

2. Responding to difficult behaviour symptoms

“I want to do the right thing, but I just don’t know what to do.”

It can be difficult to know how to respond to someone when they are experiencing mental health problems. Sometimes the most effective way to respond to a particular behaviour symptom may not be the most obvious or instinctive. Sometimes it can seem easier not to say or do anything, for fear of making things worse. This section gives some basic advice and guidance on how to respond to some difficult behaviour symptoms that families can encounter.

A simple rule for responding to any difficult behaviour symptom is to separate the behaviour symptom from the person. If your relative, partner or friend feels they are being labelled, or criticised, this can further damage their self-esteem and it is unlikely to encourage any changes in their behaviour. Identify the behaviour symptom that you find difficult and then respond to the behaviour being clear about the impact it is having on other people.

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Try not to say



You are messy

Try to say



I find your messy behaviour difficult

When responding to difficult behaviour symptoms, it is always helpful to try to reinforce more of what you do want and less of what you don't want, ie try to avoid "You lay around all day and don't do anything" and instead say "It was really helpful of you when you did the washing up last week."

It is important to recognise that families frequently develop very effective strategies for responding to difficult behaviour symptoms without advice and guidance. If what you are doing is working, then continue to use the techniques you have developed.

It is only when you find your strategies are not working that you may find it helpful to change the way you respond to difficulties. It can be helpful to think about these changes as 'experiments,' since until you try the change you won't know if it is effective or not. There is always something you can learn from trying new ways of responding, even if it is only gaining a better knowledge of what doesn't work for you and your relative.

If you are thinking of making changes in the way you respond, it can be very helpful to prepare what you are going to try. By preparing a response in advance, it will be easier to respond in a different way when you are placed under pressure.

For more information and guidance on developing the most effective ways of communicating with your relative please see *Part 5: Enhancing family communication*.

Responding to aggressive or violent behaviours – ‘diffusion techniques’

Families supporting someone with mental health problems are often concerned about how to respond to the person they support when they are unwell. What boundaries should you set and what should you consider to be acceptable and unacceptable behaviour?

When someone is very upset or angry they will often take this out on themselves or on the people closest to them, they may become aggressive or violent. These situations can be difficult to handle and relatives, partners and friends can feel powerless and not know how to react. There are, however, a number of useful tips that can be developed through practice and experience.

At the time...

Count to 10 Before you react to the situation try to count to 10. As you do this, you can assess the situation and decide on the best course of action. People who are unwell or distressed are often frightened and need someone else to take control. If you become visibly upset, your relative may feel unsafe and this can result in their behaviour becoming more extreme.

Body language People are sensitive to body language and your relative will be no exception. Try to avoid aggressive stances such as clenched fists, folded arms, pointing or staring. Try to adopt more neutral or positive positions such as keeping your hands in sight and your shoulders down, and try to smile. Try to avoid too much direct eye contact and make sure there is an exit route from the room for yourself and your relative. It will help if you remain calm as anxiety can be infectious.

Space Most people, whether unwell or not, do not like to have their personal space invaded and will become aggravated if they feel crowded. It will help to give your relative space. Try not to corner them, but stand at arms length. Space can also be important in preventing an aggressive outburst. Ensure you respect your relative's privacy. For example, you can knock on their door before you enter and try to avoid asking probing questions.

What you say and how you say it Avoid put downs, sarcasm, and jumping to conclusions. Unwell people often have very low self-esteem and a heated response will only make the situation worse. It helps to be aware of the tone, pitch, and volume of your voice. If someone is shouting, it is tempting to shout back. However, the reverse is also true and if you speak to your relative in a soft tone, they will find it difficult to keep on shouting. Try to use positive humour where possible as this can defuse many situations.

Physical contact It's important to be aware of how and when you touch someone. Try to avoid sudden movements and do not grab or grip your relative. Aim to avoid touching the back of the neck, their face or any other areas where you know they do not like to be touched. It is very important you do not try to restrain your relative.

Empathise and sympathise If your relative is distressed about something it is unhelpful to tell them they are being silly or irrational, or to ignore their distress. Try to empathise, but avoid becoming too caught up or entrenched in their narrative. They may be well within their rights to feel angry or distressed so it can help to show that you are listening and acknowledge their distress.

If you cannot understand what is upsetting your relative, or feel that it is the illness talking, you can use general phrases such as *“It can be normal to feel that way if you are feeling persecuted,”* and *“You are not alone in thinking like that,”* so that you still sympathise with what they are saying. It may also be beneficial to discuss what you, or they, could do to address the problem.

Take threats seriously If your relative is threatening violence to themselves, or to you, it is important to take it seriously. Give a firm command to *“Stop”* and ask for any weapons to be put down, not handed over. If the behaviour continues, you should leave the room or, if necessary, the house. You can phone to check the situation is calm before you return. If you feel threatened by your relative’s behaviour, it is important that you seek help, contact their care team, or call the police.

Venting If your relative is able to talk about something, let them keep going. You can facilitate this by asking ‘open ended’ questions, not ones that require a “yes” or “no” answer, see page 99. When someone has the opportunity to vent they will often calm down independently.

Split an argument If you are observing an argument it is better not to get involved yourself. If you can take one person into a separate room for a chat, it will help to do so. If not, try to get both people talking to you rather than at each other. By not joining in arguments you can prevent escalation and your relative is more likely to see you as a ‘safe’ person to talk to.

After the event and day to day...

Discuss the behaviour Whatever the behaviour, from violence to inactivity, discuss the problem with your relative and their care team. It is important for the team to be aware of behaviours you are coping with and whether you feel at risk. The team may be able to suggest practical strategies you can use. Try to discuss the behaviour with your relative and with other people involved. Each family will have their own way of dealing with things and there is often no right or wrong way to handle situations. It is important to try to find a solution that works for you all and it may be worth drawing up a plan that everyone can stick to. It can help to take a note of things that don’t work so that you don’t use these again.

Set clear limits It is essential to set clear limits of what you will and won’t accept. Violence or aggression is never acceptable and these issues should be discussed openly with the family and with the care team. Try to ‘debrief’ after an incident – discuss what happened and why. Your relative may feel guilty about their behaviour and this can lead to even lower self-esteem and resentment if it is not addressed. It is far better to discuss the incident openly and repeat what you will not accept.

Get to know the signs There are usually signs that someone is becoming tense or angry, for example facial expressions or pacing about. It is worth learning to recognise these signs in your relative so you can intervene before the situation escalates.

Get to know the triggers There may be certain events or situations that trigger distress and aggression in your relative. It can help to think back to recent outbursts and see if you can identify any common triggers. Some people find it helpful to keep a diary to record

patterns of behaviour. If you can understand the behaviour and its causes, it may increase your confidence and help you to prevent it happening again.

Separate the person from the disorder If you are able to understand what part of your relative’s behaviour is due to the disorder and what part is their personality, you may find them easier to deal with and not take things personally. It may also help you to decide what behaviours you will tolerate. For example, you may be able to tolerate them shouting in response to difficult voices they are hearing, but not accept shouting at someone in anger and frustration.

Self-awareness If you are in a bad mood you may react more strongly to things that would not usually matter. Being aware of your mood will help you to adjust how you react to your relative. It is important to be honest, so try not to pretend you are happy when you are not. Your relative is likely to see through it, so it is better to explain that you are in a bad mood and tell them why.

Environment Try to think about how your environment may be affecting the people living in it. Sensitivity to colour, noise and temperature can all have an effect on your relative’s mood. Some homes have areas where tensions seem to come out. You could think about making some practical changes such as muting the colour schemes and creating space to make the area feel calmer. It may be worth creating a quiet space in your house where your relative can go to ‘chill out.’

Accept change It is helpful if you can come to accept that your life has changed, at least for the time being. Holding onto resentment – and to how your life used to be – may increase the guilt felt by your relative and will not allow

either of you to deal with the current situation. If a problem arises, try to be prepared to deal with it there and then, even if it means inconveniencing other people.

Help for yourself Even if you manage to deal with outbursts as they happen, you may find you become ‘run down’ and distressed over time. You will not be in a position to help your relative if you are feeling stressed yourself, so it is important to find ways to help you cope.

Many families benefit from having someone to talk to about their situation. For example, another family member, a friend or a carers support worker. Many people find it helpful to talk to other people who have had similar experiences as this can be very reassuring and reduce feelings of isolation.

It might be helpful to learn new skills to help you cope with the changes in your situation – you can ask the care coordinator about family work to see if you would find it helpful. Family work is designed to support families in making changes in communication patterns and uses a practical and pragmatic problem-solving approach. Try to make sure you pursue your own interests and hobbies and take breaks from your caring role. You can ask the care coordinator for a carers assessment, see page 123, and discuss what support is available for you.

Responding to inactivity and withdrawal

People who have experienced a mental health crisis may appear to be quieter and more withdrawn. They may have muted emotions and facial expressions, show a lack of enthusiasm and interest, and may be less affectionate and talkative than they used to be. Inactivity and withdrawal is a common symptom for many mental health disorders.

This kind of change can be very upsetting for families and it can appear as if your relative is just disinterested and lazy. It is, however, more likely that these are the effects of mental health problems. The best way to deal with these symptoms varies from person to person and you will usually find a solution that suits you and your family. However, there are things you can try to make the situation less distressing and to encourage change.

Do not personalise Try not to take it personally or blame yourself for the situation. Remember that the muted responses are an after-effect of the crisis or a symptom and your relative is not deliberately trying to exclude you.

Be patient Over time all these symptoms will improve, and as your relative becomes more active their 'spark' will gradually return. It is important to remember that they will need to sleep and have time on their own whilst they are recovering. Pushing too hard or too fast will only set them back. Try not to nag or criticise as this will make them feel more helpless and try not to insist on things being done.

Reward As they begin to improve, you can offer subtle rewards such as a favourite breakfast to encourage them to get up and do things. Try to think of activities they will enjoy to encourage them to leave the house.

Provide space Allow your relative time to be alone. You can make contact when they come out of their room, or offer the occasional cup of tea, etc. Try not to obviously 'check up' on them. If they prefer to stay in their room, let them to do so, but maintain certain boundaries such as not eating meals there. It is better to leave food in the kitchen to encourage them to come out.

Gently encourage It is not helpful for someone to do nothing all day, but try not to nag them to get out and do things if this is beyond their capabilities. If your relative says they are bored, try to encourage some simple activities such as watching TV, doing a puzzle or going for a walk. Try experimenting with a variety of activities to find out what they feel able to do.

Clear direction Simple and straightforward requests will often get the best response. Your relative may find it hard to focus and concentrate – long-winded explanations or discussions can confuse them. In many cases this can lead to further loss of confidence or hostility. At first, you may find it hard to communicate using simple statements as they lack emotion and humour, and it may feel unnatural. If this is the case, practicing simple statements with someone else can help. Communicating like this can be upsetting when you are used to warm discussion, however it is important to remind yourself that this is necessary and only short-term.

Enlist others Try and seek help from other family members, siblings or friends in doing activities. Your relative may respond better to someone else, and particularly someone near their own age. This is also less stigmatising and will prevent them becoming overly dependent upon you. However, try

to remember to use caution and not to insist that anyone help if they do not want to. Your relative is likely to pick up on disinterest and this will not help their confidence.

Develop a routine Try to develop a routine for the family so things are predictable. Encourage your relative to join in with this routine so that their life develops some structure again. Routines can be particularly helpful in encouraging your relative to increase their hygiene and personal care if this is posing a problem. You can negotiate a day and time for bathing, etc and try to help them stick to it. If at first they need to eat or sleep at unusual times, it is best to make allowances for this. Gradually encourage them into the routine rather than insisting that they stick to it from the start. If this poses a significant problem, for example keeping the rest of the household awake, set clear boundaries and explain why certain behaviours are not acceptable.

Achievable tasks/chores When your relative begins to feel a little better, you can try to give them simple, achievable chores or tasks to do. It is important to remember that they may find this hard, may become easily distracted, or may make mistakes. Try not to expect the task to be done immediately, or to complain if it is not done at all, and do not expect too high a standard. Try not to 'take over', or watch over your relative as they are doing a task, as this will undermine their confidence. Praise them when they have done a task even if it was not done to your standards. Your expectations can be raised as your relative becomes more active and confident.

How to praise your relative when they have achieved something Look at your relative, say exactly what pleased you (such as what they have done in the garden, making a phone call, being considerate, offering to help, going

shopping etc) then briefly outline how it made you feel and the benefits their actions have brought for you and/or other family members. For example, *"Helping with the clearing up has meant your Mum could watch her favourite TV programme; she is delighted, well done."*

Be realistic Try not to expect your relative to do things they are afraid of doing. For example, socialising, or things that are confusing or complicated like shopping. These will come when they have developed their confidence and skills. Try not to overload them with suggestions, activities, requests or visitors.

Keep a list It's a good idea to keep a list of things they like to do. If you get stuck for ideas, try using simple problem-solving techniques – pinpointing a goal or need, such as going out more. Then try to identify a number of solutions, highlight the advantages and disadvantages of each, agree on the 'best' solution and then plan how to carry it out.

Take breaks Try not to wear yourself out worrying about your relative and try not to fuss over them. It is important to take breaks yourself – visit friends and continue with, or take up, some hobbies.

Keep a diary It can sometimes feel as if you are getting nowhere and that your relative is still as withdrawn and inactive as they were a few months ago. It is helpful to keep a diary so you can compare how they are now to how they were at the start. This can also be helpful for your relative as they can also see how much progress they have made.

Responding to strange talk and beliefs

When someone is unwell and hears voices or has strange beliefs (delusions), they can often say or do things that make no sense to their family. It is often difficult to know how to deal with this situation and whether to agree, ignore, or argue against the strange talk.

Hearing voices for some people can be comforting, positive or inspiring. For others, the experience of hearing voices can be highly distressing and disturbing and can have a very negative effect on their lives. Voices can be critical, hostile and even push someone towards antisocial acts against themselves or others. People who are unwell may also find their thoughts are jumbled or their speech confused and disjointed. Below are a number of tips that might help in understanding and responding to strange talk and beliefs.

Recognise their reality It may be difficult for you to understand what your relative is experiencing, but it is extremely important to acknowledge that it is very real for them. It might be helpful to compare it with the beliefs held by someone who has a different religious faith to yourself. Although you may not share those beliefs, they are very real for the person who has that faith, and at times they might do things you find quite strange because of their beliefs.

Do not argue Try not to argue about their beliefs or ideas as this is unlikely to change anything and will only upset all those involved. Try not to ignore your relative either by remaining silent. Their self-esteem and confidence will already be very poor, so try to listen to what they are saying or direct them to someone else who can listen to them.

Recognise they may feel very alone Religious beliefs are shared by a community of people who share a common understanding. With delusional beliefs, every person's experience will be unique and the person experiencing them can feel completely on their own with their beliefs. This can make them feel very isolated, lonely, misunderstood and frustrated. It is important to recognise how frightening this

can be to the person experiencing delusions or hearing voices. Encourage your relative to talk to other people who have had similar experiences.

Show understanding You may not be able to understand what your relative, partner or friend is experiencing but try to focus on how the voices or delusions make them feel. Try to empathise with, or show understanding for, the feelings they are talking about and respond to the feelings even if you do not understand the delusions or voices. Try to strike a balance between not colluding, or agreeing, with strange ideas but acknowledging that it feels very real for your relative, eg *"I can imagine that if you are thinking that people are after you that would feel really scary."*

Provide space There may be times when your relative is really struggling with their thoughts and someone talking and asking questions may cause them further confusion. Knowing when to talk and when to leave them alone may be difficult, but if you can find a balance it can reduce stress and prevent conflict. If you are unsure, you can ask your relative if they would like some space or some company.

Avoid stress If your relative is hearing voices,

stressful situations can make this much worse. Try to work out ways of creating a calm environment. However, it is important that people do not hide away in order to avoid all stress, as this can result in the voice hearer increasingly isolating themselves. Extreme social isolation can contribute to voices becoming more problematic. If you need support with this please talk to the care coordinator.

Avoid negativity Try not to be embarrassed or annoyed by strange talk, and do not undermine your relative by telling them their thoughts are silly or irrational. Do not allow other people to mock or criticise them as this will further decrease their confidence and self-esteem, and it is likely to cause conflict.

Find the right person It may be that you cannot cope with listening to your relative when they are hearing voices or talking about their beliefs. That is fine and you can be clear that you are not the best person for them to talk to – encourage them to talk to another person. Try to help them find someone they can trust who would be a better person for them to talk to, eg another member of the family, a friend, professional or another voice hearer in a self-help group that they feel comfortable with.

Encourage talking to clinicians If your relative wants to talk about their voices or beliefs, you can encourage them to describe them to their care team. This will not only lift some of the burden from you, but will also ensure that the team gets to know the kind of beliefs and worries the person has.

Find a local self-help group Encourage your relative to get more information about hearing voices and/or details of the local group for voice hearers. Many people continue to hear voices but have learned to manage them so they are not negative or destructive. If they

seem unwilling, you can still leave information about for them to follow up on their own if they change their mind. There are also internet sites where voice hearers can share their experiences, these can be helpful in learning to develop self-management techniques.

Reassure your relative that it is quite common to hear voices. Around 1 in 10 people will hear voices or experience other hallucinations at some point in their lives, and many people have found it very useful to talk to others who hear voices and share their experiences.

Help develop their self-confidence Learning to be positive about themselves can help your relative reduce the intensity of negative voices. People often experience very poor self-esteem and self-confidence when they are experiencing negative voices and experiencing distressing delusions. Try to help your relative feel more positive about themselves as this can help them tackle the underlying problems they are experiencing.

Encourage more control over the voices Try to support your relative to stand up to the voices by developing techniques that work for them. People can learn to manage voices using a whole range of coping strategies. Different approaches work for different people and everybody needs to learn what works best for the voices they hear. If you would like to know more about different coping strategies, please ask the care coordinator or a carers support worker.

Be clear about your limits Delusional ideas can grow, so if you agree to everything they request, you may end up with a very restricted environment which is not necessarily helpful for anyone. If your relative find something very distressing and insists on a certain solution – for example keeping all the windows shut to

keep people out – decide whether this is a behaviour that you and the rest of the family can tolerate. You can ask the care coordinator for advice on how to 'problem-solve' when you find situations difficult or unacceptable.

Responding to an episode of 'mania'

A period of mania, or 'a manic episode,' can cause a person to behave in a reckless manner or make unwise decisions. One way to help alleviate the concern this creates for families and friends is to develop a plan for how you will manage potentially difficult times. When your relative is well, sit down and talk about how things could be handled in the event they should become unwell. Developing a crisis plan can help to ensure that everyone knows what to expect and what to do should they become unwell again.

During a period of mania your relative's mood can influence their judgement so that they are more likely to make risky decisions. The symptoms they may display could be:

- inflated self-esteem and grandiose or self-important thoughts
- increased creativity and productivity
- 'racing' thoughts
- increase in physical and/or goal-directed activity and/or starting unrealistic projects
- elevated or 'high' mood states such as cheerfulness, optimism and happiness – this may not be in response to what is happening and may continue despite hearing bad news or being in danger
- increased irritability or belligerence; this may be irrational or overblown in response to relatively minor things
- misperceptions and misunderstandings which may lead to frustration and a

decreased ability to communicate with others

- decreased 'inhibition' (a sudden increase in sexual urges or sexual activity) and psychological impairment (finding it hard to think clearly). This may result in impulsive or risk-taking behaviour such as reckless spending, gambling, shoplifting, promiscuity and other risky behaviour. There may be an increased risk of substance abuse problems and they may consume excessive amounts of alcohol
- decreased perception of need, or ability, to sleep
- increased energy
- denial of any problems.

If this is the first time you have experienced this kind of behaviour and you think they may be a risk to themselves, or someone else, it is very important to get professional help as soon as possible. When trying to talk to your relative try to use the basic communication skills on page 98, as they may find it difficult to take in and respond to what you are saying to them. When the period of mania has finished try to agree some basic rules, just in case it should ever happen again.

If this is not their first episode of mania, you can learn a great deal from past experiences and this will help minimise the potential risks. Opposite are some questions you can ask yourself to help you with this process.

Overleaf are some examples of strategies that other families have found helpful in preventing risky behaviours that may be useful to share with your relative following a period of mania.

Based on your past experiences, what are the particular risks for your relative or what behaviour tends to become more tempting as their moods change?

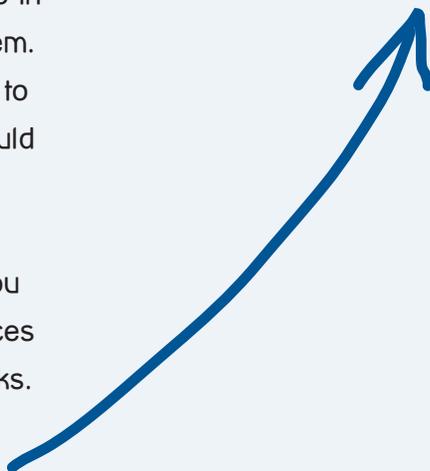
What did they do before that they now look back on and regret?

How might their mania 'trick' them into thinking everything was OK and that they did not have to take precautions?

Are there some things that they can remind themselves of so they are less likely to be misled by the high of the mania?

What are some of the valuable lessons they have learned as a result of going through a manic episode before?

Based on the answers to these questions, what strategies might they be willing to try so you can lessen the chances of them doing things they will regret?



Identifying early warning signs and taking action before it becomes a crisis and communication becomes very difficult. It may be possible to avoid a crisis if your relative takes action at an early stage. Most people display early warning signs that they are becoming unwell, although these will be different for each individual. By recognising what your relative's early warning signs are and learning the most effective actions to take, you will stand a better chance of helping to prevent a full-blown crisis.

Implement rules that have been established beforehand with trusted others. For example, for them to give their credit cards to someone else to hold, to avoid having alcohol in the house and for someone to contact mental health services immediately.

Pick the right battles Try to avoid situations where unnecessary confrontation is likely. You will need to be careful to focus on the most important issues and concentrate on those.

No big decisions rule Avoiding irreversible decisions such as spending all their savings.

Two-person feedback rule When they have a new idea, test out the plan with at least two people they trust. This can help them distinguish between an idea that 'feels' like a good idea with one that actually 'is' a good idea. An idea is more likely to be truly useful if two people they respect think it is reasonable.

Sleep on it rule Using a 48-hour rule where they wait at least two full days with 2 nights sleep before acting on any decisions.

Review the decision rule to avoid a tempting, but risky, behaviour. List costs and benefits of any tempting behaviours when they are feeling well. Write these out on pieces of card to use as a prompt when they are feeling tempted during a period of mania.

Using imagery to foresee possible negative consequences of an action. Try to create a visual image of what might happen should your relative carry out the risky behaviour.

Using caution when acting on strong feelings. Reminding them that even though a feeling may be extremely intense, it does not necessarily last very long; this may help them wait it out.

The support of family can be a very valuable part of your relative's treatment plan. Your relative need to decide how you can help them best if they have a period of mania in future. You can then agree, or decline, to take on the role they would like you to have. If they would like you to do something you feel unable to do, you can help them find someone else they trust to take on that particular role.

Supporting your relative to develop their own strategies is something you will all need to think carefully about when they are not experiencing symptoms of mania.

Developing a crisis plan As a family, you may want to agree a set of written instructions stating ways everyone can be helpful in preventing and managing flare-ups in symptoms. Once you have decided on the strategies or plans you all feel comfortable using, the plan can be communicated to all the people they trust and mental health professionals involved in their care. The plan may include giving someone else permission to intervene or help them when necessary. It is important for them to spell out their wishes in very clear terms. For example, *"If I have not slept more than 4 hours a night for 3 days, I give you permission to call my psychiatrist without asking me."*

If you have plans in place, once a period of mania has finished it is important to review how well the plan worked and whether any changes, adjustments or new approaches are needed in case of a future episode.

Responding to anxiety behaviours

A person experiencing an anxiety disorder, or anxiety behaviours, is much better equipped for effective self-management if they have at least one other significant person in their life providing effective support. For families this can be very challenging if you have not been offered advice and guidance on how to support your relative, partner or friend effectively. Sometimes families can unknowingly reinforce anxiety behaviours as some of the most effective responses may not seem particularly natural or instinctive at first.

There are a wide range of anxiety disorders and you will need to look for specific guidance for the particular anxiety disorder your relative is experiencing. Ask the care coordinator or a carers support worker for more information. If you are trying to help a relative manage their anxiety behaviours better you can play a critical role in helping them reach their potential and improve the quality of their life. Below are some very basic tips and strategies for supporting someone with an anxiety disorder.

What helps?

The first and most important step is to get educated about anxiety and the particular anxiety disorder, or anxiety symptoms, that your relative suffers from. Also get familiar with the different types of treatment options that have been shown to work. If your relative is still learning about their anxiety disorder this is also something you can do together. For example, visit the library together, or read information from books, brochures or the Internet together.

Talk about the issues It can be overwhelming to get diagnosed with an anxiety disorder. There is a lot of new information to take in and it can be difficult to make decisions about what to do. Talking openly in a non-judgemental and gentle way with your relative when they need to talk can help them start to make sense of it all. Keep in mind you will need to back off and carry on as usual when they want to focus on things other than their anxiety.

Offer to be there when they need you for emotional or practical support. For example, some people with an anxiety disorder are able to attend treatment sessions if a relative drives them to their appointments. Other people with an anxiety disorder are able to make huge improvements in overcoming avoidance behaviours if someone they trust is willing to go with them to some of the places they had previously been avoiding.

Letting your relative know that their diagnosis doesn't change how you feel about them can be one of the most helpful thing of all. They may feel very isolated with their problems and suffering from very poor self-esteem. If you can consistently show kindness and affection to them despite their problems this will help them to rebuild their self-esteem.

Focus on the successes When managing an anxiety disorder there are often times when things can be more difficult. For example, symptom ‘flare-ups’ or days when effective self-management strategies are not used effectively. Families can help by reminding the person that ups and downs are normal and to be expected. The best thing to do is focus on the positives.

Compliment your relative for successes including approaching things they fear, doing new things, working on more positive and healthy ways of thinking, getting more information about the anxiety disorder, use of relaxation strategies, etc. Positive feedback helps create a positive cycle as it usually increases a person’s motivation to do even more to self-manage the anxiety disorder better.

Factor in the anxiety disorder when appropriate It is important that the anxiety symptoms do not drag family members into unhealthy behaviour patterns that are disruptive or make the anxiety behaviours worse over time. That said, it is important that your family recognises that anxiety disorders are a real health problem and sometimes allowances need to be made. Ideally any allowances are part of an effective treatment program that gradually reduces the amount of allowances that need to be made over time.

Allow a little bit more time for your relative to complete certain tasks if necessary, especially those that involve approaching feared things. There may also be things your relative cannot do or places they cannot go at this point in their recovery.

Try to be patient and understanding but know that you are not alone. If you find this difficult and frustrating at times, this is perfectly

natural. Check locally to see if there is an existing support group for people with anxiety disorders and their friends or family.

Encourage your relative to approach things one step at a time if it seems like too much. For example, by saying, “*Why don’t we just try 5 minutes and see how it goes?*” The best strategy is to recommend that your relative gradually takes on the least feared things and moves up to the most feared. If they are receiving treatment, it is important to get advice on how you can support their treatment programme most effectively.

Reward effort not outcome It is important to reward your relative for the effort they put into managing their anxiety, even if their attempts are unsuccessful at times. Improvements in managing symptoms are likely to be gradual and it will require courage, time and practice. Expressing positive support by praising or planning something special as a reward can help keep your relative motivated to stick with self-management strategies until they see changes in their symptoms as a result of their efforts.

Working with health professionals A good health professional will actively involve families in the treatment plan for a person suffering from an anxiety disorder when possible. This is especially true for cognitive behavioural treatment programs as relatives can provide encouragement and support that helps with various treatment components such as overcoming avoidance behaviours. If your relative is getting cognitive behavioural treatment, offer to get involved but do not be offended or upset if they turn down your request. If you are able to get involved the health professional will often schedule a session with you and your relative to review ways in which you can help.

What doesn't help?

There are many things that we can do with good intentions that actually backfire and can make the symptoms of an anxiety disorder worse. Try not to do the following:

Scold or berate your relative when you feel frustrated. Try not to tell your relative *“Relax!”* *“Calm down!”* *“Don't be stupid!”* or other such comments. These are not helpful and will only increase their anxiety while decreasing their self-esteem and motivation. Progress and recovery is possible when managing an anxiety disorder but it is a process that takes time – do not expect your relative to make ‘overnight’ progress. It is natural to feel frustration and anger but try not to express this in front of your relative. You can get some support from a carers support worker for yourself so you can express your feelings and develop some strategies for managing your frustration in front of your relative.

The perils of reassurance Your relative may seek constant reassurance from you due to their anxieties. If you reassure them, this will not help them in the longer term as they will not learn to develop methods for coping with their anxiety themselves. You will also probably find yourself having to reassure them more and more over time as you will never be able to give them enough reassurance to remove the anxiety.

Encourage avoidance It can be tempting to recommend that your relative to just stay away from the things that cause them anxiety, eg stay away from crowds or don't fly in planes. Unfortunately this will make the anxiety worse in the long run and prevent them from doing the things they need and want to do, eg meet new people or go to new places. As a result, telling your relative to avoid or escape the

feared situation is not usually good advice.

Telling them to take a sick day, or a leave of absence from work or school, due to anxiety is also not usually good advice. One of the most important things you can do is to encourage your relative to avoid as few feared things as possible and work towards approaching things they are currently avoiding.

Push too hard or too soon Research has shown that most people can successfully overcome their avoidance if they start with the least feared things and gradually work up to the most feared things. This process usually takes weeks or months of ongoing efforts. If a person trying to support someone pushes, coaxes or forces a person with an anxiety disorder to face a fear before they are ready – this strategy will backfire. The person with an anxiety disorder may experience a flare-up in their symptoms and may be less motivated or willing to try overcoming their avoidance in the future.

Responding to obsessive behaviours

It's normal to experience varied and conflicting emotions if you are supporting someone with obsessive behaviours. Understanding this, and learning to accept and manage your feelings reduces the stress on you and helps you provide more effective support for your relative.

Although obsessive behaviours usually stem from a complicated and frustrating disorder, having a caring family can help a great deal. A person with obsessive behaviours will be helped immensely by having a supportive, understanding and empathic family and social network. The following advice and guidance may be useful:

Know the signs that show your relative is struggling. Below are some of the signs noted by family members:

- doing tasks over and over
- having trouble completing a task
- arriving late because of repeatedly checking
- feeling too responsible for harm that may come to others
- constantly asking for reassurance
- saving and hoarding
- washing too much
- avoiding being with people
- avoiding certain places or activities
- becoming irritable when rituals are interfered with.

Remember that the symptoms, however bizarre or extreme they may seem, are part of a treatable disorder. The symptoms are not personality traits or something that your relative can just 'snap out of.' Try not to regard the behaviours as their fault and try not to believe that you or anyone else may have caused it as this will not help moving forward.

If your relative decides to seek professional help, be supportive of that decision and encourage their determination to recover. Encourage your relative to persist with treatment, even when this seems difficult, and show appreciation of any improvement,

however small. Remind them of what they want to achieve through treatment and communicate your belief that they can achieve their goals.

Remember that symptoms may wax and wane

Some days, the person may be able to deal with symptoms better than others. Some days, the symptoms may be more severe. Each person needs to overcome their problems at their own pace, even though this may be a lengthy process.

Allow your relative to explain their problems to you

This will help them to feel less isolated and ashamed of their condition. The symptoms may seem unrealistic and irrational to you, but the fear for your relative is very real. It is usually better to ask them what would help, instead of guessing.

Don't make decisions for them There is risk in making a decision because it may turn out wrong or less than perfect, which will not allow your relative to learn that the consequences are not fatal and can be lived with – we can all adjust to mistakes and failure.

Try not to support the obsessions and compulsions The worst thing can be to reassure your relative that their fears are unfounded. If you do this, they are unlikely

to learn how to confront their fears themselves and the disorder will persist. Encourage your relative to fight against their obsessions and compulsions and feel the fear, but let them do the fighting.

At home your relative should be encouraged to maintain as normal a lifestyle as possible. Try not to adapt ways of doing things to accommodate their obsessions and compulsions as this is likely to reinforce symptoms. Encourage your relative to focus on carrying out normal routine tasks and give them a lot of praise for carrying out every day tasks, however small.

Encourage your relative to do things that give them pleasure Your relative may not be very good at identifying things that give them pleasure. You can be supportive by encouraging them to find things they like doing and encouraging them to get more pleasure from their life.

Remember that obsessive behaviours are tough for families to deal with Continue to communicate with each other. Remember that you as a family may need help and support yourselves. Make sure you continue to do things you enjoy and have people to talk to about your own feelings and concerns.

Communicate positively, directly and clearly. State what you want to happen, rather than criticising your relative for past behaviours. Avoiding personal criticism can help your relative feel accepted while they are making difficult changes.

Keep calm Not losing your temper creates a good atmosphere. People with obsessive compulsive disorder are often overly worried about upsetting other people.

Remember that life is a marathon, not a sprint Progress is made in small steps. There are times when no progress is made at all. Try to applaud progress when times are good and provide encouragement when times are bad. Your support will really benefit your relative.

Mix humour with caring Support doesn't always have to be serious. People with obsessive behaviours often know how absurd their fears are. They can often see the funny side of their symptoms, as long as the humour does not feel disrespectful. Family members say that humour can often help their relative become more detached from their symptoms. This awareness can be used to help them distance themselves from the condition. However, it is important not to mock your relative's symptoms as this will cause additional stress, shame and embarrassment.

Good enough Try to adopt a 'good enough' approach within the family environment. Perfectionism can be a serious problem for people with obsessive compulsive disorder. By modeling an approach where things are fine if they are 'good enough,' you will be giving your relative a healthy role model.

Don't forget that you are only human While you do your best to support your relative, you may sometimes find yourself participating in a ritual or giving reassurance. Try not to judge yourself when you fall into old routines, in the same way you try not to judge your relative. Just start again – no one is perfect!

Responding to self-harming behaviour

Finding that someone you care for is harming themselves can bring about a large range of thoughts and feelings: fear, distress, confusion, worry, anger, anxiety and self-blame. Your first reactions may be to remove the things that they are using to harm themselves, be forceful in seeking help by urgently seeing a GP, applying pressure on them to talk, or being confrontational. Self-harm is primarily a coping strategy. Until the reasons behind the self-harm have been explored, taking away their ability to cope can be very detrimental.

Self-harm is very often not a suicide attempt, however, people who do self-harm are at a greater risk of suicide than the general population and should never be dismissed as just 'attention seeking' or being 'manipulative.' The person usually has very low self-esteem and poor self-worth and they are likely to think that others will see them in the same light and be critical. There are therapies which can be used that have been shown to be effective in breaking the negative cycle of self-harm but your relative will need to want to engage with treatment.

The following tips may be helpful if you are supporting someone who self-harms:

Respond to an incident of self-harm in the same way you would for the victim of an accident, provide first aid as for any other physical injury. Do not try to physically stop your relative from self-harming. Try to talk to them calmly and be ready to get medical help if necessary.

Aim to be empathetic and understanding, rather than negative or highly emotional. This applies to non-verbal as well as verbal communication. Try to show concern rather than disapproval, facially as well as in what you say. Do not assume that your relative either enjoys or does not feel pain. A response which implies criticism or some form of punishment will reinforce their feelings of self-blame and guilt.

Acknowledge your relative's distress Show that you see and care about the person in pain behind the self-injury. Accepting and acknowledging that someone is in pain doesn't make the pain go away, but it can make it more bearable. Let them know you understand that it isn't an attempt to be wilful, or to make life hard for you, or to be unpleasant. Acknowledge that

it's caused by genuine pain they can find no other way to handle.

Be hopeful about the possibility of learning other ways to cope with pain in time. If they're open to it, discuss possibilities for treatment with them. Try not to be overprotective, ie promising that everything will be all right. Acknowledge that there is a problem, but that it is possible to get help.

Don't take it personally Self-harming behaviour is more about the person who does it than about the people around them. It is important to recognise your relative is not harming themselves to make you feel bad or guilty. Even if it feels like manipulation, it almost certainly isn't intended to be. People generally do not self-harm to be dramatic, to annoy others, or to make a point.

Understand your own feelings Be honest with yourself about how the self-harming behaviour makes you feel. Don't pretend to yourself that it's OK if it's not – many people find self-harm extremely difficult to respond to and you may

experience a wide range of emotions. If you feel upset by the injuries, it may be best to be honest about this, while being clear that you can deal with your own feelings and don't blame your relative. You may need support to help you cope with the feelings aroused in you and it is important to seek help if you are finding this difficult. You can talk to your GP or a carers support worker if you need to. They can advise you about what help may available for you.

Be supportive without reinforcing the behaviour It's important that your relative knows that you can separate who they are from what they do, and that your love for them isn't affected by whether they self-harm. Try to be available as much as you can be without it affecting your own wellbeing. It is important to set aside any personal feelings of fear or revulsion about the behaviour and try to focus on what's going on with your relative.

Support your relative in beginning to take steps to keep themselves safe and to reduce their self-injury – if they wish to. Examples of very valuable steps might be: taking fewer risks, eg washing implements used to cut, avoiding drinking if they think they are likely to self-injure, taking better care of injuries and reducing severity or frequency of injuries even a little. In all cases, support them to take more choice and control over what they are doing.

After someone has self-harmed recognise that they may become withdrawn and very low in mood. They may be experiencing feelings of extreme guilt and embarrassment – try to respond with sensitivity and empathy.

Try to find things that you can do and ask "Can I?" People who feel really bad often can't think of anything that might make them feel better. Asking if you can take them to

a film or wash those month-old dishes – if done nonjudgmentally – can be really helpful. Spontaneous acts of kindness, such as *"I saw this flower at the shop and knew you'd love it,"* can work wonders.

Don't force things If your attempts to help are rejected, it can be useful to back off for a few days or weeks, and then try again. Try to be patient rather than forcing them to get help before they are ready to do so. Try to acknowledge how frightening it may be to think of living without self-injury. Reassure your relative that you will not try to 'steal' their way of coping. It is important to also reassure yourself you are not responsible for what they do to themselves.

Distractions can be a powerful way of diverting feelings of self-harm or finding other ways to express difficult thoughts and feelings such as poetry, art, sport, etc can be very effective. Encourage them to fulfil the function of the self-harm in less damaging ways, ie putting ice cubes on bare skin, flicking elastic bands or drawing on the skin with a red pen. The National Self Harm Network has a useful information sheet of different distractions that it might be helpful to share with person you support, see page 149.

Gently encourage your relative to use the urge to self-injure as a signal of difficult feelings if this is appropriate. When they feel ready, help them learn to express these things in other ways, such as through talking, writing, drawing, shouting, hitting something, etc.

Don't see stopping self-injury as the only, or most important goal Your relative may make great progress in many ways but still need self-harm as a coping method for some time. Self-harm may also worsen for a while when difficult issues or feelings are being explored,

or when old patterns are being changed. It takes a long time for a person to be ready to give up self-harm. Encourage them and yourself by acknowledging each small step as a major achievement.

The reasons behind self-harm will need to be addressed when your relative is ready and with the right care and support. Appropriate professional help may be needed. While these reasons are being worked through, the greatest support you can offer is a listening ear.

Having contingency plans in place ready to use in times of crisis is very important and can often prevent a crisis happening. Knowing what to do and who to contact in an emergency can be very reassuring for someone who self-harms and for those who support them. If you think your relative may be suicidal, contact emergency services and anyone else involved in their care, such as their care coordinator or GP immediately.

Responding to suicidal thoughts and talk

If you think your relative is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life. Speak up if you're concerned and seek professional help immediately. A suicidal person may not ask for help, but that doesn't mean that help isn't wanted.

Most suicidal individuals give warning signs or signals of their intentions. The best way to help prevent suicide is to recognise these warning signs and know how to respond if you spot them. If you believe that your relative is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or mental health professional involved.

Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs. These signals are even more potentially dangerous if your relative has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide. It is important to take any suicidal talk or behaviour seriously. It's not just a warning sign that the person is thinking about suicide – it's also a cry for help.

Talking to your relative about suicide

Talking to your relative about their suicidal thoughts and feelings can be extremely difficult. If you're unsure whether your relative is suicidal, the best way to find out is to ask. You can't make them suicidal by showing that you care. In fact, giving your relative the opportunity to express their feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

Possible ways to start a conversation about suicide:

I have been feeling concerned about you lately.

Recently, I have noticed some differences in you and wondered how you are doing.

I wanted to check in with you because you haven't seemed yourself lately.

Questions you could ask:

When did you begin feeling like this?

Did something happen that made you start feeling this way?

*How can I support you right now?
Have you thought about getting help?*

What you can say that could help:

You are not alone in this. I'm here for you.

You may not believe it now, but the way you're feeling will change.

I may not be able to understand exactly how you feel, but I care about you and want to help.

When you want to give up, tell yourself you will hold off for just one more day, hour, minute – whatever you can manage.

When talking to a suicidal person try to:

Be yourself Let your relative know you care and that they are not alone. The right words are often unimportant. If you are concerned, your voice and manner will show it.

Listen Let your relative unload despair and ventilate anger. No matter how negative the conversation seems, the fact that it exists is a positive sign.

Be sympathetic, non-judgmental, patient, calm, accepting. Your relative is doing the right thing by talking about their feelings.

Offer hope Reassure them that help is available and that the suicidal feelings are temporary. Let them know that their life is important to you.

If your relative says things like *"I'm so depressed, I can't go on,"* you can ask the question: *"Are you having thoughts of suicide?"* You are not putting ideas in their head, you are showing that you are concerned, that you take them seriously, and that it's OK for them to share their pain with you.

When talking to a suicidal person try not to:

Argue with the suicidal person.

Say things like: *“You have so much to live for,”* *“Your suicide will hurt your family,”* or *“Look on the bright side.”*

Act shocked, lecture on the value of life, or say that suicide is wrong.

Promise confidentiality Refuse to be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep your relative safe. If you promise to keep your discussions secret, you may have to break your word.

Offer ways to fix their problems, give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it’s hurting your relative.

Blame yourself You can’t ‘fix’ someone’s depression. Your relative’s happiness, or their lack of it, is not something you can control.

Offering help and support longer term

If your relative is suicidal, the best way to help is by offering an empathetic, listening ear.

Let them know they are not alone and that you care. Don’t take responsibility, however, for making your relative well. You can offer support, but you can’t make a suicidal person get better on your own. They have to make a personal commitment to their recovery.

It takes a lot of courage to help someone who is suicidal. Witnessing your relative dealing with thoughts about ending their own life can stir up many difficult emotions. Don’t forget to take care of yourself. Try to find someone you can trust – a friend, family member, religious leader, or counsellor – to talk to about your feelings so you can get support of your own. You can also get support from your local carers support services.

Here are some ideas about how to support your relative longer term:

Get professional help Do everything in your power to get your relative the help they need. Encourage your relative to see a mental health professional, help locate a mental health service, or take them to a doctor’s appointment. If necessary, you may need to request an assessment under the Mental Health Act. Although this may seem like a difficult thing to do, the act exists to keep people who are a risk to themselves safe.

Make a list of the different people and organisations that they can talk to if they are on their own when they are feeling low. Try to make sure the contact number of The Samaritans is readily available, eg you could stick it to the wall next to the telephone.

Follow-up on treatment If their doctor prescribes medication, try to make sure your relative takes it as directed. Be aware of possible side effects and be sure to notify the doctor if they seem to be getting worse. It often takes time and persistence to find the medication or therapy that's right for a particular person.

Be proactive People contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Saying "*Call me if you need anything*" is probably too vague. Instead of waiting for your relative to call you or even to return your calls, you can drop by, call again or invite them out.

Encourage positive lifestyle changes, such as a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important in aiding recovery as it releases endorphins, relieves stress and promotes emotional wellbeing.

Make a safety plan Help your relative develop a set of steps they agree to follow during a suicidal crisis. The plan should identify any triggers that may lead to a suicidal crisis, such as the anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for their doctor or care coordinator, as well as friends and family members who will help in an emergency.

Remove potential means of suicide, such as pills, knives, razors, or firearms during a crisis period. If your relative is likely to take an overdose, it may be worth thinking about keeping medications locked away.

Continue your support over time. Even after the immediate suicidal crisis has passed, try

to stay in touch with your relative, periodically checking in or dropping by if you do not live with them. Your support will be invaluable in helping them stay on the road to recovery.