1. Mental health disorders, getting help and possible treatments

In this section:

Sometimes it can be quite difficult to work out what is happening when someone first starts to experience mental health problems. You may notice changes in your relative, partner or friend's behaviour, but not recognise what is causing it. Sometimes problems can develop over a period of time and it may be quite a while before you are aware that they are experiencing a mental health disorder.

If you have never experienced any mental health problems yourself, you may feel confused, frustrated, frightened and isolated by what is happening. If you have experienced mental health problems yourself, you may find it easier to recognise and respond to the problems your relative is experiencing but you may still find it difficult to understand what is happening. It is important to get support in your own right if you are finding your own mental wellbeing is being affected; this is not uncommon.

Warning signs of a mental health problem

Below are some of the kinds of changes you may notice if your relative is experiencing a mental health problem:

Thinking

Thoughts may occur very quickly or slowly, they may be poorly organised, confusing, illogical or irrational. These difficulties can be reflected in communications with others eg difficulty in following conversations, statements that don't make sense, memory problems. Thinking may be very 'black and white,' with no sense of balance.

Behaviours

Behaviours may develop that seem quite bizarre and confusing for families. For example, 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 lacks the energy to get out of bed for days at a time. Sometimes these behaviours can be embarrassing to families, especially when they occur in the presence of other family members or out in public.

Moods

It is normal for our moods to vary (eg feeling down, anxious or excited), and in most cases, they become more stable fairly quickly. In mental disorders, however, mood symptoms can cause significant distress over time and can impair a person's ability to function in daily life. You may notice that your relative is often angry and short tempered, or they may become very withdrawn and incommunicative. If someone is experiencing a period of 'mania' they may become very excitable and irrational.

Senses

The person may experience the world with heightened senses (ie vision, smell, taste, touch, hearing). They may experience sensations in unusual and/or strange ways such as hearing voices or having an exaggerated sensitivity to sound.

Social withdrawal

With many mental health problems, the person can begin to withdraw from their family and friends. Social activities can be 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 but offers of help are rejected.

The following list of behaviours may indicate that your relative has developed a mental health problem should they persist and worsen over time. It is not exhaustive and other signs may also be present.

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 and/or withdrawal from physical contact

Dramatic changes in eating or sleeping habits

Strong feelings of anger

Delusions (strongly held beliefs that have no basis in reality) eg thinking that someone is following them

Hallucinations (hearing, seeing, smelling, or feeling something that isn't real) eg hearing someone talking to them from the radiator

Growing inability to cope with daily problems and activities

Suicidal thoughts

Denial of severe problems

Numerous unexplained physical ailments.

How do I get help?

If you suspect your relative has a mental health problem, it is important they consult with a GP or mental health professional. If your relative refuses to get help for themself, you should talk to a GP or mental health professional to get advice.

Getting help in a crisis

If you are concerned that your relative is at risk of harming themself or someone else and they will not go to see their GP, there are several options you can take:

You can request a home visit from their GP

Contact your local Community Mental Health Team and request an assessment under The Mental Health Act by an approved mental health professional (AMHP). If you think your relative needs to be assessed under The Mental Health Act outside of working hours you can find details of the out-of-hours emergency duty team on the London Borough of Richmond upon Thames website - please see page 144 for contact details.

If you need to access help for your relative urgently, and you cannot get anyone to carry out an assessment under the Mental Health Act, take them to your local Accident & Emergency (A&E) department. Arrange for a taxi, or someone else to come with you if you will be driving

If they refuse to go to A&E or you feel it would be unsafe for you to take them, contact the emergency services to help you get them there. The ambulance and police services are trained to respond to a mental health crisis in the community.

Getting help from your relative's GP

Unless you need to access help in a crisis, see above, the first step in getting help for your relative is through their GP. The GP will make an assessment of your relative's condition and decide if they need to be referred to a local specialist mental health services for an expert opinion. If your relative can be treated by their GP, they will consider the treatment options available with your relative.

The first step is to encourage your relative to arrange to see their GP. However, be aware that your relative may not want to go to a doctor.

They may be genuinely unaware of the abnormality of their symptoms. Or, if they are aware that something is wrong, they may have spent weeks or months in a state of confusion and fear, trying to understand the problem on their own. Your relative may have put a lot of energy, talent, and intelligence into creating an act designed to convince everyone that things are 'normal'. When you suggest the need to see a doctor, you are not necessarily offering comfort; you may be confirming strong, unspoken fears.

You will need to think about how you talk to your relative about getting help. Comments such as *"You've been really weird lately,"* or *"Why are you acting like this? You're being silly and lazy,"* are likely to alienate them and make them less likely to get help. It is also best not to say anything that could suggest that you have been discussing their behaviour behind their back, such as *"We've all discussed your strange behaviour, and we agree that you need to see a doctor."* Try to avoid focusing on the feelings and concerns of others, such as *"Your behaviour is upsetting your mother,"* or *"Your father is very angry with you."*

It may be useful to focus on a particular symptom such as an inability to sleep, a lack of energy, or sadness and crying. You can then say something like *"I know you haven't been sleeping well at night, and you are so tired during the day. Why don't we make an appointment to see the doctor?"* The doctor then can be perceived as someone who might be able to help, rather than be seen as a judge who may be critical.

If your relative agrees to see a doctor it is advisable to make a double booking, since most appointments are only 10 or 15 minutes long. If your relative has longer, they will not feel so rushed and they will be more likely to discuss their difficulties. When booking the appointment it is also a good idea to ask the receptionist if any of the GPs in the practice have a 'special interest' in mental health, as some GPs are more knowledgeable about mental health problems than others.

After an appointment has been arranged but before it takes place, try to support your relative to make a list of things they would like to discuss at it. If they are unwilling to do this, you could consider sending the doctor a letter outlining your concerns as clearly as possible. In addition to assisting the doctor, this will help you to be clear about your concerns with what has been happening.

It is always best to communicate with professionals with your relative's permission as this helps to build trust in your supporting role. Building a trusting relationship will be extremely helpful in the long term.
If your relative does not give permission for you to communicate with their GP, you may decide it is important to send a letter anyway. If you do not want your relative to know, you will need to ask for the letter to be kept confidential. Families have a right to

confidentiality too; please see page 127 for more information on *Confidentiality*.

The following is a sample letter. Think carefully about how you word your letter as there is the possibility that it may be seen by your relative even if you have requested it to be kept confidential.

> Dear Dr Smith,
> My daughter, Jane, is coming to see you on Monday, May 8, at 10am. Three months ago, Jane started showing changes in her behaviour which concern us. The following are some of the behaviours that our family has noticed. She cannot sleep at night, has dropped out of her favourite clubs, refuses to see any friends, cries 2 to 3 hours a day and will not allow anyone to touch her.
>
> I am anxious to hear your opinion and would like her to be assessed for a mental health problem.

If you have succeeded in convincing your relative to go to the doctor, you need to be aware that this first visit may not solve anything or answer any questions. Some families who have been through this admitted that they had hoped this doctor's visit would be the 'cure-all,' and were then frustrated when nothing seemed to happen when their relative first made contact with a GP.

During a doctor's appointment, your relative may be unlikely to exhibit the behaviours that you have seen at home. Some people find talking to a doctor very stressful, and many people with mental health problems have said that they found themselves going blank during the visit.

However, many people with mental health problems have said that their fear of going to see a doctor was somewhat lessened when the doctor was able to ask the right questions. Because of information received in advance, the doctor was able to focus on the symptoms that were bothering the patient, and the patient found that he or she was more willing to open up to the doctor. For example, people found it comforting if the doctor said something like *"Do you find you've been crying a lot lately. You must feel very confused about this."*

If your relative refuses to see a doctor, you can still make an appointment to speak to their GP on your own. Again, ask for someone with a special interest in mental health and send a variation of the letter above. Ask for advice on what to do next, as it may be possible for the GP to visit your relative at home.

If you are having any problems communicating with your relative's GP, please see page 127 on *Confidentiality*. You can contact a carer support worker for advice and guidance on communicating with the GP. It is also worth remembering that your relative can change their GP if they are not suitable.

Keeping a record

Once you realise that your relative may be experiencing mental health problems, it may help to begin keeping a record that documents your relative's behaviour and the steps taken by you and others. This will help you when a doctor is recording your relative's history, or if there is any change in their doctor or services. It will also help you to keep your mind clear about the course of the problems and the treatments that have been tried without becoming too emotional.

The record should be clear, precise and in point form. Try to avoid vague words and rambling descriptions. Medical practitioners stress the importance of listing behaviours that can be observed and measured.

For example, you are noting a behaviour if you say *"Joe refuses to wash, and wears the same clothes every day,"* and this is more useful than saying that, *"Joe looks terrible"*. Again, you are noting a behaviour if you say *"Susan cries every night for at least one hour,"* this is much more useful to a professional than saying *"Susan seems so sad."*

Try to write down the details of the noted behaviour and include the day, time and duration, if applicable. You can keep a record of your appointments with doctors and other professionals, and keep copies of all correspondence. Try to make a note of when you first started to notice changes in their behaviour.

You may need to treat your record as a confidential document, one that should be used with great discretion – for example, by keeping it in a locked drawer or only writing in it when your relative is asleep. If your relative is experiencing any paranoia, knowledge of your record may only increase their paranoid feelings.

On the other hand, some families have found it is extremely helpful to involve their relative in record keeping and this helped to empower them manage their problems in the longer term. If you feel it is appropriate, try to encourage your relative to jot down their thoughts and feelings and add these to your record.

You are the expert on deciding what will be the right approach for your family and the situation you are experiencing. However if you are finding it difficult to make a decision you can speak to a carers support worker who can discuss it with you.

What do I do if they won't get help?

One of the things that can be very difficult for families is when the person they are supporting refuses to speak to professionals about their difficulties, or when they deny that there are any problems.

This can be extremely frustrating for families and can create feelings of isolation and hopelessness. How to respond will depend on the level of risk displayed by the person you support.

If you think your relative is at risk of harming themself or someone else, it is very important to seek professional help immediately. They may need to be placed under a section of the Mental Health Act (see page 6) for their own, or others safety.

If the person you support is not considered a significant risk, and does not need to be placed under a section of the Mental Health Act it can be more challenging to access services or to get help. You cannot force somebody to talk to their GP or a mental health professional if they refuse to do so.

The following tips can be helpful if the person you support is refusing to accept they have any problems and they will not access any help:

Listen to the words your relative uses when talking about their problems and use the same words or phrases

Ask your relative what you can do that would help them

Talk to other people and see if they have any ideas, recognise that sometimes you may not be the right person to talk to your relative

Develop your own communication skills, see pages 90 - 113

Try not to push or nag; this can make someone less likely to seek help if they are not ready

Try to gain a better understanding of *The Stages of Change*, see page 106

Focus on specific problems and support your relative to find possible solutions

Try to accept that your relative may need time to come to terms with what is happening

'Model' the kind of behavior you would like them to adopt – behave in the way you would like them to behave

Look after your own physical and mental wellbeing

Seek out help and support for yourself, see page 144 for information about organisations that can help you.

Different mental health problems and disorders

Educating yourself about the specific mental health problem or disorder your relative is experiencing is one of the best ways you can support them. The more you understand about the disorder, the easier it will be for you to understand what your relative may be experiencing. This will make it easier for you to find the most effective ways of responding to and supporting your relative.

If you are in contact with your relative's GP or a mental health professional they can give you further information, or alternatively you can ask your local carer support services, see page 144 for more information. There are also some good video resources on the internet where people with 'lived' experience of mental health problems talk about their own experiences. Hearing about people's personal experiences can be very helpful as your relative may find it very difficult to talk to you about what is happening, please see the websites listed on page 149 for further information.

Very basic descriptions of the most common mental health problems and disorders are listed below. People can experience more than one problem at the same time, for example depression with psychosis.

Anxiety disorders are characterised by intense, unpleasant feelings of extreme fear or worry that interfere with a person's life. Physical symptoms such as chest pains may accompany these emotional states. There are a number of disorders within this category including social anxiety, phobias, generalised anxiety, panic disorder, post-traumatic stress disorder, body dysmorphic disorder and obsessive compulsive disorder.

Obsessive compulsive disorder (OCD) is an anxiety disorder where people experience obsessive thoughts where their mind is overwhelmed by a constant obsessive fear or concern, such as the fear their house will be burgled. People with OCD also adopt a pattern of compulsive behaviour to reduce their anxiety and distress, such as checking all their windows and doors are locked at least three times before leaving the house.

Body dysmorphic disorder (BDD) is an anxiety disorder where someone is excessively worried about a part of their body which they perceive to have a defect. They continue to believe this despite reassurances about their appearance. Any area of the body may be involved in BDD, but the face is the most common.

Post-traumatic stress disorder(PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD will often relive the traumatic event through nightmares and flashbacks, and they may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult.

Mood disorders are characterised by a severe or prolonged disturbance of mood that interferes with a person's ability to function on a daily basis and can impact different areas of their life including work, education, personal relationships and family. Depression and bipolar disorder are mood disorders.

Depression is a mood disorder marked by severe episodes of sadness coupled with feelings of worthlessness, pessimism, altered sleep and appetite, and the inability to experience pleasure. Depression can be mild, moderate or severe.

Postnatal depression is a type of depression some women experience after they have had a baby. It usually develops in the first four to six weeks after childbirth, although in some cases it may not develop for several months. There are many symptoms of postnatal depression, such as low mood, feeling unable to cope and difficulty sleeping.

Bipolar disorder is a mood disorder where a person experiences two extremes in mood. The person's mood can swing from excessively 'high' and irritable, to 'low' and hopeless, and then back again. They may experience periods of normal mood in between these two extremes. Symptoms of 'psychosis' eg hallucinations/ delusions, may also be evident. There are two forms of bipolar disorder:

Bipolar I is when people experience high periods known as 'mania.' During a period of mania people can become overactive, irritable and restless, find it hard to be still and difficult to concentrate, feel over-confident, believe they can do anything, come up with extravagant ideas and wild or self-important plans, lose judgement, take risks and become impulsive.

Bipolar II is when people experience episodes of 'hypomania.' Hypomania is similar to mania but it is less extreme and usually lasts for a shorter period of time.

Schizophrenia is a mental disorder that disrupts a person's ability to think clearly, discern what is real from what is not, manage emotions and relate to others. It can also result in a deterioration in daily functioning and self-care.

Some of the characteristic symptoms are known as '**positive**' symptoms. These include delusions (false beliefs), hallucinations (false perceptions such as hearing voices or seeing things that are not there) and paranoia (believing that something, or someone, is trying to harm them).

Other characteristic symptoms are known as '**negative**' symptoms. These could include disorganised behaviour (difficulties performing basic activities of daily living such as getting dressed), disorganised speech (difficulty staying on track with a conversation or train of thought), flat or blunted 'affect' (lack of ability to express emotions), social withdrawal and decreased motivation.

Schizo-affective disorder includes features of both schizophrenia (such as hallucinations, delusions, and a deteriorating ability to carry out every day tasks) as well as features of a mood disorder such as experiencing extreme highs and/or lows in mood.

Psychosis describes a set of symptoms that include delusions, hallucinations and confused and disturbed thinking. When people experience these symptoms, mental health professionals may say they are experiencing a 'psychotic episode.' Psychotic episodes can vary in length – they can last for a few days, or they can continue indefinitely until they are treated; they can also come and go over time.

Self-harm is a broad term that may include someone injuring themself by scratching, cutting or burning skin or hitting against objects. It could also be displayed by self-poisoning, by taking a drug overdose, or swallowing or putting other things inside the body. It may also take less obvious forms including taking unnecessary risks or staying in an abusive relationship. Sometimes it can be displayed through developing an eating disorder (such as anorexia or bulimia), being addicted to alcohol or drugs, or someone simply not looking after their own emotional or physical needs.

Eating disorders are characterised by a marked disturbance in eating behaviours. A person may engage in extreme and unhealthy reduction of food intake, or severe overeating followed by self-imposed vomiting. They may also experience feelings of distress or extreme concern about body shape or weight. The main types of eating disorders are anorexia nervosa and bulimia nervosa.

Dual diagnosis is when the person has a problem with alcohol and/or other drugs and has a diagnosis of a mental disorder. It can be common for people with severe mental disorders to also suffer from problems with alcohol and/or illegal drugs.

Please see page 148 for organisations that have more information on different disorders.

Personality disorders are a range of disorders when someone experiences a pattern of feelings, thoughts and behaviours that affects the way they understand themself, the way they react to the world around them, the way they cope with emotions and the way they navigate relationships. Having a personality disorder does not mean there is something wrong with their personality – it means they have a pattern of feelings, thoughts and emotions for a long time that cause problems.

Borderline personality disorder (BPD) is a mental disorder that affects the way someone relates to other people and the way they relate to themself. Someone might feel as though there is something fundamentally wrong with who they are – they might feel 'flawed' or worthless, or they might not have a good sense of who they are as a person. Their moods might be extreme and change all the time, and they might have a hard time controlling impulses or urges. They may have a hard time trusting others and may be very scared of being abandoned or alone. BPD is made up of five groups of symptoms: unstable behaviour, unstable emotions, unstable relationships, unstable sense of identity and awareness problems.

Why does my relative not have a diagnosis?

If this is the first time that your relative has experienced mental health problems, professionals may need longer to assess their condition as there can be some doubt about the exact nature of the problem in the early stages – this is quite normal. They may be experiencing symptoms that could apply to several different disorders and it may not be clear exactly what your relative's disorder is in the early stages.

If someone is experiencing a first episode of psychosis for example, that may be a one-off episode of psychosis and professionals will be unwilling to 'label' them with a specific disorder; they would not be given a formal diagnosis unless they went on to experience further symptoms later.

Why has my relative's diagnosis been changed?

A diagnosis can change when there is new information available to the 'clinician' or medical professional who is diagnosing them. Your relative's mental health professional may uncover additional symptoms over time that point to a different diagnosis. For example, they may be diagnosed with a short-lasting disorder in the beginning, but their diagnosis may change to a longer-lasting disorder as time goes on if symptoms continue.

Some mental disorders may share some of the same signs, early symptoms may point to one disorder, but changes over time may show a different disorder. It is not uncommon for a diagnosis to change as more is learnt about someone's condition.

What can we do if we don't agree with the diagnosis?

If you, or your relative, disagree with the diagnosis they have been given you are entitled to ask for a second opinion. A second opinion may come from another professional within the same mental health service, or, if you are unhappy with this you can request funding from the NHS for an external expert to give their opinion. Sometimes people choose to pay privately for a second opinion.

You do not have a legal right to a second opinion, but you can appeal if you are refused. For people diagnosed with schizophrenia, it is recommended in NICE guidelines (see overleaf) that they are supported if they wish to have a second opinion.

If your request for a second opinion has been refused, you may find it helpful to contact someone for more information and support. You can ask your local carers service and you, or your relative can ask the local mental health advocacy services about what to do next.

What treatments are available?

The National Institute for Health and Clinical Excellence (NICE), produce a set of treatment guidelines based on the most effective treatments recognised for different mental health disorders (and other health conditions). NICE produce different types of guidelines; their full guidelines are designed for professionals and these can be quite technical, but shorter versions for people with mental health problems and their families are also available. These are available on the Internet, or you can contact them directly to ask for a printed copy to be sent to you, please see page 148.

The NICE guidelines give clear guidance on the recommended evidence-based treatment for different mental health disorders and the recommended treatments should be available to everyone treated by the National Health Service (NHS). Other treatments and approaches such as complementary therapies, may not have a recognised scientific evidence base, but some people find them very helpful in developing effective self-management strategies.

The particular treatment options that will be available for your relative will depend on their diagnosis, the community resources available and the types of mental health services that are available.

Your family can consult with a GP, or other mental health professional, for help in identifying which treatments may be most helpful for your relative. If you would like more information on the treatments below, or on the NICE guidelines for a specific diagnosis, you can also ask your local carer support services for more information.

Very brief descriptions of different treatments and some additional approaches that can be effective for people experiencing mental health problems are given below. It is important to remember that if your relative refuses to receive treatment, you cannot force them to accept it.

Complementary therapies There is currently no evidence recognised by the NHS to show that complementary therapies are effective in treating the symptoms of mental health problems. However, for some people complementary therapies (eg aromatherapy, massage, Rieki and reflexology) can play an essential role in developing effective self-management strategies and reducing stress. These treatments should be taken seriously if your relative finds them helpful.

Art therapies are a form of psychotherapy that use art, music, drama or movement to help people explore and express their feelings rather than using words (eg by painting or drawing how they feel). People who engage in art therapy don't need to talk about their feelings and experiences unless they want to and they don't need to have artistic skill. Art therapies can help people gain self-awareness, communicate better, boost self-confidence and concentration, and reduce feelings of isolation and exclusion.

Behavioural therapies rely on basic principles of learning to change problematic behaviour patterns by substituting new behaviours for undesirable ones. For example, graded exposure therapy works on reducing a person's anxiety to a feared source (eg dogs) by teaching them relaxation skills and then gradually and repeatedly exposing the person to the feared source in a gradual way until they no longer fear it.

Cognitive behavioural therapy (CBT) is a talking therapy that is time-limited, it is highly structured and focused on the present. It looks at the relationship between people's thoughts, feelings and actions. CBT considers people's own interpretation of a situation and how our thoughts can affect our emotions, physical sensations and behaviour. CBT is collaborative by nature, the person with mental health problems and the therapist work together on addressing problems. There are many different types of CBT that have been developed to treat different symptoms and disorders.

Cognitive remediation therapy (CRT) Many people with schizophrenia have memory problems, find it hard to concentrate, organise themselves or make plans. Mental health professionals call this 'cognitive impairment' and these difficulties can make it harder for people to work and live independently. Cognitive remediation therapy aims to help people improve their thinking skills and attention, and to find ways of remembering important information.

Counselling involves talking with someone who is trained to listen with empathy and acceptance. This allows someone to express their thoughts and feelings. Counselling provides an opportunity to talk about difficult experiences from the past and how these can continue to affect the way they feel and behave in the present.

Dialectical behavioural therapy (DBT) combines an approach which validates someone's emotions (ie accepting that their emotions are valid, real and acceptable) while also using dialectics, a school of philosophy that says most things in life are rarely 'black or white' and it is important to be open to ideas and opinions that contradict your own. DBT was developed specifically for Borderline Personality Disorder(BPD) and is delivered through a combination of group and individual work.

Electroconvulsive therapy (ECT) involves the use of electrical stimulation to the brain. ECT has been proved useful in treating depression when it is severe or life threatening, or in cases of severe depression that does not respond to any other treatment. The use of ECT is strictly controlled by regulations under the Mental Health Act.

Family therapy works with the family as a unit to help resolve problems and to support change in patterns of behaviour that may contribute to difficulties or conflict within the family. The goal is to help families identify resources and solutions that work for their particular situation. Family therapy may be systemic (addressing current relationship patterns), or psychoeducational (eg teaching new communication skills) in its approach.

Interpersonal therapy will mainly work with an individual focusing on improving aspects of their relationships within the family, social and/or work environments. Goals may include building communication and conflict resolution skills, and helping the person resolve problems with relationships in a structured way.

Medication can be very useful in the treatment of most mental health disorders and is often used in conjunction with talking therapies. Sometimes medications are used to reduce severe symptoms so that other forms of treatment, eg cognitive behavioural therapy, can be used more successfully.

Medication is effective for many people as either a short-term or long-term treatment option depending on the disorder, symptom severity and availability of other treatments.

The most common types of medications include antipsychotic medications, antidepressants, anti-anxiety medications and mood stabilisers.

Ask for full information about the specific medication prescribed for your relative, including information about any side effects if possible. You can ask for information from a GP, mental health professional, carer support worker or pharmacist. Please see more on Medication Management on page 19.

Mentalisation-based therapy (MBT) The goal of MBT is to improve people's ability to recognise their own and others' mental states, and then to learn to 'step back' from thoughts about themselves and others and examine them to see if they are valid. MBT was developed specifically for Borderine Personality Disorder(BPD) and it is delivered through a combination of individual and group work.

Mindfulness is a way of learning to pay attention to the present moment, using techniques like meditation, breathing and yoga. Mindfulness training can help people become more aware of their thoughts and feelings so that instead of being overwhelmed by them, they're better able to manage them.

Mindfulness-based cognitive therapy (MBCT) combines mindfulness techniques like meditation, breathing exercises and stretching with elements from cognitive behavioural therapy (CBT) to help break the negative thought patterns that are characteristic of recurrent depression.

Motivational interviewing (MI) is a psychological therapy that can support people to make changes in the way they behave. Research has shown that MI can help people who have an addiction – to alcohol, drugs, or gambling, for example. It is also being trialled as a treatment for people with eating disorders.

Psychoanalysis is based on the belief that we all have an unconscious mind where feelings that are too painful to deal with are kept hidden. Psychoanalysis aims to bring those feelings into people's conscious mind in a bid to help them understand and have more control over their life.

Psychodynamic therapy focuses on how a person's personality and life experiences influence their current thoughts, feelings, relationships and behaviour. The aim is to help people become aware of hidden meanings or patterns in what is done or said that may be contributing to current problems.

Psychoeducation aims to support people, and their families, to understand and respond effectively to a mental health disorder. Strengths, resources and coping skills are developed and reinforced in order to avoid relapse and to support people to contribute to their own health and wellness on a long-term basis.

Psychotherapy is a broad term used for therapies where a trained therapist will work with an individual or group. It is focused on helping people explore concerns they may have, thinking about them in new ways, and learning new ways of responding and behaving. There many different kinds of psychotherapy; CBT, psychodynamic therapy, DBT and art therapy are all different kinds of psychotherapy.

Rehabilitation covers various services and programs designed to help a person restore or improve their level of functioning in the community to the best possible level. Training and support may be provided in such areas

as daily living and independent living skills, housing issues, vocational support and job placement, communication skills, recreation and leisure.

Relaxation techniques involve developing the ability to cope more effectively with the stresses that contribute to anxiety, as well as with some of the physical symptoms of anxiety. Techniques that may be taught include breathing retraining and exercise.

Self-help and support groups can help individuals by connecting them with others who face similar challenges. They can help in the recovery process by providing mutual support. By sharing their own experiences people can recognise and develop confidence in their own expertise and skills. Many people find self-help groups an invaluable resource for recovery. These groups are often operated on an informal, free-of-charge and non-profit basis.

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

Medication management

Medication often plays an important role in treating mental health problems. Some medications work to eliminate or reduce symptoms of the disorder. Other medications can help with problematic side effects.

Finding the right medication that works best for each individual is often a process of trial and error as people respond to different medications in different ways. Depending on the type of medication, it can take up to several months for the medication to fully take effect.

Families can play an important role in helping with medication by:

- learning as much as they can about the medications prescribed for their relative
- seeing that prescriptions are filled
- reminding the person to take their medications or helping them to develop a reliable method for taking medication at the correct time
- looking for practical solutions, eg 'bubble' or 'blister' packaging for medication – individual packaging that makes it easy to see exactly how many pills have been taken
- alerting your relative's mental health professional if it appears they have stopped taking their medication, are taking more or less than the prescribed amount, or are not taking the medication as prescribed.

Families can also help by providing information on how the person appears to be responding to the medication and any side effects they seem to be experiencing. It is important that the mental health professional is aware of any other medications your relative is taking. This also includes any non-prescription drugs, eg St. John's Wort, as they can interact with prescription medications and this can cause problems.

Alcohol or illegal drugs may lower the effectiveness of certain medications or increase any side effects. It is important that professionals are informed about any issues of alcohol/illegal drug use as your relative may need some specific support for this.

Questions to ask about medication

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

Physical health

When someone is taking medications it is very important that their physical health is monitored on a regular basis. People with severe mental health problems have a higher incidence of physical health problems. This could be due to the disorder itself, unhealthy lifestyles caused by negative symptoms, or the effects of medication over a long period of time. You can assist by asking what tests need to be taken and how often; you can also keep a record of physical health checks in order to ensure these are carried out regularly.

Side effects of medication

Monitoring any side effects of medications can help in deciding whether a particular medication choice is the best available option, finding the most effective dosage, and whether any additional medications can help.

Limiting side effects as much as possible will greatly increase the chance that your relative will continue to take their medications. As each medication has its own unique side effects, it is important to understand what medication your family member is taking. If possible, find out what type of medication is being prescribed and research it and other options as much as you can. Your local pharmacist can be a great source of information about any medications your relative is taking.

Below are some common side effects of medications used to treat mental health problems. Please keep in mind that your relative may experience side effects not listed here.

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

It may be helpful to encourage your relative to keep a diary or record of how they respond to their medication so they can discuss this with their psychiatrist or doctor.

Refusing to take medication

This is one of the most frustrating problems families can encounter. It may be hard to understand why someone with a mental health problem would refuse to take medication when the necessity of doing so is so obvious to everyone else.

Families who have participated in research have identified five main reasons why someone might refuse medication.

1. Your relative may lack 'insight' about the problem. If they do not believe that they are unwell, they are likely to see no reason to take medication. Sometimes people can think the medication itself is causing the symptoms. If your relative experiences paranoia, they may view the medication as part of a plot to prevent them from functioning
2. Your relative may be suffering from unpleasant side effects as a result of the medication and believe these cause more problems than the medication solves
3. Your relative may be on a complicated medication scheme that involves taking several pills a day. They may find the regimen too confusing, and may resent the constant reminders of their problems
4. Your relative may feel so well that they either forget to take the medication or think it is not necessary any more
5. Your relative may welcome the return of certain symptoms such as voices that say nice things and make them feel special.

In most cases, people with severe mental health problems will need to take prescribed medication in order to effectively manage their symptoms. The following is a list of ideas and guidelines to help you if this is the case for your relative.

It is important to know that the initial medication dose must be continuously monitored. Therefore, you should always try to listen to your relative's complaints about side effects. Do your best to empathise with any distress about medications and try to find out ways of reducing unpleasant side effects

Try to sensitively explain to your relative that they may end up in a crisis if medication is not taken. It is very important this should not be used as a threat as this could increase stress and anxiety

If other people in your family are on medication you can try turning pill-taking into a ritual. Everyone can take their medication at the same time – even if it is a vitamin pill

It is easier to take 1 pill a day than 6. You or your relative can talk to the doctor about the form in which your relative is receiving medication. It may be better to have a soluble medication rather than a pill

For people who keep forgetting to take oral medication, the use of a weekly pill box can be an effective tool

Never sneak pills into food. If paranoia exists, this will increase it. This could also be very damaging in the longer term as your relative may lose trust in you

More people stop taking oral medication than injectable medication (sometimes called a 'depot' injection). With injectable medication, you are sure the person is getting it. The medication can't be spat out, hidden under the tongue, etc. Discuss the pros and cons of switching medications with the doctor. Mental health professionals are aware there is a potential downside to injections, your relative may experience possible feelings of humiliation and loss of control which can have a negative impact on their self esteem

Injectable medication is given once a week or once every few weeks, depending on the type. Consider arranging a treat built around going for the injection – seeing a movie, going for lunch, etc. Let your relative know that you are proud of the way in which they are handling the need for medication

Do your best to be calm and reasonable about supporting your relative to take medication. If you press too hard, you may make it more difficult for your relative to become more independent and you may inadvertently be making the situation worse. Although this can be very challenging for families, a period of learning through experience may be necessary

If medication is becoming a battleground, seek professional support and guidance about how to respond – it may be best for you to leave discussions about medication to professionals specifically trained in medication management.