



# What can friends and family do to help a person experiencing mental illness?

Mental illness affects the normal functioning of the brain. Medication is therefore the cornerstone of treatment and recovery. However, medication alone does not help a person to deal with the loss of skills that occurs as a result of illness.

Psychosocial rehabilitation, in conjunction with medication, has been proven to improve the prognosis of people diagnosed with mental illness. Day Programs, Home Based Outreach Programs, Residential Rehabilitation Programs, and Respite Programs are available locally and are appropriate once the recovery process is in train.

Psychological treatments (therapies), especially for depression, can also be useful once the person is stabilised on medication. Cognitive Behavioural Therapy in particular has been proven to be beneficial.

A supportive family and a social and vocational environment is another important component of recovery. A focus on individualisation, maturation, independence and optimal functioning are concepts that can assist families to delineate their role where mental illness is present.

Maintenance of health and wellbeing is crucial for the caring role to be most effective. This can only be achieved by taking good care of yourself. This involves being clear about the issues involved in mental illness – they are tricky and can take some time and experience to sort through.

It is with these points in mind that the following strategies are recommended for caring for a family member or friend with mental illness:

## For families & friends... equipping yourself for the journey

Consider how you need to be equipped for this challenge. Family members report the following to be of use to them:

- Seek as much information as you can about the mental illness your family member experiences. Use conferences, the internet, organisations such as Mental Illness Fellowship Australia and Arafemi to collect material that will enable you to understand the issues you are facing. Contact your local MIFA member to see what information and education programs they offer.
- Consider the emotional impact on yourself and seek support. Think about supportive counselling that will assist you to sort through the emotional and practical dilemmas that you are facing. Mental Illness Fellowships, Arafemi and Carer Respite Centres provide or can refer for this service. Groups in your local area also provide local support and friendship and allow you to talk freely about mental illness. Consider speaking to friends and family to create a supportive environment for yourself and your family member with an illness.
- Consider developing your communication and problem solving skills. You will need skills in communicating with the rest of your family, your friends, professionals in the mental health system and your family member with an illness. The more stress that can be taken out of these interactions, the better the outcome will be for everyone.

- Continue (and further develop) the interests and activities in your life. Mental illness has a tendency to draw people into it – resist this by focusing on yourself and other family members, and take time for yourself and your interests. You will be in better shape to take care of your family member with a mental illness and the impact on the rest of the family will be less.
- Seek support through financial and practical schemes that are available. These include Centrelink carer financial support schemes, local Carer Respite Service funds and Respite Services themselves.

## How the family can assist the person with an illness

Families have a goal of assisting the person with an illness to achieve their maximum wellness and independence in the community. With this in mind the following strategies are recommended:

### Responding to the onset of acute episodes

For acute episodes the priority is to:

- reverse any escalation of the symptoms
- provide immediate protection and support.

Families will become familiar with early warning signs as an illness progresses but in the beginning they might be harder to notice. Early warning signs are unique to the person, but are also symptoms associated with each illness. For example, some people might hear voices early in a psychotic episode, others might have sensory hallucinations.

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This can be a challenging time for families if the person with the illness has no insight. If this is the case, call on what you know about communicating with someone in a psychotic, or manic or depressed state. Again, this skill is developed with experience. It is important that you as the carer stay calm and put into place any plans that you may have developed while the person was better.

Consider how you might stay loyal to the person, rather than the mental illness. This might require being assertive and implementing plans for treatment that the person, in their unwell state, may not want.

The following tips might be helpful in communicating with someone who is experiencing an acute episode:

- **Show understanding and compassion**, for example saying, 'It must be frightening to think the police are after you.'
- **Be non-judgemental** remembering that the person lacks control over what they are doing and saying. In an acute episode the mental illness is in control, not the person.
- **Try not to take things personally.** It is likely that the person will think you are interfering if they have no insight into their mental illness.

- **Ask how you can help.** Agreeing to reasonable requests might help the person feel more in control and relieve distress. Reasonable requests might include asking you to sit in the room with them, or asking to be left alone. Unreasonable requests are those that support the reality of the illness rather than the person and might include asking you not to use the phone, or asking you to call the police because the house is bugged.
- **Be clear about the limits of acceptable behaviour** eg 'I will sit with you in the room but if you frighten me I will call the Crisis Team/police'
- **Use non-verbal behaviour to express support.** Avoid direct, continuous eye contact or touching. Do not stand over a seated person but take opportunities to sit beside them eg to look out a window together.
- **Try to find common themes for discussion** rather than themes that cause stress
- **Limit external stimuli**  
Radios, television, and people
- **Allow the person their space**  
They may be afraid, so avoid situations in which they feel hemmed in
- **Stay calm and keep voices low**
- **Acknowledge and discuss any threat of suicide.** Seek support in doing this from professionals if you are unsure.

## The principle of safety first

Some families (especially those with a relative with a dual diagnosis) report feeling threatened and unsafe at crisis points in the development of the illness. A fundamental in all of this is the phrase – safety first. The principles include:

- Be alert to issues of safety and pay attention to your gut reactions. These will instinctively tell you whether or not you are safe.
- Remember what you know about communicating with people who are experiencing psychotic symptoms or are agitated. Delusions are fixed and false beliefs and the person cannot be talked out of them. A person who is extremely agitated will not listen to rational discussion. Trying to intervene in this way can escalate the situation.
- If you feel unsafe there is one course of action – make yourself safe rather than try to change the person you are dealing with. Their acute state of unwellness will prevent them from interacting effectively.
- Remove yourself from the situation – you can get help by calling the crisis team just as well from down the road. Take your other children (and animals if possible.)
- While in the company of someone who is threatening, always keep yourself close to a door or an exit.

## Seeking treatment

Be prepared for discussions with treating professionals by thinking beforehand about how you might describe the symptoms, and write these down.

Call on what you know about positive psychotic symptoms, and those of mania and depression. Where possible use the medical word as well as your own words. Write down your key points beforehand as prompts.

Prepare treating teams adequately in advance by telling them all of the important details. This includes symptoms as well as any issues relating to danger. The crisis team needs to make an assessment of safety for themselves and it may be that they need to elicit the support of the police. They should make this phone call, but in the event that you need to do this (extreme threat or danger) they also need to know the details of the situation so crisis can be averted.

Try to seek treatment outside of a crisis time. This might be achieved through a GP, or by communicating with the crisis team while the situation is deteriorating. They then have the information to commence treatment, or to act if a crisis develops.

If the person needs to be hospitalised, support them in this experience by focusing conversation on reduction of the symptoms and the relief this will bring. Accompanying them to hospital may be supportive.

An involuntary admission to hospital can be a trying experience for everyone. Focusing on the fact that the person will receive treatment and be less distressed can assist families emotionally through the experience.

## Assisting recovery

Adequate planning for discharge is important if the transition is to be productive. Make yourself available to the treating team for discussion of this event.

Consider psychosocial supports (Day Programs, Respite, Residential Rehabilitation, Home Based Outreach) in the discharge planning. It is the role of the case manager to follow these up.

Be compassionate about side effects of the medication. Acknowledge the difficulty of living with the side effects and support the person in communicating with the doctor about them – a change of dose or medication might be more suitable.

As the episode moves from acute through to recovery, move from a care-taking role to a care-giving role. An assertive, caring, collaborative relationship aimed toward optimising independence and connections with the community will achieve the best results in the long run. This might involve taking some calculated risks on your part.

Let the person approach life at their own pace and avoid expecting too much (pushing too hard) or too little (being over-protective).

Support the development of confidence in the person with the illness by understanding how they might be feeling. Show compassion for the trauma that they have endured and respect for the courage that they are showing in their recovery phase.

Support the achievements of the person with the illness. They may be small (getting out of bed half an hour earlier) and they may progress to being larger – they are all important stepping stones in confidence building.

Be clear about how you will contribute to the person's recovery. Effective, stress-free communication will be a great asset.

Communicate with other members of the family about the issues involved in recovery and seek everyone's support (as well as provide support for them.) The more information people have, the less stress is associated with managing the situation.

If the person with the illness is willing, discuss the situations that lead to an episode developing. Where possible, identify the indicators and agree to a plan of action if it were to occur again. This is known as a wellness plan.

If the person is not willing to develop a plan, consider going through this exercise with your family anyway as you may need to act on behalf of the person with the illness in the future if another acute episode develops.

# What can friends and family do

to help a person experiencing mental illness? continued...

## Useful references

Mental Illness Fellowship of Australia

[www.mifa.org.au](http://www.mifa.org.au)

Mental Illness Fellowship Victoria

[www.mifellowship.org](http://www.mifellowship.org)

Mental Health Services Website (Vic)

[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)

National Alliance of the Mentally Ill

(NAMI) (USA)

[www.nami.org](http://www.nami.org)

Mental Health Council of Australia

[www.mhca.com.au](http://www.mhca.com.au)

SANE Australia

[www.sane.org](http://www.sane.org)

Beyond Blue

[www.beyondblue.org.au](http://www.beyondblue.org.au)

## Mental Illness Fellowship of Australia fact sheets

Family and carer supports and services

Effective communication



Mental Illness Fellowship of Australia  
08 8221 5072 [www.mifa.org.au](http://www.mifa.org.au)

Mental Illness Fellowship of  
Sth Australia Inc  
08 8221 5160 [www.mifsa.org.au](http://www.mifsa.org.au)

Mental Health Carers NT  
08 8948 1051  
[www.mentalhealthcarersnt.org](http://www.mentalhealthcarersnt.org)  
Schizophrenia Fellowship of NSW Inc  
02 9879 2600 [www.sfnsw.org.au](http://www.sfnsw.org.au)



Mental Illness Fellowship Victoria  
03 8486 4200 [www.mifellowship.org](http://www.mifellowship.org)

Mental Illness Fellowship Nth Qld Inc  
07 4725 3664 [www.mifnq.org.au](http://www.mifnq.org.au)

ARAFMI (Tas) Inc  
03 6331 4486

Schizophrenia Fellowship of Qld Inc  
07 3358 4424 [www.sfq.org.au](http://www.sfq.org.au)

Mental Illness Fellowship of WA Inc  
08 9228 0200 [www.mifwa.org.au](http://www.mifwa.org.au)

Mental Illness Fellowship of the ACT Inc  
02 6205 2021 [www.mifact.org.au](http://www.mifact.org.au)