

THE JOURNEY TOGETHER



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Information booklet for families and
friends who support people experiencing
mental health problems



Contents

Acknowledgments

This booklet is a result of a joint project between the National Service Users Executive, the Irish Advocacy Network, Shine supporting people affected by Mental Ill Health and HSE Mental Health. Special thanks are due to all who contributed to its production.

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Foreword

Things go better in every walk of life if we are supported in our endeavours by people who know, love and respect us. Caring for and supporting relatives and friends is central to healthy communities. In every community there are people who would welcome support at various times in their lives. Everybody without exception, experiences ups and downs in their personal lives. Support in times when things are not going well is generally welcomed as long as it is provided in a sensitive and understanding manner. When people experience emotional distress, accepting and providing support becomes an even more sensitive matter.

At times, when emotional distress affects us we tend to forget that this is a normal part of human experience. Family members and carers are often an invaluable source of support at times like these. They have more intimate knowledge of the individual than can be assimilated quickly by any health professional and therefore can play a vital role in recovery.

Families and carers are often an invaluable source of support and expertise and can be a crucial part of the recovery process. However, the consultation process for "A Vision for Change", the Government policy on mental health, 2006, revealed that 'carers often feel excluded from the care of the service user (for example

in situations where they are not given any information) while at the same time being expected to provide shelter for the service user, and look after their everyday needs.'

Of the research that has been undertaken, 'Every Mother's Son', produced by the Waterford Parents and Carers Research and Advocacy Project, highlighted the needs of parents and carers if they were to feel valued and the family Support Study conducted by the Health Research Board, highlighted the importance of recognising the needs of parents and carers. They recommend clear provision of information is needed on diagnoses, medication, current treatment options, care, recovery and

discharge plans. They also recommend that significant support systems for carers should be provided and that the expertise and knowledge of carers should be utilised and integrated in all care, recovery and discharge plans. This information booklet aims to address some of the information deficits experienced by carers in their role, describing the main diagnoses, explaining how services work, providing practical suggestions on supporting someone with fluctuating mental health problems together with tips on self-care and sources of further information.

This information booklet reflects the partnership approach between

individuals who use services, families, carers and health professionals and recognises that recovery for the individual is the ultimate aim though perspectives on how this may be achieved may differ. It is based firmly on the principles of equality, dignity, respect and acceptance between all and aims to help promote mutual understanding.

Families and friends are often thrust into the role of carers with little preparation or choice. We hope that this booklet will provide clear information and guidance to families and carers and be a valuable resource, support and reference for the future.



Who is a Carer?

A carer is a person who gives up their own time often without payment, recognition or thanks to help another person who is disadvantaged due to physical or mental illness or disability. A carer's effort, understanding and compassion enables those people to live with dignity and to participate more fully in society. The carer may be expected to be available 24 hours a day, 365 days a year. Without training, they may be expected to act as nurse, companion, taxi driver and financial advisor.

Carers are ordinary people who out of a sense of love, duty and compassion, do their best to help a spouse, sibling, offspring or friend to achieve their potential. They may be the only person who is trusted by the friend or relative in need of support.

They ask only to be given guidance, information and a little time to understand and learn how to cope with the situations that, if they did not deal with, would be a burden on the community in both time and money. They recognise the role of the professionals in the various disciplines and appreciate the pressure that they

work under. Carers ask that their expertise is also recognised and that people talk to them and keep them informed of what is happening.

The information found in this booklet is designed to assist the carer in accessing information that will help them to do their job in the most supportive manner.

The fact that this information booklet exists will help carers access information out of normal working hours and we would hope that this will be of value.

The Main Mental Illnesses

The following summaries of the most common mental illnesses provide a brief insight into the main features of each one and is not intended to be viewed as a comprehensive source of information.

For more details on a particular illness, please refer to the section on useful contacts. Not everyone will have all these features but remember the person you care about continues to be an individual who may experience some of these symptoms from time to time.

SCHIZOPHRENIA

In people experiencing an episode of schizophrenia, the person's thinking becomes distorted, making it hard for them to distinguish reality from what is imagined. When severe, this can lead to immense panic, anger, depression, elation or over activity, perhaps punctuated by periods of withdrawal.

The symptoms of schizophrenia are divided into two groups, called 'positive' (for example, hallucinations and delusions) and 'negative' (for example, slowness to move, think, speak or react). These may occur separately, together or alternately. It is a relatively common condition with approximately one in one hundred

people worldwide experiencing an episode of schizophrenia at some time during their lives although highest incidence is in the late teens and early twenties. In about one quarter of cases, there is eventually a full recovery. The majority continue to have difficulties, but usually they also have long periods of good functioning.

Treatment

Effective treatment involves a number of different approaches. Ideally it is most effective when given in the early stages of the illness. Some form of medication is essential for most people; however, this should be given in combination with education about the disorder, emotional support and help with learning how to manage any continuing symptoms.

For more information

SHINE - supporting people affected by Mental Ill Health
38 Blessington Street, Dublin 1.
Tel: 1890 621 631 Email: info@shineonline.ie
Web: www.shineonline.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918 or 047 72863
Email admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.com

DEPRESSION

Depression is not uncommon. Approximately 1 in 20 will suffer from severe depression. Men and women suffer from depression equally. When people are severely depressed, they feel that life has little to offer them and that things will never get better. This low mood is more than being fed up or unhappy: it is persistent and coincides with disturbed sleep, appetite, sex drive and markedly affects daily functioning. Depression is an illness that can be treated and should not be ignored.

People who are depressed may be pre-occupied with negative thoughts and become socially withdrawn. People can become depressed as a result of external events (e.g. the death of someone close, loss of job, etc.). However, sometimes there is no obvious cause.

Treatment

Talking Therapies/Counselling and learning specific techniques are effective in the treatment of depression. Sometimes antidepressant medication may be used with other

therapies in conjunction with allowing people the opportunity to talk about their feelings and the possible causes of depression. It can also be useful for people who have depression to meet others who have experienced the illness, so attending a support group might be beneficial. It can help to break down the feelings of isolation and it can help to hear how other people have coped and recovered.

For further information

AWARE
72 Lower Leeson Street, Dublin 2.
Tel: 01 661 7211
Help line number 1890 303 302
Email: info@aware.ie
Web: www.aware.ie

GROW
Grow Centre, 11 Liberty Street, Cork.
National information line: 1890 474 474
Email: info@grow.ie
Web: www.grow.ie

RECOVERY INC.
PO Box No. 2210, Dublin 8.
Tel: 01 626 0775 / 087 982 2281
Email: info@recovery-inc-ireland.ie
Web: www.recovery-inc-ireland.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918
Email: admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.com

BI-POLAR DISORDER (MANIC DEPRESSIVE ILLNESS)

This is a mental illness that is characterised by periods of deep depression and of very excited behaviour known as elation. About one in a hundred people are diagnosed as having Bi-Polar Disorder. Around 15% of people who have a first episode of Bi-Polar Disorder never experience another one.

Changes in mood are a daily occurrence for everyone but for people who experience Bi-Polar Disorder, the mood changes are extreme. During the elated or 'high' phase, people are very active. They may see things or hear things that other people can't. They may be unable to sleep, feel extravagant and spend large amounts of money that they may or may not have. During these periods people are liable to be irritable or very talkative, sometimes to the point of being incoherent. During the 'low' phase of the illness, people may feel overwhelmed by despair, guilt and feelings of unworthiness. They may be very apathetic and totally unable to do the simplest task. Episodes of highs and lows may occur directly after each other and there may be periods of stability.

Treatment

Counselling is very helpful in coming to terms with the diagnosis, learning to

recognise triggers, mood patterns and developing practical ways of preventing relapse. This works very well alongside the use of medications which are necessary to stabilise the mood.

For further information

AWARE
72 Lower Leeson Street, Dublin 2.
Tel: 01 661 7211
Help line number 1890 303 302
Email: info@aware.ie
Web: www.aware.ie

GROW
Grow Centre, 11 Liberty Street, Cork.
National information line: 1890 474 474
Email: info@grow.ie
Web: www.grow.ie

RECOVERY INC.
PO Box No. 2210, Dublin 8.
Tel: 01 626 0775 / 087 982 2281
Email: info@recovery-inc-ireland.ie
Web: www.recovery-inc-ireland.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918
Email: admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.com

SHINE - supporting people affected by Mental Ill Health
38 Blessington Street, Dublin 1.
Tel: 1890 621 631 Email: info@shineonline.ie
Web: www.shineonline.ie

ANXIETY AND PHOBIAS

Anxiety disorders are quite common, affecting about 5% of the population at any one time but many people do not seek help. Anxiety and fear are normal human emotions and often occur as reactions to stress. However, normal anxiety becomes abnormal when the symptoms are so intense that people are prevented from performing day-to-day activities because they find them so painful and distressing. Abnormal fears, sometimes called phobias, are almost paralysing fears centering on specific situations or objects.

People who suffer from high levels of anxiety find it difficult to concentrate, tend to sleep badly and get tired easily. The body shows the effects of anxiety by increased heart rates, tension and pain in muscles, inability to relax, sweating, rapid breathing, dizziness, faintness and bowel disturbances. Sudden unexpected surges of anxiety are called panic attacks. Someone who has a phobia has symptoms of intense anxiety or panic but only in particular situations. Phobias lead to avoidance of the things which are feared.

Treatment

Talking about the problem to trusted friends and relatives often helps and may give a sense of perspective. Most of us tend to avoid stressful situations,

but in the case of anxiety disorders it tends to make the situation worse due to the fear it induces. However, more intensive talking treatments may be required such as Cognitive Behaviour Therapy (CBT). This helps people to recognise, understand and manage anxiety. Learning to relax with advice from professionals or by using CD's and DVD's or books can help to bring tensions and anxieties under control. Medication such as tranquilizers or anti-depressants may be used to help ease anxiety during the day or help sleep at night.

For more information

OANDA (Out and About Association),
140 St. Lawrences Road,
Clontarf, Dublin 3.
Tel: 01 234 5678

GROW
167 Capel Street, Dublin 1.
Tel: Dublin - 01 873 4029
Cork- 021 277 520

IRISH ADVOCACY NETWORK
Tel: 047 38918
Email: admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.com

OBSESSIVE COMPULSIVE DISORDER (OCD)

OCD is a disorder characterized by obsessions and/or compulsions. OCD is common, affecting approximately 1 in 30 people. It usually appears in childhood or adolescence but continues into adulthood. It is an exaggeration of normal thoughts and actions. Most people find that from time to time, they have worrying thoughts which they cannot get out of their head or they carry out repetitive actions which are not really necessary. Obsessions are recurrent, persistent thoughts or ideas that the person may feel are senseless but is unable to ignore them. A Compulsion is a repetitive, ritualistic behaviour which the person feels driven to perform. Obsessions and compulsions in OCD can cause a lot of distress to the individual and their family. They can be very time consuming, interfering with people's daily lives.

Treatment

Cognitive Behaviour Therapy has been shown to be very helpful in treating OCD. It involves learning to manage the situations which would normally provoke compulsive actions. People experiencing OCD may learn to resist the compulsions and to tolerate the discomfort they experience as a result which gradually lessens with

time. It also aims to change the way sufferers think about the situations associated with their OCD.

People experiencing OCD can benefit from self-help techniques, either individually or within a group.

For further information
OANDA (Out and About Association),
140 St. Lawrences Road,
Clontarf, Dublin 3.
Tel: 01 234 5678

RECOVERY INC.
P.O. Box No. 2210, Dublin 8.
Tel: 01 626 0775
Email: info@recovery-inc-ireland.ie
Web: www.recovery-inc-ireland.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918
Email: admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.ie

PERSONALITY DISORDERS

This is one of the most difficult to grasp of the diagnoses. If a family member or friend is diagnosed with this illness it is essential that you seek further information directly from a Health Care Professional.

For further information

HSE Helpline: 1850 24 1850

EATING DISORDERS

Eating Disorders are complex conditions which can affect people of all ages, both male & female. They can be a means of coping with unmanageable feelings, leading to a severe disturbance in eating patterns and a variety of physical consequences.

There are three officially classified eating disorders – Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. It is important to note that many people experience symptoms which may not fit comfortably within any one of those classifications – these are referred to as 'Eating Disorders not otherwise specified'. Many people will go from one eating disorder to another.

In the case of Anorexia Nervosa, the person will make determined efforts to reach a body weight lower than the normal body weight for their age, sex

and height. They may also exercise excessively or make themselves sick.

People experiencing Bulimia will engage in repeated episodes of binge eating, and will then compensate for those binges by means of self induced vomiting, excessive exercising, and/or the misuse of laxatives and diuretics. Because a person experiencing Bulimia will maintain a body weight within the normal range, it can be very difficult to identify.

Binge Eating Disorder involves repeated episodes of bingeing, but in this case the person will not try to get rid of the extra food by making themselves sick. Over time, this can, but not always, result in significant weight gain. A person experiencing binge eating disorder finds themselves locked in a lonely cycle of dieting, bingeing, shame and guilt. Binge eating Disorder affects 4% of the population.

Treatment

Due to the complex nature of eating disorders, a multidisciplinary approach to treatment is necessary. Medical and physical side – effects of the eating disorder behaviours may require urgent attention, though it is vital that the deeper psychological issues at the root of the eating disorder also be addressed.

For some, self help can be an effective road to recovery. Alternatively, the family G.P. can act as a stepping stone to further treatment options, which may include counselling, nutritional advice, psychiatric assessment and hospitalisation. Eating Disorders are highly individual conditions, and as such an individualised approach to treatment is vital to ensure a full recovery.

For further information

BODYWHYS – The Eating Disorders Association of Ireland.

P.O. Box 105, Blackrock, Co. Dublin.

Tel: 01 283 4963/Helpline: 1890 200 444

Email: alex@bodywhys.ie

Web: www.bodywhys.ie

IRISH ADVOCACY NETWORK

Tel: 047 38918

Email: admin@irishadvocacynetwork.ie

Web: www.irishadvocacynetwork.com



Understanding the Jargon

People coming into the mental health system for the first time often think that they have landed in a foreign country. Professionals use terms and abbreviations which are unfamiliar to most people. However, if someone is speaking to you and using abbreviations or unknown phrases that you do not understand always ask them to explain what they mean. Don't feel that you will look foolish or ignorant; people often forget that not everybody uses the same language on a daily basis. Below is a list of some of the more common terms used.

Multidisciplinary team work

Multidisciplinary team work is now considered to be the most effective way of working with people experiencing mental ill health. In many areas of the country however full multidisciplinary teams are not yet in place.

monitoring the care and recovery programme for individuals attending the mental health service. The central features of the care & recovery plan are assessment of need, involving the individual and carer/s, the allocation of a key worker and an agreed plan, which is reviewed and updated at regular intervals.

Community Mental Health Team (CMHT)

Are the providers of mental health services on a local basis. These teams may include Psychiatrists, Clinical Psychologists, Community Mental Health Nurses, Social Workers and Occupational Therapists, all of whom will work jointly in trying to develop care & recovery initiatives to meet the needs of the person using the services.

Psychiatrist

A medical doctor who has trained and specialised in psychiatry – the branch of medicine concerned with mental health, diagnosis, treatment, care and recovery.

Key Worker

Where this service is in place, the key worker is the member of the team who will co-ordinate an integrated care & recovery plan and act as the link/contact for the individual whom they are supporting, their carer/s and other team members.

Multidisciplinary Care Planning

Multidisciplinary Care Planning involves people with different skills and specialities

Community Mental Health Nurse (CMHN)

A qualified nurse who will provide out patient and the follow-up care & recovery service when the individual is living at home/or in the community.

Home Care Service

Where this service is available it aims to help people with a severe and enduring mental health difficulties who may find that the services offered are not easy for them to avail of. The Home Care Team is available in the community seven days a week, usually visiting the person in their own home. Team members have smaller case loads than colleagues in Community Mental Health Teams (CMHT's), which enables them to spend more time with the individual and their carers in the stabilisation phase of the illness and later in the recovery phase.

Clinical Psychologist

A Clinical Psychologist is someone who works with a wide variety of people towards making changes in their lives. The process begins with gathering a thorough understanding of the person's thoughts, emotions and behavior. From this a collaborative plan is drawn up, to facilitate persons working towards a preferred way of being/living life, that is in keeping with what is important to them.

Occupational Therapist (OT)

OT's are trained to work with people to help them to improve their ability to cope with daily living as independently as possible. They may help with practical tasks, and can improve coping strategies as well as helping to encourage participation in recreational, educational and vocational activities.

Cognitive Behaviour Therapy (CBT)

This is a way of helping people to cope with stress and emotional difficulties by making the connections between how we think, how we feel and how we behave.

Holistic

This means considering the whole person in the treatment of the illness – i.e. their physical, emotional, psychological, spiritual and social needs.

Psychosis

Traditionally Psychosis has been interpreted as evidence of total loss of contact with reality. Emotional responses, thinking process, judgement and ability to communicate may be so affected that day to day living becomes extremely challenging. An individual's experience of Psychosis may be quite different to someone else's experience and is often valuable to talk to the person about what it's like for them. They insist that the experience of Psychosis can have profound relevant meaning importance

and purpose for the person. (Dr. Terry Lynch, Psychotherapy & Psychosis, Schizophrenia Ireland 2008)

Atypical/Anti-psychotic Medication

These are recently introduced forms of medication used to treat psychosis. Some of the more frequently prescribed are Amisulperide, Clozapine, Olanzapine and Risperidone, because they are thought to cause fewer side effects. Clozapine may be used when two or more of the above are ineffective. It is important that people are fully informed of the possible side effects of these powerful medications. If you feel that you have not been given sufficient information then you should ask for more details.

Electro-Convulsive Therapy (ECT)

ECT is always administered under general anaesthetic and produces a mild shock to the brain similar to an epileptic fit. Many people have concerns about ECT. If you have concerns ask the relevant Health Professional to discuss this with you and answer any questions you may have. The Mental health Commission has produced a set of rules in relation to ECT and these are available on their website for your information: www.mhcirl.ie.

Dual-diagnosis

This can be a combination of a psychiatric diagnosis with other conditions such as alcohol abuse, drug

abuse, learning/physical disability.

Forensic Service

This is the area of the mental health service which provides services specifically for people who come into contact with the criminal justice system as a consequence of their poor mental health.

Depot Injections

Long acting medication often used where people find that this is a better option than taking tablets.

Voluntary Organisations

There are agencies that generally operate on a not for profit basis in order to benefit the individual and the community at large. There are some which are specifically helpful for people experiencing mental health problems and their families.

Aware	01 661 7211
Grow	01 873 4029
Recovery	01 626 0755
Bodywhys	1890 200 444
Samaritans	1890 60 90 90
Shine	1890 621 631
Mental Health Ireland	01 284 1166
The Alzheimer Society of Ireland	1800 341 341
Huntington's Disease	01 872 1303
Oanda	01 833 8252
Headway	01 810 2066
Irish Advocacy Network	047 38918
National Service Users Executive	085 121 2386

Planning Care and Recovery

INTEGRATED MULTIDISCIPLINARY CARE AND RECOVERY PLANNING is the process by which an individual's health and social care needs are assessed and their care and support is planned, delivered and reviewed by the individual, their relatives (carers) and the range of professionals involved. *The approach consists of four key stages:*

1. ASSESSMENT

During this period all contributing factors are explored. This can include health and social issues. A holistic approach to planning and recovery has proven to be most effective and carers should be included in the process. This should ensure that all the factors identified can begin to be addressed.

2. CARE AND RECOVERY PLAN

This begins to tackle the factors highlighted in the assessment, what is going to be done to help and who is responsible for making it happen. The individual in need of support must be at the centre of this plan and be in agreement with the proposals. Carers too, should feel that their concerns and opinions are valued. It is important that all aspects of the person's life are considered and that the services needed to address these and aid recovery are available. Where services are not available to meet the

identified needs a record should be kept so that they may be considered by managers responsible for service development. There must be agreement by all as to the course of action and those responsible for its delivery.

3. KEY WORKER

Where this service is developed, this is the named person responsible for co-ordinating the care & recovery plan. The key worker should be someone who is able to maintain a good relationship with all parties especially the individual concerned. Any concerns should be raised with the key worker. The choice to change this person should be available without fear of affecting the quality of service offered.

4. REVIEW

The Key Worker has to make sure that the care & recovery plan is reviewed regularly, at least annually, by all involved: identify what is working

well, what needs changing, what else needs to be included, so that recovery is ongoing and support can be altered as the individual's needs change. Carers should ask for their own needs to be assessed. Carers often need support coming to terms with their own needs during this time. It's ok to ask for help and support.

PLANNING FOR WHEN THINGS DON'T GO WELL

Set-backs happen at all the most inconvenient times – late at night, over a weekend. At such times it is not easy to respond in the best or most appropriate way.

It is helpful, therefore, to try to think about some of the worst-case scenarios in advance. How might you respond. Who might you call on and where to keep this information safe and handy. In this way if things do get difficult you have some sort of plan set up to help you through.

You will need to know the numbers of out of hours services that are available in your area and have them by the phone or in the phone book. Similarly you need the numbers for relatives and friends who can be called on at short notice, either to give you support in your home or if you have to go away,

to support those left behind. This is especially vital if it is you that has an accident or other adverse event.

Contact numbers for all services involved in your relative's care and others who support you should be kept with you at all times. With the agreement of the individual concerned, they should also be written in to their notes so that they are readily accessible to any persons who might need them.

These plans should be drawn up and agreed by you and the relative/friend you provide care for when that person is feeling good about themselves so that everyone is clear about what will happen. This is not always easy, when someone is well you are trying to be positive and not think about the difficult times. However, if you can have some contingency plan it may be helpful in actually avoiding a really serious crisis.

Your relative or friend may need inpatient treatment as part of their recovery. This is a normal part of the process and most people will avail of this when necessary. However there are some instances where the person may need extra support at this difficult time and there are a number of options for assisting them in this

rather than taking on the responsibility yourself. Should an assisted admission become necessary, there is new provision in the Mental Health Act for an Authorised Officer to act on behalf of family members.

Privacy and confidentiality is very important to individuals at challenging times like these and respecting boundaries that apply to the sharing

of information is a good way of demonstrating your respect for them as an individual. When the person leaves hospital you will naturally wish to be included in the discharge planning process. You may need to find some way of encouraging your relative/friend to include you in this process, helping them to realise that you will be a useful ally in their care and recovery.

TELEPHONE NUMBERS THAT YOU MAY NEED IN AN EMERGENCY

- Emergency Duty Team
- Home Care Team
- Assertive Outreach Team
- Key Worker
- Community Mental Health Nurse (CMHN)
- Social Worker
- Doctor on call
- Relatives/Friends/Others
- Authorised Officer
- Gardaí
- Helplines

A Checklist of Questions

It is a good idea to have a list of the things you want to know, ready before you have a meeting with any of the team involved in your relative's care and recovery. This can reduce anxiety and make the best use of valuable time.

This checklist is designed to help you get the information you need concerning the diagnosis, treatment, care and recovery plan of your relative/friend. These questions have been included as a framework for you to use: you may not find them all helpful and there may be others that are not included.

This assumes that your relative/friend is happy for the member of the team to discuss these issues with you. However, if your relative/friend is unwilling for information to be shared there may be a problem with confidentiality. It is probably best to work through this issue prior to any meetings so that you are aware of where you stand.

About the diagnosis

- What does my relative's/friend's diagnosis mean in simple terms?
- What are the main recognisable features?
- What is known about the causes of the illness?
- What is likely to happen in the future?
- Where can we get more information about this ?
- If there is no diagnosis yet what are the possibilities?
- How long will it be before there is a diagnosis?
- What help will I get in dealing with the practical issues that may arise in the meantime?

About the assessment

- What assessments have been done?
- Will any more assessments be needed?
- What are the results of the assessments? How will these be acted upon?

About care, treatment and recovery

- What are the aims of the care, treatment and recovery plan?
- What part will the key worker play in my relative/friend's care and recovery plan?
- Who else will be involved in this?
- How often will you see your relative/friend?
- What is the care and recovery plan? When can we expect to see improvements?
- Would talking therapies (psychotherapy) of any sort be helpful? If so, is it available locally?
- Are there any other therapies that might be helpful?
- What happens if our relative/friend is unwilling to accept

certain types of treatment?
Will alternatives be offered?

Multidisciplinary Care and Recovery Plan

- Would you explain how the care and recovery plan will be used to help our relative/friend?
- When will there be a meeting about this plan and will we be invited to it?

The Family and Recovery

- Will we be involved in discussions concerning the recovery of our relative/friend?
- What can we do to help?
- Are there any local self-help or carers' groups?
- What other supports are available for us?

Getting help

- Who do we contact if we are worried about something?
- How can we get in touch with you?
- Who do we contact in an emergency?
- How can we get a second opinion (you are entitled to this) if your

relative/friend is involuntarily detained?

Medication

- What medication is to be used?
- What should the benefits of this medication be?
 - Short-term
 - Long-term
- What are the possible side effects of this medication?
 - Short-term
 - Long-term
- Why have you chosen this particular medication?
- How long will this need to be taken?
- Are there any other options that could be used if this medication does not work?
- What signs/symptoms might mean that the medication should be changed?
- What is likely to happen if he/she stops taking the medication without discussing this with anyone?
- Do you have any written information about this medication?

Inpatient Treatment

- What happens if there is no bed available?
- How long will my relative/friend need to stay in hospital for?
- What arrangements will need to be in place in order for our relative/friend to leave hospital?
- If transport is difficult, can our relative/friend be housed near us?
- Can arrangements for Benefits be installed/reinstated immediately on discharge so financial security/housing does not become a problem?
- Who will inform utilities etc. that someone is admitted/discharged so that there is no danger of non-payment summons being incurred?
- If it is not appropriate for our relative/friend to return home, what other options are available in our area?
- Who can advise/inform us about this?

YOUR OWN QUESTIONS

Managing Difficult Behaviour

DEFUSION is a term for verbal and non-verbal ways of reducing tension. These tips work – they were developed from practice and experience. The more you try them the better you will become.

- The Principle is: Change 'acting out to talking out': try talking things through, rather than acting impulsively.
- Be aware that people like their own space – their own chair etc.
- Educate yourself about signs of rising tension: examples might be, intolerance, unclear speech, colouring of the face, hand wringing.
- Be aware of the importance of body language. 90% of communication is non-verbal so SMILE!
- Being aware of your own mood. It is important and people will react to you accordingly.
- Establish a warm environment.
- When first faced with a difficult situation be aware of the positive effects of patience and calmness.
- Use humour appropriately
- Try to empathise with the person
- Understand there are often good reasons for people being angry or distressed. Be prepared to discuss this in a positive way.
- Individuals have different strengths in difficult situations; Be prepared to recognise this.
- Set clear boundaries for acceptable behaviour and be consistent in their application. This involves setting agreed ground rules.
- Know who to call and how to call for help in an emergency. Keep important numbers (e.g. key worker/ service headquarters), next to the phone or in the phone memory.
- Try to identify and solve potential sources of conflict

- Develop mechanisms that are appropriate to your family and your situation. Apply the solution that is appropriate at the time.
- Be prepared that your life may change for as long as you need to

give support to the individual. Look after yourself because if you are stressed, tired and worn out you will not be able to care as you would like to. *Your Health is important too.*

Talking to Someone with Delusions (unusual beliefs)

- Acknowledge and don't dismiss the delusions. Recognise that these ideas and fears are very real to the person.
- If the individual sometimes uses bizarre words or unfinished sentences, react positively by saying "I don't really understand what that means." Or remind them what the conversation was about "Remember we were talking about..."
- Encourage others not to laugh about the hallucinations or the strange talk.
- Acknowledge that the person is hearing voices and support them in coping with them.
- Try to be calm.
- Don't be afraid to let the person become involved in other activities. It is important that the person feels included.
- Allow the person space and time if they don't want to talk. Say, "I can see you don't want to talk now, but I'll be here if you want to talk later."
- Seek support for yourself – another carer, a support group, a professional who can listen, guide and advise.

Take a break to recharge your batteries, you will need it. Find good quality information from reputable sources. This will help with understanding and supporting the person.



Making a Recovery Plan together

Carers should not lose sight of the fact that the person you are caring for is an individual and that the mental health problem is only a small aspect of who that person is. One of the most useful things that you can do together is to prepare for the future. Someone who has experienced a mental health problem may be worried about repeated episodes and you should encourage them to talk about how they would like to be treated in those situations. Most Service Users tell us that dignity and respect are central to their care and recovery and the importance of maintaining a sense of control at this time. A way of allowing them to retain this is to have a written and agreed plan of action in the event of a repeated episode of poor mental health.

Things that might be considered for inclusion in the Plan are;

1. Both parties need to be clear of the purpose of this document. It should be seen as a support not as a way of limiting their independence.
2. This will be a difficult process to get right the first time and should be seen as a living document that can be revisited and updated as required.
3. Who they would like you to contact. This could be you, another family member, and independent advocate, G.P. or mental health professional.
4. There may be certain interventions or treatments which they do not want no matter how difficult their situation becomes.
5. Try to be as specific as possible about what they will or will not agree to. They may want to nominate a substitute
6. Such documents are not currently legally binding.

Information Needs of Carers

Research from both service users and families shows clearly that one area in which they all agree is a need for more information. Specific information that carers may require include the following:

- The contact details of relevant senior management and staff members at the appropriate facility.
- Mission statement of the service concerned.
- Who to contact if they have concerns, and what kind of response they should receive.
- Range of relevant supports and services available including voluntary organisations working in the area.
- Assistance and support services available for challenging times in their caring role.
- All members of the care and recovery team, a description of their roles, their titles and a contact number.
- Mechanisms and systems for complaints and redress.

- Any proposed discharge plan that includes or requires any input from you (including accommodation provision).
- Recovery and how it might be achieved.
- Any other information specifically relevant to carers.
- Some examples of recent research are "Every Mothers Son" and "What we Heard" these are available on the National Service users Executive website www.nsue.ie

In addition, they should:

- Receive a mental health service that encourages families to take part in service planning, implementation and evaluation and recognises their expertise through experience.
- Be encouraged to take "time out" when required, and to be supported in this as appropriate to their needs.

13 Tips for Self Care

Eat Well

What we eat is important not only for our physical health but also our mental health. Being balanced in what we eat and drink is key. Avoid excessive use of sugar and salt. Increase intake of fruit and vegetables. Use alcohol in moderation. It is recommended that we drink between 6 and 8 glasses of water a day. Eat at regular intervals. Sometimes carers are so busy looking after everyone else they forget to look after themselves.

Exercise

Is an important part of self care. Regular exercise like walking, swimming, jogging etc can help to reduce stress and can improve the feel good factor. It helps if you have someone to exercise with as this will keep the motivation levels raised. Any amount of exercise will have positive effects on how you are feeling and your energy levels but it is good to build a small amount of exercise into your everyday activities.

Sleep

Sleep allows the body and mind to refresh and renew itself. If you are not getting decent sleep and rest you will feel stressed, irritated and its effects can flow into other aspects of our lives. If you find it difficult to sleep try to develop good sleep habits. For example avoid stimulants like coffee and food

high in sugar late in the evening. Try some deep breathing exercises while in bed. Use some lavender oil on the pillow to aid relaxation. Don't have the room too warm or cold. If you find that your sleep pattern is erratic with difficulty getting off to sleep, fitful sleep or waking early and can't get back to sleep. Talk to your G.P. for advice.

Think Positively

This is much easier said than done at times. If a situation arises try to look at what is positive in that situation instead of dwelling on the negatives. More than likely you will have experienced a similar situation before and you coped with it. Ask yourself how you managed before? What coping strategies did you use? What did you learn from it? Tell yourself that you can cope, you can make changes, there are others who can help me get through this. By acknowledging this you will maintain a sense of control over situations, you will feel more confident in situations and you will build your self esteem.

Manage time

Remember it is important for you as a carer to manage your time. Ensure that there is time set aside for you and your needs as an individual also. Give yourself permission to continue doing things that you enjoy for example going to the hairdresser, having a

night out with friends, spending time with other members of your family. The saying that Laughter is the best medicine is true and will help to offset the effects of stress as well.

Space

We all need some small place we can go to when stressed. This can be your bedroom, bathroom, the garden shed or a small corner in the kitchen but it is someplace that we feel a sense of comfort and security. Identify where that place is for you and use as your space when you feel things are getting out of control.

Relax

Relaxation involves giving yourself permission to take time out for you to let go of all the problems and issues going on in your world for a period of time every day to allow your mind and body a break to recover. Types of relaxation include, breathing techniques, listening to soft music, yoga, meditation, massage and reflexology to name a few. Carers again tend to be over vigilant and tuned into the needs of those around them and forget to give time for themselves to clear their minds and take time out. Remember if you're tired, have low energy, or are stressed you will not be able to support the person as you would like to and you are also putting your own health at risk. So allowing yourself 10 minutes a day can make a big difference to how we approach and deal with issues in our lives.

Breathe

We all take breathing for granted because it is something that happens without us being conscious of it. However if we take a couple of minutes to concentrate on how we breathe we are surprised at how our breathing comes very much from the top of our chests. When we are stressed, tired or feeling anxious we tend to breathe more quickly. When we are relaxed we breathe slower and calmer. Breathing techniques need to be learned and practised. This is one such technique and it would be helpful to practice this and get used to doing it so that when things get stressful you are able to stop, take a minute and breathe. This will help your mind and body regain control of the situation;

Sit in a comfortable but supportive chair. Put one hand on your chest and the other hand on your abdomen. Breathe as you would normally but notice where your breath is coming from in your body. Then concentrate on taking a deep breath and begin to notice how your abdomen rises and falls with each deep breath. As you get used to taking slow deep breaths try holding the breath for a count of 4 and then exhaling to a count of six. This will encourage you to take deeper breathes.

Stress

Stress is something that we all encounter in our daily lives and we all respond to stress in different ways. The symptoms include; anxiety, rapid heart

beat, tension in muscles, headaches, upset stomach, irritability, depression, fatigue, difficulty in concentrating, misuse of alcohol, tobacco or drugs. Perhaps one of the critical factors in dealing with stress is acknowledging that you are experiencing these feelings. Becoming aware of how your body responds to specific situations in your life is the first step to managing them. You can control the effects of stress by using some of the tips already spoken about for example, consider some form of physical exercise, practice breathing techniques, get enough sleep, eat a balanced diet, avoid over use of alcohol /drugs/food. Allow time out for you because 'You are Worth it'.

Training

Knowledge is power and this is certainly true for helping you as a carer deal with various situations that may arise as you care for your loved one. Accessing information and education on the signs/symptoms and behaviours associated with the illness of a loved one can help with understanding the issues and working together to wards recovery. Training brings with it the confidence to recognise your capabilities and strengths. It can help to manage your time and reduce the impact that the illness has on your loved one, your family and yourself. Accessing training also brings you together with people who are having similar experiences and can therefore become a huge resource for support.

Change

Embrace change. Sometimes change can be viewed as something that brings a lot of stress with it. However if you are open to change and view it as a way of improving things for yourself and the person you are caring for, it can be very beneficial. Initially making changes may mean having to take more time learning to do something different which may be difficult but if you persevere the rewards can outweigh the difficulties.

Express

Try to express what you feel. If you bottle things up they will fester and add to the stresses in your life. Identify a person you are comfortable talking to and who listens without judging. This could be your partner, friend or local support service.

Ask for Help

You as a carer need support too. Being in the caring role can be overwhelming at times and it is ok to ask for help. Be aware of the organisations in your area that can provide support for you. Build up that network so that when things are tough you are not alone. It is a good idea to make a list of the agencies and to contact them to see how they can be of help to you. Above all remember that what you are doing in the caring role is very important to the person you are caring for but that you too are a person with needs and you need to be mindful of that at all times because 'You're worth it'.



ACCESS POLICY

Administrative Access

As a matter of policy the HSE supports the right of the person to see what information is held on him / or her within its services. Generally access to an individuals own record should be provided administratively. An application for Administrative access by a person seeking access to his or her health record should: be in writing and sent to the appropriate service manager; supply relevant information so that the correct records can be located; and be accompanied by appropriate identification. An acknowledgement of its receipt should be provide within 3 working days of receipt of the request and access to the health record should be provided within 15 working days on receipt of the application.

Freedom of Information

The Freedom of Information Acts allows people the right of access to information held by public bodies, to the greatest extent possible, consistent with the public interest and the right to privacy. Every individual has the right to know what information is held in records about him or her personally subject to certain exemptions and to have inaccurate material on file corrected; they also have the right

to know the criteria used in making decisions that affect them.

Access Request Under FOI

A request for access to records, amendment of records or reasons for decisions must be in writing, state that the request is made under the Freedom of Information Act and specify the records required and the manner in which access is sought i.e. obtain photocopies, inspect the record etc. The request must be sent to the FOI Officer in your Local Health Office, Hospital or Voluntary body as appropriate. There are no fees applicable to requests made for a person's personal records.

Review

If you are unhappy with the initial decision made you may request an Internal Review which is a review of your initial decision by a more senior member of staff within the Health Service Executive. If you are unhappy with the decision made at Internal Review you may make an appeal to the Information Commissioner at 18 Lower Leeson Street, Dublin 2.

Further Information

Please contact the FOI Officer in your local office/hospital or access www.oic.ie which is the website for the Office of the Information Commissioner.

DATA PROTECTION

Data Protection is the safeguarding of the privacy rights of individuals in relation to the processing of their personal data. Personal Health information should be:

- Obtained and processed fairly;
- Kept only for one or more specified, explicit and lawful purposes;
- Used and disclosed only for that specific purpose.
- Kept safe and secure;
- Kept accurate, complete and up-to-date;
- Adequate, relevant and not excessive;
- Retained for no longer than is necessary for the purpose or purposes;
- Accessible to the individual or person acting on his or her behalf on a reasonable basis.

The fact that an individual may have a psychiatric diagnosis is very personal and sensitive information. It is particularly important that individuals have trust in their health care practitioners and that they are not deterred from seeking treatment because they fear that the confidentiality of their personal information may be shattered through unauthorised disclosure. The Irish Data Protection Commissioner describes it in the following way;

"At the heart of the legislation is an awareness of privacy as a basic human right. A human being is not merely a collection of items of information in a form which can be processed – as the Act defines data. He or she is a unique individual entitled to be valued as such." (*Protecting Personal Health Information in Ireland Law & Practice* by Peter Lennon; Chapter 3, page 66 to 67)

Access Request

To make an access request under the Data Protection Acts 1988 & 2003, please submit your request in writing to your local Health Office, Hospital or Voluntary body as appropriate. Ensure that you describe the records you seek in the greatest detail possible to enable us to identify the relevant records. There is a fee of €6.35 for an application under Data Protection.

Review

If you are unhappy with the initial decision made you may make an appeal to the Data Protection Commissioner, Canal House, Station Road, Portarlington, County Laois.

Further Information

Please contact the Data Protection in your local office/hospital or access www.dataprotection.ie which is the website for the Office of the Data Protection Commissioner.

Family Rights & Responsibilities

Generally speaking rights to information are dependent on the expressed wishes of the individual concerned. This is different for Children & Adolescents where a parent or Guardian role is clearly defined in legislation.

As a Carer you have the Right to:

- A safe environment
- Collaborate in your relative's care with their consent
- Visit your relative at times that are convenient to all
- Be treated respectfully and considerately
- Receive clear responses to queries you make
- Make a complaint and know its outcome
- An Interpreter
- Refuse to participate in teaching or research at any time
- Receive the following information:
 - Legal rights and entitlements
 - Names and qualifications of those treating your relative
 - Significant events (including transfers) involving your relative
 - Pending discharge back into your care
 - Explanation of the cost of care

Equally you have the following responsibility to:

- Give accurate information
- Co-operate with investigation of any complaint you make
- Consider and respect others
- Respect confidentiality – this means clear boundaries are in place regarding family involvement, and communication between families and the mental health service is in accordance with the wishes of the service user. Families/chosen advocates receive information about: what services are available, how they work and how to access them, especially in a crisis. (Quality Framework Mental Health Services in Ireland)
- Meet financial obligations
- Refrain from bringing in any alcohol or other harmful substances
- Comply with staff direction in matters of safety and visitation policies
- Abide by other rules made known to you

Advocacy

Advocacy means different things to different people in different environments. Mental Health Advocacy in Ireland has developed as a means of supporting individuals in a way which ensures that their views are heard, respected, and influence the way in which mental health services are delivered to them.

In most cases, it embraces, in particular, their ability to advocate for themselves, through an empowering process including the provision of information and appropriate supports which facilitate individuals in making choices for themselves. To put it as simply as possible, things are not done for people, but with them in an equal working relationship.

The Irish Advocacy Network provides a peer advocacy service in most acute mental health residential settings in Ireland. All of the advocates are peer advocates. A peer advocate is a person who has personal experience of having used mental health services and has achieved a sufficient level of recovery to complete an accredited training course in peer advocacy. Peer advocates are in a unique position in understanding the problems faced by their clients, as they will have experienced similar problems themselves in the past and can accurately identify and empathise with the feelings that sometimes occur as a result.

More information on the Irish Advocacy Network can be found at: www.irishadvocacynetwork.com or by phoning 047 38918

Ár nglór: The Community Mental Health Advocacy Service (*our Voice*) is a community mental health advocacy service provided by Schizophrenia Ireland in a collaborative partnership with the Irish Advocacy Network and the Citizens Information Board. The service is for people with self experience of mental health issues and their families and can provide you with individual information and support on your rights and entitlements. Ár nglór has advocates available in areas around the country and further information can be accessed through www.shineonline.ie or by phoning 1890 621 631 or 01 860 1620

Steer provides an Advocacy service in parts of the North-West of Ireland, most notably Donegal and Derry. Tel: 074 917 7311
Web: www.steer.eu.com

Citizens information Board

Citizens information centres are available around the country. The nature of this advocacy is usually focussed on a specific problem or set of problems and the advocate would work with the individual until the issues are resolved. A frequent example would be issues relating to social welfare payments or complaints to statutory bodies or service providers of all types. Further information can be found at www.citizensinformationboard.ie locall 1890 777 121

Legal Advocacy

Solicitors would be the most common providers of legal advocacy. Relatives/ carers frequently access the services of a legal advocate around issues of wills, trusts and family property. The future provision of support for a family member can be complex and upsetting. Legal advice in such circumstances is essential.



New Initiative for Mental Health Service Users & Carers

“A Vision for Change”, the report of the Expert Group on Mental Health, details a comprehensive model of mental health service provision for Ireland. It proposes a holistic view of emotional distress and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. Special emphasis is given to the need to involve service users and their families and carers at every level of service provision.

One key recommendation of the report is that a National Service User Executive should be established to inform the National Mental Health Service Directorate and the Mental Health Commission on issues relating to user involvement and participation in the following:

“Planning, delivering, monitoring and evaluating services including models of best practice and to develop and implement best practice guidelines between the service user and provider interface including capacity development.” (Vision for Change Report of the Expert Group on Mental Health Policy, p.27)

During 2006 an interim National Service Users Executive was formed and officially launched on the 31st

January 2007. Initially the Executive was comprised of nine service users and three carers/family members. The remit of iNSUE was to develop the structures, policies and protocols that would guide the development of the National Service Users Executive.

The iNSUE developed a strategic plan ‘A Voice for Change’ and a detailed implementation plan which was submitted to the HSE in October 2007. The strategic plan can be accessed at www.nsue.ie.

The economic downturn means that the development of regional and local fora will have to be carried out on an incremental basis and it is now envisaged the NSUE will be fully established within the next 2 years.

The NSUE has recently adopted a constitution which will guide the work of the organisation into the future. Currently we are in the planning stages of creating local and regional fora in the HSE Southern Region. It is the intention of the NSUE to hold elections for nominations to the National Executive within the HSE Southern Region towards the end of this year. There will be four positions to be filled on the Executive from the HSE Southern region, three places to be filled by service users and one place to be filled by a carer/family member. Those elected to the Executive will

serve a three year term. They will represent the interests of service users and carers in their region while feeding into the National Executive to develop and support change in mental health services throughout the country from a service user and carer perspective.

For further information contact us:
NATIONAL SERVICE USERS EXECUTIVE
91 Leopardstown Avenue
Blackrock, Co Dublin
Email: info@nsue.ie
Web: www.nsue.ie
Tel: 085 121 2386 / 085 121 2399



Mental Health Act 2001

The laws on mental health services have been changed, and from November 1st 2006, improvements have taken place in the quality of care provided to people in mental health services. This information provided by the HSE and the Irish Advocacy Network describes the changes that apply to people who are admitted involuntarily to mental health services in Ireland.

Around one in four of us will experience some mental health problems in our lifetime. This can range simply from a low period, to more serious depression, to a small number who will experience severe mental health difficulties. Most people are treated by their G.P., at home and in the community.

A small number of people with mental health difficulties will need hospital admission. Some people may not wish to be admitted and so may be 'involuntarily detained' in an approved mental health service, to receive the treatment they need.

People who need this form of treatment are at the centre of the objectives of the Mental health Act 2001.

Best Interest of the Person

The Mental health Act 2001 says that when a decision is being made about

the care or treatment of a person, that their best interests will be the most important thing to consider. Regard will also be given to the interests of other people who may be at risk of serious harm if that decision is not made.

The Mental health Act 2001 also says that the person has a right for their dignity, bodily integrity, privacy and autonomy to be respected. Autonomy is an important concept in healthcare. It relates to doing everything you can to make sure that the person can make personal choices about his/her treatment and is often referred to as consent.

High Standards of Care

The Mental health Act 2001 demands that high standards of care are provided for people using Mental Health Services. An organisation called the Mental Health Commission

has been established to make sure that services are a good standard and make fair decisions and have produced a booklet called 'A quality Framework' for mental health services in Ireland. This can be obtained from the Mental Health Commission or downloaded from their website. The HSE continues to strive to provide the best standard of care for people using the mental health services.

Right to Review

A system of Mental health tribunals has been established under the Act to ensure that all those who are entitled to a review of their detention will be able to get one. Tribunals will be made up of the following members

- A practising Barrister or Solicitor
- A Consultant Psychiatrist
- A Lay Person

Right to Information

A person's right to information is protected under this Law. If there are proposals to involuntarily detain a person, they must have an opportunity to make representations on the matter, or to have someone do this on their behalf. The person has the right to information about;

- Their Detention
- Their Treatment
- Admission Orders

- Their right to have their care reviewed by a Consultant or by the Mental Health Commissioner
- Their right to be represented by a Lawyer

Criminal Law (Insanity) Act 2006

People who come into contact with the criminal justice system while experiencing mental illness may be dealt with under this legislation. A mental health review board has been set up to deal with the small number of people who are detained under this act. For further information on the Criminal Law (Insanity) Act visit: www.irishstatutebook.ie

For further information contact

MENTAL HEALTH COMMISSION
Tel: 01 636 2400
Web: www.mhcirl.ie

HSE
Helpline: 1850 24 1850
(Mon – Sat, 8am – 8pm)
Web: www.hse.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918

NATIONAL SERVICE USERS EXECUTIVE
Tel: 085 121 2386 / 085 121 2399
Web: www.nsue.ie

Supporting People with Alcohol and Mental Health Problems

Alcohol is used for many reasons: to enjoy the taste, to celebrate, to accompany food, to show hospitality, to feel more relaxed and have less inhibitions in social groups, to de-stress following a busy day or week, or to forget about general worries and concerns and their accompanying negative emotions.

For the majority of people, alcohol consumption is not a problem. However, some people drink too much, and this can cause problems for the drinker and for their mental health as well as for his or her family members, carers and friends.

Evidence suggests that there is a strong link between alcohol misuse and mental health problems. You may have heard of this called 'dual diagnosis' or 'co-morbidity' but it is becoming more common to refer to people as having 'multiple' or 'complex' needs. People who have mental health problems may drink alcohol for very particular reasons -to try and cope with or hide away from the mental health problems and the life problems that this brings.

People who have alcohol and mental health problems do not always respond to current models of treatment, but

are often very vulnerable and therefore in need of help and support from appropriate healthcare professionals.

It is important to remember that if your relative has a mental health problem, and an alcohol problem, that this could have a big impact on your life. This is all very similar to the kinds of difficulties that you might experience in being a carer for anybody with a mental health problem. Caring for somebody with both problems can make it even harder. It can be hard for other members of the family as well. Traditionally, services have not tended to offer help to family members, but this is slowly changing and there is help available.

Responding to the situation

The main source of help for a relative or friend of someone with an alcohol problem is the fellowship of Alanon

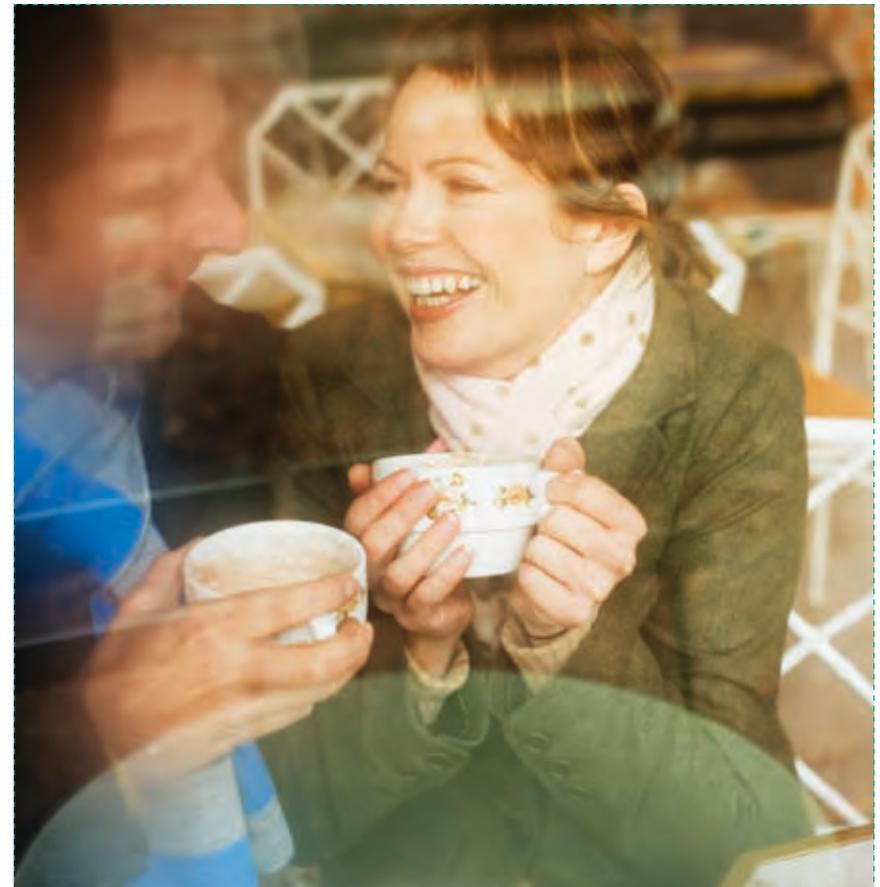
who have meetings in every town in the country. You will find understanding and support to enable you to better cope with the great strain of living with someone with a dual problem.

There are some addiction services within the country who offer help to family members, so contact your local HSE office for further information.

HSE
Helpline: 1850 24 1850
Web: www.hse.ie

ALCOHOLICS ANONYMOUS
National Office: 01 4533 8998
Web: www.alcoholicsanonymous.ie

ALANON
5 Capel St., Dublin
Tel: 01 873 2699



Supporting People with Drug Misuse and Mental Health Problems

We all have opinions about drugs, and we may have differing attitudes. Our opinions may be influenced by whether they are legal, our attitudes to risk, what we may have used ourselves and what we have read and seen on television.

It is important to think about those attitudes before talking about them with relatives. It can be very difficult to start a conversation about something that may be causing a lot of distress and tension. It is helpful to realise that understanding drug use is more than knowing what the different drugs are and their effects.

Unfortunately drug use among young people is very common: in one study of 14 to 16 year olds over half said they had tried an illicit drug; cannabis and amphetamines were the most common. Most reported by the age of 16 that they had been offered an illicit drug at some time. It may be considered more normal in some peer groups to use drugs, than not. It is not only younger people that struggle with peer pressure or become dependent on substances.

People who use drugs can often find it difficult to talk about what is happening to them and why.

When trying to help, it is important to find a way to see the world the way they see it, to understand their journey. This journey towards managed use or a life without drugs is one that you will all have to undertake. You will have your own symptoms and setbacks, feelings and fears. It is OK to have feelings of denial, blame, anger, despair and hopefully acceptance and moving on. Acceptance is not resigning yourself to the situation, but seeing what is there, what help is available and looking at the next stage. Like the person you care for the journey may move forwards and back, you may relapse also. Your relationships may change, you may need to change your own life to help the person, or

to protect yourself and your family. Understanding this will help you manage your own life journey too.

Drug use and mental health can be sensitive issues for people and they can often be reluctant to talk openly about them. If you can find a way to get people talking about their experiences with drugs and their mental health this in itself can often have positive outcomes.

Here are some things you may find useful but be prepared to try other things yourself that you know may work with your relative or friend. Don't let an initial bad response put you off. Anger and Denial are commonplace in the early stages of addressing these issues.

- Be specific.
- Be calm.
- Listen
- Be direct.
- Be open.

For more detailed information, ask ward staff, community staff, or contact the Irish Agencies and addiction services

DRUG HIV HELPLINE
1800 459 459

NARCOTICS ANONYMOUS
01 672 8000

NURSING HEALTH PROMOTION
INITIATIVE ADDICTION SERVICES
BRIDGE HOUSE
Tel: 01 620 6400 for leaflets on
Motivation, Overdose, Cocaine,
Drugs in Pregnancy.

Supporting People who Engage in Self-Harm

People injure themselves for many reasons. It may replace emotional distress with physical pain. Many people say that when they harm themselves they experience a release of tension and so they often feel calmer. In a strange way, self-injury may help people feel that they can achieve some degree of control back in their lives.

Self-harm is very often not a suicide attempt, however, there is evidence that 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'.

Relatives, friends or professionals trying to support the person can find it very stressful, especially when the person does not want to talk about or explain their behaviour. It is easy to feel 'shut out' and just left to pick up the pieces at times of crisis. If someone we care about is deliberately damaging his or herself and not willing to let us help, we can feel isolated and powerless.

The person usually has very low self-esteem and poor self worth and they 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.

Useful Pointers

- Respond to an incident of self-harm in the same way that you would for the victim of an accident; provide first aid as for any other physical injury.
- Do not assume that the person either enjoys or does not feel pain. A response which implies criticism or some form of punishment simply reinforces the person's feelings of self-blame and guilt.
- Acknowledge the person's distress.
- Having contingency plan in place ready can be useful in times of distress. Knowing what to do and who to contact in an emergency can be very reassuring for the person and those who care for them.

HSE
Helpline: 1850 24 1850
(Mon – Sat, 8am – 8 pm)
Web: www.hse.ie

SAMARITANS
Tel: 1850 60 90 90
Email: jo@samaritans.org
Web: www.samaritans.org

NATIONAL OFFICE FOR SUICIDE PREVENTION
Tel: 01 635 2139 or 01 635 2179
Web: www.nosp.ie

AWARE
Helpline: 1890 303 302
(10am – 10pm)
Web: www.aware.ie

IRISH ADVOCACY NETWORK
Tel: 047 38918
Email: admin@irishadvocacynetwork.ie
Web: www.irishadvocacynetwork.com

NATIONAL SUICIDE RESEARCH FOUNDATION (NSRF)
Tel: 021 427 7499
Web: www.nsrif.ie



Voluntary Organisations

AWARE

72 Lwr Leeson St, Dublin 2
Tel: 01 661 7211
Helpline: 1890 303 302
Email: info@aware.ie
Web: www.aware.ie

BODYWHYS – The Eating Disorder Association of Ireland

P.O. Box 105, Blackrock, Co. Dublin
Tel: 01 283 4963
Helpline: 1890 200 444
Email: info@bodywhys.ie
Web: www.bodywhys.ie

MENTAL HEALTH IRELAND

Mensana House, 6 Adelaide St,
Dun Laoghaire, Co. Dublin
Tel: 01 284 1166
Email: info@mentalhealthireland.ie
Web: www.mentalhealthireland.ie

GROW

National Office - Grow Centre,
11 Liberty St, Cork
Tel: 021 277 520
Grow, 167 Capel St, Dublin 1
Tel: 01 873 4029
Grow information line: 1890 474 474
Web: www.grow.ie

THE ALZHEIMERS SOCIETY OF IRELAND

43 Northumberland Avenue,
Dun Laoghaire, Co. Dublin
Tel: 01 284 6616
Helpline: 1800 341 341
Email: info@alzheimer.ie
Web: www.alzheimer.ie

SAMARITANS

112 Marlborough St, Dublin 1
Tel: 1850 60 90 90
Email: jo@samaritans.ie
Web: www.samaritans.org

OANDA (Out and About Association)

140 St Lawrences Road, Clontarf, Dublin 3
Tel: 01 234 5678

RECOVERY INC.

P.O. Box No. 2210, Dublin 8
Tel: 01 626 0775
Email: info@recovery-inc-ireland.ie
Web: www.recovery-inc-ireland.ie

SHINE - supporting people affected by Mental Ill Health

38 Blessington Street, Dublin 1.
Tel: 1890 621 631 Email:
info@shineonline.ie
Web: www.shineonline.ie

HUNTINGTON'S DISEASE ASSOCIATION OF IRELAND

Carmicheal House, North
Brunswick St, Dublin 7
Tel: 01 872 1303 Freephone: 1800 393 939
Email: hdai@indigo.ie
Web: www.huntingtons.ie

HEADWAY

1 – 3 Manor St Business Park,
Manor St, Dublin 7
Tel: 01 810 2066
Helpline: 1890 200 278m (Mon-Fri, 9am-5pm)
Web: www.headway.ie



Irish Advocacy Network



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive