Family Members / Caregivers Guidebook

on Early Identification & Brief Intervention Strategies

THUNDERBIRD PARTNERSHIP FOUNDATION

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Introduction

Purpose

This guidebook provides general information on how to help a loved one or community member who may be experiencing a substance abuse and/or a mental health problem or crisis. The information contained in this guidebook is meant to assist in recognizing the signs of a substance abuse and/or mental health problem in another person and to be able to take some immediate steps to help that person.

The most important thing to remember is that this information is not medical or diagnostic in nature. If someone is experiencing a substance abuse or mental health problem that is affecting either themselves specifically or those around them, that person should access an appropriate health care provider – i.e., NNADAP / YSAP worker or other community worker.

The Important Role of Family and Caregivers

Many caregivers of those with mental health issues need help to educate themselves and other family members about mental illness.[1] In order for family members and caregivers to provide support and care for loved ones with a mental health and/or a substance abuse issue, there's a strong need to improve what is called "mental health literacy"[2] (defined as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention"). Mental health literacy includes the ability to recognize specific disorders or different types of psychological distress, knowledge and beliefs about risk factors and causes, knowledge and beliefs about self-help interventions, knowledge and beliefs about the professional help available, attitudes which facilitate recognition and appropriate help-seeking, and knowledge of how to seek mental health information.[3, 4]

Family members who care for relatives with mental health or addiction problems serve in a variety of roles:[5]

- Act as informal case managers who encourage and support treatment, identify and secure housing, and arrange for income assistance
- Provide crisis intervention
- Assist with system navigation
- Advocate on behalf of their ill relative
- Monitor symptoms and support adherence to treatment plans to lessen risk of relapse
- Provide housing and assist with activities of daily living, including paying bills
- Maintain records of previous treatments, medications, and hospitalizations
- Provide information on the context of a loved one's life to assist professionals in understanding them as a whole person

1 M.S. Mohamad, et al., "Mental Health Literacy among Family Caregivers of Schizophrenia Patients," *Asian Social Science* 8.9 (2012).

2 A.F. Jorm, "Mental Health Literacy: Public Knowledge and Beliefs about Mental Disorders," *The British Journal of Psychiatry*, 177.5 (2000): 396-401.

3 A.F. Jorm, et al., "Mental Health Literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment," *The Medical Journal of Australia* 166.4 (1997): 182-186.

4 C. Lauber, et al., "Do people recognise mental illness? Factors influencing mental health literacy," *European Archives of Psychiatry and Clinical Neuroscience* 253 (2003): 248-251.

5 Centre for Addiction and Mental Health (CAMH), Canadian Mental Health Association (CMHA), Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP), and Family Mental Health Alliance (FMHA), *Caring Together: Families as Partners in the Mental Health and Addiction System*, November 2006: 1.

How Do Mental and/or Substance Use Problems Affect People?

The following table describes how mental and substance abuse disorders can affect someone's behaviour and actions:

How Mental and Substance Use Disorders Can Affect a Person

Thinking

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

Mood

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

Perception

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

Behaviour

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

Social Withdrawal

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

Understanding Mental and/or Substance Use Problems

Anxiety Disorder

Anxiety Disorders:[6,7,8]

- Includes generalized anxiety, phobias (involuntary but intense fear of objects, animals, or situations), and panic attacks (repeated episodes of intense, sudden fear and physical symptoms such as difficulty breathing, sweating, heart racing).

- People can inherit a genetic predisposition to anxiety disorders or they can be caused by environmental or life stresses and/or chemical imbalances in the brain. An event occurring in childhood can sometimes lead to someone developing specific phobias or an anxiety disorder.

- Anxiety disorders can be long-term – BUT they are treatable, especially if appropriate treatment is sought early on.

- Generalized anxiety is an ongoing state of nervousness where the individual cannot get relief from anxious feelings.

- Panic attacks are defined as the sudden onset of intense apprehension, fear, or terror. They are often associated with feelings of impending doom. They usually occur suddenly and last only a short time but can be very distressing.

- Panic Disorder is the term used to describe when a person experiences panic attacks frequently for more than three weeks. Sometimes a person will have repeated panic attacks that are so severe and so frightening that they develop anticipatory anxiety in which the person worries about when the next panic attack may occur.

- Phobias are a persistent, irrational fear of a situation or object. The person knows the fear is irrational but cannot help being afraid, trying to avoid the object of their fear at all costs. People with phobias may experience panic attacks but phobias do not happen spontaneously – they are specific to a situation or object. The most common phobias involve heights or closed spaces, animals or insects, germs, and also social phobias like public humiliation or embarrassment. Agoraphobia is a fairly common social phobia that is experienced as having panic attacks in public and/or crowded places.

- Obsessive Compulsive Disorders are rooted in obsessive thoughts that feel uncontrollable and are driven by anxiety. These thoughts are unwanted, recurrent, and intrusive. Obsessions vary in frequency and intensity, getting worse when a person is under stress. Compulsions are behaviours (or rituals) carried out in response to an obsession (thought). The ritual becomes excessive or unrealistic and interferes with other areas of a person‘s life but offers temporary release from the anxiety of the obsessive thoughts.

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6 Canadian Mental Health Association, *Mental Health Resource Guide for Winnipeg*, 17th edition, Winnipeg, MB: Canadian Mental Health Association (CMHA) Winnipeg Region Office, 2013:1.

7 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health, *How You Can Help: A Toolkit for Families: A Resource for Families Supporting Children, Youth and Adults with a Mental or Substance Use Disorder*, Vancouver, BC: HeretoHelp, 2010.

8 Durham Family Resource Task Group for Mental Health, *Pathway to Recovery: A Guidebook for Families Navigating the Mental Health System in the Durham Region*, 2nd edition, Oshawa, ON: Pathway to Recovery, 2012.

Common Symptoms of Anxiety:

- Feelings of fear and anticipating misfortune of self or others
- General nervousness
- Experiencing headaches, back, or neck aches from tension
- Irritability
- Having trouble concentrating
- Easily tired and/or constantly feeling fatigued

Common Compulsions (rituals):

- Hand washing, showering, or bathing
- Tooth brushing, grooming
- Cleaning household items, dusting, and vacuuming
- Hoarding objects
- Touching certain objects in a certain way
- Checking locks, doors, windows, light switches, etc.
- Turning taps or lights on and off in a specific sequence
- Placing or arranging items in a certain way

Bipolar Disorder (Manic Depression) [9,10,11]

Bipolar Disorder (sometimes called Manic Depression) has the following characteristics:

- When someone goes from depression to feeling overly positive, excited about life, and oddly overjoyed.
- They may feel like they have special powers or are very important, take risks, show poor judgement with money, or have a very high sex drive.
- They may be overly talkative, jumping from topic to topic.
- Their mood may rapidly change and they may become anxious, irritable, and blame others for their problems.
- They may not sleep, sleep very little, and forget to eat.
- They may lose touch with what is real – like hearing voices or having strange and disturbing ideas.

Bipolar disorder is characterized by two extreme "poles" of mood where periods of deep depression alternate with periods of mania or hyperactive state.

- During the manic phase people can seem positive, outgoing, euphoric feeling about life, full of energy, and brimming with ideas. Self-esteem may become unreasonably high and they may express an inflated sense of self-importance and confidence in themselves.
- Once the manic phase is over a depressive stage will start and the person's mood will change to symptoms consistent with severe depression.[i] It can be difficult for a family to cope with an individual whose moods change dramatically, unpredictably, and sometimes quickly. It can be very disruptive, both for the person and their family, particularly for a spouse.

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9 Durham Family Resource Task Group for Mental Health.

10 Durham Family Resource Task Group for Mental Health.

11 Scottish Intercollegiate Guidelines Network (SIGN), *SIGN 82: Bipolar Affective Disorder*, Edinburgh: SIGN, May 2005.

How to support someone with a Bipolar Disorder:

- Try to discourage them from getting involved in over-stimulating activities like wild parties and heated discussions.
- Avoid arguing if the person is having trouble reasoning – focus on the "here and now" by giving simple, truthful responses.
- Keep a log of their behaviour and symptoms such as the length of time an episode lasts and the length of time until the next one.
- Get the support you need for yourself; it can be very stressful, especially for a spouse to support someone who refuses to recognize their illness or get outside help.

Warning Signs of Mania
(behaviour lasting on average from 1 - 3 months):

- Inflated sense of self confidence and importance
- Decreased need for sleep, sleeping only a few hours at night
- Talking more or faster than usual, jumping from topic to topic quickly
- Racing thoughts which occur almost simultaneously
- Overreacting to things, misinterpreting events, and easily distracted
- Going on sprees – shopping, investing, having indiscrete sexual encounters, etc.
- Rapid and unpredictable emotional changes
- Refusing to get treatment because they are unable to see that they are ill
- Blaming other people for anything that goes wrong, difficult to reason with
- Altered sense of reality – may hear voices or have delusional thoughts

Symptoms of hypomania[12] (the more severe state of Mania) include:

- Euphoric, expansive mood, or irritable mood
- Boundless energy, enthusiasm, and activity
- Decreased need for sleep
- Rapid, loud, disorganized speech
- Short temper, argumentativeness
- Delusional thinking
- Activities which have painful consequences such as spending sprees or reckless driving, or hyper sexuality

12 NAMI Michigan, *A Resource Guide for Families Dealing With Mental Illness*, Lansing, MI: NAMI Michigan, 2010.

Concurrent Disorders

Concurrent Disorders[13, 14] are disorders where individuals are diagnosed with a concurrent disorder, meaning that they are living with both a mental health illness and a substance use problem. Sometimes mental health problems lead to the substance use problem, but the problem may instead be present first and lead to the mental health issue.

Concurrent Disorders and Youth

> "Concurrent disorders — when mental health and substance use problems occur together — inflict enormous costs on individuals, families and systems across Canada." – Canadian Centre on Substance Abuse (CCSA)[15]

It is estimated that more than half of those seeking help for an addiction also have a mental illness. Twenty percent of people accessing mental health services are also living with an addiction. Concurrent disorders are related to an increased risk of self-harm, suicide, and hospitalization.

13 NAMI Michigan.

14 Durham Family Resource Task Group for Mental Health. Durham Region.

Some youth who experience excessive stress are unable to cope which leads to mental health problems such as eating disorders or substance abuse problems. The CCSA emphasizes that youth who are exposed early in their lives to stressors such as child abuse and/or domestic violence are more likely to develop mental health issues, substance use problems, or both.

Depression

Depression can go from being mild to the point that people want to end their life. Each person feels depression in their own way and it can be difficult to see / observe. Major depression can be a serious, unbearable illness that strongly affects how someone feels, thinks, and behaves – it can last for a long time, making it very hard to manage life.[16] Depression can last for years, be very painful, and is rarely overcome without help. Someone who is clinically depressed cannot will themselves out of depression. The following are the effects of depression:

Physical changes

- Not wanting to eat or eating too much
- Trouble falling asleep, staying asleep, or sleeping too much – sleep does not give energy
- Feel worse in the morning – mood lifts as day goes on
- Feel weak and tired
- Some people feel nervous and jumpy and need to move
- Feel more headaches, muscle aches, and pains but nothing is wrong with the body
- Stomach upsets, constipation

Changes in thinking

- Thoughts are slowed – difficulty thinking, focussing on, or remembering information
- Decision making is difficult and often avoided
- Negative thoughts repeat and repeat
- Worrying over and over about failures or not being good enough
- Treat oneself and others harshly
- In extreme cases there can be a loss of touch with reality, perhaps hearing voices (hallucination)., or having strange fixed ideas (delusions)
- Constant thoughts of death, suicide, or attempts to hurt oneself

Early identification and intervention can reduce the likelihood that a concurrent disorder will develop. Without appropriate and early intervention, problems will continue to cause significant problems within families and communities.

Changes in feelings

- Loss of interest in activities that once gave pleasure
- Less interest in and enjoyment from sex
- Having no sense of personal value, feeling hopeless, and lots of guilt
- A loss of feelings so that life has no color
- Sense of crushing or impending doom
- Loss of self-esteem
- Feeling sad, blue, down in the dumps
- Unexplained crying – without any clear reason
- Bad temper, impatience, anger, and aggressive feelings

Changes in the way someone acts

- Pulling away from social, work, and play activities – not wanting to be with others
- Avoiding decision making – it simply seems too hard
- Avoiding everyday jobs such as housework, gardening, or paying bills
- Less physical activity and exercise
- Reduced self-care such as personal grooming or eating
- Increased use of alcohol or drugs (prescription and non-prescription)

15 Mediaplanet, "Mental Health," *The National Post* (May 2013): 7.

16 Canadian Collaborative Mental Health Initiative, P*athways to Healing: A Mental Health Guide for First Nations People*, Mississauga, ON: Canadian Collaborative Mental Health Initiative, February 2006.

Fetal Alcohol Spectrum Disorder (FASD)[17]

FASD is a broad, umbrella term that is used for Fetal Alcohol Syndrome (FAS), Partial Fetal Alcohol Syndrome (pFAS), and Alcohol-Related Neurodevelopmental Disorder (ARND). FASD affects how information is processed in a person's brain. It is a spectrum disorder because the effects range from mild to severe. FASD is an invisible disability that lasts a lifetime, but it can change over time. FASD cannot be cured but it can be prevented.

Diagnosis of FASD provides parents / caregivers with direction and guidance for interventions. Appropriate treatment and interventions can help to prevent secondary disabilities (i.e., cognitive disorders, psychiatric illness, and psychological dysfunction). A FASD diagnosis helps all involved with these individual's care to establish realistic expectations based on the child's strength and weaknesses.

Some secondary disabilities may occur with undiagnosed FASD:

- mental health problems
- involvement with the legal system
- dependent living arrangements
- school difficulties
- employment difficulties
- substance abuse (30%)

Mood Disorders

People affected by **Mood Disorders**[18] (including depression and bipolar disorders) experience the "highs" and "lows" of life with greater intensity and longer than most people. They can have depressive symptoms that include feelings of sadness, changes in eating patterns, disturbed sleep, lack of energy, inability to enjoy life, difficulty concentrating and making decisions, impaired sex-drive, and feelings of helplessness and hopelessness that can lead to thoughts of death or suicide. They can also have bipolar symptoms that include periods of depression and periods of feeling "high" or euphoric which can lead to impaired judgement and insight, extreme irritability, excessive energy, and difficulty concentrating.

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD)[19] is a disorder in which a person experiences intrusive thoughts, images, or impulses. These experiences are often quite disturbing to the person and may make them feel anxious (obsessions). The person with OCD may perform certain acts or rituals in order to feel better or less anxious (compulsions).

Obsessions are thoughts that feel uncontrollable and are driven by anxiety. These thoughts are unwanted, recurrent, and intrusive. Obsessions vary in frequency and intensity, getting worse when a person is under stress. 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 are behaviours (or rituals) carried out in response to an obsession (thought). The ritual becomes excessive or unrealistic and interferes with other areas of a person's life but offers temporary release from the anxiety of the obsessive thoughts. Compulsions can involve repeated checking, counting, washing, touching, or organizing things over and over again until they are symmetrical or "just right."

17 Parents for Children's Mental Health, *Child & Youth Mental Health & Addictions: A Guide for Families,* 2013.

18 Parents for Children's Mental Health.

19 Parents for Children's Mental Health.

Organic Brain Disorders

Organic Brain Disorders[20] include Alzheimer's disease, AIDS dementia complex (caused by damage to brain cells by the HIV virus), and damage from strokes and accidents.

Personality Disorders

Personality Disorders[21] (there are many specific types) are a type of mental illness in which a person has trouble perceiving and relating to situations and to people. Someone with a personality disorder has a rigid and unhealthy pattern of thinking and behaving, regardless of the situation. This behaviour often leads to significant problems and limitations in relationships, social encounters, work, school, etc. People with a personality disorder may not realize they have a personality disorder because their way of thinking and behaving seems natural to them and they often blame others for the challenges they face.[22]

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD)[23] occurs when a person has been exposed to traumatic events that cause him/her to experience distressing psychological symptoms that can become disabling. An individual with PTSD will often try to avoid situations or activities that remind her of the event.

Symptoms of PTSD include:

- nightmares
- feelings of anger
- irritability or emotional numbness
- detachment from others
- flashbacks (where the person re-lives the traumatic event)

Psychosis[24,25,26]

Psychosis is a mental state in which a person experiences a distortion or loss of contact with reality without clouding of consciousness. A person's behaviour in the mental state is characterised by the presence of delusions, hallucinations, and/or thought disorder. As well as these so called positive symptoms, negative symptoms such as affective blunting and loss of motivation can also occur. There are also a number of other secondary features of psychosis that include depression, anxiety, sleep disturbance, social withdrawal, and impaired role functioning during a psychotic episode.

Psychosis can be caused by a number of conditions including organic causes (drug intoxication, metabolic and infective causes) and functional disorders (schizophrenia, bipolar disorder, schizophreniform psychosis, and schizoaffective disorder). It affects males and females equally and it tends to emerge during adolescence and young adulthood. It is more likely to occur in families with a history of serious mental illness.

A person's first psychosis episode commonly occurs in adolescence or early adult life which is an important time for the development of identity, independence, relationships, and long-term vocational plans. The onset of psychosis can therefore cause considerable disruption and numerous secondary problems can develop.

Psychosis can be effectively treated! Treatment is most effective when started early. Most people recover fully from the first episode of psychosis if they receive proper treatment and, for many, the first episode is also the last.

20 Parents for Children's Mental Health.

21 Parents for Children's Mental Health.

22 Mayo Clinic, *Personality disorders: Definition*, Mayo Foundation for Medical Education and Research.

23 Capital Health, *Living with Mental Illness: A Guide for Family and Friends*, Capital District Health Authority, 2008.

24 Capital Health, 2.

25 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

26 Orygen Youth Health, *The Early Diagnosis and Management of Psychosis: A Booklet for General Practitioners*, Parkville, Vic: Orygen Youth Health, 2002.

Schizophrenia

Schizophrenia[27, 28, 29] is a mental disorder that disrupts a person's ability to think clearly, discern what is real from what is not, manage emotions, and relate to other people. It can result in deterioration of daily functioning and self-care.

Characteristics of Schizophrenia include:

- disturbed thought processes (false or irrational beliefs)

hallucinations (seeing or hearing things that do not exist)

- disorganized speech (difficulty staying on track with a conversation or train of thought)
- disorganized behaviour (difficulties performing activities of daily living)
- other symptoms include social withdrawal, decrease in emotional expressiveness, decreased motivation, and difficulty expressing emotion.
- the number and severity of episodes vary

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

Substance Abuse and Substance Dependence

Substance abuse is a pattern of drug and/or alcohol use that results in negative consequences such as relationship issues, legal problems, health concerns, financial issues, or failure to meet social, work, or school obligations.

Substance dependence is commonly called an addiction and has behavioural, psychological, and physical consequences. Addiction also involves tolerance, meaning that the individual‘s reaction to the same amount of drug is decreased. As such, they need larger amounts of the substance to get the same effect – which can lead to a life-threatening drug overdose.

Substance abuse / dependence often includes preoccupation with obtaining alcohol or other drugs (e.g., marijuana, cocaine, pain killers, sedatives), excessive consumption, and loss of control over consumption. These behaviours may be accompanied by the development of tolerance, withdrawal if the substance is not available, and impairment in social and occupational functioning. Over time, someone living with a substance use disorder can be negatively affected with their substance use impacting relationships, work performance, and daily routines that support health and effective coping.

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27 Orygen Youth Health.

28 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

29 Scottish Intercollegiate Guidelines Network (SIGN), *SIGN 131: Management of Schizophrenia*, Edinburgh: SIGN, March 2013.

Suicide[30]

Heed the warning signs! Children often leave a trail of warning signs but often do not make a direct plea for help.

Suicide warning signs can include:

- Withdrawal from friends, family, and activities
- Change in eating patterns
- Preoccupation with death (e.g. music, movies, reading, writing, artwork)
- Giving away valued personal possessions
- Glorification of someone's completed suicide – often famous people like musicians, etc.
- Suicide pact or suicide of significant other
- Changes in school work – lower grades, missing classes
- Increased use of drugs and/or alcohol
- Excessive risk taking
- Sudden change of behaviour – either positive or negative
- Depression, moodiness, or hopelessness
- Excessive anger and impulsivity
- Previous attempts of suicide
- Serious illness of family or friend

What to do:

- In an emergency – GET HELP! Call 9-1-1!
- Get help! You can't do it alone. Contact family, friends, relatives, clergy, doctors, crisis lines, mental health services, or hospital emergency departments.
- Take every cry for help seriously.
- Ask them directly – Are you thinking about suicide? Are you thinking of killing yourself?
- Offer support and reassurance that suicidal feelings do not last forever.
- If the person has thought of suicide, a professional needs to determine the degree of suicidal risk.

Common Warning Signs of a Mental Illness

The following symptoms[31] can signal a substance abuse issue and/or a mental disorder if they persist and worsen over time. This list is not exhaustive and other signs may also be present. It is important that you consult with a counselor, community worker, family doctor, mental health professional, or other health care professional as soon as possible if you think your family member may have a mental or substance use disorder.

31 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.Mental Health First Aid Australia and beyondblue, 2010.

Young Children

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

Older Children and Pre-Adolescents

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

Adults

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

What You Need to Know About Depression

There are a few things you should know before intervening with someone who is experiencing a depressive episode.[32] You need to know as much as possible about depression – its causes, symptoms, how it can be treated, and what services are available in your community and/or region. Don't ignore the symptoms you have noticed or assume that they will just go away. Don't lie or make excuses for the person's behaviour as this may delay that person from getting the help they need. Finally, remember that everyone is different and not everyone who experiences depression will show the typical symptoms of depression.

32 Mental Health First Aid Australia, *Cultural Considerations & Communication Techniques : Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*, Melbourne: Mental Health First Aid Australia and beyondblue, 2008.

Symptoms of Depression

Someone would have to have five or more of the following symptoms, including at least one of the first two, for at least two weeks in order for them to be diagnosed with clinical depression:[33]

- An unusual sad or irritable mood that doesn't go away
- Loss of interest and enjoyment in activities that used to be enjoyable
- Lack of energy, tiredness
- Feeling worthless or feeling guilty when they are not at fault
- Thinking about death or dying a lot or wishing they were dead
- Difficulty concentrating or making decisions
- Moving more slowly or sometimes becoming agitated and unable to settle
- Having sleeping difficulties or sometimes sleeping too much
- Loss of interest in food or sometimes eating too much; changes to eating habits may lead to weight gain or weight loss

Below are some practical and respectful ways to engage someone in your family or community who is experiencing a mental health problem:[34,35]

1) Use community and family supports wherever possible.
2) Establishing a network of support for the individual is a key step in helping them resolve their mental health crisis, especially if access to professional support or mental health services is limited.
3) If you are concerned for the person's safety or if the person is experiencing a crisis, be persistent in trying to get the person help and support from others.
4) Ask them how they would like to be helped.
5) If you are not a family member, try to get the person's family involved in supporting them until they get better. However, it is important to remember that you must uphold the person's right to confidentiality. Unless you are worried that there is a risk of harm to the person or harm to others, you should have the person's permission before seeking help from family or other community members.
6) Another way to be supportive is to encourage the person to build personal relationships with people who they can trust, respect, and turn to for support or assistance when feeling unwell.
7) A good source of support for the person may be the NNADAP / YSAP worker, a respected Elder, a traditional coordinator, or other community worker.
8) Try to speak with the person about their interests and activities and encourage participation in any group activities that will help them to develop feelings of purpose, belonging, and achievement.

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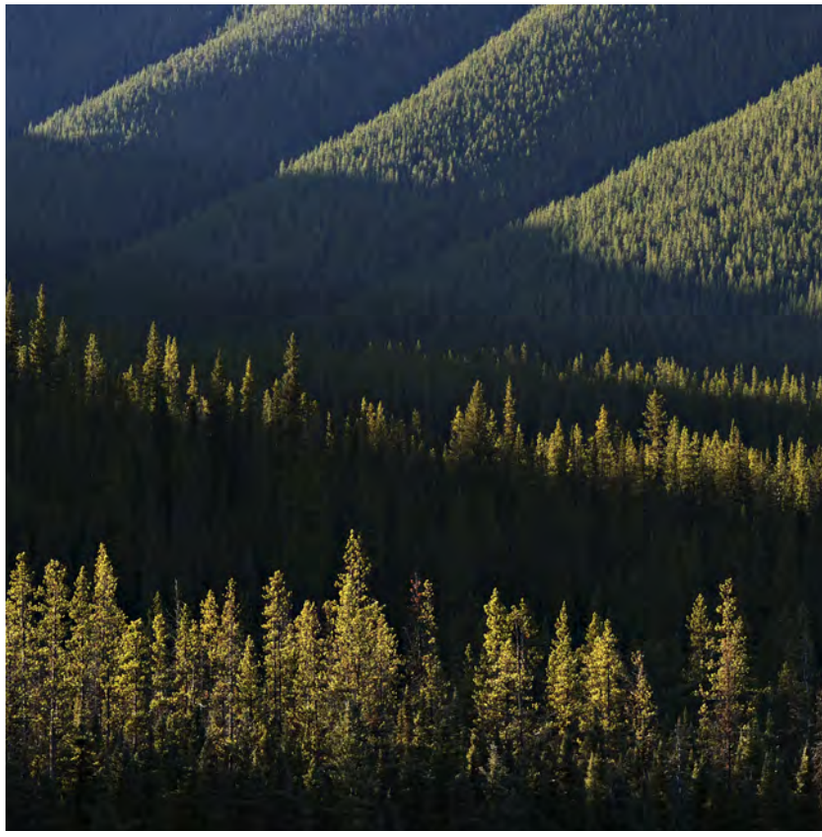
33 American Psychiatry Association , *Diagnostic and Statistical Manual of mental disorders: DSM-IV TR*, Washington, DC: American Psychiatry Association, 2000.

34 Mental Health First Aid Australia, *Cultural Considerations & Communication Techniques*.

35 Mental Health First Aid Australia, *Problem Drug Use: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*, Melbourne: Mental Health First Aid Australia and beyondblue, 2010.



Key things to do when engaging with someone who is experiencing a depressive episode:

- Listen
- Do not judge or ridicule the person's symptoms
- Know the services available for that person
- Talk to the person in an atmosphere in which they feel safe and secure
- Ask the person about their mood – if they are feeling depressed, be encouraging and supportive, try to reassure the person that feeling depressed is common and that they are not alone
- Offer consistent encouragement and support
- If the person asks for information about depression, it's important that you provide current, accurate, and appropriate information and/or resources that meet their needs and fit their current situation[36]
- If you think someone is experiencing depression, you should encourage them to get help and to seek a professional diagnosis and treatment. This is where it's important for you to recognize when depression is more than a temporary experience for someone and when to encourage that person to seek professional help. Tell the person how treatment can help them feel better, discuss with them the options they have for accessing help, and encourage them to follow through on these options. **It is important to encourage the person to get appropriate help and effective treatment as early as possible.** If the person does not know where to get professional help, offer to assist them. If the person does not want to see a doctor, they may want to meet with a NNADAP worker, therapist, other community worker or an Elder or Healers.
- It's important to encourage the person to make their own decisions as much as possible. Try not to overextend yourself and do too much. However, with that said, depression is often not immediately diagnosed so it may take time for the person to receive a diagnosis and find a healthcare provider with whom they can establish a good relationship.
- Keep encouraging the person to not give up and to keep seeking help. BUT, unless you believe there is a specific risk of harm to either the individual themselves or others, you should not push the person into seeking professional help before they are ready.
- Once the person has sought help, ask them if they need help understanding any information or direction provided by a doctor or other service provider.

It is important to encourage the person to get appropriate help and effective treatment as early as possible.

Depression can develop slowly and the person who is depressed doesn't always realize or acknowledge that they're not acting or behaving as they normally do. It's very common that it is a spouse, partner, other family member, or caregiver who realizes that help is needed and encourages their relative or friend to seek help (i.e., from a NNADAP / YSAP worker, Elder, community worker, family doctor, or other health care provider).

It's also important to remember that feeling sad from time to time is normal. It's when these feelings persist for more than a couple of weeks or are so bad that they affect everyday life that professional help is needed. Below are some tips for helping someone who seems down:[37]

- Encourage the person you're worried about to visit a community worker, NNADAP / YSAP worker, or their doctor to find out more about the types of treatment and support that could help them.
- Encourage them to talk and listen to what they're saying.

36 "For example, some people cannot read well and may need assistance with reading or understanding pamphlets and books. The person you are helping may also not have the energy or strength to find out information on their own and you may need to help them; be mindful of the severity of the person's symptoms when you are giving the person information". From Aboriginal Mental Health First Aid Training and Research Program, *Cultural Considerations & Communication Techniques*.

37 NHS inform, "Worried someone may be depressed," *Mental Health Zone*, NHS Scotland, 2014.

- Let them know you care about them.
- Remind them they can't help being affected by depression.
- Encourage them to help themself by taking regular exercise, eating a balanced diet, and taking part in activities they enjoy.

- Obtain information about the services available to them such as psychological therapy and support groups in their area.
- Stay in contact with them by sending a card, phoning, or visiting them. People who are depressed can become isolated because they often find it difficult to leave their home.
- People who have mental health conditions can and do recover – remind the person of this and give them hope for the future
- If the person you're worried about expresses suicidal feelings, speak to someone who can help

Depression in Young People[38]

Depression can also affect children and teenagers. The key issue for parents, friends, and family is that depression in children can be hard to recognize. However, there are a few ways to tell the difference between "normal" child behaviour and what might be the beginnings of a more serious emotional health problem.

Signs of youth depression to look out for:

- A low mood and unhappiness.
- The young person may be tearful or irritable with no obvious cause.
- Keep an eye on the child or teenager's reactions to upsetting events. For instance, when someone dies it's normal for everyone in the family to feel distressed about the death. But if you feel their reaction is too extreme or has gone on for too long, that could also be a sign of depression.
- One of the key signs of depression in young people is if their mood is affecting the way they function on a daily basis. If a young person is unable to function at school, has lost interest in things they were previously interested in, or shows signs of social isolation then these are signs that low mood is causing them significant impairment.

What you can do:[39]

- If you think a young person may be suffering from depression, the first thing you should do is talk to them to try and find out what's troubling them. Make sure that you don't trivialise whatever's causing the problem. It may not be a big deal to you but it could be a major problem in their eyes.
- If you're still worried after talking to them, you may want to someone in the community that knows the young person – i.e., NNADAP worker, Elder, community worker, family doctor, etc. If it's something that requires further treatment, there are several options including a NNADAP / YSAP counselor, another community worker, therapist (if appropriate and available), etc.
- If you are worried that a young person may be prone to depression, remember that all children and young people need to feel respected, valued, and loved. They need to have relationships with parents / caregivers where they feel valued for who they are in an unconditional and positive way. Such a relationship would go a long way to protect a young person against developing depression.[40]

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38 NHS inform, "Depression in Young People," *Mental Health Zone*, NHS Scotland, 2015.

39 NHS inform, "Depression in Young People."

40 NHS inform, "Depression in Young People."

- Parents can help a child or teen by encouraging them to follow normal routines.[41] Children and youth who are depressed often postpone activities and withdraw from friends and social situations. They may stay up too late and sleep too much so make sure to help your child or teen get into normal routines.
- Make sure they get lots of physical exercise – even if they say they don't feel like it, exercise will help them feel better.

Set goals

- Depression may cause children and youth to give up on their goals.
- Talk to your child or teen and help them to list some personal goals. Then break these goals down into small tasks they can do each day. This will give them a sense of accomplishment.

Act with confidence

- Depressed children and youth may seem passive and emotionless. They may feel that they have no control over their lives.
- Help your child or teen to become more assertive and take responsibility for daily activities (i.e., encourage them to start conversations and organize a daily schedule).

Think positively

- Depression causes children and youth to think negatively about themselves and others. Parents can help them to recognize and avoid these negative thoughts.
- Boost your child's or teen's self-esteem by helping them to see their strengths.
- Teach them to focus on daily goals and achievements rather than negative thoughts.

Increase socialization

- Depressed children and youth withdraw and lose contact with friends and family. Encourage them to spend time with their friends.
- Keep them busy! Make sure they don't spend too much time alone.
- Encourage them to take initiative and set up social activities themselves.

Cope with physical symptoms of depression

- Depression causes physical symptoms like tiredness.
- Children and youth may use these symptoms as excuses to avoid tasks and activities.
- Help children and youth to know that these symptoms are temporary and harmless.
- Teach them to cope by not allowing the symptoms of depression interfere with activities they enjoy.

Post-Traumatic Stress Disorder (PTSD)

Children and teens can have disturbing dreams following an upsetting event. They may re-live the experience (the trauma), avoid things related to the event, and have physical symptoms of anxiety.

- You may want to prepare to talk to a child or teen by first asking permission to talk about what they've been through. Make sure they feel safe, respected, and in control of when and how much they talk.
- It's also important to know that it's alright if the child or teen want to talk about their experience. Sharing their feelings in a safe setting can free them of the emotional responses that are causing the anxiety. For young children, sharing may start with drawings followed by talking.
- Parents can start by letting a child describe the experience in general and then slowly move on to more detail, including a description of the child's feelings.
- Make sure to offer support and encouragements. After a bit of sharing, the session can end until the next time – like closing a book after reading a few pages.
- Parents can help a child or teen to make sense of the memories by letting them know that sometimes the world is not safe. Parents can talk to a child about what can be learned from the experience.
- Make sure a child does not blame himself or herself. The child or teen should be recognized as a survivor and praised as someone who is brave enough to cope when difficult things happen.

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41 British Columbia Ministry of Health Guidelines & Protocols Advisory Committee, *Anxiety and Depression in Children and Youth – Diagnosis and Treatment*, Victoria, BC: 2010.

Anxiety in Children and Youth [42]

Children and youth can suffer from anxiety which may cause or exist with depression. It is very important for children and youth to have support from their families. Family members can help by making sure the young people can make positive changes in their lives. They can also stand behind strategies that have been recommended to overcome the anxiety, watch for signs of progress, and give the child or teen reassurance.

Therapists have training to help children, youth, and their families deal with anxiety. The BC Ministry of Children and Family Development has therapists available to provide such support. This guideline contains a list of therapists and other organizations parents can contact for help.

Parents can help a child or teen to overcome anxieties:

- Encourage regular routines in sleeping, eating, and exercising.
- Be calm and confident role models.
- Talk to the child or teen about logical ways to deal with scary thoughts and worries.
- Teach relaxation techniques such as slow breathing.
- Stop the child or teen from avoiding their fears:
  - Make sure you are firm but understanding.
  - Use gradual exposure to help them face their fears.
  - Develop a "fear ladder" using steps to increase exposure to the object they are afraid of.
  - In a fear ladder, the steps begin with mild exposure (an example for fear of dogs is below).
  - Practice exposure for about 30 minutes a day (less for children), 6 days a week, or until the child or teenager seems about half as afraid during any exposure practice.
- Reward courageous behaviour with praise, perhaps treats (e.g. stickers), and "talk it up" in the family.

Suggestions for parents to help children deal with different kinds of anxiety disorders (i.e., specific phobias such as fear of certain situations, places, or things):

- Practice the exposure techniques described above (facing one's fears).
- Children are often afraid of needles, masks or clowns, insects, and dogs.
- With fear of dogs for example, exposure could include these steps:
  - Look at the outline of a dog on paper.
  - Look at dogs in magazines and books at home.
  - Watch friendly dog movies.
  - Go to a pet store to watch the puppies.
  - Walk past a "safe" dog that is confined to its yard.
  - Pet and play with a "safe" dog.

Social Phobias (i.e., being afraid of social situations or being watched by others):

- At home, practice what a child might say when interacting with others at school or in the community. This could involve making eye contact, speaking clearly, smiling, or showing appreciation (if appropriate).
- Practice situations like asking questions in class, ordering food in a restaurant, and buying a magazine in a store by oneself.
- Practice phoning a friend. Be prepared to have several things to talk about. Then practice for similar face-to-face interactions away from home.
- Arrange frequent, short play dates for children. For youth, ask them to list and carry out at least two social activities every day. Examples are phoning a friend, going to a social event, and reviewing homework with a classmate.
- Practice assertion training that fits a child's age group. Examples are speaking up for oneself, asking others for help, and expressing opinions.

42 British Columbia Ministry of Health.

Separation Anxiety (i.e., severe distress about being away from home or apart from people who are important to them):

- Both youth and children can experience this.
- Make sure the child sleeps in his/her own bed.
- Have the child spend short periods away from parents as often as possible. For example, mom could go for a 10 minute walk while the child is with an aunt or grandparent.
- Gradually increase the length of time the child and parent are apart. Use different situations and give rewards.
- Help a child or teen to cope with stress in uncomfortable situations (like school, camp, or staying overnight with a friend) without being rescued by parents.

Panic Disorder (i.e., severe and unexpected attacks of fear that also cause physical symptoms):

- Panic disorder can cause physical symptoms – increased heart rate, feeling dizzy, and stomach aches that are scary but harmless.
- Parents can make sure that a child understands that panic attacks are safe, painless, private (nobody else can see them), and they only last a few minutes.
- With practice, the symptoms will eventually go away.
- Parents can help children plan how to choose situations where they might panic and then practice coping with panic symptoms.

Generalized Anxiety Disorder (i.e., frequent, intense worry about many things such as school, the safety of their family, or world events):

- Explain to the child or teen that worry is not useful. What works better is to try to solve the problem. For example, ask what he or she could do to make sure that the scary situation doesn't happen.
- Children and youth usually understand what it means when one worry brings on another. They can then understand the need to "break the chain" of worrisome thoughts.
- Worries are usually every day concerns that are magnified. Examples are being worried about the health of parents, being accepted by peers, and performance at school.
    - Parents can help by testing a child's worries. For example, a parent might say, "If that were true, what do you think will happen tomorrow? Let's see if it really happens."
    - Parents can also collect the evidence for and against the worry and try to change the child's belief. For example, a parent might say, "Maybe it doesn't happen very often after all, would you agree?"
    - Parents should also be careful not to tell a child that an event they are afraid of can never happen.
- Young people with generalized anxiety disorder have trouble dealing with uncertainties – in other words, it's not clear what will happen next. Parents can help by exposing a child to situations with uncertain outcomes as often as possible. When a child wants to be reassured, the parent can say something like, "I don't know, I guess we'll find out."

Obsessive Compulsive Disorder (OCD) (i.e,. words, thoughts, images, ideas, or impulses that are not welcome and that interfere with their lives):

- Children with OCD usually need the help of a trained therapist.
- Parents can support the treatment in a number of ways:
    - Help the child or teen deal with the worries or obsessions that they fear by separating the fears into categories. Examples of worries are contamination by dirt or germs and anxiety about whether something is turned off.
    - Once the worries are organized they can be put into 'fear ladders' that arrange the worries from those that are feared the least to those that are feared the most.
    - Coach the child through exposure to the feared situations or events. When you do this, make sure the child or teen cannot reduce the anxiety this causes by using OCD behaviours such as rituals of washing, checking or 'fixing'. If this behaviour is allowed it will undo any gains that have been made.
- Children and youth with OCD can be very strong-willed about their rituals and parents must be even more strong-willed.

- Exposure should happen every day and should be practiced. Start with low-level exposure and gradually build up.
- Give rewards to help motivate the child or youth to progress.
- If worries or compulsions change over time, treat the new ones the same way.
- Reassure the child or teen that they are not "freaks." Tell them that one out of every 50 kids in their school has OCD. To get a concrete number, ask them about how many kids are in their school and then work out how many may have OCD.

What You Need to Know About Alcohol Issues

Helping Someone Who May Have a Problem with Alcohol

Canada's Low Risk Drinking Guidelines:[43]

The harmful use of alcohol includes a range of drinking levels – from any drinking above the low-risk level, to alcohol abuse (drinking that leads to problems at work, school, home, or with the law), to alcohol dependence (when someone is addicted to alcohol and cannot get through their day without it). Below are a few examples of behaviours that may occur when someone is experiencing problem drinking:[44, 45]

- consistently drink above the low-risk level;
- get into arguments or has accidents because of their drinking;
- need to drink to help deal with certain situations;
- are affected in their ability to perform day-to-day tasks;
- play down how much they drink;
- are in debt because of the amount of money they spend on drinking;
- have been drunk driving or has charges for drinking and driving or other related drinking offences;
- are having marriage or relationship problems because of their drinking;
- are in trouble at work because of drinking or is at risk of being fired or laid off;
- are often sick or in ill health;
- show increasingly irrational behaviour;
- suffer physically and emotionally when not drinking;
- avoid answering questions about their drinking or looks uncomfortable when responding;

43 Canadian Centre on Substance Abuse, *Guidelines for Healthcare Providers to Promote Low-Risk Drinking Among Patients*, Ottawa, ON: Canadian Centre on Substance Abuse, 2013.

44 Mental Health First Aid Australia, *Cultural Considerations & Communication Techniques.*

45 Mental Health First Aid Australia, *Problem Drug Use.*

- are secretive about their drinking;
- are unwilling to consider that their drinking is a problem;
- react angrily when it is suggested that they have a drinking problem;
- think a lot about drinking and when they'll get their next opportunity to drink; and
- become anxious when they cannot get access to alcohol.

While you may not be able to stop someone from drinking, you can help them to make changes:[46]

- Talk to the person you're worried about. Find a time when they're sober and when you're both reasonably calm.
- Tell them about the problems their drinking is causing.
- Be consistent – don't keep changing your mind about what you're saying and don't say one thing and do another.
- Do listen when it's your turn to receive a complaint – be open-minded and reasonable.
- Make clear what behaviour you will not accept.
- Make clear what action you will take if it still happens. Don't make idle threats.
- Discuss with other members of the family what you are trying to do. This will make it easier for everyone to take a similar approach and it will be less confusing to the person who is drinking.
- Help the person who is drinking to be realistic. Don't encourage them to make promises they can't keep.
- Encourage the person to concentrate on the effects the drinking is having on their life, rather than asking them to accept a label such as "alcoholic."

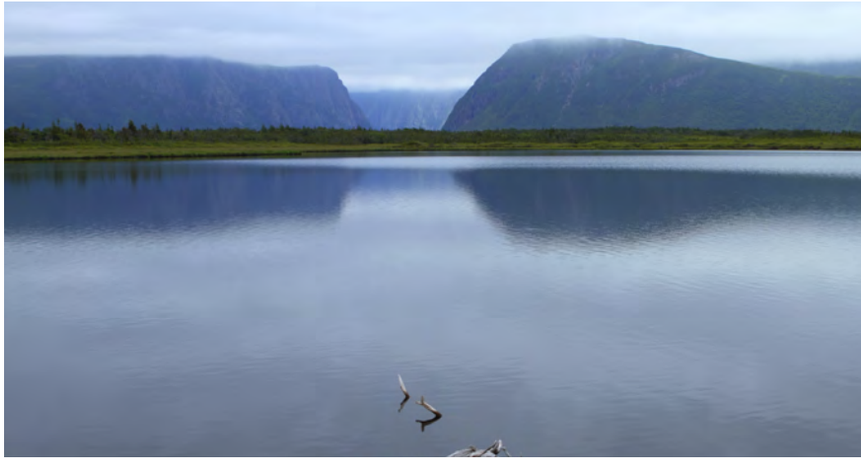
Below are some things you should not do. Don't:

- Make it easy for the person to drink by buying alcohol for them, giving them extra money, or always agreeing to go to the bar.
- Try to hide the effects of their drinking. Seeing the consequences might encourage them to change more quickly.
- Try to hide the effects from other people (e.g., phoning work with excuses, clearing up the mess, putting them to bed, missing social events for fear of embarrassment).
- Blame other things for an alcohol problem (e.g., bad housing, employment problems, or living in an area where there are many pubs).
- Take out feelings of anger or resentment on others, particularly children who can be seriously affected by an unreasonable, hostile parent.

Take care of yourself! Being involved with someone with a drink problem can be difficult and you may need support and accurate information. Heavy drinking is quite a common problem and lots of people will understand how you feel, so try not to be embarrassed to talk about it. Get help for yourself even if the problem drinker is not prepared to make changes yet.

You need to be clear about what you are prepared to accept from the person who is drinking and how you will react if any boundaries set are overstepped. This is especially important if there is a risk of violence. We are all responsible for our own behaviour so don't accept blame for someone else's drinking. On the other hand, you are responsible for your own reaction to it. It is not a good idea to try drinking along with them for example – it won't control the drinking and will just make things worse for you. If someone else's drinking is making your life difficult you may need to make changes in your relationship.

46 NHS inform. 'Helping Someone - Alcohol.' *Mental Health Zone,* NHS Scotland, 2015.



Risk and Protective Factors Related to Substance Use Specific to Youth / Adolescents [47]

Risk and Protective Factors Related to Substance Use

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

Some risk factors

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

Some protective factors

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

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

From: heretohelp. (2010). How You Can Help. A Toolkit for Families: A Resource for Families Supporting Children, Youth and Adults with a Mental or Substance Use Disorder.

Warning Signs of Youth Substance Abuse Problem [48]

At Risk (or Early Use Stage)

- Withdrawn
- Aggressive
- Low frustration tolerance
- Disregards or openly defies rules
- Drug-oriented graffiti on notes or clothes
- Has no future plans or has grandiose or unrealistic future plans
- Wants immediate gratification of needs
- A loner
- A risk taker
- Easily influenced by peers
- Believes alcohol or drug use makes a person more popular
- Has friends who use alcohol or drugs
- Low involvement in any type of activities
- Lack of motivation to learn in school
- Decreasing or low involvement in extracurricular activities
- Family has low tolerance for problem or unconventional behaviour

47 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

48 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

- Family has low expectations about school performance
- Parent has little control over child's behaviour
- Student is not willing to discuss family situation
- Parents frequently use alcohol / drugs or have an addiction problem
- Student has poor self-image
- Feelings of incompetence, lack of confidence
- Difficulty communicating
- Low expectations of self
- Overly dependent
- Feels invulnerable (bad things happen to others, not them)
- High participation in unconventional behaviour coupled with high participation in problem behaviour
- High level of stress or anxiety

Middle Stage of Alcohol / Drug Use

- Avoids eye contact
- Uses eye drops frequently
- Sleeps / daydreams in class
- Forgetful
- Becomes less responsible (e.g., homework, lateness)
- Expresses suicidal thoughts / feelings
- Change in social circle
- Hangs out with known users
- More secretive about friends and activities
- Conflict between school / family expectations and those of their peers
- School grades begin to drop
- Falls behind in or doesn't complete schoolwork
- Withdraws from family and activities
- Changed attitude about family members
- Complaints from parents about teenager's lessening responsibility
- Expresses feelings of hopelessness
- Is caught using alcohol or drugs
- Continues to use alcohol or drugs after firm stand has been taken
- Is caught with drug paraphernalia

Late Stage of Alcohol / Drug Use

- Abnormally poor coordination
- Glassy or dull eyes
- Smelling of pot, alcohol, or solvents
- Slurred speech
- Bad hygiene—no attention paid to hair, clothes, etc.
- Frequent complaints or injuries
- Persistent cough
- Frequent headaches or nausea
- Excessive aspirin use
- Lack of affect (emotion)
- Fatigue or loss of vitality
- Either hyperactive, sluggish, or going from one extreme to the other
- High consumption of coffee, sugar, or junk food
- Weight loss or gain
- Inappropriate dressing (e.g., not dressing warm enough)
- Trouble with the law
- Frequent fights or arguments
- Dishonesty—getting caught in lies
- Carrying weapons
- Verbally or physically abusive
- Inappropriate responses (e.g., laughs when nothing is funny, gets angry out of proportion to the event)
- Suicide attempts or actions
- Frequent fighting or arguing with friends
- Activities with friends seem to always involve alcohol or drugs
- Frequently absent from school
- Constant discipline problems at school
- Has been suspended from school
- Frequent nurse or counsellor visits
- Loss of eligibility for extracurricular activities
- Continued use of alcohol or drugs after being caught
- Running away from home
- Refusal to follow rules of family
- Uses home as a "pit stop" only
- Overwhelming feelings of hopelessness
- Sense of identity centres around alcohol and drugs (all they ever seem to talk about)
- Selling drugs or frequent exchanges of money

What You Need to Know About Drug Use

Helping Someone Who May Have a Problem with Drugs

Having a drug use[49] problem means that someone is using drugs (e.g., cannabis, amphetamines, inhalants, prescription medications, alcohol, etc.) in a harmful way. Drug misuse affects the person specially, but it also affects others.

Drugs abuse can cause:

- Mental health problems such as panic attacks, psychosis, suicidal thoughts and behaviours, etc.
- Physical health problems such as liver and brain damage
- Poor judgement and decision-making such as risk taking, impaired driving
- Injuries while using drugs such as injuries as a result of accidents, falls, violence, etc.
- Problems with community or family relationships
- Work or financial problems
- Problems with the law
- Dependence on drugs where the person:
  - is addicted to a drug and cannot get through a day without the drug
  - may be dependent on drugs if they get less effects from the drug over time, experience unpleasant withdrawal symptoms, or have problems in cutting down or controlling their drug use.
  - may spend a lot of time getting the drug, using it, or recovering from its effects

Drug use can cause or exacerbate pre-existing psychological / mental health issues. Psychological issues that can arise when someone is abusing drugs include panic attacks, psychosis, suicidal thoughts, and behaviours and aggression. It can be hard to tell the difference between the symptoms of mental illness and someone who is in a drug-affected state. However, it's important to know that the help you provide to someone who is experiencing a psychological reaction to a drug is the same as the help you provide to someone who has a mental illness.

- If the person is having a panic attack:
  - Move the person to a quiet room away from crowds, loud noise, and bright lights.
  - Watch the person carefully in case they start to become more fearful or aggressive.
- If the person is experiencing psychosis:
  - Encourage them to seek professional help whether you think the psychosis is drug related or not.
- Suicidal thoughts or behaviours:
  - Be aware that drug use increases the risk for suicide.

Brief Intervention with someone who may have a drug use problem:

- If the person is not a family member or friend, try to make a connection with them before talking about their problem drug use.
- Talk to the person someplace that is private and at a time when you won't be interrupted or distracted
- Make sure you are both in a calm frame of mind.
- Remember that the person may not think they have a problem or may deny that they have a problem and, because of this, may react negatively to your accusation. Alternatively, the person may find it hard to talk about their use with you because of shame and/or the stigma associated with drug abuse. You need to be ready for the person to only tell you what they want to tell you – not the full story about their drug use.

49 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

- Ask a NNADAP / YSAP or other community worker about how to help someone you suspect has a drug use problem.
- Discuss the issue of drug use openly with the person as this may help them feel comfortable talking about their own drug use.
- Be supportive, non-confrontational, and assertive when talking to the person but don't judge them. Stay calm and be honest when talking to the person about their drug use.
- Listen carefully!
- Consider the person's readiness to talk about their drug use problem by asking about areas of their life that may be affected – such as their mood, work performance, family, or community.
- Ask the person if they think their drug use is a problem and whether they want help.
- Express an offer of help and discuss with them what you are willing and able to do.
- BE CAREFUL not to take on the role of a counsellor.
- Offer the person some information about drug abuse and discuss with them:
  - That drug abuse is a common issue
  - The associated risks
  - The local services available and that people can be helped – it's a good idea to have contact numbers of local services to give to the person so they can call for confidential help or for more information if they are willing to receive it.
- Ask the person whether they have ever tried to change their drug use before. If they have, ask them what was helpful and what wasn't.
- Acknowledge that it is difficult to stop using drugs, that it may be painful, and that it takes time.
- Don't expect the person to change their drug use right away as this conversation may be the first time they have thought of their drug use as a problem. If the person does not agree they have a problem, let them know that you are available to talk again in the future.
- If the person is pregnant, encourage them to seek appropriate professional help as soon as possible. Talk to them about how using drugs during pregnancy is harmful for the baby. Strongly encourage them to stop using drugs while they are pregnant.
- If the person is breastfeeding, discuss with them that using drugs is unsafe for the baby. Tell them not to use drugs while breastfeeding.
- If the person is caring for a child, encourage them to not use drugs around any child or youth.
- Support the person in their change! Acknowledge that changing problem drug use takes time, cutting back on drug use is hard, and the person will experience emotional, physical, and mental stress.
- Be positive and encouraging of any efforts the person makes to change their problem drug use.
- Encourage the person to talk to someone they trust about the efforts they are making to change.
- Encourage them to seek help from their family, friends, an Elder, and/or someone in the community.
- Encourage the person to use self-help strategies to help them change their drug use. Try to have on hand information about self-help strategies and/or services such as:
  - Attend a support group
  - Eat healthy and get enough sleep
  - Find healthy ways to feel good instead of using drugs
  - Doing more of what keeps them strong (i.e., learning to bead, reconnecting with culture and language, etc.)

Communication

Communicate calmly. When the person is ill, it is best not to communicate with them in emotional or loud ways (e.g., by shouting or very emotional expressions of concern). Keep in mind that the person is ill and try not to react impulsively to what the person says or does (e.g., if the person is irritable try not to respond in the same way).

Being supportive does not mean you have to agree with what the person says when they are ill. You can acknowledge that what they say is very real to them (e.g., "I know you are convinced that you should quit your job, but I am not so sure."). Validating the feeling behind what they say can be supportive (e.g., "I can see you are feeling fed up with your job right now, but maybe you need to wait until you are a bit less upset about things before making a decision to quit.").

Tips for good communication

- Don't interrupt the person while they are speaking
- Allow the person time to tell their story
- Repeat back to the person what they have siad to show that you understand, (e.g., "So what you are saying is...")
- Listen carefully to the person reather than talking all the time. This allows you to think carefully about what the person is saying and doing and how you can best help them
- Don't try to quickly fill a silence in the conversation. Silence can be used to show respect and acknowledge that the person has said something important
- Tell the person that it is OK to feel the way they are feeling
- Be warm and sincere to the person to help them feel secure about discussing their problem
- Talk to the person about their problem without talking down to them
- Don't label the person, for example by calling them an "addict"
- Focus the conversation on the person's behaviour rather than their character
- Use "I" statement instead of "you" statements. For example, you could say, "I feel worried when you take drugs" instead of "You make me feel worried when you take drugs"
- Use open questions that encourage the person to think about their drug use, such as, "What do you think about your drug use?" or "How do you think you can change your drug use?"
- Allow the person to talk about concerns not related to their problem drug use (e.g., family business). However, do not get drawn into arguments about other issues

Try using the following communication exercise:[50]

Worksheet: Assess Your Communication Skills

For each of the following items, assess your strength by giving yourself a rating between 1 (low) and 5 (high).
Ratings of 4 or less suggest skills you may want to work on.

1 Never 2 Rarely 3 Sometimes 4 Usually 5 Always

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

50 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

Another good communication tool is using a technique called the Stages of Change.[i] Understanding how people "change" their behaviour is important when trying to support someone making a change in their life. Understanding where someone is in this process can help you to identify what you can do to assist them. Below is a brief overview of the Stages of Change:[51]

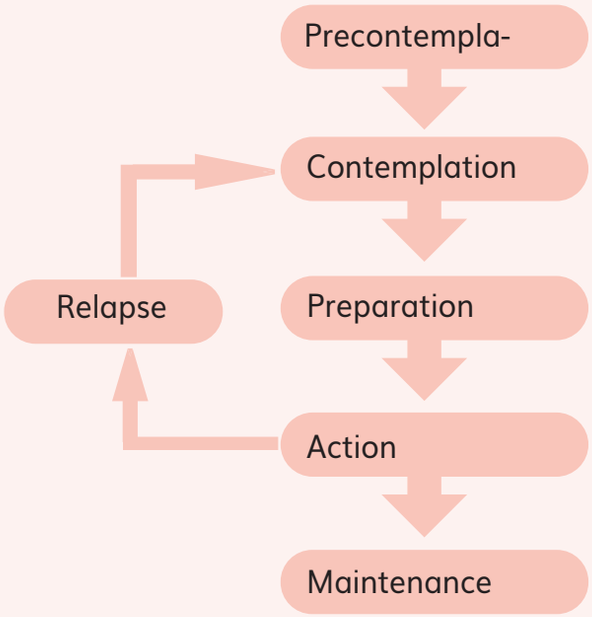
Stages of Change

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

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

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

The Six Stages of Change



~ Self-change and therapy change of smoking behaviour, DiClemente and Prochaska

Helping the person at different stages of change

Stage 1: The person does not think they have a problem
Offer information about the drug and how it might be affecting them, discuss less harmful ways of using the drug and how to recognize overdose.

Stage 2: The person thinks their drug use might be a problem
Emcourage them to keep thinking about quitting, talk about the good and not so good things about changing, give information, and refer to a health worker.

Stage 3: The person has decided to make a change
Encourage the person and support their decision to change by helping them plan how they will stop using drugs (e.g., get help from a doctor, alcohol, or other drug (AOD) worker or traditional healer: go back to country).

Stage 4: Making the change
Provide support and suggest ongoing health checks, give them help with saying 'no' and avoiding people who use drugs, practice things to do when they feel like using drugs.

Stage 5: Maintaining the change
Support the person to keep up the new behaviour.

Note: The person may try to change or stop their problem drug use more than once before they are successful.

50 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

What You Need to Know About Psychosis

Helping Someone Who May Be Experiencing Psychosis

Knowing the early warning signs and symptoms of psychosis can help you recognize when someone may be developing the disorder.[52,53] It is important to know that the following symptoms of psychosis may not be very obvious or dramatic on their own but, when you begin to recognize them together, these symptoms may suggest someone is experiencing psychosis.

Changes in emotion and motivation:

- Depression
- Anxiety
- Irritability
- Fear and suspiciousness
- Blunted, flat, or inappropriate emotion
- Change in appetite
- Reduced energy and motivation

Changes in thinking and perception:

- Difficulties with concentration or attention
- Sense of alteration of self, others, or outside world (e.g., feeling that self or others have changed or are acting differently in some way)
- Strange ideas
- Unusual perceptual experiences (e.g., a reduction or greater intensity of smell, sound, or colour)

Changes in behaviour:

- Sleep disturbance
- Social isolation or withdrawal
- Reduced ability to carry out work or social roles

How to begin a conversation about the problem with the person:

- Ask the person if they want to talk about how they are feeling. Do not presume to know about that person's illness or diagnosis.
- Talk to the person about the specific behaviours you are concerned about.
- Don't use jargon – instead, be sure to use simple language that is appropriate to the person's culture and their community.
- Ask the person if they have noticed changes in their behaviour. If they have, ask if these changes are bothering them or if they are distressed by their experiences.
- If the person wants to talk about their experiences, encourage them to talk about their experiences. However, be aware that the person may not trust you or they might be afraid of being perceived as "different" and therefore may not be open with you.
- You need to remember that they may be frightened by their thoughts and feelings. If they are, ask the person about what will help them to feel safe and in control.
- Most importantly, reassure the person that you are there to help and support them and that you want to keep them safe.
- If the person doesn't want to talk, don't try to force them to talk about their experiences. Instead, reassure them that you're available if they would like to talk in the future.

52 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

53 This symptom checklist is adapted from a classification system by J. Edwards and P.D. McGorry, London: Martin Dunitz, 2002.

Dealing with Delusions and Hallucinations:

- The delusions and hallucinations are very real to the person – never dismiss, minimise, laugh at, or argue with the person about their symptoms.
- Recognize and understand the symptoms for what they are – don't take them personally.
- Try not to act alarmed, horrified, or embarrassed by the person's delusions or hallucinations. If the person is suspicious or fearful, try to avoid doing anything that may encourage or inflame their ideas.
- Keep the person company and reassure them that they are not alone.
- If the person is willing to talk, ask questions about the content of their delusions, particularly any elements that may indicate the potential for harming themselves or others. Until you know the context and content of the person's thoughts and ideas, it is important to keep yourself safe from potentially aggressive reactions.
- However, try not to enter into lengthy discussions with the person about their delusions or hallucinations as they may be finding it difficult to tell what is real from what isn't real.
- People experiencing symptoms of psychosis are often unable to think clearly and may behave or talk differently. As such, you should respond to disorganised speech by communicating in a brief and clear manner, repeating things if necessary.
- If you don't understand something the person said, ask them to clarify what they mean. After you say something, be patient and allow plenty of time for the person to think about the information and respond.
- Be aware that if the person is showing a limited range of feelings, this does not automatically mean that the person is not feeling anything. Similarly, do not assume the person cannot understand what you are saying, even if their response is limited.

When and How to Encourage the Person to Seek Help:

- When helping someone who may be experiencing psychosis, try to encourage the person to seek help – early intervention is important in preventing symptoms from escalating.
- Do so in a supportive, non-judgemental way.
- Ask the person what type of assistance they believe will help them.
- Ask them if they have felt this way before and, if so, what they had done in the past that was helpful.
- It is also important to know if the person has a supportive social network. If they do, encourage them to utilise these supports.
- You need to know as much as you can about psychosis before you approach the person about seeking help. Know what services are available in the community and be aware of the roles that community workers, Elders, and others can play in the person's treatment and recovery.
- Try to provide the person with information about psychosis and community services.
- Encourage the person to be involved in the process of seeking information about psychosis.
- Reassure the person that it is alright to seek help and that seeking help is a sign of strength, not weakness or failure.
- Try to emphasize the potential benefits of getting help and reassure the person that seeing someone can make a big difference to the way they feel.
- If the person does not want to seek further help, try to encourage them to talk to someone they trust.

See this document's endnotes for information on the Course of Psychosis.[iii]

Take Care of Yourself!

If you are a caregiver for someone with a substance abuse and/or mental health problem, you are at increased risk of becoming depressed and having other health problems.[54] *You need to take care of yourself as well as your loved ones or you may become overwhelmed. As you know, caregiving can be very stressful at times. Be careful that you don't put all your energy into others and leave nothing for yourself.*

Helpful Coping Strategies

- Get organised – this will help save you time. Prioritise what is essential to do and postpone or cancel other tasks.
- Try to share or delegate certain caregiving tasks and other demands.
- Restore your energy – try to make time to do things that you find relaxing and enjoyable.
- If the person you are caring for is severely ill and cannot be left alone, try to arrange for someone else to be with them or for respite care while you have a break.
- Get rid of unrealistic expectations. Coping and helping someone with a mental health problem can be stressful.
- If you try to live up to unrealistic expectations of what you "should" do as a caregiver you might increase your stress levels and become exhausted and resentful.
- Having unrealistic expectations of what your loved one and their health care team can do to control the illness can also lead to frustration and disappointment.
- Maintain boundaries and set limits – say "no" to demands that are unreasonable or unmanageable. It's important to remember that while you can help, your loved one needs to find ways to deal with their own problem.
- Acknowledge that you have needs too. Try to use the times when your loved one is well to focus on things that are important to you.
- Devote time to doing things that you enjoy.
- Maintain contact with friends and family.
- Develop your own support system. You may at times need someone to talk to whom you can trust. Having such a connection can make it easier to cope.
- Take steps to sort out problems. A problem-solving approach can be very useful in dealing with difficulties.
- Try to incorporate regular exercise into your day.
- Eat healthy, balanced meals and try to get a regular sleep.
- Don't try to save time when you are busy by neglecting your own hygiene or health.
- Avoid negative coping strategies such as drinking too much alcohol, smoking, or overeating.
- Reduce your own stress or depression by picking up on signs that your own emotional health is deteriorating. This will give you the opportunity to take timely action to keep well.

54 Lesley Berk, et al., *A Guide for Caregivers of People with Bipolar Disorder,* Orygen Youth Health and the University of Melbourne, 2011.

- Signs of depression include:
  - Flat or sad mood or loss of interest in things
  - Lack of energy and feeling tired
  - Sleep difficulties
  - Appetite changes
  - Feelings of worthlessness and excessive guilt
  - Thoughts of death or suicide
  - Wanting to withdraw from social contact
  - Being very irritable in company
  - You find it much harder to function at work or to complete daily tasks
  - Don't ignore these symptoms if they persist for at least two weeks. Talk to someone – get help!

Adapting to Caregiving

As a caregiver, you may experience a range of normal and understandable reactions when trying to come to terms with a loved one's illness and its consequences. The following are things you can do to make adjusting to the caregiver role easier:

- Come to terms with the illness. After your family member's first episode of substance abuse and/or mental health problem, you may go through a number of stages that are part of a natural grief process. These stages range from initial shock, disbelief, and emotional turmoil to gradual understanding, acceptance, and hope. The grief may return in times of difficulty.
- Acknowledging your natural reactions and deciding how to deal with the situation. You may experience a range of intense emotions in response to the person and their illness. Some of these feelings may be part of the process of coming to terms with the illness. Others may be reactions to your situation. Acknowledging these natural reactions and deciding how to deal with them can make it easier to cope.
- If you feel angry, try to find a positive release for your anger (i.e., go for a walk, play a sport, write in a journal, talk things through with someone you trust, etc.).
- If you are angry about something the person has done, wait until you have calmed down to discuss the person's behaviour with them. Delay discussing your angry feelings until the person is well and more able to deal with these issues.
- If you are feeling rejected, try not to take hurtful talk and behaviour personally. Do something you enjoy to distract yourself from feeling sad or rejected. If you are sad about the way your relationship with the person has changed, try to rebuild the relationship.
- At times you may feel like you want to withdraw from the person or leave them. If this happens, don't be critical of yourself. It may be a feeling that passes.

Maintaining or Rebuilding Your Relationship

- Mental illness especially can challenge relationships and it requires time, patience, and effort to maintain or rebuild them.
- Once the person is in a more healthy state, it may be possible to slowly regain some of the closeness you had previously.
- Start by sharing activities you both enjoy.
- Begin to encourage giving and taking in your relationship. As an example, try asking the person to start helping more and accept their support when it is offered. Relationships that involve more give and take can be less stressful and more rewarding for both people.
- It's also important to communicate our appreciation when someone does something we appreciate. People are more likely to continue doing the things for which they are given positive feedback.
- If the person is your partner and they have lost interest in sex due to symptoms of illness, offer companionship and allow yourselves time to rebuild your intimate relationship.

Use Good Communication Skills

- Practise active listening – sometimes people do not take time to really listen to each other's point of view. Difficulties and conflict are much easier to sort out once people understand where the other person is coming from.
- To actively listen you need to look at the person when they talk and focus your attention on what they are saying.
- Acknowledge what you hear by nodding, verbally indicating that you have heard, or asking them to continue and ask for clarification to check that you have understood their viewpoint.
- Summarise what you have heard to check with the person if your understanding of their viewpoint is correct – without adding personal opinions or judgments.
- Using a positive request for change can be useful if there is a specific behaviour that you would like to see the person change (note that this differs from criticism as it is not about what the other person has done wrong – instead, it's about what you would like to see change). When doing this, use "I" statements. For example:
  - "I would like your help with …"
  - "It would mean a lot to me if you would do..."
  - Be specific without making too many demands at once.
  - Tell them how you think this could benefit yourself and where possible, the other person.
- Calmly express your feelings about the person's behaviour. When doing this, address the specific behaviour that is bothering you rather than globally blaming the person. Use "I" statements and suggest what the person can do in the future to prevent this from happening again.
- If the person starts arguing, try not to engage in the argument. If necessary, simply restate your opinion and leave it at that.
- Work together to reach a compromise as sometimes conflict can develop into a struggle to "win" the argument. This can leave people feeling unheard and angry. Try to avoid this by working on resolving the conflict together. There are several ways you can do this:
  - Spend some time separately listing ways to sort out the problem that suit you.
  - Discuss these options together and aim to find something that is reasonably fair to both of you.
  - If it is hard to find a solution that is acceptable to both of you, suggest a way to try out different solutions.
  - Perhaps you could do things their way this time if they agree to do things your way next time.
  - If compromise is not possible you may need to agree to differ. Even people in a good relationship sometimes need to agree to differ about certain issues.

Next are some helpful problem-solving steps:[55]

55 Berk, et al.

The 4 problem solving steps are:

1. Clearly define what the problem is

To come to a clear understanding of the problem - without blaming yourself or others - consider how it developed, when it occurs, and why it is a problem.

2. Work out what solution or solutions to try by:

1) Making a list of different ways to try to solve the problem: Use your imagination. Ask other if you like. It doesn't matter how unrealistic the soutions are at this stage.

2) Evaluating each solution

- How practical or realistic is this solution in your circumstances?
- What are the possible risks and negative consequences that may occur if you choose this solution? Are there ways to prevent or deal with theses consequences if they occur?
- What are the possible benefits if you choose this solution?

3) Develop which solution (or few solutions) you would like to try.

3. Develop a plan of action and follow the plan

Decide what you need to do first to implement the solution you want to try and work out a step-by-step plan. Then put your plan into action.

4. Review how the solution worked

Acknowledge the effort you have put into trying to manage the problem and congratulate yourself if the solution worked. Many problems requre that you try different solutions before solving them. If the solution was not helpful or there are still parts of the problem that need to be solved, return to earlier steps to try other solutions. Sometimes people learn fron trying to solve a problem that there is another underlying problem that needs attention first.

Some problems are more difficult to solve than others. Difficult situations can take time to chage or may not even be able to be changed. If this is the case, find ways to make things a little easier and enjoyable for yourself, despite the situation.

Coping with Loss and Grief

Each member of the family will have their own individual way of coping with the emotions and reactions they experience. Below are some suggestions that may help:[56]

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

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

56 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

Stages of Grief

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

1 Shock - Feeling empty and numb

2 Denial - "This is not happening. My family member is just going through a difficult time or it is only temporary."

3 Anger at the unfairness of having to deal with mental illness

4 Bargaining - "If only we could have a miracle. I'll try to spend all my free time with him to get him back to the way he was."

5 Depression - As achknowledgement of the illness sets in, it can bring feeling of sadness: "We've both lost so much."

6 Acceptance - Coming to terms with the fact that your family memeber has a mental illness ad learning to live with it and move on.

Recap for Caregivers:[57,58]

- Take time to enjoy yourself and do things to take your mind away from your family member's problems.
- Structure your day and stick to a schedule.
- Pace yourself. Don't be afraid to not always be there.
- Remain positive and optimistic – keep that sense of hope.
- Grieve your loss and dream new dreams.
- If it is indeed a mental illness, accept the fact that your family member did not choose to be unwell and that they may not have control due to the illness.
- Acknowledge that those around you may react negatively to the words "mental illness."
- Develop a thick skin – you did not cause the illness and you cannot cure it.
- Get counselling if you cannot deal with how you are feeling about the illness of your family member – feelings of guilt, shame, and grief are normal.
- Sometimes you may need to give up some authority. Let events take place as they unfold.
- Be ready to compromise.
- Understand that it may take time to make a diagnosis.
- Take time for just you and/or you and your significant other.
- Join a support group and find out as much information as possible.
- Eat healthy foods and drink lots of water throughout the day to maintain your energy.
- Try to exercise or do something active on a regular basis.
- Get a good night's sleep even if it means taking the phone off the hook for the evening.
- Try distractions to keep from dwelling: spend time with pets, go for a walk, watch television, etc.
- Look for humour in unexpected places and laugh as much as possible.
- Practice self-compassion and NOT self-pity.

57 Parents for Children's Mental Health.

58 HeretoHelp, British Columbia Schizophrenia Society, and The F.O.R.C.E. Society for Kids' Mental Health.

Setting Limits and Boundaries

Setting limits and boundaries[59, 60] can be difficult in most relationships, but this can be especially true if your family member is living with mental health problem. Setting limits is about accepting and respecting your own feelings and taking your own personal needs seriously.

You and your family have the 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 a mental health problem 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 example, if you are worried 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.

You should 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 he or 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.

59 Capital District Health Authority.

60 Institut universitaire en santé mentale de Québec, *Information and support guide for families and friends of individuals with mental health problems*, Montréal, QC: February 2012.

- 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.

Define your role. Remember that you are not the doctor, social worker, community worker, etc. Your family member or friend may be receiving help from a number of professionals in the health and social services or community services network. As such, it is essential that you keep to your role as caregiver. Seek help for yourself to find out how to develop "care giving" attitudes so that you can best help your family member or friend in this important role.

Finding Help in the Community[61]

- Speak to a health worker
- Go to the health centre
- Ask a family physician – if they are available, they may know what help is available
- Talk with someone at the band office who has some familiarity and access to computer resources to help you undertake a search of what is available
- Ask trusted others in your community such as a teacher or a respected Elder
- Talk to a NNADAP or mental health worker – they can help you with mental wellness needs in addition to addictions issues
- Find out about treatment centres
- Visit a talking circle or self-help group
- Ask the local Friendship Center for information
- Contact the national offices of health care professionals to learn about provincial resources

Tips for Families[62]

- Believe unfailingly in the ability of people to change – most people who have recovered from a mental health problem say that the love and support of their family was very important.
- Reflecting hope and the promise of a better tomorrow can help people move towards change.
- Be there. Sometimes just being there is enough. A quiet, caring, presence helps people know they are loved and valued. You do not need to fix the problem or make it go away to be helpful.
- Share your concerns, not your advice. Telling people what to do can shut down listening and learning. People need to find their own path to wellness. You can help by listening respectfully, sharing what you see and your concerns.
- Accept that people are in charge of their own lives. It is very difficult to watch people you love make bad decisions without taking over or running away. However, making mistakes is part of learning.
- Provide practical help. Sometimes people need help with the burdens of life in order to take the time to heal. Family and friends can help with caring for children, helping with chores, or looking after the home. This practical support can provide a needed break.
- Learn as much as you can. If your loved one is dealing with depression or anxiety try to learn as much as you can about this so that you can make sense of what is happening and provide support and encouragement that things will get better.

61 Canadian Collaborative Mental Health Initiative.

62 Canadian Collaborative Mental Health Initiative.

- Find out what help may be available. Finding help can be a challenge. It is even more challenging when you are feeling unwell or hopeless. There may be few, if any, professional supports available in remote and rural communities. You can be very helpful in doing some of the research to find out where and what services may be available.
- Heal yourself. If you are also carrying unhealed grief, take time to find help for yourself as well. The path of a caregiver can be a long, frustrating, and difficult journey. Do not forget to look after your own physical, emotional, and spiritual needs.
- Be patient! It can take a while for people to accept that something is wrong. It takes belief to know that change is needed / possible and to take the action to get help.
- Even if your loved one reaches out for help, it takes time to learn new ways of coping and to make positive change. Most journeys of recovery involve slips and falling back on old habits during times of stress. This can be important for learning. It is part of change.

Caregiver Stress

The physical and emotional health of a caregiver may be affected in many ways:

- Difficulty sleeping or constant fatigue
- Headaches, backaches
- Changes in eating habits
- Weight change
- Minor illnesses such as cold or flu that won't go away
- Easily frustrated or irritated
- Feeling angry or resentful
- Feeling overwhelmed
- Feeling sad, depressed, lonely, or emotionally drained

10 Tips to Fight Caregiver Stress

1. Educate yourself – Learning about the illness will increase your understanding of what the individual is going through. They are acting this way because of their illness and it's not directed at you personally.
2. Educate others – Tell your family and friends. It will help them to understand what is happening and how to support you.
3. Create a strong support network – This may include friends, family, or community support groups.
4. Stay Positive – Your attitude can make a world of difference as to how you feel.
5. Look for humour – Though the illnesses you may be dealing with may be quite serious there will be good times too. Laughing about it does not mean that you don't care or that you're not taking the situation seriously. Laughter can be a very good coping strategy.
6. Look after yourself physically – Exercise, eat properly, and get enough sleep.
7. Look after yourself emotionally – Take time to look at your emotions and don't be afraid to express your feelings. Seek counselling if needed.
8. Take a break, even if only for 10 minutes – It is not selfish to make time for yourself. It will enable you to provide better care when you return. For longer breaks, explore respite options in your community.
9. Relax – Try stress management and relaxation techniques such as yoga, meditation, or massage.
10. Stay involved – Maintain your hobbies and interests. Stay in touch with your family and friends so you don't start to feel isolated. You will find strength to go on with your care.

Tips for Helping a Child or Youth[63]

1. Try to remain calm. It's not your fault. Don't feel guilty. Encourage others in the family not to feel guilty either.
2. Remember that children don't normally misbehave just to annoy you. Children do the best that they can, given the situations they are in.
3. Although it is hard, try not to reinforce negative behaviour with your own negative reactions (e.g., fear, anger, hopelessness). Look for ways to be part of the solution and your child will see you being positive.
4. Stay on your child's side. Your child needs you on his/her side – no matter how difficult his/her behaviour. However, this does not mean that negative behaviours that are under your child's control should be ignored.
5. Be aware that your child's condition may negatively impact on his/her peers, friends, and classmates. Your child may lose connections and opportunities to socialize and become more isolated and lonely. While supporting your child, try to help your child's teacher and close friends to understand the kind of support your child may need during his/her difficult times.
6. Listen actively to your child. Try to find time every day to listen and talk about something that he/she is interested in. Try not to jump in with your opinion – just listen!
7. Recognize, acknowledge, and reward your child with praise when he/she makes an effort to do something positive (e.g., writing an interesting school paper, responding positively to a request, or lending a helping hand with chores at home). Make a big deal out of it!
8. Find an opportunity every day to tell your child that you love him/her.
9. Model positive behaviour by showing patience, support, and good listening skills.
10. Aim to build resilience in your child, yourself, and your family as you cope with difficulty and stress. Resilience focuses on building from your child's strengths (and your own strengths), not weaknesses. The goal is to foster an ability to recover from and adjust more easily to misfortune or change. So try to skip the criticism, shame, and blame and instead focus on what your child can do. Ask yourself, "Will he/she be better able to handle this same situation next time because of what I'm doing right now?"
11. Try to avoid arguments and power struggles. The best way to prevent a power struggle is to actively listen to your child.
12. Recognize your own anger. When you notice signs of anger or resentful thoughts, takes steps immediately to reduce your stress level. For example, take a few deep breaths, try to find some humour in the situation, count to 10, g o into another room, go for a walk, talk to your spouse or friend, listen to soothing music, or lay down. Anger is a legitimate feeling but it normally doesn't help you solve the problem at hand. It is usually a mask for feelings of hurt or powerlessness. It's normal to feel this way in difficult situations and it's alright to take some time out and then get yourself back into problem-solving mode.
13. Be prepared to invest the time. Try not to look for the "quick fix" solution and try to view life as a "marathon" instead of a "sprint." In other words, sometimes you will experience the "one step forward, two steps back" phenomenon but a difference can often be seen over the long-term.
14. Explain your reasons for the decisions you are making. Children feel less confused and are less likely to consider your actions to be arbitrary if they understand why you are doing or expecting something. This makes it easier for them to comply and offers them an opportunity to rationally disagree which can open the door to dialogue.

63 *When Something's Wrong: Ideas for Families*, Toronto, ON: Canadian Psychiatric Research Foundation, 2004.

Helpful Web Resources

- ABCs of Mental Health - www.hincksdellcrest.org/ABC/Welcome
- Aboriginal Youth Network - www.ayn.ca
- Addictions Foundation of Manitoba - www.afm.mb.ca
- All Psych Online - www.allpsych.com
- American Academy of Child and Adolescent Psychiatry (AACAP) - www.aacap.org
- American Psychiatric Association - www.psych.org
- Anxiety BC - www.anxietybc.com
- Anxiety Disorders Association of America - www.adaa.org
- Anxiety Disorders Association of Manitoba - www.adam.mb.ca
- Anxiety Disorders Association of Ontario - www.anxietydisordersontario.ca
- Australian Drug Foundation - www.adf.org.au
- The Balanced Mind Parent Network - www.thebalancedmind.org
- BC Partners for Mental Health and Addictions Information - www.heretohelp.bc.ca
- beyondblue: The National Depression Initiative - www.beyondblue.org.au
- Borderline Personality Demystified - www.bpddemystified.com
- Canadian Centre on Substance Abuse - www.ccsa.ca
- Canadian Mental Health Association - www.cmha.ca
- Caring for Kids - www.caringforkids.cps.ca
- Centre for Addiction and Mental Health (CAMH) - www.camh.ca
- Centre for Addictions Research of BC, University of Victoria - www.carbc.ca
- Centre for Suicide Prevention - www.suicideinfo.ca
- Check Up From the Neck Up - www.checkupfromtheneckup.ca
- Child and Parent Resource Institute (CPRI) - www.cpri.ca
- Children's Mental Health Ontario - www.kidsmentalhealth.ca
- Correctional Service Canada Healing Lodges - http://www.csc-scc.gc.ca/aboriginal/002003-2000-eng.shtml
- depressioNet - www.depressionet.com.au
- Depression and Bipolar Support Alliance (DBSA) - www.dbsalliance.org
- Families for Depression Awareness - www.familyaware.org
- First Nations Child and Family Caring Society of Canada - www.fncfcs.com
- Healthy Minds Canada - www.healthymindscanada.ca
- Institute for Attachment & Child Development - www.instituteforattachment.org
- Juvenile Bipolar Research Foundation - www.jbrf.org
- LIFE: Living Is For Everyone - www.livingisforeveryone.com.au
- The LowDown - www.thelowdown.co.nz
- Manitoba Health – Mental Health and Spiritual Care - www.gov.mb.ca/healthyliving/mh/index.html
- Manitoba Schizophrenia Society - www.mss.mb.ca
- Mayo Clinic - www.mayoclinic.org
- MacAnxiety Research Centre - www.macanxiety.com
- Mental Health Commission of Canada - www.mentalhealthcommission.ca
- Mental Health First Aid (Australia) - www.mhfa.com.au
- Mental Health First Aid (Canada) - www.mentalhealthfirstaid.ca
- Mind your Mind - www.mindyourmind.ca
- Mood Disorders Society of Canada - www.mooddisorderscanada.ca
- Motherisk (Hospital for Sick Children) - www.motherisk.org
- Multicultural Mental Health Australia (MMHA) - www.mmha.org.au
- The National Aboriginal Circle Against Family Violence (Includes a listing of Family Shelters Across Canada) - www.nacafv.ca
- National Alliance on Mental Illness - www.nami.org
- National Association of Friendship Centres - www.nafc.ca
- National Eating Disorder Information Centre - www.nedic.ca
- National Empowerment Center - www.power2u.org
- National Institute of Mental Health - www.nimh.nih.gov
- National Institute on Drug Abuse - www.nida.nih.gov
- National Native Addictions Partnership Foundation (NNAPF) – www.nnapf.com
- National Network for Mental Health - www.nnmh.ca
- Nova Scotia Early Psychosis Program - www.e-earlypsychosis.ca
- Obsessive-Compulsive Foundation - www.ocfoundation.org
- Obsessive Compulsive Disorder Centre Manitoba - www.ocdmanitoba.ca
- OCD Ontario - www.ocdontario.org
- Offord Centre for Child Studies - www.knowledge.offordcentre.com
- The Organization for Bipolar Disorders www.obad.ca
- Pendulum Resources - www.pendulum.org
- Postpartum Support International - www.postpartum.net
- Public Health Agency of Canada - www.publichealth.gc.ca
- Psychiatry Online - www.psychiatryonline.com
- Psychosis Sucks - www.psychosissucks.ca
- Reach Out! - www.reachout.com.au
- SANE Australia - www.sane.org.au
- Schizophrenia Society of Canada - www.schizophrenia.ca
- Science and Management of Addictions - www.samafoundation.org
- Shyness and Social Anxiety Treatment Australia - www.socialanxietyassist.com.au
- Social Anxiety Network - www.social-anxiety-network.com
- Social Phobia / Social Anxiety Association - www.socialphobia.org
- Substance Abuse and Mental Health Services Administration (U.S.) - www.samhsa.gov
- Suicide Prevention Australia - www.suicidepreventionaust.org
- Teen Mental Health - www.teenmentalhealth.org
- Tourette Syndrome Plus - www.tourettesyndrome.net
- Turning Leaf Services - www.turningleafservices.com
- University of Michigan Depression Centre - www.depressioncenter.org
- Youthbeyondblue - www.youthbeyondblue.com
- Za-geh-do-win Information Clearinghouse (a library of information about Indigenous initiatives in health, healing, and family violence) - www.anishinabek.ca

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i In the medical world, the switching back and forth between depression and mania is called "cycling" and can present differently from person to person. There could be several episodes of mania and one of depression, or the opposite. Cycles can happen at different rates at different times depending on stress, medication, and other environmental factors. There can also be long periods in between cycles where the person feels neither manic nor depressed. "Rapid cycling" is when a person experiences four or more episodes of mania and/or depression in a year. Any person can develop bipolar disorder. However, studies indicate that highly creative, sensitive people – those tending to be perfectionists and high achievers – have a higher prevalence of bipolar disorder. A person's genetics, personality, and/or stresses in the environment (e.g., a major loss like the death of a loved one, separation, divorce, etc.) may also play a part in bringing on depressive or manic states.

ii The Six Stages of Change:

1) Precontemplation: In this stage a person has no intention of changing their behaviour; they likely haven't even thought about it. They may not see the behaviour as problematic. For example, a teenager may believe that his/her drinking is just "having fun with his friends." He/she may feel that his/her parents are just exaggerating the extent of his/her drinking. The person may not be fully aware of a problem possibly because they lack information about their behaviour or problem. Raising their awareness may help them to think about the benefits of changing their behaviour and help to move them to the next stage. The person may be heavily invested in the problem behaviour or wanting to be in control. Suggesting choices may be helpful as it enables the person to have a say in the situation. The person may believe that they cannot change their behaviour and as a result believes the situation is hopeless. Explore the barriers to change and attempt to instill hope. The goal at this stage is not to make the person change their behaviour but rather to get them thinking about the possibility of change and whether it may be beneficial to them. A non-judgemental attitude helps to lower any defensiveness about the behaviour.
2) Contemplation: In this stage, the person recognizes that a problem exists and is open to considering action but has not made a commitment to change. Ambivalence is a cornerstone of this stage. The person's intentions may wax and wane as they consider the possibility of change. They are open to information but have not been fully convinced. Information and incentives are important at this stage. Discuss with your family member the pros and cons of the behaviour as well as the pros and cons of change. Let them describe this from their perspective. Even when someone isn't willing to change, they may still see some negative aspects of the behaviour. Understanding what they see as the positive aspects of the behaviour will help in identifying barriers to change. Ask about previous attempts to change. Look at these in terms of some success rather than 'failures.' Offer additional options if the person is interested.
3) Preparation: At this stage the person has decided to take some action and may have already taken steps in that direction. As a person moves through this stage, they work towards a serious attempt at changing. Their ambivalence is decreasing, although pros and cons are still being weighed. Help your family member to build an action plan and remove any barriers. Figuring out a way to evaluate the success of the plan is also important.
4) Action: In this stage the person is aware of the problem and actively works towards modifying their behaviour or life in order to overcome the problem. Change usually requires sustained effort. Support your family member by helping them to evaluate their change plan. Is it working?
5) Maintenance: The person has made a change that is not yet habitual or the person still struggles getting past daily temptations. This stage involves learning how to reward themselves for doing well, taking "slip ups" with grace and self-compassion, and being able to move on from any mistakes towards their change goal(s).
6) Relapse: Should someone go back to an old problematic behaviour, it is important they understand what triggered them to relapse and then find a way to manage that trigger in the future. Sometimes it involves going through the preparation and action stages again in order to make a renewed commitment to the change.

iii **Course of Psychosis**

The typical course of the initial psychotic episode can be conceptualised as occurring in three phases – the prodromal phase, the active phase, and the recovery phase.

Psychotic illnesses rarely present out of the blue. These disorders are almost always preceded by a gradual change in psychosocial functioning, often over an extended period. This period during which the individual may start to experience a change in themselves, in which they have not yet started experiencing clear-cut psychotic symptoms, can be thought of as the prodromal phase of the illness. Changes in this phase vary from person to person and the duration of this phase is also quite variable, although it is usually over several months. In general, the prodrome phase is a fluctuating and fluid process with symptoms gradually appearing and changing over time. Some of the changes seen during this phase include:

- Changes in affect such as anxiety, irritability, and depression
- Changes in cognition such as difficulty in concentration or memory
- Changes in thought content, such as a preoccupation with new ideas often of an unusual nature
- Physical changes such as sleep disturbance and loss of energy
- Social withdrawal and impairment of role functioning

The person may also experience some attenuated positive symptoms such as mild thought disorder, ideas of reference, suspiciousness, odd beliefs, and perceptual distortions which are not quite of psychotic intensity or duration. These may be brief and intermittent at first, escalating during times of stress or substance abuse and then perhaps subsiding before eventually becoming sustained with the emergence of frank psychosis. Many of these changes are quite non-specific and can result from a number of psychosocial difficulties, physical disorders, and psychiatric syndromes. However, it is clear that persistent or worsening psychological changes in an adolescent / young adults may herald the development of a mental disorder such as psychosis and this possibility needs to be kept in mind, particularly if other risk factors are present.

The active phase of psychosis is characterised by the presence of positive psychotic symptoms which include thought disorder, delusions, and hallucinations. Hallucinations are sensory perceptions in the absence of an external stimulus. The most common type are auditory hallucinations. Other types of hallucinations include visual, tactile, gustatory, and olfactory. These are less common and an organic cause may be evident in these situations. Delusions are fixed, false beliefs out of keeping with the person's cultural environment. They may be sustained despite proof to the contrary. These beliefs are often idiosyncratic and very significant to the patient but hard for other people to understand. Delusions often gradually build up in intensity, being more open to challenge in the initial stages, before becoming more entrenched. They can take many forms. Common types of delusions include:

- persecutory delusions
- religious delusions
- grandiose delusions
- delusions of reference
- somatic delusions
- passivity delusions (thought insertion / broadcasting / withdrawal)

Thought disorder refers to a pattern of vague or disorganised thinking. The person with thought disorder might find it hard to express themselves. Their speech is disjointed and hard to follow. It is also important to remember that many patients with an underlying psychological / psychiatric disorder will initially present with physical symptoms which concern them such as tiredness, repeated headaches, or insomnia. An underlying psychological disturbance should always be considered in an individual presenting with persistent or ill-defined somatic complaints in the absence of demonstrable physical pathology on examination or investigation.

The majority of young people experiencing their first psychotic episode will transition into the recovery phase and make a complete recovery, although a significant minority (around 10-20%) will develop persistent symptoms. However, the trajectory of recovery is quite variable. Once treatment is instituted, some people will get better slowly but surely, whilst others will go through a period with a seeming lack of progress and then make sudden shifts in well-being. Slow or partial recovery needs to be managed in an early and assertive fashion and in general requires the use of more sophisticated psychological and pharmacological strategies. Once full recovery is achieved the major focus in on maintaining and promoting wellness and the prevention of relapse. Each relapse represents a potential risk point for the development of more enduring impairment and disability and appears to contribute to treatment resistance. Long-term, assertive follow-up is therefore essential for the vast majority of people with a psychotic illness.

Recovery is the norm after an initial psychotic episode and around 25% of affected young people will then never experience a further psychotic episode. The rest remain vulnerable to future exacerbations of their psychotic disorder.

Supporting the person after an episode

What people need after an episode of illness varies from person to person and even between episodes. The person may need time to get better, to get over the impact the episode had on their lives, and to resume their usual activities. You may need to adjust your expectations of the person. There are a number of ways to support the person after an episode of illness. Consider the following suggestions:

- The person may need rest, routine, something to do, something to look forward to, and love and friendship. If you don't know what they want or need, ask without being domineering or overindulgent.
- Do things with the person, rather than for them, to help to rebuild their confidence.
- Focus on wellness and positive behaviour, rather than illness and problematic behaviour.
- Encourage the person not to try to get everything done at once, to prioritise essential tasks, and do less stressful activities. If the person finds it hard to make a start on things, encourage them to set a small manageable goal.
- Offer assistance if the person has difficulties with remembering things or concentrating (e.g., assist the person to remember appointments by writing them down).

Supporting the person with mild ongoing symptoms or difficulty functioning

Some people do not need or want support with their illness between episodes. However, if the person has mild ongoing symptoms or difficulty functioning they may welcome a little appropriate support. Ask the person if they have consulted their clinician about ways to manage these symptoms or difficulties or about what has worked in the past. Encourage the person to keep to a basic routine that includes regular sleep patterns and time for relaxation.

Identifying triggers

The first step is to get to know some of the triggers that may affect the person. It may help to have an idea of what commonly triggers symptoms. Some triggers will be unique to the person, so ask them what they think triggers symptoms or makes them worse. Also think back to the person's previous episodes and work out if there were particular stressors that occurred just before they became ill.

Lifestyle factors to encourage

You can support certain strategies the person uses to reduce triggers and keep well. These might include regular sleep patterns, a sensible daily routine, a healthy diet, and regular exercise. The person should reduce or avoid the use of alcohol or other drugs and find healthy ways to relax and unwind.

Practical help

There might also be practical things you can do to help reduce triggers such as cutting down the number of responsibilities the person has at home when they are struggling with mild symptoms. The person may also benefit from practical assistance if a stressful event occurs. Offer to listen if the person needs to talk and, if they want to, discuss options for solving any problems that are causing stress.

Reducing conflict

Some people with mental illness are very sensitive to stressful interactions (e.g., conflict or distressing criticism) and this can contribute to relapse. Mental illness can put a strain on relationships. If there is conflict in your relationship with the person, it may help to find out about good communication skills and ways to express grievances that are not hostile and can bring about positive change. In relationships it is also important to communicate about positive things, not only about problems. However, do not blame yourself for the occasional emotional outburst.

Helping to prevent relapse by recognising warning signs of illness and potential triggers

Some people who experience recurrent episodes of mental illness show consistent early warning signs over time. However, they may not always be aware of these changes. If you know the person's warning signs / triggers, you may be able to help them to recognise when they occur and to take steps to prevent relapse. If the person does not want assistance in this matter, noticing when the signs / triggers occur can make it easier for you to understand the person's behaviour and plan how to respond to it. Research studies suggest that learning ways to recognise and respond to warning signs / triggers may help reduce relapse. There is some introductory information below and community and health services in your area may be able to provide additional training.

Knowing the person's warning signs

Get to know the person's typical warning signs by learning which warning signs are common for a lot of people, such as changes in sleep and appetite. Ask the person if they are aware of any warning signs themselves. Think about the last time the person was ill – what did you notice in the days and weeks leading up to the episode? It might help to write a list of warning signs so you can refer back to them.

Identifying the person's warning signs when they occur

Be alert to changes in the person's usual behaviour and thinking. Remember though that some variation in mood is normal and needs to be distinguished from mood symptoms. Emotions that depend more on good or bad things occurring in the environment usually resolve quickly and don't cause much disruption to daily life. It is important to keep an eye on mild ongoing symptoms between episodes as they increase the person's risk of relapse. Be careful not to constantly question everything the person says and does for signs of illness, or it may be difficult for them to enjoy the times when they are well. Being very familiar with the person's pattern of illness may help you to distinguish if something is a warning sign or not.

Communicating with the person about their warning signs – talk to the person when they are well about how they would prefer you to communicate when you have noticed warning signs of illness so you are able to handle this as tactfully as possible.

Express your concerns in a way that is non-judgmental and unthreatening (e.g., "I have noticed that you have been a bit down lately."). Let them know what warning signs you have noticed as soon as possible. Ask the person if they have also noticed these and if they could be warning signs of illness. If the behaviour you have noticed occurred in a previous episode, remind the person about this and explain that this is the reason for your current concern. If you are unsure whether something is a warning sign, discuss this with them. If the person is anxious about becoming ill, reassure them that they can deal with the illness and that you are available to support them.

National Native Addictions
Partnership Foundation

Fondation autochtone nationale
de partenariat pour la lutte contre
les dépendances