

Information for Carers

Carers' Recovery

COOL (Carers' One to One Link) started discussing recovery for carers in 2000, when a carer realised she needed and wanted to recover her own life, even though the person she cared for, and about, was not able or willing to recover his own life at the time.

She realised she too, was stuck in his illness which was the main focus of family life. All revolved around being mentally ill.

'The chaos that ensues is emotional, physical, practical and social. It threatens the ability to love and cherish. It prompts a desire to get away. It engenders denial and a need to be absolved of guilt. Sometimes it gives rise to the real fear of the personal safety of anyone involved. Jobs are threatened and friendships seriously disrupted. This is a personal disaster which often with little warning, rips apart the fabric of life, challenging values and distressingly altering expectations for the future.'

Recognition of grief

Recognition that grief plays a large part here. What is needed is consolation, comfort, kindness and hope. Achieving tranquillity, by whatever means, is a major objective along the recovery highway. You have done all you can or more than you should. Nothing seems to make a difference. You are the main carer and closest. You bear the brunt of the person's 'illness' and share the isolation, helplessness and fear.

You have tried everything, you are exhausted, depressed, feel guilty - 'what have I done wrong'. You feel bereaved - you have lost someone you were close to. You do not know this new person. And then everything seems OK, for a while, until the next time. This leaves you on tender-hooks, alert for any sign of change.

Often this is happening well before someone becomes a client of mental health services and before you realise your additional new role as carer (as well as being partner, parent, child, sibling etc.)

- Relatives and friends may have been caring on their own for years, months, weeks.
- People generally know very little about mental health issues or illness.
- Families often don't know that help is available or where to find it.
- People want to cope, and find ways of coping until a crisis develops, beyond their scope.

- Often the carer knows the person cared for intimately.
- Carers can get stuck at the point where their relative becomes ill, caught up in the strangeness of it all.
- It's different for everyone

When services become involved

- Services must listen and respond to carers
- Carers must be involved and included in planning and treatment. They often know the client best - having lived, loved, worked and had fun with them, maybe all their life.
- Carers must be helped to consider their own needs regarding what they want and are able to do, and changes they want or need to make for their own well-being and for the person they care for.
- Be real and honest.

Detaching with love

Setting boundaries - not tolerating abuse from anyone. Mental illness is not an excuse.

Consider your own needs - for sleep, family, friends, socialising, work, leisure activities, spirituality and ensuring these needs are met.

Risk - allowing the person to face the consequences of their actions i.e. no longer rescuing. If we keep rescuing, we may inadvertently create a dependency and be helping people to keep on with their self destructive behaviour and not find the help they need to embark on their own journey of self discovery. This idea comes from AA, where people have to hit a rock bottom before they themselves decide to get well.

Developing faith - the person is on their own personal journey.

Developing trust - they can handle life and its challenges - with support. They are not helpless.

Letting go - of total responsibility for 'caring' by developing good relationships with professional staff and trusting them to do their bit. Engaging other family members or friends and trusting them also.

Setting a vision or goal for recovery of relationships

What could this look like?

We have a good relationship, see each other regularly, enjoy each others company and lead our own lives.

Vision for carers' personal recovery

- **Carers leading a full life**, able to maintain equilibrium in face of the ups and downs of the person you care for and about.
- **Ability to detach with love**; 'I am not abandoning you. I am trusting you to find your own recovery path when you are ready. I am here to help you when I can.'
- **Acceptance of what is**. Life isn't going the way you thought it might and all your feelings; anger, guilt, depression, sadness, bargaining and acceptance are part of the grieving process and have been acknowledged and integrated.
- **Joy can return**.

Ideas about how to get there

1. Taking responsibility.
2. Develop a healthy self-regard.
3. Keep the focus on your own recovery.
4. Professionals develop a healthy regard for carers, and carers for professionals.
5. Get the support you need. For example: see friends, join a support group, see a nutritionist or other complementary therapist, counsellor, Carer Support Worker, or find other ways to get the emotional support you need i.e. talking things through with friends, reading self-help books, attend courses on recognised grieving, co-dependency etc.
6. Be willing to invest in yourself, spend time, money and most of all care for yourself. Do whatever it takes.
7. Be gentle with yourself; allow yourself to make mistakes. Be forgiving. You have been through a lot.
8. Know that it will take time. The grieving process can take two years and personal growth is a life-long process.

9. Introduce things you love to do at times when you would have made a sacrifice to meet the needs of the person you care for.
10. Consult yourself daily as to how much you actually want to give.
11. Let go of obligations and responsibilities that are not yours and over which you have no power or control.
12. Have fun and enjoy yourself sometimes.

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