency basis to adults and are located at the QEII emergency department and The Nova Scotia Hospital. Call 911 in an emergency or visit your local emergency department. For information (not for emergency service), call 464-3111 or 473-2043

## **Short-stay units**

Short-stay units provide intense support for people experiencing a mental health crisis who would benefit from a short period in hospital. Typically people spend no more than five days in the short stay unit before moving on to another service (e.g., acute care) in the hospital or returning home. The short stay team focuses on ongoing assessment and working with the person to identify and access community-based resources, such as housing, food, peer support. The short stay units are located in the Abbie J. Lane building of the QEII and The Nova Scotia Hospital. People are most often referred through Emergency Psychiatric Assessment Services.

464-3291 (The Nova Scotia Hospital)

473-4771 (Abbie J. Lane)

## **Acute care units**

The three acute care units – two at the Abbie J. Lane building of the QEII and the other at The Nova Scotia Hospital – provide support in-hospital to people who are in an acute phase of mental illness. Teams provide ongoing assessment and work with individuals and their families on treatment options, recovery goals, discharge planning and identifying and accessing community resources. The team's goal is to provide treatment and support that will help the person reach a period of stabilization.

464-3323 (The Nova Scotia Hospital)

473-2548 (Abbie J. Lane)

## **Community-focused living unit**

The community-focused living unit supports people who are in a period of stabilization but require support to live successfully in the community. That support may focus on building skills, identifying and accessing community resources or another mental health service, or identifying appropriate housing. The community-focused living unit is located at The Nova Scotia Hospital.

464-3336 or 464-3339

## **Rehabilitation Services**

Maritime and Coral Halls, located in the Mount Hope building of the Nova Scotia Hospital, provide an intensive inpatient rehabilitation program for individuals with serious mental illness. The program utilizes the Recovery Principles in assisting clients to identify goals in the areas of living, working, education, self-care, social, leisure and treatment. The client has the opportunity to work with a team to assist them in developing an effective treatment and comprehensive discharge plan. The main goal of the program is to assist individuals to develop the skills required to live successful and meaningful lives in the community.

473-2548

## **Seniors Services – Inpatient care**

Acute inpatient treatment is an option when seniors' mental health needs cannot be met through the community or day treatment program. The team of health care professionals on Willow Hall at The Nova Scotia Hospital provide assessment and a range of treatment options for people 65 years of age and older living with mental illness and physical conditions. They also support people living with dementia and behavioural difficulties associated with mental illness. The team works with individuals, families, family doctors and long-term care facilities.

464-6054

## **Emerald Hall –**

### **Inpatient component of the Dual Diagnosis Program**

Emerald Hall supports adults living with a mental illness and developmental disability who are not able to live in the community either because of a lack of available resources or a need for intense support that is only available in hospital. Many of Emerald Hall's current clients are long-term residents. As such its occupancy is almost always 100 per cent. However, crisis admission is sometimes available to registered clients.

464-3035

## **Forensic Mental Health Services**

The Capital District Mental Health Program provides a number of mental health services to people who have had contact with the judicial system. Services include psychiatric assessment, treatment, rehabilitation programs, transition program and community-based support. People who are charged with an offence under the Criminal Code of Canada and whose mental health is in doubt may be sent by the court to the East Coast Forensic Hospital for a psychiatric assessment. The findings of the assessment, in addition to other resources, are used to determine if the individual is a) not criminally responsible, b) not criminally responsible and/or unfit, or c) criminally responsible. If a person is found to be not criminally responsible and/or unfit to stand trial, he/she will be admitted to the East Coast Forensic Hospital.

460-7300

## **Resource List**

There are many mental health and related organizations in the Capital Health District that can be a tremendous help to people living with mental illness and their families. Here, we have listed some of the main organizations and their contact information in the categories of general, crisis, employment, financial, housing, and legal. As you review the list, keep in mind that any of the organizations can often put you in contact with other resources that may not be included in this list.

### **Mental Health and Related Organizations - General**

#### **Canadian Mental Health Association**

A nation-wide voluntary organization promoting the mental health of all and supporting the resilience and recovery of people experiencing mental illness.

Halifax/Dartmouth Branch 455-5445

<http://www.cmhahaldart.ca>

#### **Healthy Minds Cooperative**

An innovative health care cooperative that provides a variety of peer-based services to people living with mental illness and their families.

404-3504

<http://www.healthyminds.ca>

#### **Schizophrenia Society of Nova Scotia**

Aims to improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, public policy, and research.

465-2601 or 1-800-465-2601

<http://www.ssns.ca>

#### **Self Help Connection**

Promotes self-help groups throughout Nova Scotia.

466-2601

<http://www.selfhelpconnection.ca>

#### **Consumer Initiative Centre (CIC)**

A program of the Self Help Connection, the CIC engages people living with mental illness in activities and programs that enhance their ability to take control over and improve their health and well-being.

404-7800

<http://www.selfhelpconnection.ca>

#### **Laing House**

Youth between ages 17 and 24 years who are living with serious mental illness like psychosis or mood disorders can get the support they need to prepare for a healthier future.

473-7743

<http://www.lainghouse.org>

## **Eating Disorders Action Group**

Dedicated to promoting healthy body image and self esteem and to supporting individuals who experience disordered eating.  
443-9944

<http://www.edag.ca>

## **Mi'kmaq Native Friendship Centre**

Provides structured, social-based programming for urban Aboriginal people. Programs range from adult learning to child care and needle exchange to employment. With its open door policy, the centre is a gathering place and the home of community functions and events.  
420-1576

## **Weith Street Gallery Studio Association**

Supports artists with disabilities and related challenges through a range of programs, including creative education and volunteer opportunities.

446-6010

<http://www.weithstreetgallery.org>

## **Halifax Sexual Health Centre**

Promotes sexual and reproductive health within an environment respecting and supporting individual choice.

455-9656

<http://www.halifaxsexualhealth.ca/>

## **Phoenix Centre for Youth Health Program**

A walk-in health and counselling facility which offers a first exit from street life.

420-0676

<http://www.phoenixyouth.ca/programs/youthcenter>

## **Family Resource Centres**

An on-line directory of family resource centres around the province

[http://www.nscountifamily.org/FRC\\_Directory/Index.htm](http://www.nscountifamily.org/FRC_Directory/Index.htm)

## **Caregivers Nova Scotia**

Provides practical supports to friends and family giving care. Services include workshops, newsletters focused on caregiving issues, a book and video lending library, telephone caregiver assistance and community-based peer support groups.

1-877-488-7390

<http://www.caregiversns.org>

## **Federation acadienne de la Nouvelle-Ecosse (FANE)**

Offers support to its member associations and the broader Acadian community, representing and lobbying on behalf of its members, facilitating community dialogue and consultation, communications,

research and development.

433-0065

<http://www.federationacadienne.ca/>

## **Health Association of African Canadians (HAAC)**

A not-for-profit health association that provides resources, conducts research and disseminates research findings to government agencies, institutions, and Black communities, with a long-term vision of seeking policy reform on health issues of African Canadians.

405-4222

<http://www.haac.ca/>

## **Metropolitan Immigrant Settlement Association**

A community-based organization that welcomes newcomers and recognizes their essential role in Canada. Services include settlement support, employment programs, English courses, volunteer and community programs and business development and start-up.

423-3607

<http://www.misa.ns.ca/>

## **YMCA of Greater Halifax/Dartmouth**

Dedicated to the development of individuals and communities in spirit, mind and body. Offers a range of programs and services from recreation to employment.

423-9709

<http://www.ymcahrm.ns.ca/index.asp>

## **YMCA Newcomer Services**

Helps immigrants to Canada settle into their new homes in the Halifax Regional Municipality. The YMCA also helps the mainstream population understand the issues and barriers newcomers face while adjusting and adapting to a new language, culture, climate and community, while maintaining their own.

457-9622

<http://www.ymcahrm.ns.ca/page.asp?ID=10012>

## **Nova Scotia Family Pharmacare Program**

A provincial drug plan designed to help Nova Scotians with the cost of prescription drugs. The program offers protection against drug costs for families who have no drug coverage or if the cost of the prescription drugs becomes a financial burden to them.

1-877-330-0323

<http://www.nspharmacare.ca>

## **West Hants Resource Line**

Connects community members with local information, resources and support in the West Hants area.

902-792-2272

## Resources for Crisis Situations

### Mental Health Mobile Crisis Team

Provides crisis support for children, youth and adults experiencing a mental health crisis. It offers telephone crisis service 24/7 anywhere within the Capital Health District and mobile crisis response from 1 p.m. to 1 a.m. daily to Halifax, Dartmouth and Bedford. The Team includes mental health professionals and police officers that are designated to the crisis service.

429-8167 or 1-888-429-8167

Child Protection

### Nova Scotia Department of Community Services –

#### Child Protection Services

The Nova Scotia Department of Community Services' child protection services protects children under 16 years of age from abuse and/or neglect while making every effort to keep families together. 424-4754 or 1-866-922-2434 (after hours).

Adult Protection

### Nova Scotia Department of Health –

#### Continuing Care Adult Protection Services

The Department of Health offers help and support for people age 16 or older who are abused or neglected and who cannot physically or mentally protect or care for themselves.

1-800-225-7225

Shelters

### Shelters for Women

Adsum House  
425-3466

Barry House  
423-1204

Bryony Transition Housing  
429-9002

### Shelters for Men and Women

Pendleton Place  
422-2017

### Universal Shelter Association (culturally-sensitive safe houses)

Provides emergency shelter and counselling to individuals fleeing violence and, particularly, to members of minority communities who are not well served by the mainstream shelter system.  
454-5459

### Youth Shelter

Phoenix Youth Shelter  
446-4663

Food

### Feed Nova Scotia Help Line

421-1188

### Feeding Others of Dartmouth

464-2919

### Parker Street Food and Furniture Bank

425-2125

### Hope Cottage

429-7968

Other

### Avalon Sexual Assault Centre Crisis Line

425-0122

### Kid's Help Phone (24-hour)

1-800-668-6868

### Parent Help Line (24-hour)

1-888-603-9100

### Youth Help Line (24-hour)

420-8336

## Employment

### Nova Scotia Career & Transition Services

Offers workshops and programs for the general public in the areas of career planning, career transition and career management.  
491-3527

<http://www.nscc.ca>

### Lake City Employment Services

A not-for-profit association whose goal is to assist people living with mental illness to improve their quality of life by supporting them to gain independence through work.  
465-5000

<http://www.lakecityemployment.com>

### TEAM Work Cooperative

Devoted to helping persons with disabilities become employed in Nova Scotia.

422-8900 (TTY: 420-0721)

<http://www.teamworkcooperative.ns.ca>

## **Women's Employment Outreach**

Provides free employment services to women who are unemployed, nearing unemployment, on stress-related leave or looking for a career change.

422-8023

<http://www.weo.eastlink.ca>

## **Nova Scotia Career Development Association**

Visit this web site for a list of many of the organizations throughout Nova Scotia that provide career services.

<http://www.nscda.ednet.ns.ca/organizations.html>

## **Financial**

### **Department of Community Services**

Income Support

Regional Office 424-5074. There are district offices in many communities within Capital Health. The Regional Office will provide you with the phone number for the office closest to you.

[http://www.gov.ns.ca/coms/employment/income\\_assistance](http://www.gov.ns.ca/coms/employment/income_assistance)

<http://www.gov.ns.ca/coms/disabilities/index>

### **Debtor Assistance Program**

A program that offers counselling to those facing financial difficulties. Program staff can assist with preparing a budget and debt reduction plans. The program is offered by Service Nova Scotia and Municipal Relations, and is available at no cost.

424-5200 or 1-800-670-4357

<http://www.gov.ns.ca/snsmr/consumer/debtor/default.asp>

### **Credit Counselling Services of Atlantic Canada**

Provides guidance to clients in solving debt problems through financial counselling, education, and debt repayment programs.

1-888-753-2227

<http://www.solveyourdebts.com>

### **Private Services**

There are a number of private companies that assist people to become debt free through debt consolidation, consumer proposal or bankruptcies. There is a charge for these services. To find a private company you may want to work with, check the yellow pages under Insolvency/ Trustees in Bankruptcy.

## **Housing**

### **Provincial Government**

Information about the many provincial programs that assist with housing issues can be found at

<http://www.gov.ns.ca/coms/housing/index.html>

Housing Services, Central Region 424-5110

### **Metropolitan Regional Housing Authority**

Manages public housing units across HRM and, together with six other housing authorities across Nova Scotia, administers a rent supplement program.

420-6000

### **Metro Non-Profit Housing**

Provides safe, affordable housing in metro Halifax for single individuals who have experienced homelessness.

466-8714

### **Dartmouth Non-Profit Housing Society**

Assists families or individuals in acquiring more affordable housing.

469-0543

### **YWCA Wish Housing Program**

A program for women who have experienced homelessness.

423-6162

## **Legal**

### **Elizabeth Fry Society of Mainland Nova Scotia**

Responds to the needs of women in prison, develops community services for women, publicizes issues of women and the law, lobbying for improved penal facilities for women and lobbies for changes in criminal justice.

454-5041 or 1-877-619-1354

<http://www.efrynovascotia.com/>

### **John Howard Society of Nova Scotia**

Provides services to males in prison, develops community services and advocates people who have had contact with the criminal justice system in Canada.

422-2640

### **Dalhousie Legal Aid**

Provides legal aid services to people who are not financially able to pay for legal advice or assistance.

423-8105

### **Nova Scotia Legal Aid**

Legal Aid may provide a lawyer to someone who could not otherwise afford one. To be eligible for the service, an applicant must be

receiving Social Assistance Benefits or be in an equivalent financial position. It must also be determined that there is some merit in the case and that the applicant will receive some benefit if service is provided. Legal services are provided mainly in the areas of family and criminal law.

420-3450

### **Nova Scotia Human Rights Commission**

Commission staff investigate and resolve complaints of discrimination.

424-4111

### **Legal Information Society of Nova Scotia**

A not-for-profit organization providing information and resources about the law.

<http://www.legalinfo.org>

454-2198

### **Nova Scotia Labour Standards**

Information and resources on Nova Scotia and Government of Canada labour standards and employment equity.

<http://bsa.canadabusiness.ca/gol/bsa/site.nsf/en/su07096.html>

424-4311

### **Dial-a-Law**

A recording of legal information on a variety of topics.

420-1888

### **Halifax Refugee Clinic**

Legal and settlement services for refugee claimants

<http://www.halifaxrefugeeclinic.org/>

422-6736

### **Service Canada**

Service Canada is where you will find information on many federal government programs, including, Employment Insurance Services, Canada Pension Plan Disability Benefits, Universal Child Care Benefit, Temporary Resident Visa, Citizenship Program. Local Service Canada centres are located in Bedford, Dartmouth, Halifax, Sheet Harbour and Windsor.

<http://www.servicecanada.gc.ca/en/home.shtml>

### **Halifax Regional Municipality Online Resource Guide**

HRM produces an online resource guide that provides contact information for many community and government resources in categories from health and employment services to tenants rights and immigrant services.

<http://www.halifax.ca/planning/homeless.html#Resources>

## **Keeping Records**

Throughout this handbook we suggest that keeping records can help you to support your family member. Keeping records may save your family member from having to repeat medications that have not worked in the past or help you reconnect with a health professional who was particularly helpful in a crisis or other situation. It may also assist you to recognize what helps your family member stay well. Some family members have found it helpful to keep records via a journal. In the journal, they also note their own thoughts, experiences and perspectives.

On this page, we give you tips and offer suggestions for keeping records.

### **What you may want to record:**

- Names and contact information for health professionals working with your family member
- Appointment dates and purpose, what was done
- Hospitalization dates, unit numbers or names, discharge plans
- Medications, side effects, what worked and what didn't
- Other treatments, what worked and what didn't
- Periods of time when things are going well and what may be playing a part in wellness
- Crisis situations, what worked and what didn't
- Names and contact information for particularly helpful health professionals, community organization contacts, pharmacists, employment counsellors, housing caseworkers, etc
- A copy of your family member's wellness plan
- Dated correspondence
- Notes from meetings
- Information you've researched or received about your family member's mental illness and any potential treatments or strategies that might be helpful
- Names and contact information for your family member's friends, landlord and current employer(s) – this information can be particularly important in crisis situations, especially if you are trying to locate your family member
- Your family member's car license plate number – this too may be helpful if you are trying to locate your family member

- Your family member's social insurance and health card numbers
- Your family member's employment history – this information may be helpful when helping your family member to apply for financial assistance or employment programs
- Information on dependants, for example names and phone numbers of a child's school and teacher(s), name and phone number for child care provider(s)
- If your family member does not live with you, it may be helpful for you to have a spare key for her home in case you need to get in during an emergency

### Tips for organizing information:

- You will need something to store the information that you record and collect. Some people find a three-ring binder is useful, especially the ones with pockets on the inside cover. Pocket inserts are also helpful when using a binder. Others use an expandable file or a zippered organizer with pockets that can hold letter-size paper. It is possible you will collect a fair amount of information. You will want to keep that in mind when choosing a tool that works for you. Whatever tool you think will make keeping records easier and will help you to find information quickly and easily is the right one for you.
- It is often helpful to keep information in order by date, with the most current information on top or at the front of the file.
- Keep a list of key contact names and numbers at the front or top of your file.
- Highlighting dates helps with filing and retrieving documents. Self-stick removable notes, coloured stickers or even tape can be used to identify important documents. Important documents may include those you need to review on a regular basis or that require follow up.



Capital Health

Mental Health Program

### Wellness Plan

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: (YYYY/MM/DD) \_\_\_\_\_

Health Card #: \_\_\_\_\_

Health Unit #: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Cultural Needs: \_\_\_\_\_

Spiritual Needs: \_\_\_\_\_

Number of Dependant(s) under my Care: \_\_\_\_\_

| Name | Age | Relationship |
|------|-----|--------------|
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |

#### Living Situation:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> On Own         | <input type="checkbox"/> Group Home             | <input type="checkbox"/> Small Options |
| <input type="checkbox"/> With Family    | <input type="checkbox"/> Licensed Boarding Home | <input type="checkbox"/> Shelter       |
| <input type="checkbox"/> Supported Apt. | <input type="checkbox"/> Hospital               | <input type="checkbox"/> Other _____   |

#### Psychiatric Diagnosis(es):

#### Allergies/Reactions:

#### Physical Diagnosis(es):

#### Other Health Concerns:



Kardex/Care Plans

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**Key Contacts**

**Primary Mental Health Worker** (Capital Health): \_\_\_\_\_ Service /Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Psychiatrist:** \_\_\_\_\_ Service /Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Service /Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Housing Support Worker:** \_\_\_\_\_ Service/Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Income Source(s):**  
 Service/Agency/Employer: \_\_\_\_\_ Key Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Peer Support Contact(s):**  
 Formal/Informal: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Other Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medication Arrangements:**

|  |   |  |
|--|---|--|
| Doctor ordering <b>Psychiatric</b> Meds:   | Doctor ordering <b>Medical</b> Meds:  | Pharmacy (Name/Address/Phone #):         |
| <input type="checkbox"/> Pick up Meds at Pharmacy<br><input type="checkbox"/> Delivery of Meds at Home | Injection:<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes, frequency: _____ | If Injection (When/Where/By Whom): _____ |

**Assistance required in my daily routine,  
e.g., medications, meals, self-care, mobility:**

| Type of Assistance Needed: | Who Helps Me? | When/How Often? |
|----------------------------|---------------|-----------------|
|                            |               |                 |

1. What do I and/or others do to help me stay well mentally? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What are the early signs that I am becoming unwell? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What do I and/or others need to do if I experience these early signs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What are the stressors/situations in my life that may cause me to become unwell? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. What do I and/or others need to do if I get into these situations? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. If I need to go in hospital, whom do I want to come with me? (List name, relationship, phone #.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Important things to know or do if I get sick and need to go to the hospital (e.g., rent, bills, pets, employer, dependants, family):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. When my crisis situation is over, what would help me get back into my daily routine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Advance Directives

9 a) I have an Advance Directive or "Living Will" which describes my wishes and preferences about my health care and treatment.  
 Yes     No, go to question #10 a)

9 b) If yes, did you choose a substitute decision maker?  
 Yes     No

9 c) If yes, what is the name of your substitute decision maker?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

10 a) I am interested in learning more about Advance Directives or "Living Will".

Yes     No

10 b) If yes, has staff provided me with the "Advance Directives Educational Booklet"?

Yes     No

I understand that my Wellness Plan will be placed on my Capital Health Patient Health Record and as such any access, disclosure or release will be in accordance with Capital Health Policies and Procedures regarding access and confidentiality of patient information.

| Date   | Signature   | Staff/Support Person Signature |
|--|---|--------------------------------|
| I want to share a copy of my Wellness Plan with: |   |                                |
| 1. _____   | Release of Information completed:<br>1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                |
| 2. _____   | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                      |                                |
| 3. _____   | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                      |                                |
| 4. _____   | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                      |                                |

\*Questions to ask yourself when revising your Wellness Plan, which should be completed every 6 month to 1 year, or when a significant change occurs in your life:

1. Did I learn anything new about myself and ways to deal with my illness?
2. What worked well during a crisis situation?
3. What did not work well during a crisis situation?
4. Do I need to make changes on my Wellness Plan according to what I learned about myself?

## Evaluation Form

We appreciate your feedback on our first edition of the Family Handbook. As a family member of someone living with mental illness, your input is important in helping us evaluate this handbook. Please take a moment to fill in your comments, suggestions and feedback.

Did you find this family handbook useful?

Very useful/ somewhat useful / not useful

Was it easy for you to find information you were looking for?

Very easy/ somewhat easy / not easy / difficult

Did you find this handbook easy to read?

Very / somewhat easy / not easy / difficult

Which topics or areas in the handbook did you like?

Are there topics or areas in the handbook you think need to be improved/changed/added?

How did you receive a copy of the family handbook?

Other comments:

Thank you for your contribution.

Please mail or fax this evaluation form to us. You may also drop it off at any Community Mental Health location or e-mail your comments to [community@cdha.nshealth.ca](mailto:community@cdha.nshealth.ca)

Mail:

SSSSSSSSSS  
SSSSSSSSSS  
SSSSSSSSSS  
SSSSSSSSSS

Fax: xxx-xxxx

You do not need to include your name or contact information on the form.

**POCKET ON INSIDE BACK COVER**



Capital Health

