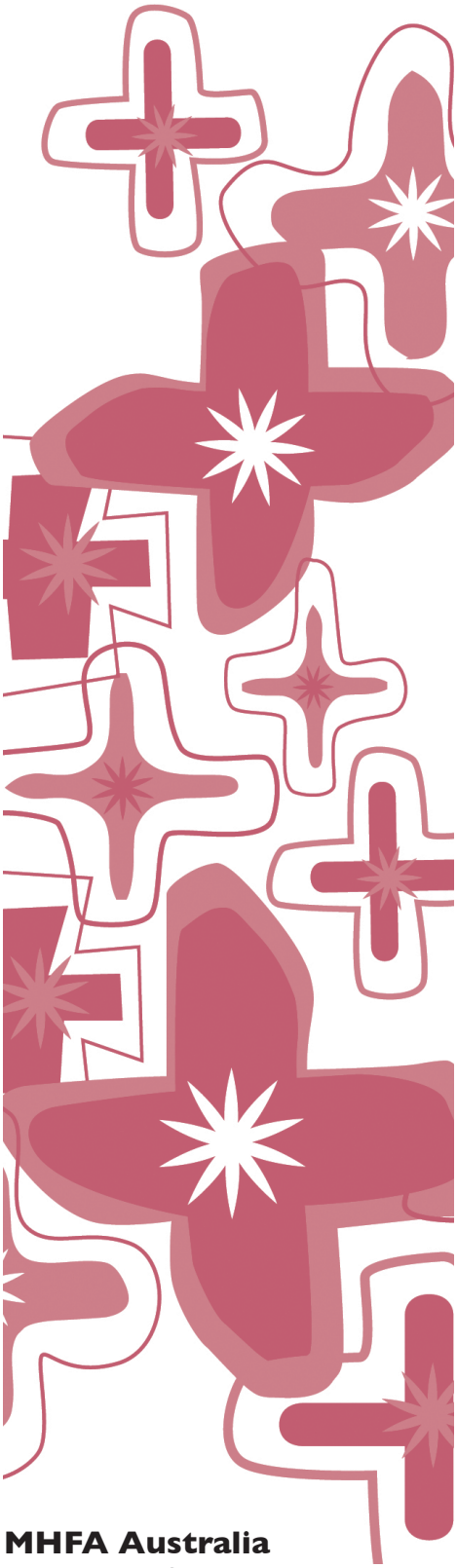
COMMUNICATING WITH ADOLESCENTS

GUIDELINES FOR ADULTS ON HOW TO COMMUNICATE WITH ADOLESCENTS ABOUT MENTAL HEALTH PROBLEMS AND OTHER SENSITIVE TOPICS



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What is adolescence?

Although there are a number of definitions of adolescence, here it is defined as those aged between 12 and 18, or the years that a young person generally attends high school. However, adolescence can start earlier than 12 years and can continue through to the early 20s, so these guidelines could be relevant when helping people who are a little younger or older.

What is a mental health problem?

Mental health problem is a broad term that includes developing mental illness, symptoms of a diagnosable illness, substance misuse, and adverse life events which are having an impact on functioning.

Planning your approach

Sometimes an adolescent may approach you about a sensitive topic, but at other times you will need to take the initiative. When you are making the approach, plan to talk to the adolescent privately about your concerns, at a time and place that is convenient for both of you and free of distractions. You could try asking where they feel most comfortable or safe to talk. Be aware that the adolescent may not wish to open up to you until they feel that you care enough, are trustworthy and willing to listen. The adolescent may hide or downplay their problem if they feel guilty about upsetting or disappointing you. Some adolescents (especially boys) may fear opening up about their problems in case their vulnerability is perceived as weakness.

Consider whether you are the best person to approach the adolescent. For example, adolescents from a different cultural background may prefer confiding in adults from the same background. However, don't assume that this is always the case - ask what they would prefer.

Engaging with the adolescent

In order to engage with the adolescent, be honest by 'being yourself', as adolescents can be particularly tuned in to anyone who is 'faking it'. Try to set aside your own concerns and focus on those of the adolescent, giving them your full attention. Remember that each adolescent's situation and needs are unique. You should be nonjudgmental and treat them with respect and fairness at all times.

Be caring and show warmth toward the adolescent and try to be reliable and consistent in your behaviour with them. Take the time to build rapport and trust – this could be done by expressing an interest in and curiosity about the adolescent. If the adolescent has disengaged from others, it is important that you allow additional time to build trust.

Convey a message of hope to the adolescent by assuring them that help is available and things can get better. However, do not make any promises to the adolescent that cannot be kept.

Be careful not to communicate a stigmatizing attitude about the adolescent's sensitive issue and be careful in applying labels to the adolescent that they may find stigmatizing, e.g. 'mentally ill', 'drug addict' or 'gay'. Be aware that the adolescent may hold a stigmatizing attitude towards their own sensitive issue. Choose your words carefully so as to not offend the adolescent.

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What to say and how

Tell the adolescent that you want to help. Talk 'with', not 'at', the adolescent. Do not do all of the talking. As far as possible, it is preferable to let the adolescent set the pace and style of the interaction. After speaking, be patient and allow plenty of time for the adolescent to collect their thoughts, reflect on their feelings and decide what to say next. Although you should encourage the adolescent to lead the conversation, don't be afraid to ask open, honest questions during the course of discussion. Ask the adolescent about their experiences and how they feel about them, rather than make your own interpretation.

Don't only think about what you are saying, but how you are saying it. For example, consider the volume and the tone of your voice - this includes the vocal pitch and the attitudes that are conveyed. Stay calm, use a calm voice and steady tone, and never raise your voice if you can help it.

Communication is a two-way process – how well you listen is just as important as how well the adolescent is expressing themselves. The following listening skills can help:

- **Listen to the adolescent without interruption and allow them to talk about their experiences and beliefs if they want to.**
- **Make a conscious effort to listen, to hear the feelings and meaning behind the adolescent's words and respond to this. For example, when the adolescent says, "Why can't I use the car? Others are allowed!" It could mean, "I feel like you don't trust me. I want you to treat me as a responsible person."**
- **Actively listen and use questions to check your understanding and acknowledge that you have heard what the adolescent has said.**

If the adolescent does not wish to discuss the problem with you, reassure them that they don't have to talk about or reveal anything until they are ready to do so. Let the adolescent know that when they want to talk, you will listen to them.

If the adolescent appears distressed by what they are experiencing, explain to them that help is available. If the adolescent is in a potentially harmful situation (e.g. experiencing abuse or bullying), let them know that you want to keep them safe. You should also explain the limits of confidentiality. For example, anything that affects the safety of the adolescent or others (such as abuse or suicidal thoughts or behaviour) may need to be discussed with someone who can act to keep the adolescent (or others) safe. For more information, please see the other guidelines in this series: *Suicidal thoughts and behaviours: first aid guidelines* and *Traumatic events: first aid guidelines for assisting children.*

There may be times when you are having a private discussion with the adolescent and other people arrive. In these situations, you should take a moment to ask the adolescent in private, what they would like to do (e.g. continue the discussion in front of others, ask others to leave or schedule another time to continue your discussion).

When communicating with an adolescent, there are a number of things that are best avoided. These include trivialising the adolescent's feelings by using statements such as, "When you're older..." or "Back in my day..." as this may appear dismissive of the adolescent and their experiences. Similarly, phrases such as "snap out of it" or "stop thinking that way" should be avoided. When talking with the adolescent, scare tactics or threats should not be used, e.g. "If you keep thinking like this, you'll end up in big trouble." Also, avoid sounding condescending or patronising and avoid stereotyping adolescents. For example, "Why are people your age always difficult and argumentative?" Be careful not to disagree or minimize the adolescent's thoughts and feelings as this may appear dismissive of their experience, e.g. "You're not depressed, you're just bored."

Finally, if you find that you have said something in error, be upfront and address the error as soon as you can.

Body Language

Be aware of the adolescent's body language, as this can provide clues as to how they are feeling or how comfortable they feel about talking with you. Try to notice how much personal space the adolescent feels comfortable with and do not intrude beyond that.

Be aware of your own body language and what this conveys when communicating with the adolescent (e.g. posture, facial expressions and gestures). Use cues such as nodding to keep a conversation going with the adolescent. Be aware that different cultures use and interpret body language in different ways, e.g. the amount of eye contact or personal space may vary.

Avoid negative body language such as crossing your arms, hands on hips or looking uninterested. Also, avoid distracting gestures, such as fidgeting with a pen, glancing at other things or tapping your feet or fingers, as these could be interpreted as a lack of interest.

Discussing options

Before discussing possible courses of action, you need to listen attentively and sensitively to the adolescent and give them a chance to fully express and explore their issue. This is so you can avoid offering ill-considered or inappropriate advice, or minimising or dismissing the problem, based on only 'half the picture'.

When giving advice, try not to judge a situation on what you would do yourself, but have a discussion with the adolescent about what they think would be helpful. Discuss with and help the adolescent to

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assess different courses of action and to understand the consequences of each.

Sometimes outside help is needed. Recommend that the adolescent contact the relevant professional (e.g. teacher, doctor or counsellor) as early as possible to talk about what they have been experiencing. If the adolescent resists seeing someone about their problem, give them helpline phone numbers or websites that offer assistance to adolescents, as these are anonymous and may be less confronting.

Handling difficulties in the conversation

Be aware of any barriers to the adolescent's communication, e.g. language difficulties, finding the right words or an inability to express emotion. Some adolescents do not communicate well verbally, and it is important to adapt to their needs and abilities.

If the adolescent doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else and help them find a suitable person to talk to. If the adolescent asks you for help but you do not know much about the problem, you should still try to support the adolescent and assist them to get other help.

If the adolescent's initial reaction to you is negative, you should not presume that they do not want your help. Be aware that sometimes adolescents struggle to ask for assistance, or reject help when offered, even if they feel that a situation is out of control. Try not to put pressure on the adolescent to open up to you, if they do not wish to talk right away. Let the adolescent know that you are available for them to talk to you, when they are ready.

If the adolescent appears to have stopped listening to you, try to change the way you say or do things. If the adolescent makes negative comments or does not want to talk about their problem, you should not take it personally. If the adolescent is being antagonistic or argumentative, you should not respond in a hostile, disciplinary or challenging manner.

If you are left feeling bewildered or distressed following a discussion with the adolescent, confide your feelings to a trusted friend or health professional, while maintaining the adolescent's privacy.

Purpose of these Guidelines

These guidelines are designed to provide practical tips for adults in the general community, such as family members, teachers, sports coaches, employers, nurses or chaplains, to communicate effectively with adolescents about mental health problems and other sensitive topics. Other sensitive topics may include: substance misuse, same sex attraction, bullying and abuse, body dissatisfaction, relationship problems, physical development or illness.

Development of these Guidelines

These guidelines are based on the expert consensus of a panel of young mental health consumer advocates from *beyondblue* and Reach Out (Inspire), and currently practising Youth Mental Health First Aid Instructors within Australia. Details of the methodology can be found in the article cited below.

Please cite these guidelines as follows:
Fischer JA, Kelly CM, Kitchener BA, Jorm AF. *Development of Guidelines for Adults on How to Communicate With Adolescents About Mental Health Problems and Other Sensitive Topics.* Sage Open, Dec 2013, 3 (4).

How to Use these Guidelines

These guidelines are a general set of recommendations about how an adult can communicate with an adolescent. These communication tips are designed to be suitable for use in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

When using these guidelines, please do not apply them prescriptively. The guidelines tend to be general whereas each adolescent and their situation is unique. Consider the following:

- Each adolescent's needs are different and decisions should be made according to what is believed to be in the best interests of the adolescent.
- Adapt your approach and style of the interaction appropriately, according to your role or type of relationship that you have with the adolescent, e.g. as a parent, teacher, friend, coach, nurse or employer.

In situations where the adult has an organisational responsibility, any relevant organisational policy needs to take precedence to these communication guidelines.

Please cite these guidelines as follows:
Mental Health First Aid Australia. *Communicating with adolescents: guidelines for adults on how to communicate with adults about mental health problems and other sensitive topics.* Melbourne: Mental Health First Aid Australia, 2014.

A GUIDE FOR

Caregivers of people with mental illness

Mental illness can affect not only the life of the person with the illness, but also their close family, partners and friends. Significant people in a person's life are often a source of support with the illness.

However, family, partners and friends may be faced with a loved one's mental illness without much information on ways to deal with it and its impact on their life.

If you are a family member, partner or friend who is 18 years or over and a primary source of support for a person with mental illness, this guide was designed for you. It involves information and suggestions about how you can help a person with mental illness who is 18 years or over (there are additional considerations when caring for children and adolescents) and ways to cope with the personal impact of the illness and to take care of yourself. The information in this guide is most suitable for people who are caring for someone who has a mental illness which is severe, chronic, treatment resistant or very recurrent.

The information and suggestions in this guide resulted from a study that combined the latest research with the opinions and consensus of international panels of caregivers, people with bipolar disorder, clinicians and researchers, all with experience and expertise in dealing with bipolar disorder. (Berk L, et al. Development of guidelines for caregivers of people with bipolar disorder: a Delphi expert consensus study. Bipolar Disorders 2011; 13: 556 - 70). The guidelines resulting from this study were analysed and the most general advice was used to create this general guide. If you are supporting a person with bipolar disorder, the more specific guidelines may be more appropriate for you. www.bipolarcaregivers.org

Not all of the information or suggestions may be relevant to you. Mental illness comes in many different forms. Caregiving experiences differ as well. Finding what works for you to deal with your situation can be a trial and error process.

This guide is NOT a replacement for medical advice and we strongly recommend that you or the person you care for discuss issues related to treatment with a clinician.

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1: Know the illness

In order to be an effective caregiver for a person with a mental illness it helps to be properly informed about the person's mental illness. This includes knowledge about the symptoms, prevalence, risk factors and treatment options.

Sources of information can include talking to the clinician, reading good-quality, reputable websites and books. You can also learn a lot from memoirs written by people with mental illness and their caregivers, but it's important to remember that those stories are very personal and individual, and may not reflect your experience with caregiving.

These guidelines can't give you all the information you need about mental illnesses, but we recommend the following websites.

Depression:
www.beyondblue.com.au
www.bluepages.anu.edu.au/

Anxiety disorders:
www.crufad.com
www.ecentreclinic.org

Schizophrenia:
www.sane.org

Bipolar disorder:
www.blackdoginstitute.org.au

Eating disorders:
www.thebutterflyfoundation.org.au

Substance use disorders:
www.adf.org.au

For additional information about these mental disorders, and many other, see the National Institutes on Mental Health website: www.nimh.nih.gov

2: Treatment and management

2.1. Medication

Not everyone with a mental illness requires medication, but for some, it will become an important part of keeping well. Taking ongoing medication (even when the person is well) can help to prevent relapse, reduce hospitalisations and suicide risk if the illness is episodic and severe. Specific psychological treatments, illness self-management strategies and good support from caregivers and clinicians can also help people to keep well and enjoy life.

It is useful to learn what you can about medications. For example, while some medications begin to work quickly, others take days or weeks to be effective. Medications can have side effects. Some of these go away when the person gets used to taking the medication, or respond to a change in dose, but others are more serious and the person may need to change medications with the advice of their clinician if this happens.

For more information about medications, and what may happen if the person tries to stop taking medication without advice, see section 4.1.

2.2. Psychological treatment

Psychological treatments can be effective alone in managing mild to moderate mental illnesses, but are generally not sufficient to treat a severe or complex condition. This is particularly true in the case of psychotic disorders, where medication is required to treat the positive symptoms.

The main psychological treatments that have shown benefit are cognitive behaviour therapy, interpersonal therapy and family therapies. Many other psychological treatments are available and may be of benefit depending on the individual concerned and the needs of the family and other caregivers.

2.3. Complementary and alternative therapies and self-help strategies

There are a small number of complementary, alternative and self-help strategies which have demonstrated effectiveness in treating mental illnesses. Different therapies have been shown to be effective for different illnesses. Consult reputable sources for information, such as the beyondblue "What Works" books (see link in chapter 1).

Most therapies, such as self-help books based on cognitive behaviour therapy, have been shown to be most effective when guided by a clinician. Others, such as exercise and massage therapy, may enhance a person's response to treatment and improve mood symptoms.

Many herbal supplements, naturopathic and homeopathic therapies exist which have never been evaluated for safety or effectiveness. These should not be used without consulting with a clinician and should never be used to replace effective medications. If you are not sure whether a complementary or alternative treatment is safe or effective, seek and follow the advice of your clinician.

2.4. Reducing triggers of illness and making lifestyle adjustments

'Triggers' are 'stressors' that increase the risk that the person will develop symptoms. Recognising a trigger provides the opportunity for the person to put supports in place to avoid illness.

Common triggers include stressful life events, both positive (e.g. the birth of a baby or a work promotion) and negative ones (such as ending a relationship or losing a job), conflicts and interpersonal stress, and the use of alcohol and other drugs.

To keep well the person may need to make some adjustments to their lifestyle and goals. The extent of this adjustment can differ from person to person. It usually takes time for the person to make these changes and work out how to live well with the illness.

2.5. Developing a good support system

Many people with mental illness recommend developing good support networks. These networks usually include family members and friends for companionship and to help with the illness when necessary. A clinician with whom the person has a good relationship is essential. The support system may also include more distant acquaintances such as a neighbour (for example to pick children up from school or collect mail when the person is in hospital) or work colleagues who are supportive. Peer support or mutual support groups can provide opportunities to communicate with like-minded people.

Recognising a trigger provides the opportunity for the person to put supports in place to avoid illness.

3: Supporting the person when they are ill

Caregivers differ in how much and what type of support they provide (e.g. some help only when there is an emergency, while others also assist the person to try to prevent relapse). The type and severity of the illness will influence what support the person needs. There are lots of things you can do to help, but you need to work out what suits you, the person and your caregiving situation (see 'Considering how involved to be in helping the person with their illness' section 7.1). Below are suggestions for supporting the person in the different phases and severities of illness. The next chapter focuses on ways to help the person prevent relapse and enjoy life.

3.1. Helping when an episode occurs

There are helpful ways to communicate with the person and support them when an episode occurs.

Communicating calmly

When the person is ill, it is best not to communicate with them in emotional or loud ways (e.g. by shouting or very emotional expressions of concern). Keep in mind that the person is ill and try not to react impulsively to what the person says or does (e.g. if the person is irritable try not to respond in the same way).

Being supportive does not mean you have to agree with what the person says when they are ill. You can acknowledge that what they say is very real to them (e.g. "I know you are convinced that you should quit your job, but I am not so sure"). Validating the feeling behind what they say can be supportive (e.g. "I can see you are feeling fed up with your job right now, but maybe you need to wait until you are a bit less upset about things before making a decision to quit").

Supporting the person to access treatment

Encourage the person to contact their clinician or mental health team if they have not already done so. You can offer to assist them to access treatment. If the person is severely ill or there is a risk to their wellbeing or that of others, they need emergency assistance (see 'Dealing with a crisis' section 3.2). Encourage the person to focus on getting well as their primary goal.

Helping to monitor the illness

Keep in contact with the person and observe, listen and tactfully enquire about how they are. In this way you can assist with monitoring the symptoms to see if they are becoming worse.

Helping if the person needs to go to hospital

Some episodes are more severe than others. While many people can be treated at home, sometimes people with severe mental illness need to be treated in hospital for a short time.

Hospitalisation may be recommended if:

- There is a crisis, such as the person is severely ill and their functioning is very impaired or they are in danger of doing something with damaging or life threatening consequences (see 'Dealing with a crisis' section 3.3).
- Treatment and support does not seem to help their symptoms.
- Changes to their treatment require close supervision of medical staff.
- They need to address alcohol or drug problems.
- The person has symptoms that have a disruptive effect on their life, and they need time out to focus on getting well.

If the person has severe symptoms and is finding it hard to function, encourage them to talk to their clinician or mental health team about whether hospitalisation may be helpful. In some countries there are halfway houses, which offer a peaceful and contained environment for people who are not too severely ill. This may also be an option for the person to discuss with their clinician.

If the person's clinician recommends hospitalisation, encourage the person to seek voluntary admission to hospital rather than to be admitted against their will. Discuss with the person that going

to hospital may be an opportunity to take time off to get well, away from stressful demands. In extreme situations involuntary hospitalisation may sometimes be recommended (see 'Planning for times when the person is severely ill' section 3.4).

If the person is admitted to hospital, you can:

- If necessary, provide information to assist with treatment (e.g. about the person's recent symptoms or medications).
- Tailor your contact with them to what the person is comfortable with, as the person may feel vulnerable about social contact.
- Take time to rest while the person is being cared for in hospital.

3.2. Dealing with a crisis

- If the person is suicidal, see "Mental Health First Aid Guidelines for suicidal thoughts and behaviours."
- If the person is engaging in non-suicidal self-injury, see "Mental Health First Aid Guidelines for non-suicidal self-injury."
- If the person is experiencing severe psychosis, or is psychotic and becoming aggressive, see "Mental Health First Aid Guidelines for severe psychosis."
- If the person is using alcohol or other drugs and becomes aggressive, see "Mental Health First Aid Guidelines for developing problem alcohol use" or "Mental Health First Aid Guidelines for developing problem drug use".

Get help

If you think that things may be reaching a crisis point, call the person's clinician or mental health team and express your concerns (if the person does not call them). Do not hesitate to call the mental health crisis team, clinician or an ambulance if a crisis occurs. If the person urgently needs to be restrained to stop them from harming themselves or others, you might need to call the police. If you are in danger, consider your own safety first and then get medical help for the person.

If you do not get the help you expect from these emergency services, be persistent and contact another clinician or take the person to a hospital emergency department. Sometimes caregivers find that emergency health services are not available or able to assist them in a crisis, and they need to care for the severely ill person at home. If you are caring for a seriously ill person at home, make sure you have the necessary support (e.g. from clinicians, appropriate family and friends). In a crisis don't be afraid to ask for assistance to prevent negative consequences.

It might be worth finding out about helplines in your area that assist people or their family or friends in a crisis, as these helplines can be a valuable source of support. Counsellors are usually trained to listen and assist people to deal with crises and they may offer referral to appropriate services. Your local telephone directory will have numbers of helplines in your area.

Communicate clearly and calmly

In a crisis communicate with the person clearly and calmly. It is also not a good idea to give the person lots of instructions. Don't argue, criticise or behave in a threatening way towards them. If appropriate, give the person choices to reassure them that they have some control over the situation (e.g. If you are trying to distract them from risky behaviour, you could ask "Should we go for a walk or would you prefer to watch a movie?").

3.3. Planning for times when the person is severely ill

When the person is relatively well, you can make plans with them about what to do if they become severely ill. Making plans in advance can help you to feel more prepared. You can help the person to be treated in ways they would prefer to be treated when they are severely ill by planning things in advance. This is a type of advance directive. When the person is relatively well consider discussing:

Who to contact in a crisis

Find out who the person would prefer you to contact if they become severely ill and you need to access treatment on their behalf. There may be local service options to assist the person in a crisis (e.g. mental health crisis team, ambulance). You might also need to enquire if certain emergency services will assist a person who is very ill, but not in immediate danger of harming themselves or others. If you live in a remote area where there are no local emergency services, find out where you can get help if you need it urgently. If the person has established a good relationship with a particular clinician over time, this clinician may be helpful in a crisis.

When and how to act on their behalf

You might need to discuss when to intervene on the person's behalf (e.g. when certain specific symptoms or behaviour is present). If necessary, discuss Power of Attorney agreements to arrange for yourself or others to make urgent decisions on the person's behalf, temporarily and in specific situations.

What information to provide

Based on their previous experience the person may prefer certain treatments over others. Ask the person about information that you may need to provide to clinicians or hospitals (e.g. information about the history of their illness and treatment, and about their health fund and social security). Reassure the person that you recognise the sensitivity and confidentiality of this information.

What hospital or treatment centre the person can go to

You might need to discuss what hospitals will admit the person, as in certain places hospitals might only accept people with specific medical insurance or who have been referred by affiliated doctors. If there is a choice, the person may prefer a particular hospital or treatment. Make sure you have directions to the hospital in case you need them.

Involuntary hospitalisation

If the person has been severely ill in the past, you may need to discuss with them under what conditions to consider involuntary hospitalisation. It might be an idea to find out about involuntary hospitalisation procedures in case you need to use them. Confirm with the person that actions that you have both agreed upon about obtaining involuntary hospital admission are acceptable to them and will not damage your long-term relationship.

Who does what?

If the person is usually temporarily unable to complete certain tasks when very ill, it may also be helpful to establish who does what to share some of the tasks. The person may be relieved to know there is a plan in place to take care of urgent responsibilities.

3.4. Supporting the person after an episode

What people need after an episode of illness varies from person to person and even between episodes. The person may need time to get better, to get over the impact the episode had on their lives, and to resume their usual activities. You may need to adjust your expectations of the person.

There are a number of ways to support the person after an episode of illness. Consider the following suggestions:

- The person may need rest, routine, something to do, something to look forward to and love and friendship. If you don't know what they want or need, ask, without being domineering or overindulgent.
- Do things with the person rather than for them, to help to rebuild their confidence.
- Focus on wellness and positive behaviour, rather than illness and problem behaviour.
- Encourage the person not to try to get everything done at once, to prioritise essential tasks and do less stressful activities. If the person finds it hard to make a start on things, encourage them to set a small manageable goal.
- Offer assistance if the person has difficulties with remembering things or concentrating (e.g. assist the person to remember appointments by writing them down).

3.5. Supporting the person with mild ongoing symptoms or difficulty functioning

Some people do not need or want support with their illness between episodes. However, if the person has mild ongoing symptoms or difficulty functioning they may welcome a little appropriate support.

Ask the person if they have consulted their clinician about ways to manage these symptoms or difficulties, or what has worked in the past. Encourage the person to keep to a basic routine that includes regular sleep patterns and time for relaxation.

> Focus on wellness and positive behaviour, rather than illness and problem behaviour.

4: Helping the person to keep well and enjoy life

4.1. Supporting the person's medical treatment

The extent to which you are involved with the person's treatment is a personal decision which will be influenced be the preferences of the person you are caring for, their clinician, and yourself, and will also be affected by the severity of the illness. Although you may need to take a more active role when the person is ill, you shouldn't take over from the person in managing their medication for them. This can make you exhausted and undermine the person's confidence.

You can also assist the person to monitor the effectiveness of the treatment or provide support if side effects occur. Telling the person if you see improvement in their symptoms since starting treatment can be useful feedback for them. Encourage the person to take an active role in making treatment decisions with their clinician and too have regular appointments with their clinician to help monitor their progress. If treatments are slow to work, or the person needs to try new treatments, encourage them to persevere and not give up hope.

What if the person decides to stop or reduce their medication?

Sometimes, people stop taking their medication, or do not take it regularly or at the required dose. This may have been a joint decision by the person and their doctor, in response to side effects or because the medicine is not effective.

However, there are other reasons why people stop or reduce their medications. Some of these can indicate a problem. For example, someone who is developing an episode of psychosis may have lost insight and see no need for medication, or someone who denies they have a mental illness may be refusing more generally to take steps to manage it. Sometimes people refuse to take medication because they are afraid of the stigma of mental illness and its treatment, or concerns about side effects. Discussing these concerns may help to overcome them.

The person may also be forgetting to take medication. If this is the case, suggest strategies that might help (e.g. using a pill organiser or taking medication at the same time as doing another routine activity).

If you are concerned that the person has made a decision to stop or reduce a medication without discussing this with their doctor, you need to address these concerns with the person. Ask them why they have stopped their medications. Listen to their reasons and try to understand their point of view. If needed, offer the person a different perspective. For example, if the person is concerned about stigma, reassure them that taking charge and using medication to treat an illness is nothing to be ashamed of. Taking medication is an active coping strategy not a sign of weakness.

Encourage the person to talk openly about their medication with their clinician.

The clinician will be able to help to address any incorrect beliefs the person has about medication. If the problem is unpleasant side effects, the clinician may help the person to try a different medication or look at ways to reduce or eliminate those side effects.

To make an informed choice, the person may need to know that certain medications do not work as well when they are stopped and then started again. Also, certain medications should be stopped gradually. If the person does want to stop their medication, they may also need to discuss how to stop with their doctor.

If the person is well, ask them to consider the pros and cons of taking medication, and what is at stake if they relapse. Negotiate an agreement with them to resume medication if signs of relapse appear.

If the person is currently unwell, suggest that they wait until they are well to make such important treatment decisions. Remind them that their medication may relieve symptoms that the person finds particularly unpleasant (e.g. agitation or racing thoughts). In this case you may also need to call the person's clinician or mental health team and express your concerns.

4.2. Helping to reduce triggers

Although it is not possible to protect the person from all stress, you and the person you care for need to find ways to manage stress, reduce triggers and maintain a lifestyle that helps them to keep well.

Identifying triggers

The first step is to get to know some of the triggers that may affect the person. It may help to have an idea of what commonly triggers symptoms (see 'Common triggers of symptoms' section 2.4). Some triggers will be unique to the person, so ask them what they think triggers symptoms or makes them worse. Also think back to the person's previous episodes, and work out if there were particular stressors that occurred just before they became ill.

Lifestyle factors to encourage

You can support certain strategies the person uses to reduce triggers and keep well. These might include regular sleep patterns, a sensible daily routine, a healthy diet and regular exercise. The person should reduce or avoid the use of alcohol or other drugs and find healthy ways to relax and unwind.

Practical help

There might also be practical things you can do to help reduce triggers such as cutting down the number of responsibilities the person has at home when they are struggling with mild symptoms. The person may also benefit from practical assistance if a stressful event occurs. Offer to listen if the person needs to talk and they want to, discuss options for solving any problems that are causing stress.

Reducing conflict

Some people with mental illness are very sensitive to stressful interactions (e.g. conflict or distressing criticism), and this can contribute to relapse. Mental

illness can put a strain on relationships. If there is conflict in your relationship with the person, it may help to find out about good communication skills (see 'Maintaining or rebuilding your relationship' section 5.4), and ways to express grievances that are not hostile and can bring about positive change. In relationships it is also important to communicate about positive things; not only about problems. However, do not blame yourself for the occasional emotional outburst.

4.3. Helping to prevent relapse by recognising warning signs of illness

Some people who experience recurrent episodes of mental illness show consistent early warning signs over time. However, they may not always be aware of these changes. If you know the person's warning signs, you may be able to help them to recognise when they occur and to take steps to prevent relapse. If the person does not want assistance with their warning signs, noticing when the signs occur can make it easier for you to understand the person's behaviour and plan how to respond to it.

Research studies suggest that learning ways to recognise and respond to warning signs may help reduce relapse. There is some introductory information below and community and health services in your area may be able to provide additional training.

Knowing the person's warning signs

To get to know the person's typical warning signs, first find out about warning signs that are common for a lot of people, such as changes in sleep and appetite. Ask the person if they are aware of any warning signs themselves. Think about the last time the person was ill – what did you notice in the days and weeks leading up to the episode? It might help to write a list of warning signs so you can refer back to them.

Identifying the person's warning signs when they occur

Be alert to changes in the person's usual behaviour and thinking. Remember, though, that some variation in mood is normal and need to be distinguished from mood symptoms. Emotions that depend more on good or bad things occurring in the environment usually resolve quickly, causing minimal disruption to daily life.

It is important to keep an eye on mild ongoing symptoms between episodes, as they increase the person's risk of relapse. But be careful not to constantly question everything the person says and does for signs of illness, or it may be difficult for them to enjoy the times when they are well. Being very familiar with the person's pattern of illness may assist you to distinguish if something is a warning sign or not.

Communicating with the person about their warning signs

Talk to the person when they are well about how they would prefer you to communicate when you have noticed warning signs of illness so you are able to handle this as tactfully as possible. Express your concerns in a way that is non-judgmental and unthreatening (e.g. "I have noticed that you have been a bit down lately").

Let them know what warning signs you have noticed as soon as possible. Ask the person if they have also noticed these, and if they could be warning signs of illness. If the behaviour you have noticed occurred in a previous episode, remind the person about this, and explain that this is the reason for your current concern. If you are unsure whether something is a warning sign, discuss this with them. If the person is anxious about becoming ill, reassure them that they can deal with the illness and that you are available to support them.

Some people who experience recurrent episodes of mental illness show consistent early warning signs over time.

4.4. Helping the person to gain confidence and live well

Besides assisting the person with their illness, you can support their efforts to regain their confidence and make a good life for themselves.

Supporting the person to live well with their illness

People may go through a natural grief process when coming to terms with their mental illness. They may deny the illness or experience a number of different emotions such as sadness, anger or shame. It can take time for people to adjust to the illness. 'Recovery' is a term used to describe "a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness". Rather than being an end point that the person achieves, 'recovery' may be an ongoing and very personal process of finding ways to manage the illness and live well.

When the person is well, encourage them to do things they enjoy and that are not too stressful. Adjusting to the illness may be easier for the person if they set small manageable goals that involve their interests, talents, skills and values. If the person needs to make changes to their job or study plans in order to keep well, take time to listen and discuss alternatives, as this can be a challenging time for the person.

Rebuilding confidence

Sometimes the illness can dominate the person's life so that they forget their strengths, and abilities. You can help to rebuild confidence by encouraging the person to do manageable things, especially things that involve their strengths and interests. When appropriate, mention things you appreciate about them. However, be careful that this does not come across as condescending or patronising.

When people manage to do things for themselves they develop confidence and independence. What the person can manage to do may depend on how ill or well they are. Even when the person is ill, they may still be able to do things for themselves depending on the severity of the illness.

Avoid focusing on the illness all the time

Whenever possible, do things together that have nothing to do with the illness and let them know that they are important to you. Try not to make the illness the central topic of conversation between you. Rather, relate to the person as the friend, partner or close relative they are. It can also be good for family relationships if the focus in the family is not constantly on the person and their illness.

4.5. Helping the person adjust to wellness

Being well can free the person to enjoy life, however, some people find it hard to adjust to wellness. They may struggle to take on new opportunities that become available when they are well, or be reluctant to engage in social activities. If the person seems well but still needs a lot of help, be cautious about automatically assuming that they are finding it difficult to adjust to being well. They may have mild ongoing symptoms or ongoing difficulties in daily functioning and find it difficult to carry out their usual tasks (see section 3.5). However, if the person is symptom free and able to do things, but finds it hard to step out of the 'sick role' consider:

- Stepping back and encouraging the person to do more for themselves.
- Encouraging them to do things they enjoy (e.g. visit friends or pursue a hobby), both on their own and with you.
- Reminding the person that although they may have a lot to do, they don't have to do everything at once.
- Asking the person when appropriate for help or a favour, so they can experience how good it is to be the person who is doing the giving.
- Discuss with the person how they feel about the changes and demands involved in being well.

4.6. Stepping back to let the person do more for themselves

People can become used to caregiving relationships. Some caregivers find it hard to step back and adjust to the person's independence, even though they are happy that the person is well. This ongoing caregiving can be exhausting for you and make it difficult for the person to develop confidence in their own abilities.

If you think this may be occurring in your situation, look at the benefits of being less involved in caregiving than you were before. Take time to relax and focus on other aspects of your life, relationships, hobbies or work.

Whenever possible, do things together that have nothing to do with the illness and let them know that they are important to you

5: Taking care of yourself

Caregivers are at increased risk of becoming depressed and having other health problems. As a caregiver, you need to take care of yourself as well as the person, or you might end up feeling overwhelmed and burnt out. Although some caregivers report positive aspects of caregiving, this role can be very stressful at times.

You might find that all your energy goes into helping the person. However, if you neglect your own health and wellbeing, you may develop health problems. Also, you can't provide optimal support if your own health is compromised. There are some suggestions below about ways to take care of yourself.

Caregivers may also benefit from counselling to assist with the changes and problems that sometimes arise from caring for a person with mental illness. Group information sessions or 'psychoeducation' for caregivers run by trained health professionals can be useful and help to reduce some of the stress involved in caregiving.

5.1. Helpful coping strategies

Certain ways of coping are more helpful in reducing stress than others. Ways of coping that may be helpful include:

Getting organised. Although it might take a little time, getting organised will probably save you time in the long run. Prioritise what is essential to do and postpone or cancel other tasks. Arrange to share or delegate certain caregiving tasks and other demands.

Restore your energy. Making even a little time to do things that you find relaxing, or enjoyable may help to restore your energy. If the person is severely ill and cannot be left alone, arrange for someone else to be with them or for respite care while you have a break.

Get rid of unrealistic expectations. Dealing with a loved one who has a mental illness can be stressful. If you try to live up to unrealistic expectations of what you 'should' do as a caregiver you might increase your stress levels and become exhausted and resentful. Also, having unrealistic expectations of what the person and their clinician can do to control the illness can also lead to frustration and disappointment.

Maintaining boundaries and setting limits. Learn to say "no" to demands that are unreasonable or unmanageable. Keep in mind that although you can help, the person needs to find ways to deal with their own illness.

Acknowledge that you have needs too. Use the time when the person is well to focus on things that are important to you, besides the illness. Devote some time to doing things that you enjoy, and maintain contact with friends and family.

Developing your own support system. There may be caregiver support organisations in your community or online. Having someone to talk to whom you can trust can make it easier to cope.

Taking steps to sort out problems. A problem solving approach can be very useful to deal with difficulties. See box for an example of a problem-solving strategy.

Problem solving steps

The 4 problem solving steps are:

1. Cleary define what the problem is

To come to a clear understanding of the problem, without blaming yourself or others consider how it developed, when it occurs and why it is a problem.

2. Work out what solution or solutions to try by:

1) **Making a list of different ways to try to solve the problem:** Use your imagination. Ask others if you like. It doesn't matter how unrealistic the solutions are at this stage.

2) **Evaluating each solution**

- How practical or realistic is this solution in your circumstances?
- What are the possible risks and negative consequences that may occur if you choose this solution?
  Are there ways to prevent or deal with these consequences if they occur?
- What are the possible benefits if you choose this solution?

3) **Deciding which solution (or few solutions) you would like to try.**

3. Develop a plan of action and follow the plan

Decide what you need to do first to implement the solution you want to try and work out a step-by-step plan. Then put your plan into action.

4. Review how the solution worked

Acknowledge the effort you have put into trying to manage the problem and congratulate yourself if the solution worked. Many problems require that you try different solutions before solving them. If the solution was not helpful or there are still parts of the problem that need to be solved, return to earlier steps to try other solutions. Sometimes people learn from trying to solve a problem that there is another underlying problem that needs attention first.

Some problems are more difficult to solve than others. Difficult situations can take time to change or may not even be able to be changed. If this is the case, find ways to make things a little easier and enjoyable for yourself, despite the situation.

5.2. Caring about your health

Sometimes caregivers find that they don't have time to consider their own wellbeing. However, even small changes are important when trying to develop a healthier lifestyle. Rather than aiming to lead the perfect lifestyle, try to incorporate small improvements such as a little regular exercise, healthy balanced meals and regular sleep.

Don't try to save time when you are busy by neglecting your own hygiene or health. Avoid negative coping strategies such as drinking too much alcohol, smoking or overeating.

Reducing your own stress or depression

Picking up signs that your emotional health is deteriorating gives you the opportunity to take timely action to keep well. If you notice signs of stress or depression, develop a plan for coping (e.g. delegate more of your duties and take time off).

Signs of depression include flat or sad mood or loss of interest in things. Other symptoms include a lack of energy and feeling tired, sleep difficulties, appetite changes, feelings of worthlessness and excessive guilt, and thoughts of death or suicide. People who are depressed may withdraw from social contact or be very irritable in company. They can find it much harder to function at work or to complete daily tasks. If these symptoms persist for at least two weeks, don't ignore them. Contact your doctor for an assessment and to discuss treatment options.

Some of the signs of stress include being more irritable, short-tempered tense or anxious than usual, having minor aches and pains or feeling run down and becoming ill often.

5.3. Adapting to caregiving

Caregivers can experience a range of understandable reactions when trying to come to terms with the person's illness and its consequences. There are things that can make adjusting to the changes a little easier.

Coming to terms with the illness

After the person's first episode of mental illness, caregivers may go through a number of stages that are part of a natural grief process. These stages range from initial shock, disbelief and emotional turmoil, to gradual understanding, acceptance, and hope. The grief may return in times of difficulty.

If you experience emotions linked to this natural grief process, allow yourself to grieve. Remember that while the changes and losses connected to the illness are real, people with the illness and caregivers often find new meaning and ways to enjoy life despite the illness.

Acknowledging your natural reactions and deciding how to deal with the situation

You may experience a range of intense emotions in response to the person and their illness. Some of these feelings may be part of the process of coming to terms with the illness. Others may be reactions to your situation. Acknowledging these natural reactions and deciding how to deal with them can make it easier to cope.

If you are feeling angry, try to find a constructive release for your anger (e.g. go for a walk, play sport, paint, write in a journal, or talk things through with someone you trust). If you are angry about something the person has done, wait until you have calmed down to discuss the person's behaviour with them. Delay discussing your angry feelings until the person is well and more able to deal with these issues (see 'Using good communication skills' in section 5.4).

If you are feeling rejected, try to not to take hurtful talk and behaviour personally. Do something you enjoy to distract yourself from feeling sad or rejected. If you are sad about the way your relationship with the person has changed try to rebuild the relationship (see 'Maintaining or rebuilding your relationship' section 5.4).

At times you may feel like you want to withdraw from the person or leave them. If this happens, don't be critical of yourself. It may be a feeling that passes. You may be exhausted and need to take some time out for yourself.

On the other hand, if you decide that you cannot continue in your current situation and would like to leave or withdraw from your relationship with the person, you should first discuss what you are going through with the person. You may be able to find ways to resolve some of the difficulties together. Speaking to a counsellor or relationship or family therapist can help.

5.4. Maintaining or rebuilding your relationship

Mental illness can challenge relationships and sometimes it takes a bit of time, patience and effort to maintain or rebuild them. Once the person is more well, it may be possible to slowly regain some of the closeness you had previously.

To do this, start by sharing activities you both enjoy. Begin to encourage giving and taking in your relationship. For example, providing ask the person to start helping more and accept their support when it is offered. Relationships that involve more give and take can be less stressful and more rewarding for both people. It is also important to communicate our appreciation when the person does something we appreciate. People are also more likely to continue doing the things that give them positive feedback.

If the person is your partner and they have lost interest in sex due to symptoms of illness, offer companionship and allow yourselves time to rebuild your intimate relationship.

Using good communication skills

There are ways of communicating with each other about grievances that are constructive and are less likely to come across as hostile or critical. These skills take practice and time to learn.

Practise active listening. People seldom

take time to really listen to each other's point of view. Difficulties and conflict are much easier to sort out once people understand where the other person is coming from. To actively listen you need to look at the person when they talk and focus your attention on what they are saying. Acknowledge what you hear by nodding, verbally indicating that you have heard or asking them to continue and ask for clarification to check that you have understood their viewpoint. Summarise what you have heard to check with the person if your understanding of their viewpoint is correct, without adding personal opinions or judgments.

Using a positive request for change can be useful if there is a specific behaviour that you would like to see the person change. This differs from criticism as it is not about what the other person has done wrong. Instead, it is about what you would like to see change. When doing this, use 'I' statements. For example "I would like your help with …" "It would mean a lot to me if you would do..." Be specific without making too many demands at once. Tell them how you think this could benefit yourself and where possible, the other person.

Calmly express your feelings about the person's behaviour. When doing this, address the specific behaviour that is bothering you rather than globally blaming the person. Use 'I' statements and suggest what the person can do in the future to prevent this from happening again. If the person starts arguing, try not to engage in the argument. If necessary, simply restate your opinion and leave it at that.

Work together to reach a compromise. Sometimes conflict can develop into a struggle to 'win' the argument, leaving people feeling unheard and angry. Avoid this by working on resolving the conflict together. There are several ways you can do this. Spend some time separately listing ways to sort out the problem that suit you. Discuss these options together and aim to find something that is reasonably fair to both of you. If it is hard to find a solution that is acceptable to both of you, suggest a way to try out different solutions. Perhaps you could do things their way this time if they agree to do things your way next time. If compromise is not possible you may need to agree to differ. Even people in a good relationship sometimes need to agree to differ about certain issues.

5.5. Recognising the positives

Some caregivers find positive things about caregiving, about the person and about themselves that make it a bit easier to cope with the person's symptoms. For example, caregivers sometimes report that they have learnt from caregiving to be more tolerant and empathic and gained confidence in their ability to cope.

Caregivers may also gain a new appreciation of the person's positive attributes, such as their creativity, their abilities or talents, or their courage in battling the illness. Some caregivers report that acknowledging the person's positive qualities helps them to deal with the mental illness.

Finally, remember that caregivers often do not receive the recognition they deserve. Acknowledge what you do and the efforts you make, and be kind to yourself.

Acknowledge what you do and the efforts you make, and be kind to yourself.

6: Taking care of yourself in specific challenging situations

Caregivers may find that it is helpful to think in advance about how they might deal with specific challenges, such as a pattern of more frequent relapse or crisis situations.

6.1. If the person is ill a lot of the time

Some people have patterns of illness that are more severe. They may relapse more frequently or their illness may be more resistant to treatment. This can be very challenging. Don't give up hope as getting well can be a slow process. Patterns of illness can change and there are things that may help to make it a little easier to cope.

If the person you are caring for is ill a lot, find out what resources are available to support yourself, the person and the family. Try to keep to your usual routines as much as you can and avoid isolating yourself socially. If you are feeling stressed, go easy on yourself – find ways to give yourself a break, such as talking to someone you trust, watching a funny movie, or going for a walk.

It might help to make some lifestyle changes to cope with the person's persistent or recurring illness (e.g. rethinking the household budget, adjusting your work hours or arranging for others to take over more tasks). Suggest that the person gets a second opinion from an expert clinician on other ways to manage the illness. Ultimately, if you can't change the situation, focus on things that you can control.

6.2. Reducing stress if a crisis occurs

Caregivers can feel exhausted and overwhelmed when going through an illness-related crisis. Stress can be reduced if you prepare in advance for times of crisis (see also 'Dealing with a crisis' section 3.3).

Ways to reduce stress in an illness related crisis:

- Reassure yourself that the crisis will pass.
- If you are feeling very stressed during and after a crisis, talk to someone you trust or contact a helpline.
- Schedule a bit of time to relax and unwind after the crisis, even if you are very busy.

Sometimes the effect of the crisis can linger after it is over. Try to restore your usual routine as soon as possible. If some time after the crisis you can't stop thinking about what happened, you feel distressed and unable to focus on everyday tasks, consider getting professional counselling.

6.3. If there is a lot of conflict between you and the person

Mental illness can put a strain on relationships. However, not all problems are caused by the illness. Stressful interactions and conflict may be distressing for both you and the person. There are ways to try to improve communication and rebuild your relationship with the person (see 'Using good communication skills' in section 5.4). When trying to sort out problems in relationships it can be useful to consult a health professional who knows a lot about the illness and counselling for relationships.

6.4. If the person is ill, irritable and very critical of you

It can be hard to maintain perspective if the person who is ill is also very irritable and criticises you a lot. Finding ways to detach and set boundaries without being drawn into arguments can be helpful.

It may help to detach from the situation a little by reminding yourself that the person is ill. Don't try to defend yourself by arguing logically with the person. Address the specific comments or behaviour (e.g. shouting) that are unacceptable or concerning, without criticising or blaming the person as an individual. Say something like "I understand you're upset but I'm not going to tolerate being spoken to in this way," and walk away. Don't be drawn into reacting to their irritability or believing the criticism.

7: Working with the person to deal with the illness

People with mental illness differ in what help they need and want from caregivers, and caregivers differ in what support they are willing and able to give. Caregivers also need to take into account what support is realistic for them to provide (e.g. to consider their other commitments and their own health). Some caregivers are unsure how involved they should be in supporting the person. It can take time and a process of trial and error to find ways to help the person that suit both of you.

Making agreements and plans together and working as a team with the person and their clinician may help to reduce the impact of the illness on both of you. Talking with the person about the illness, its management and how you can help may assist both of you to deal with it.

People generally need more support when they are more severely ill or in crisis. At these times caregivers might need to reach out to other people or community services that can step in.

If a caregiver constantly intervenes in the person's life, the person might experience this as intrusive, and refuse to ask for help when they really need it. Repeatedly telling the person what they should be doing to manage their illness might come across as nagging. Tell the person that you would like to help them to manage the illness, but do not want to be intrusive or get in the way. When the person is well, ask them if the support you have been providing is appropriate.

It is not always necessary to mention the illness when encouraging illness management strategies (e.g. invite the person to go for a walk with you because the dog needs walking, not because it might help the person's depression). Also, keep in mind that not all support has to be described as such; sometimes just sitting with the person can be supportive or you can provide practical help or affection without discussing this in advance.

7.1. Negotiating caregiver involvement

It is best to discuss your involvement when the person is relatively well. If the person *has only recently received a diagnosis they may not be ready to accept the illness or discuss its management.* Invite the person to share their views on what helps people to manage mental illness. Don't feel obliged to use psychiatric jargon. Many families have their own ways of talking about the illness (e.g. feeling really down or very high).

You could ask the person what you can do to help in specific circumstances (e.g. what you can do to help when the person struggles to get up in the morning when they are becoming depressed, or how to assist them with their plans to prevent relapse). There is a possibility that the person may not know what help they need. If you have some ideas about how you could help, discuss these options tactfully with the person.

Through discussion with the person, you need to come to some agreement about the nature and extent of your involvement. For example, you might agree that you will provide specific support when it is needed, and the person will try to let you know if they notice any of their warning signs or need help. Consider formalising the way you help into a plan.

When creating a plan:

- Keep your plans simple so they are easy to follow.
- Consider writing your plans down and keeping them in an easily accessible place.
- Review your plans as circumstances change or you acquire new information.

When making your plans, you need to commit only to actions you feel you can be reasonably consistent in taking. For example, don't commit to being available for phone support at all times of the day and night if you have to look after small children or can't be contacted when you're working. You might instead agree that overnight or during business hours the person needs additional supportive contacts. You can't always be perfectly consistent either - unpredictable demands and circumstances do occur. If you cannot provide the usual support, try to arrange with the person for a back-up support person or organisation to step in.

It is not always possible to implement exactly what is specified in a plan, but it can provide direction and a basis from which to work. You can have plans for dealing with different aspects of the illness (e.g. a plan for dealing with suicide risk and another for what to do when the person becomes depressed).

Sometimes people do not want to discuss their illness or to make plans. Even if the person does not want to discuss illness management, having your own plans can help you to be prepared.

7.2. Working with the person and their doctor

Some people with mental illness prefer to manage their treatment with their clinician as independently as possible. Others welcome the opportunity to form a team with their clinician and caregiver to deal with certain aspects of treatment. If you would like to play an active role in assisting the person with aspects of their treatment, here are some suggestions:

- Discuss with the person the possibility of working with them and their clinician. If you would like to accompany the person to an appointment, offer to do so.
- Ask the person to let their clinician know that you are the primary caregiver and your contact details in case there is an emergency and the clinician needs to contact you.
- Find out about confidentiality laws that may restrict clinicians from being able to provide information and discuss their patient's treatment with you.
- Keep in mind that you do have the option of contacting the clinician if you are concerned about the person's wellbeing. Even if they can't talk to you about the person, you can still share important information with them.
- In order to overcome restrictions on confidentiality, discuss with the person what information they would like the clinician to share with you and under what circumstances (e.g. if the person becomes very ill, or information to assist in the person's ongoing care after discharge from hospital). Ask the person to let their clinician know what you have agreed upon.
- Consider developing 'power of attorney' agreements or advanced directives to arrange what you can do to help with urgent treatment or other decisions when the person is severely ill (see 'Planning for times when the person is severely ill' section 3.4).
- While the person is severely ill, try to keep in contact with their treatment team.
- When communicating with the person's clinician, don't be afraid to ask questions, or to ask for clarification if the information provided is confusing.

Even with good illness management, relapse can and does occur. If this happens and the person is disappointed, support them by:

- Listening if the person wants to discuss their disappointment.
- Reassuring the person that they did their best.
- Suggesting that sometimes medications and other illness management strategies need to be adjusted.
- Encouraging the person not to give up hope, as finding what works to manage the illness is a trial and error process.

7.3. When the person has difficulty with their illness management strategies

It can be difficult for the person to use strategies to prevent relapse or reduce symptoms because they may need to go against what their mood tells them to do. For example, it can be very hard to get out of bed and follow their usual routine when they are feeling depressed and lacking in energy.

If the person finds it difficult to use strategies that may help them to prevent relapse you could:

- Encourage them to keep trying.
- Temporarily take a more active role in assisting the person (e.g. help them to do an activity when they are depressed by doing it together).
- Support them behind the scenes (e.g. maintain regular household routines to reinforce the person's routine).

If you have ideas about what might make illness management strategies, tactfully discuss these with them.

7.4. Difficulties in working with the person to deal with the illness

It is not always easy to work together to deal with the illness. Good communication skills can sometimes help to sort out disagreement and conflict (see 'Using good communication skills' in section 5.4). You may also find that the person does not always want your help or they may refuse to treat or manage their illness.

If the person does not want your help

You may find that the person does not always want your help. It may be that they are able to manage well without it, and this is fine. They prefer to work with someone else on their management strategies, in which case you should help them to find the right person.

However, it may be that they are depressed and irritable and pushing you away, or isolating themselves. If this is the case, try to maintain contact and ensure they can reach you if they decide they need your help. If the person is having an episode of psychosis they may have lost insight and see no need for help, in which case you might need to seek help for them anyway.

If the person refuses to get their illness treated

Mental illness that is not treated and managed can have a very negative impact on the person and their family. This is especially true for severe mental illness.

Try to understand why they refuse. They may fear the stigma of mental illness, and you can talk about this. They may have concerns about treatment, particularly medication (e.g. they may believe medication is addictive or that side effects will be intolerable) and these concerns could be discussed with an expert. Assess how ill or well they are so you know how to respond to this refusal.

If the person who refuses treatment is unwell, or their symptoms are escalating, you may need to seek help for them against their wishes. Get urgent medical help in a crisis (see 'Dealing with a crisis' section 3.3). If you have developed a plan for such times, use it.

If the person who refuses treatment is relatively well, recognise that the decision to accept treatment is their own to make. Be patient and supportive, and try to negotiate with them to get treatment if they develop symptoms.

Over time, the person may come to accept the importance of accepting or seeking treatment. If they do not, you may need to try a new approach. Talk to the person about the way the illness is impacting their life, your life and the lives of others, and how treatment could improve this. Ask them to consider strategies to minimise the risk of relapse, for example, avoiding alcohol and other drugs. You may also benefit from consulting a clinician yourself, or speaking to someone else that you trust.

8: Dealing with stigma, discrimination and disclosure

Dealing with stigma or discrimination from others can be difficult and painful for both the person and the caregiver.

Stigma involves stereotyped beliefs about the negative qualities of a particular group (e.g. people with mental illness). A person that is considered to belong to this group is automatically considered to have the negative qualities connected with the group. These beliefs distort and taint the person's reputation and status. Stigma can come from external sources (e.g. the family, friends or community). Sometimes, when people experience other people's stigmatising attitudes, they start to believe them. They may see themselves as being less capable or worthy than others. This is called self-stigma.

Discrimination occurs when these stigmatised beliefs are acted on and the person is unfairly treated. Stigma can come from others or society in general, or be part of your own beliefs. Dealing with stigma and discrimination can be difficult and painful for both the person and the caregiver.

Caregivers who are concerned about stigma sometimes isolate themselves from social contact and become depressed. Consequently, they may miss out on valuable sources of support and enjoyment.

8.1. Ways to deal with stigma and discrimination

Become informed

Most stigma is based on a lack of information and understanding about the illness. Being well informed about the illness can help you to recognise and correct some of the misconceptions involved in stigma.

Mix with people who accept the illness

Many caregivers find it rewarding to attend a support group where they and the person they care for are accepted, and mental illness is understood.

Think carefully before deciding to speak out against stigma or discrimination

Some people believe that speaking out against stigma that results in discrimination is always essential. However, whether or not to speak out against stigma or discrimination is a personal choice. What you decide might differ depending on the circumstances. When you and the person you are caring for are deciding whether to speak out or not, consider how stressful this may be, whether there may be negative repercussions, the likelihood that speaking out may change people's attitudes, and whether to disclose your own situation or just speak out against stigma generally.

It is important to let the person decide how they would like to respond to stigma and discrimination from others. Only encourage the person to take a stand against stigma and discrimination, if this is not too stressful for them.

If the person is experiencing a high level of self-stigma, encourage them to develop their abilities, interests, and a sense of purpose, as this might increase their self-confidence and resilience to stigma. Peer support groups where mental illness is accepted can provide good buffers against stigma for those affected. Remind the person that mental illness is like other recurrent health conditions.

8.2. Disclosing the illness or your caregiving role

The issue of disclosure can be a sensitive one for people with mental illness and their close family and friends. You and the person have a right to privacy. This means that you need to be cautious about who you tell about the person's illness or your own situation. However, keeping the person's illness a secret from close family and friends, due to concerns about stigma, can eliminate potential sources of support and lead to isolation.

It can be difficult to decide who to tell and what to say about the person's illness or your situation. Consider who needs to know, and the positive and negative implications of sharing the information. Consider as well how much information you wish to share, and how.

If friends or relatives avoid you due to stigma, develop other more supportive relationships.

It is important to let the person decide how they would like to respond to stigma and discrimination from others.

DEPRESSION
FIRST AID GUIDELINES

How do I know if someone is experiencing depression?

Only a trained professional can diagnose someone with depression. However, if you notice changes in the person's mood, their behaviour, energy levels, habits or personality, you should consider depression as a possible reason for these changes.

It is important to learn about depression so that you are able to recognise these symptoms and help someone who may be developing a depressive episode. Take the time to find out information about depression such as its causes, its symptoms, how it can be treated, and what services are available in your local area.

It is important that you do not ignore the symptoms you have noticed or assume that they will just go away. It is also important that you do not lie or make excuses for the person's behaviour as this may delay getting assistance.

You should, however, remain aware that each individual is different and not everyone who is experiencing depression will show the typical signs or symptoms of depression.

What are the signs and symptoms of depression?

For a person to be diagnosed with clinical depression, they would have to have five or more of the following symptoms, including at least one of the first two, for at least two weeks:

- an unusually sad or irritable mood that does not go away;
- loss of enjoyment and interest in activities that used to be enjoyable;
- lack of energy and tiredness;
- feeling worthless or feeling guilty when they are not really at fault;
- thinking about death a lot or wishing they were dead;
- difficulty concentrating or making decisions;
- moving more slowly or, sometimes, becoming agitated and unable to settle;
- having sleeping difficulties or, sometimes, sleeping too much;
- loss of interest in food or, sometimes, eating too much. Changes in eating habits may lead to either loss of weight or putting on weight.

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DEPRESSION
FIRST AID GUIDELINES

How should I approach someone who may be experiencing depression?

Contrary to myth, talking about depression makes things better, not worse. If you think that someone you know may be depressed and needs help, give the person appropriate opportunities to talk. It can be helpful to let the person choose the moment to open up. However, if the person does not initiate a conversation with you about how they are feeling, you should say something to them.

It is important to choose a suitable time when both you and the person are available to talk, as well as a space where you both feel comfortable. Let the person know that you are concerned about them and are willing to help. If the person says that they are feeling sad or down, you should ask them how long they have been feeling that way.

Don't assume that the person knows nothing about depression as they, or someone else close to them, may have experienced depression before. At this point, you should ask the person if they would like some information about depression. If they do want some information, it is important that you give them resources that are accurate and appropriate to their situation.

You should respect how the person interprets their symptoms. If the person doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else.

How can I be supportive?

Treat the person with respect and dignity Each person's situation and needs are unique. It is important to respect the person's autonomy while considering the extent to which they are able to make decisions for themselves, and whether they are at risk of harming themselves or others. Equally, you should respect the person's privacy and confidentiality unless you are concerned that the person is at risk of harming themselves or others.

Do not blame the person for their illness Depression is a medical illness and the person cannot help being affected by depression. It is important to remind the person that they have an illness and that they are not to blame for feeling "down."

Have realistic expectations for the person You should accept the person as they are and have realistic expectations for them. You should let them know that they are not weak or a failure because they have depression, and that you don't think less of them as a person. Everyday activities like cleaning the house, paying bills, or feeding the dog may seem overwhelming to the person. You should acknowledge that the person is not "faking", "lazy", "weak" or "selfish." Ask the person if they would like any practical assistance with tasks but be careful not to take over or encourage dependency.

Offer consistent emotional support and understanding It is more important for you to be genuinely caring than for you to say all the "right things". The person genuinely needs additional love and understanding to help them through their illness so you should be empathetic, compassionate and patient. People with depression are often overwhelmed by irrational fears; you need to be gently understanding of someone in this state. It is important to be patient, persistent and encouraging when supporting someone with depression. You should also offer the person kindness and attention, even if it is not reciprocated. Let the person know that they will not be abandoned. You should be consistent and predictable in your interactions with the person.

Encourage the person to talk to you
Don't be afraid to encourage the person to talk about their feelings, symptoms and what is going on in their mind. Let the person know that you are available to talk when they are ready; do not put pressure on the person to talk right away.

Be a good listener You can help someone with depression by listening to them without expressing judgement. Be an active listener; reflect back what the person has said to you before responding with your own thoughts. It is important to listen carefully to the person even if what they tell you is obviously not true or is misguided. Although the person may not be communicating well, and may be speaking slower and less clearly than usual, you must be patient and must not interrupt. If the person is repetitive try not to get impatient, but rather keep trying to be as supportive as possible.

Give the person hope for recovery
You need to encourage the person that, with time and treatment, they will feel better. Offer emotional support and hope of a more positive future in whatever form the person will accept.

What doesn't help?

- There's no point in just telling someone with depression to get better as they cannot "snap out of it" or "get over it."
- You should not be hostile or sarcastic when the person attempts to be responsive but rather accept these responses as the best the person has to offer at that time.
- Do not adopt an over-involved or over-protective attitude towards someone who is depressed.
- Do not nag the person to try to get them to do what they normally would.
- Do not trivialise the person's experiences by pressuring them to "put a smile on their face," to "get their act together," or to "lighten up".
- Do not belittle or dismiss the person's feelings by attempting to say something positive like, "You don't seem that bad to me."
- Avoid speaking to the person with a patronising tone of voice and do not use overly-compassionate looks of concern.
- Resist the urge to try to cure the person's depression or to come up with answers to their problems.

Should I encourage the person to seek professional help?

Everybody feels down or sad at times, but it is important to be able to recognise when depression has become more than a temporary experience for someone and when to encourage that person to seek professional help.

Professional help is warranted when depression lasts for weeks and affects a person's functioning in daily life.

You should ask the person if they need help to manage how they are feeling. If they feel they do need help, discuss the options that they have for seeking help and encourage them to use these options. If the person does not know where to get help, offer to help them seek assistance.

It is important to encourage the person to get appropriate professional help and effective treatment as early as possible. If the person would like you to support them by accompanying them to a doctor's appointment, you must not take over completely; a person with depression needs to make their own decisions as much as possible.

Depression is often not recognised by health professionals; it may take some time to get a diagnosis and find a healthcare provider with whom the person is able to establish a good relationship. You should encourage the person not to give up seeking appropriate professional help.

What about self-help strategies?

People who are depressed frequently use self-help strategies. Some of these are supported by scientific evidence as effective, such as regular physical activity. The person's ability and desire to use self-help strategies will depend on their interests and the severity of their depression. Therefore you should not be too forceful when trying to encourage the person to use self-help strategies.

What if the person doesn't want help?

The person may not want to seek professional help. You should find out if there are specific reasons why this is the case. For example, the person might be concerned about finances, or about not having a doctor they like, or they might be worried they will be sent to hospital. These reasons may be based on mistaken beliefs, or you may be able to help the person overcome their worry about seeking help. If the person still doesn't want help after you have explored their reasons with them, let them know that if they change their mind in the future about seeking help they can contact you. You must respect the person's right not to seek help at all times unless you believe that they are at risk of harming themselves or others.

What if the person is suicidal or has injured themselves?

There are separate first aid guidelines about how to help someone who is suicidal or who has injured themselves. Please see the *First aid guidelines for suicidal thoughts and behaviours* and *First aid guidelines for non-suicidal self-injury.*

Purpose of these guidelines

These guidelines are designed to help members of the public to provide first aid to someone who may be experiencing depression. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers, carers and clinicians from Australia, New Zealand, the UK, the USA and Canada about how to help someone who may be developing depression.

Details of the methodology can be found in: Langlands RL, Jorm AF, Kelly CM, Kitchener BA. First aid for depression: A Delphi consensus study with consumers, carers and clinicians. *Journal of Affective Disorders* 2008; 105:157-165

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who may be depressed. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore will not be appropriate for every person who may have depression.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite these guidelines as follows: Mental Health First Aid Australia. *Depression: first aid guidelines.* Melbourne: Mental Health First Aid Australia; 2008.

Enquiries should be sent to:

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MENTAL HEALTH FIRST AID

PANIC ATTACKS

FIRST AID GUIDELINES

What is a panic attack?

A panic attack is a distinct episode of high anxiety, with fear or discomfort, which develops abruptly and has its peak within 10 minutes. During the attack, several of the following symptoms are present.

- Palpitations, pounding heart, or rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling faint or unsteady
- Feelings of unreality (derealisation), or being detached from oneself
- Fears of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Chills or hot flushes

Adapted from DSM-IV-TR, APA 2000

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PANIC ATTACKS

FIRST AID GUIDELINES

What should I do if I think someone is having a panic attack?

If someone is experiencing the above symptoms and you suspect that they are having a panic attack, you should first ask them if they know what is happening and whether they have ever had a panic attack before. If they say that they have had panic attacks before, and believe that they are having one now, ask them if they need any kind of help, and give it to them. If you are helping someone you do not know, introduce yourself.

What if I am uncertain whether the person is really having a panic attack, and not something more serious like a heart attack?

The symptoms of a panic sometimes resemble the symptoms of a heart attack or other medical problem. It is not possible to be totally sure that a person is having a panic attack. Only a medical professional can tell if it is something more serious. If the person has not had a panic attack before, and doesn't think they are having one now, you should follow physical first aid guidelines.

Ask the person, or check to see, if they are wearing a medical alert bracelet or necklace. If they are, follow the instructions on the alert or seek medical assistance.

If the person loses consciousness, apply physical first aid principles. Check for breathing and pulse, and call an ambulance.

What should I say and do if I know the person is having a panic attack?

Reassure the person that they are experiencing a panic attack. It is important that you remain calm and that you do not start to panic yourself. Speak to the person in a reassuring but firm manner, and be patient. Speak clearly and slowly and use short, clear sentences.

Rather than making assumptions about what the person needs, ask them directly what they think might help.

Do not belittle the person's experience. Acknowledge that the terror feels very real, but reassure them that a panic attack, while very frightening, is not life threatening or dangerous. Reassure them that they are safe and that the symptoms will pass.

What should I say and do when the panic attack has ended?

After the panic attack has subsided, ask the person if they know where they can get information about panic attacks. If they don't know, offer some suggestions.

Tell the person that if the panic attacks recur, and are causing them distress, they should speak to an appropriate health professional. You should be aware of the range of professional help available for panic attacks in your community. Reassure the person that there are effective treatments available for panic attacks and panic disorder.

Panic attacks, panic disorder and agoraphobia

A panic attack is not a mental disorder. In fact, more than one in five people experience one or more panic attacks in their lifetime[1], but few go on to develop panic disorder or agoraphobia (anxiety disorders related to panic attacks).

Criteria for panic disorder[2]

- Recurrent, unexpected panic attacks

AND, for at least one month:

- worry or concern about possible future panic attacks;
- worry or concern about the possible consequences of panic attacks, such as a fear of losing control or having a heart attack;
- or a significant change in behaviour related to the panic attacks.

Criteria for agoraphobia[2]

- Anxiety about places or situations where the individual fears they may have a panic attack. The focus of the anxiety is that it will be difficult or embarrassing to get away from the place if a panic attack occurs, or that there will be no one present who can help.

AND:

- Avoidance of the places or situations which are the focus of the anxiety.

Some individuals avoid only a few places or situations (such as shopping centres, driving, or crowded places) and others may find it difficult to leave their homes.

Some people may develop panic disorder or agoraphobia after only a few panic attacks, while others may experience many panic attacks without developing either of these disorders.

1. Kessler RC et. al. *Arch Gen Psychiatry 2006, 63:415-424*

2. Adapted from DSM-IV-TR, APA 2000

MENTAL HEALTH FIRST AID

PANIC ATTACKS

FIRST AID GUIDELINES

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone who is having a panic attack. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers and clinicians from Australia, New Zealand, the UK, the USA and Canada about how to help someone who is having a panic attack. Details of the methodology can be found in: Kelly CM, Jorm AF, Kitchener BA (2009) Development of mental health first aid guidelines for panic attacks: A Delphi study. BMC Psychiatry, 9:49 doi:10.1186/1471-244X-9-49

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who is having a panic attack. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person who experiences a panic attack.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite these guidelines as follows:
Mental Health First Aid Australia. *Panic attacks: first aid guidelines.* Melbourne: Mental Health First Aid Australia; 2008.

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All MHFA guidelines can be downloaded from **www.mhfa.com.au**

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REVISED 2014

MENTAL HEALTH FIRST AID

SUICIDAL THOUGHTS & BEHAVIOURS

MENTAL HEALTH FIRST AID GUIDELINES (Revised 2014)

Suicide can be prevented. Most suicidal people do not want to die. They simply do not want to live with the pain. Openly talking about suicidal thoughts and feelings can save a life.

Do not underestimate your abilities to help a suicidal person, even to save a life.

How can I tell if someone is feeling suicidal?

It is important that you know the warning signs and risk factors for suicide, and the reasons why a person might have thoughts of suicide.

Signs a person may be suicidal:

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006).
Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262.

BOX 1:

Reasons why a person might have thoughts about suicide

The main reasons people give for attempting suicide are:

1. Needing to escape or relieve unmanageable emotions and thoughts. The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help.

Adapted from May & Klonsky (2013) Assessing motivations for suicide attempts: Development of psychometric properties of the inventory of motivations for suicide attempts. Suicide and Life-Threatening Behavior, 43(5), 532-546.

BOX 2:

Factors associated with a higher risk of suicide

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Been recently exposed to suicide by someone else.

Suicide is also more common in certain groups, including males, indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people.

Adapted from Hawton K, van Heeringen K. Suicide. Lancet 2009; 373: 1372-1381.

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SUICIDAL THOUGHTS & BEHAVIOURS

MENTAL HEALTH FIRST AID GUIDELINES (Revised 2014)

If you are concerned the person may be at risk of suicide, you need to approach them and have a conversation about your concerns.

Preparing yourself to approach the person

Be aware of your own attitudes about suicide and the impact of these on your ability to provide assistance (e.g. beliefs that suicide is wrong or that it is a rational option). If the person is from a different cultural or religious background to your own, keep in mind that they might have beliefs and attitudes about suicide which differ from your own.

Be aware that it is more important to genuinely want to help than to be of the same age, gender or cultural background as the person.

If you feel unable to ask the person about suicidal thoughts, find someone else who can.

Making the approach

Act promptly if you think someone is considering suicide. Even if you only have a mild suspicion that the person is having suicidal thoughts, you should still approach them.

Tell the person you care and want to help. Tell them your concerns about them, describing behaviours that have caused you to be concerned about suicide. However, understand that the person may not want to talk with you. In this instance, you should offer to help them find someone else to talk to. Also, if you are unable to make a connection with the person, help them to find someone else to talk to.

Asking about thoughts of suicide

Anyone could have thoughts of suicide. If you think someone might be having suicidal thoughts, you should ask that person directly. Unless someone tells you, the only way to know if they are thinking about suicide is to ask.

For example, you could ask:

- "Are you having thoughts of suicide?" or
- "Are you thinking about killing yourself?"

While it is more important to ask the question directly than to be concerned about the exact wording, you should not ask about suicide in leading or judgmental ways (e.g. 'You're not thinking of doing anything stupid, are you?').

Sometimes people are reluctant to ask directly about suicide because they think they will put the idea in the person's head. This is not true. Similarly, if a person is suicidal, asking them about suicidal thoughts will not increase the risk that they will act on these. Instead, asking the person about suicidal thoughts will allow them the chance to talk about their problems and show them that somebody cares.

Although it is common to feel panic or shock when someone discloses thoughts of suicide, it is important to avoid expressing negative reactions. Do your best to appear calm, confident and empathic in the face of the suicide crisis, as this may have a reassuring effect for the suicidal person.

How should I talk with someone who is suicidal?

It is more important to be genuinely caring than to say 'all the right things'. Be supportive and understanding of the suicidal person, and listen to them with undivided attention. Suicidal thoughts are often a plea for help and a desperate attempt to escape from problems and distressing feelings.

Ask the suicidal person what they are thinking and feeling. Reassure them that you want to hear whatever they have to say. Allow them to talk about these thoughts and feelings, and their reasons for wanting to die and acknowledge these. Let the suicidal person know it is okay to talk about things that might be painful, even if it is hard. Allow them to express their feelings (e.g. allow them to cry, express anger, or scream). A suicidal person may feel relief at being able to do so.

Remember to thank the suicidal person for sharing their feelings with you and acknowledge the courage this takes.

See Box 3 for tips on how to listen effectively and Box 4 on things not to do.

BOX 3:

Listening tips

- Be patient and calm while the suicidal person is talking about their feelings.
- Listen to the suicidal person without expressing judgment, accepting what they are saying without agreeing or disagreeing with their behaviour or point of view.
- Ask open-ended questions (i.e. questions that cannot be simply answered with 'yes' or 'no') to find out more about the suicidal thoughts and feelings and the problems behind these.
- Show you are listening by summarising what the suicidal person is saying.
- Clarify important points with the person to make sure they are fully understood.
- Express empathy for the suicidal person.

BOX 4:

What not to do.

Don't…

- … argue or debate with the person about their thoughts of suicide.
- … discuss with the person whether suicide is right or wrong.
- … use guilt or threats to prevent suicide (e.g. do not tell the person they will go to hell or ruin other people's lives if they die by suicide).
- … minimise the suicidal person's problems.
- … give glib 'reassurance' such as "don't worry", "cheer up", "you have everything going for you" or "everything will be alright".
- … interrupt with stories of your own.
- … communicate a lack of interest or negative attitude through your body language.
- … 'call their bluff' (dare or tell the suicidal person to 'just do it').
- … attempt to give the suicidal person a diagnosis of a mental illness.

Do not avoid using the word 'suicide'. It is important to discuss the issue directly without dread or expressing negative judgement. Demonstrate appropriate language when referring to suicide by using the terms 'suicide' or 'die by suicide', and avoiding the use of terms to describe suicide that promote stigmatising attitudes, e.g. 'commit suicide' (implying it is a crime or sin) or referring to past suicide attempts as having 'failed' or been 'unsuccessful', implying death would have been a favourable outcome.

How can I tell how urgent the situation is?

Take all thoughts of suicide seriously and take action. Do not dismiss the person's thoughts as 'attention seeking' or a 'cry for help'. Determine the urgency of taking action based on recognition of suicide warning signs.

Ask the suicidal person about issues that affect their immediate safety:

- Whether they have a plan for suicide.
- How they intend to suicide, i.e. ask them direct questions about how and where they intend to suicide.
- Whether they have decided when they will carry out their plan.
- Whether they have already taken steps to secure the means to end their life.
- Whether they have been using drugs or alcohol. Intoxication can increase the risk of a person acting on suicidal thoughts.
- Whether they have ever attempted or planned suicide in the past.

If the suicidal person says they are hearing voices, ask what the voices are telling them. This is important in case the voices are relevant to their current suicidal thoughts.

It is also useful to find out what supports are available to the person:

- Whether they have told anyone about how they are feeling.
- Whether there have been changes in their employment, social life, or family.
- Whether they have received treatment for mental health problems or are taking any medication.

Be aware that those at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention to do it. However, the lack of a plan for suicide is not sufficient to ensure safety.

How can I keep the person safe?

Once you have established that a suicide risk is present, you need to take action to keep the person safe. A person who is suicidal should not be left on their own. If you suspect there is an immediate risk of the person acting on suicidal thoughts, act quickly, even if you are unsure. Work collaboratively with the suicidal person to ensure their safety, rather than acting alone to prevent suicide.

Remind the suicidal person that suicidal thoughts need not be acted on. Reassure the suicidal person that there are solutions to problems or ways of coping other than suicide.

When talking to the suicidal person, focus on the things that will keep them safe for now, rather than the things that put them at risk. To help keep the suicidal person safe, develop a safety plan with them (See Box 5). Engage the suicidal person to the fullest extent possible in decisions about a safety plan. However, do not assume that a safety plan by itself is adequate to keep the suicidal person safe.

BOX 5:

Safety plan

A safety plan is an agreement between the suicidal person and the first aider that involves actions to keep the person safe. The safety plan should:

- Focus on what the suicidal person should do rather than what they shouldn't.
- Be clear, outlining what will be done, who will be doing it, and when it will be carried out.
- Be for a length of time which will be easy for the suicidal person to cope with, so that they can feel able to fulfil the agreement and have a sense of achievement.
- Include contact numbers that the person agrees to call if they are feeling suicidal, e.g. the person's doctor or mental health care professional, a suicide helpline or 24 hour crisis line, friends and family members who will help in an emergency.

Find out who or what has supported the person in the past and whether these supports are still available. Ask them how they would like to be supported and if there is anything you can do to help, but do not try to take on their responsibilities.

Although you can offer support, you are not responsible for the actions or behaviours of someone else, and cannot control what they might decide to do.

What about professional help?

Encourage the person to get appropriate professional help as soon as possible. Find out information about the resources and services available for a person who is considering suicide, including local services that can assist in response to people at risk of suicide such as hospitals, mental health clinics, mobile outreach crisis teams, suicide prevention helplines and local emergency services. Provide this information to the suicidal person and discuss help-seeking options with them. If they don't want to talk to someone face-to-face, encourage them to contact a suicide helpline.

Don't assume that the person will get better without help or that they will seek help on their own. People who are feeling suicidal often don't ask for help for many reasons, including stigma, shame and a belief that their situation is hopeless and that nothing can help.

If the suicidal person is reluctant to seek help, keep encouraging them to see a mental health professional and contact a suicide prevention hotline for guidance on how to help them. **If the suicidal person refuses professional help,** call a mental health centre or crisis telephone line and ask for advice on the situation.

If the suicidal person is an adolescent, a more directive approach may be needed. If an adolescent is reluctant to seek help, make sure someone close to them is aware of the situation (i.e. a close friend or family member). If the adolescent refuses professional help, also get assistance from a mental health professional.

For people at more urgent risk, additional action may be needed to facilitate professional help seeking. **If you believe the suicidal person will not stay safe or if they are not willing to hand over the stated means for suicide,** seek their permission to contact their regular doctor or mental health professional about your concerns. If possible, the health professional contacted should be a professional the suicidal person already knows and trusts. **If the person has a specific plan for suicide, or if they have the means to carry out their suicide plan,** call a mental health centre or crisis telephone line and ask for advice on the situation.

If the suicidal person has a weapon, contact the police. When contacting the police, inform them that the person is suicidal to help them respond appropriately. Make sure you do not put yourself in any danger while offering support to the suicidal person.

Be prepared for the suicidal person to possibly express anger and feel betrayed by your attempt to prevent their suicide or help them get professional help. Try not to take personally any hurtful actions or words of the suicidal person.

What if the person wants me to promise not to tell anyone else?

You must never agree to keep a plan for suicide or risk of suicide a secret. If the person doesn't want you to tell anyone about their suicidal thoughts, you should not agree but give an explanation why (for example, "I care about you too much to keep a secret like this. You need help and I am here to help you get it"). Treat the person with respect and involve them in decisions about who else knows about the suicidal crisis.

If the person refuses to give permission to disclose information about their suicidal thoughts, then you may need to breach their confidentiality in order to ensure their safety. In doing so, you need to be honest and tell the person who you will be notifying.

Keep in mind that it is much better to have the person angry at you for sharing their suicidal thoughts without their permission, in order to obtain help, than to lose the person to suicide.

What should I do if the person has acted on suicidal thoughts?

If the suicidal person has already harmed themselves, administer first aid and call emergency services, asking for an ambulance.

Keep in mind that despite our best efforts, we may not be successful in preventing suicide.

The person I am trying to help has injured themselves, but insists they are not suicidal. What should I do?

Some people injure themselves for reasons other than suicide. This may be to relieve unbearable anguish, to stop feeling numb, or other reasons. This can be distressing to see. There are guidelines in this series entitled *First aid guidelines for non-suicidal self-injury* which can help you to understand and assist if this is occurring.

Take care of yourself

After helping someone who is suicidal, make sure you take appropriate self-care. Providing support and assistance to a suicidal person is exhausting and it is therefore important to take care of yourself.

An important note:

Self-injury can indicate a number of different things. Someone who is hurting themselves may be at risk of suicide. Others engage in a pattern of self-injury over weeks, months or years and are not necessarily suicidal. These guidelines are to assist you if the person you are helping is suicidal. If the person you are assisting is injuring themselves, but is not suicidal, please refer to the guidelines entitled *Non-suicidal self-injury: first aid guidelines.*

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone who is at risk of suicide. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers and professionals from Australia, New Zealand, the UK, the USA and Canada about how to help someone who may be at risk of suicide. Details of the methodology can be found in: Ross AM, Kelly CM, Jorm AF. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: a Delphi study. *BMC Psychiatry 2014; 14:241.*

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who may be at risk of suicide. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person who may be at risk of suicide.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite the guidelines as follows:
Mental Health First Aid Australia. *Suicidal Thoughts and Behaviours: First Aid Guidelines* (Revised 2014). Melbourne: Mental Health First Aid Australia; 2014.

Enquiries should be sent to:

Mental Health First Aid Australia
email: mhfa@mhfa.com.au

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PSYCHOSIS
FIRST AID GUIDELINES

- How do I know if someone is experiencing psychosis?
- Common symptoms when psychosis is developing
- How should I approach someone who may be experiencing psychotic symptoms?
- How can I be supportive?
- How do I deal with delusions and hallucinations?
- How do I deal with communication difficulties?
- What if the person doesn't want help?
- What should I do in a crisis situation?
- What if the person becomes aggressive?
- How to de-escalate the situation.

How do I know if someone is experiencing psychosis?

It is important to learn about the early warning signs of psychosis (see box) so that you can recognise when someone may be developing psychosis. Although these signs may not be very dramatic on their own, when you consider them together, they may suggest that something is not quite right. It is important not to ignore or dismiss such warning signs, even if they appear gradually and are unclear. Do not assume that the person is just going through a phase or misusing alcohol or other drugs, or that the symptoms will go away on their own.

Common symptoms when psychosis is developing[1]

Changes in emotion and motivation:

Depression; anxiety; irritability; suspiciousness; blunted, flat or inappropriate emotion; change in appetite; reduced energy and motivation

Changes in thinking and perception:

Difficulties with concentration or attention; sense of alteration of self, others or outside world (e.g. feeling that self or others have changed or are acting differently in some way); odd ideas; unusual perceptual experiences (e.g. a reduction or greater intensity of smell, sound or colour)

Changes in behaviour:

Sleep disturbance; social isolation or withdrawal; reduced ability to carry out work or social roles

[1]Adapted from: Edwards, J & McGorry, PD (2002). *Implementing Early Intervention in Psychosis.* Martin Dunitz, London.

You should be aware that the signs and/or symptoms of psychosis may vary from person to person and can change over time. You should also consider the spiritual and cultural context of the person's behaviours, as what is considered to be a symptom of psychosis in one culture may be considered normal in another.

PSYCHOSIS
FIRST AID GUIDELINES

How should I approach someone who may be experiencing psychotic symptoms?

People developing a psychotic disorder will often not reach out for help. Someone who is experiencing profound and frightening changes such as psychotic symptoms will often try to keep them a secret. If you are concerned about someone, approach the person in a caring and non-judgemental manner to discuss your concerns. The person you are trying to help might not trust you or might be afraid of being perceived as "different", and therefore may not be open with you. If possible, you should approach the person privately about their experiences in a place that is free of distractions.

Try to tailor your approach and interaction to the way the person is behaving (e.g. if the person is suspicious and is avoiding eye contact, be sensitive to this and give them the space they need). Do not touch the person without their permission. You should state the specific behaviours you are concerned about and should not speculate about the person's diagnosis. It is important to allow the person to talk about their experiences and beliefs if they want to. As far as possible, let the person set the pace and style of the interaction. You should recognise that they may be frightened by their thoughts and feelings. Ask the person about what will help them to feel safe and in control. Reassure them that you are there to help and support them, and that you want to keep them safe. If possible, offer the person choices of how you can help them so that they are in control. Convey a message of hope by assuring them that help is available and things can get better.

If the person is unwilling to talk with you, do not try to force them to talk about their experiences. Rather, let them know that you will be available if they would like to talk in the future.

How can I be supportive?

Treat the person with respect. You should try to empathise with how the person feels about their beliefs and experiences, without stating any judgments about the content of those beliefs and experiences. The person may be behaving and talking differently due to psychotic symptoms.

They may also find it difficult to tell what is real from what is not real.

You should avoid confronting the person and should not criticise or blame them. Understand the symptoms for what they are and try not to take them personally. Do not use sarcasm and try to avoid using patronising statements.

It is important that you are honest when interacting with the person. Do not make any promises that you cannot keep.

How do I deal with delusions (false beliefs) and hallucinations (perceiving things that are not real)?

It is important to recognise that the delusions and hallucinations are very real to the person. You should not dismiss, minimise or argue with the person about their delusions or hallucinations. Similarly, do not act alarmed, horrified or embarrassed by the person's delusions or hallucinations. You should not laugh at the person's symptoms of psychosis. If the person exhibits paranoid behaviour, do not encourage or inflame the person's paranoia.

How do I deal with communication difficulties?

People experiencing symptoms of psychosis are often unable to think clearly. You should respond to disorganised speech by communicating in an uncomplicated and succinct manner, and should repeat things if necessary. After you say something, you should be patient and allow plenty of time for the person to process the information and respond. If the person is showing a limited range of feelings, you should be aware that it does not mean that the person is not feeling anything. Likewise, you should not assume the person cannot understand what you are saying, even if their response is limited.

Should I encourage the person to seek professional help?

You should ask the person if they have felt this way before and if so, what they have done in the past that has been helpful. Try to find out what type of assistance they believe will help them. Also, try to determine whether the person has a supportive social network and if they do, encourage them to utilise these supports.

If the person decides to seek professional help, you should make sure that they are supported both emotionally and practically in accessing services. If the person does seek help, and either they or you lack confidence in the medical advice they have received, they should seek a second opinion from another medical or mental health professional.

What if the person doesn't want help?

The person may refuse to seek help even if they realise they are unwell. Their confusion and fear about what is happening to them may lead them to deny that anything is wrong. In this case you should encourage them to talk to someone they trust. It is also possible that a person may refuse to seek help because they lack insight that they are unwell. They might actively resist your attempts to encourage them to seek help. In either case, your course of action should depend on the type and severity of the person's symptoms.

It is important to recognise that unless a person with psychosis meets the criteria for involuntary committal procedures, they cannot be forced into treatment. If they are not at risk of harming themselves or others, you should remain patient, as people experiencing psychosis often need time to develop insight regarding their illness. Never threaten the person with the mental health act or hospitalisation. Instead remain friendly and open to the possibility that they may want your help in the future.

What should I do in a crisis situation when the person has become acutely unwell?

In a crisis situation, you should try to remain as calm as possible. Evaluate the situation by assessing the risks involved (e.g. whether there is any risk that the person will harm themselves or others). It is important to assess whether the person is at risk of suicide [please see the MHFA Guidelines for Suicidal Behaviour. These can be downloaded from www.mhfa.com.au.]. If the person has an advance directive or relapse prevention plan, you should follow those instructions. Try to find out if the person has anyone s/he trusts (e.g. close friends, family) and try to enlist their help. You should also assess whether it is safe for the person to be alone and, if not, should ensure that someone stays with them.

It is important to communicate to the person in a clear and concise manner and use short, simple sentences. Speak quietly in a non-threatening tone of voice at a moderate pace. If the person asks you questions, answer them calmly. You should comply with requests unless they are unsafe or unreasonable. This gives the person the opportunity to feel somewhat in control.

You should be aware that the person might act upon a delusion or hallucination. Remember that your primary task is to de-escalate the situation and therefore you should not do anything to further agitate the person. Try to maintain safety and protect the person, yourself and others around you from harm. Make sure that you have access to an exit.

You must remain aware that you may not be able to de-escalate the situation and if this is the case, you should be prepared to call for assistance. If the person is at risk of harming themselves or others, you should make sure they are evaluated by a medical or mental health professional immediately. If crisis staff arrive, you should convey specific, concise observations about the severity of the person's behaviour and symptoms to the crisis staff. You should explain to the person you are helping who any unfamiliar people are, that they are there to help and how they are going to help. However, if your concerns about the person are dismissed by the services you contact, you should persevere in trying to seek support for them.

PSYCHOSIS
FIRST AID GUIDELINES

What if the person becomes aggressive?

People with psychosis are not usually aggressive and are at a much higher risk of harming themselves than others. However, certain symptoms of psychosis (e.g. delusions or hallucinations) can cause people to become aggressive. You should know how to de-escalate the situation if the person you are trying to help becomes aggressive.

How to de-escalate the situation:

- Do not respond in a hostile, disciplinary or challenging manner to the person;
- Do not threaten them as this may increase fear or prompt aggressive behaviour;
- Avoid raising your voice or talking too fast;
- Stay calm and avoid nervous behaviour (e.g. shuffling your feet, fidgeting, making abrupt movements);
- Do not to restrict the person's movement (e.g. if he or she wants to pace up and down the room);
- Remain aware that the person's symptoms or fear causing their aggression might be exacerbated if you take certain steps (e.g. involve the police).

Take any threats or warnings seriously, particularly if the person believes they are being persecuted. If you are frightened, seek outside help immediately. You should never put yourself at risk. Similarly, if the person's aggression escalates out of control at any time, you should remove yourself from the situation and call the crisis team. When contacting the appropriate mental health service, you should not assume the person is experiencing a psychotic episode but should rather outline any symptoms and immediate concerns.

If the situation becomes unsafe, it may be necessary to involve the police. To assist the police in their response, you should tell them that you suspect the person is experiencing a psychotic episode and that you need their help to obtain medical treatment and to control the person's aggressive behaviour. You should tell the police whether or not the person is armed.

Purpose of these guidelines

These guidelines are designed to help members of the public to provide first aid to someone who may be experiencing psychosis. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers, carers and clinicians from Australia, New Zealand, the UK, Ireland, the USA and Canada about how to help someone who may be experiencing a psychotic episode. Details of the methodology can be found in: Langlands RL, Jorm AF, Kelly CM, Kitchener BA. First aid recommendations for psychosis: Using the Delphi method to gain consensus between mental health consumers, carers and clinicians. *Schizophrenia Bulletin* 2008; 34:435-443

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who may be experiencing psychosis. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore will not be appropriate for every person who may have psychosis.

Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite these guidelines as follows:

Mental Health First Aid Australia. Psychosis: first aid guidelines. Melbourne: Mental Health First Aid Australia; 2008.

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HELPING SOMEONE WITH DRUG USE PROBLEMS

MENTAL HEALTH FIRST AID GUIDELINES

What are drug use problems?

Drug use problems refers to using drugs (e.g. cannabis, ecstasy, amphetamines, cocaine and/or heroin) at levels which are associated with short-term and/or long-term harm (see box "Consequences of drug use problems"). Problem drug use is not just a matter of how much drug the person uses, but how their use affects their life and the lives of those around them. You cannot assume that any use of drugs necessarily means that the person has a drug use problem.

Alcohol is also a drug. If you are concerned that the person may have an alcohol use problem, please see *Helping someone with alcohol use problems: mental health first aid guidelines*.

Consequences of drug use problems

You should know the short-term and long-term consequences of drug use problems. These include:

- Adverse effects on the person's judgement and decision-making
- Family or social difficulties (e.g. relationship, work, financial problems)
- Legal problems
- Injuries while using drugs (e.g. as a result of accidents, falls, violence, road trauma)
- Mental health problems (e.g. panic attacks, psychosis, suicidal thoughts and behaviours)
- Physical health problems
- Difficulty controlling the amount of time spent using or the quantity used
- Needing more of the drug to get the same effect
- Problems in cutting down or controlling use
- Experiencing unpleasant symptoms when stopping or reducing use

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HELPING SOMEONE WITH DRUG USE PROBLEMS

MENTAL HEALTH FIRST AID GUIDELINES

Approaching the person about drug use problems

Before speaking to the person, reflect on their situation, organise your thoughts and decide what you want to say. Be aware that the person may react negatively when approached. One of the reasons may be that the person does not consider their drug use a problem. If you are uncertain about how best to approach the person about your concerns, you can speak with a health professional who specialises in problem drug use. You may also find it helpful to consult with others who have dealt with problem drug use about effective ways to help.

Arrange a time to talk with the person. Express your concerns non-judgmentally in a supportive, non-confrontational way. Be assertive, but do not blame or be aggressive. Let the person know that you will listen without judging them (see box 'Tips for effective communication').

Tips for effective communication

- Stay calm and reasonable.
- Ask the person about their drug use rather than make assumptions about their use.
- When the person finishes talking, repeat back what you have heard them say and allow them to clarify any misunderstandings.
- Focus the conversation on the person's behaviour rather than their character.
- Use "I" statements instead of "you" statements (e.g. "I feel worried/angry/frustrated when you…" instead of "You make me feel worried/angry/frustrated…").
- Stick to the point (i.e. focus on the person's drug use) and do not get drawn into arguments or discussions about other issues.
- Do not criticise the person's drug use.
- Do not call the person an "addict" or use other negative labels.

Try to talk to the person in a quiet, private environment at a time when there will be no interruptions or distractions and when both of you are in a calm frame of mind. Talk to the person about their drug use by asking about areas of their life it may be affecting (e.g. their mood, work performance and relationships). Ask the person if they would like information about problem drug use or any associated risks. If they agree, provide them with relevant information (e.g. increased risk of physical and mental health problems).

There are a wide range of reasons why people take drugs and the person may not be clear about why they use. Try to find out whether the person wants help to change their drug use. If they do, offer your help and discuss what you are willing and able to do. Have an alcohol and other drug helpline number with you so the person can call for confidential help or ask for more information. Do not expect a dramatic shift in the person's drug use right away; this conversation may be the first time they have thought of their drug use as a problem.

What to do if the person is unwilling to change their drug use

If the person does not want to reduce or stop their drug use you cannot make them change. Do not feel guilty or responsible for their decision to keeping using drugs. It is important that you maintain a good relationship with the person as you may be able to have a beneficial effect on their use. Let the person know you are available to talk in the future.

If the person is unwilling to change their drug use, do not:

- use negative approaches (such as lecturing or making them feel guilty) as these are unlikely to promote change
- try to control them by bribing, nagging, threatening or crying
- use drugs with them
- take on their responsibilities
- cover up or make excuses for them
- deny their basic needs (e.g. food or shelter)

If the person continues to take drugs, you should encourage the person to seek out information (e.g. reputable websites or pamphlets) about ways to reduce risks associated with drug use. If the person is using or planning to use drugs while pregnant or breastfeeding, encourage them to consult with a health professional (e.g. a doctor). You should only disclose the person's drug use to a professional if the person is at risk of harming others.

Professional and other help

There are effective interventions for problem drug use. Treatment options and support services available include education, counselling, therapy, rehabilitation and self-help groups. It is useful to be aware that while abstinence may be a suitable treatment aim for some people, many programs recognise that for others this may not be possible or realistic.

If the person wants professional help

Provide the person with a range of options that they can pursue including information about local services. Encourage the person to find a health professional who they feel comfortable talking to and to make an appointment. Reassure the person that professional help is confidential.

If the person does not want professional help

Be prepared for a negative response when suggesting professional help. It is common for people with drug use problems to initially resist seeking, or to have difficulty accepting, professional help. Drug use is often associated with stigma and discrimination, which are barriers to seeking help.

It is ultimately the person's decision to get professional help. Pressuring the person or using negative approaches may be counter-productive. Be patient and remain optimistic because opportunities will present themselves to suggest professional help again. Changing patterns of drug use is a process that takes time. Be prepared to talk to the person again in the future. In the meantime, set boundaries around what behaviour you are willing and unwilling to accept from the person.

If the person needs other supports

Encourage the person to talk to someone they trust (for example, a friend, family member or community support worker). Inform the person of supports they may turn to (e.g. self-help resources, support groups, family members) and allow the person to decide which would be most appropriate or useful for them.

HELPING SOMEONE WITH DRUG USE PROBLEMS

MENTAL HEALTH FIRST AID GUIDELINES

Drug-affected states

Drug-affected states refer to temporary alterations in the person's mental state or behaviour as a result of drug use, resulting in distress or impairment. The effects of drugs vary from person to person and the behavioural signs of drug-affected states vary depending on the person's level of intoxication. Also, illicit drugs can have unpredictable effects as they are not manufactured in a controlled way. Finally, it is often difficult to make a distinction between the effects of different drugs.

What to do if the person is in a drug-affected state

Stay calm and assess the situation for potential dangers. Try to ensure that the person, yourself and others are safe.

Talk with the person in a respectful manner using simple, clear language. Be prepared to repeat simple requests and instructions as the person may find it difficult to comprehend what has been said. Do not speak in an angry manner.

Try to dissuade the affected person from engaging in dangerous behaviours, such as driving a vehicle or operating machinery. Tell the person that it is dangerous to drive even though they may feel alert.

Encourage the person to tell someone if they start to feel unwell or uneasy, or to call emergency services if they have an adverse reaction.

Adverse reactions leading to a medical emergency

Drug use can lead to a range of medical emergencies. Even though there may be legal implications for the person, it is important that you seek medical help for the person if required and that you tell medical staff that the person has been using drugs.

Adverse physical reactions

You should be able to recognise and help someone who is showing signs of an adverse physical reaction after drug use, such as deteriorating or loss of consciousness, overheating, dehydration and overhydration.

Deteriorating or loss of consciousness

It is a medical emergency if the person shows signs of a rapid deterioration in consciousness (i.e. sudden confusion or disorientation) or unconsciousness (i.e. they fall asleep and cannot be woken). If the person is showing these signs, it is essential that you:

- *Check the person's airway, breathing and circulation*
  You should clear the person's airway if it is blocked. If they are not breathing, give the person expired air resuscitation (EAR). If they don't have a pulse, give the person cardiopulmonary resuscitation (CPR). If you do not know how to give resuscitation (EAR, CPR), enlist the help of someone in the vicinity who knows or call the ambulance service and follow the directions of the telephone operator.
- *Put the person in the recovery position*
  If the person is unconscious, or slipping in and out of consciousness, put them in the recovery position. Ensure they do not roll out of the recovery position onto their back (see box 'Helping an unconscious person').
- *Call an ambulance*
  When you call for an ambulance, it is important that you follow the instructions of the telephone operator. When asked, describe the person's symptoms and explain that the person has been using drugs (e.g. 'my friend has taken a drug, has collapsed and is unconscious'). Try to get detailed information about what drugs the person has taken by asking the person, their friends or visually scanning the environment for clues. Have the address of where you are ready to give to the telephone operator and stay with the person until the ambulance arrives.

Overheating and dehydration

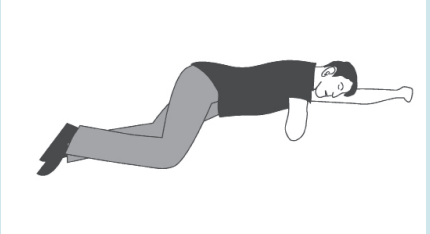
Prolonged dancing in a hot environment (such as a dance party) while on some drugs (e.g. ecstasy) without adequate water intake, can cause the person's body temperature to rise to dangerous levels. This can lead to symptoms of overheating or dehydration, such as:

- feeling hot, exhausted and weak
- persistent headache
- pale, cool, clammy skin
- rapid breathing and shortness of breath
- fatigue, thirst and nausea
- giddiness and feeling faint

If the person is showing symptoms of overheating or dehydration, you must keep the person calm and seek medical help immediately. Encourage the person to stop dancing and to rest somewhere quiet and cool. While waiting for help to arrive, reduce the person's body temperature gradually so as not to induce shock (a life threatening condition brought on by a sudden drop in blood flow throughout the body). Do this by loosening any restrictive clothing or removing any additional layers, and encourage the person to sip non-alcoholic fluids (e.g. water and soft drinks). Prevent the person from drinking too much water at once as this may lead to coma or death. Discourage the person from drinking alcohol as it will further dehydrate them.

Helping an unconscious person

Any unconscious person needs immediate medical attention and their airway kept open. If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. Before rolling the person in the recovery position, check for sharp objects (e.g. broken glass or syringes) on the ground. If necessary, clear the person's airway after they have vomited. Keep the person warm without allowing them to overheat. Do not inject any substances into the person including salt solution or amphetamine.



The recovery position

Adverse psychological reactions

Mental health problems can be caused or exacerbated by drug use. However, it can be difficult to differentiate between the symptoms of mental illness and drug-affected behaviour. You should be able to recognise and help someone who is experiencing an adverse psychological reaction to drugs, such as panic attacks, psychosis, suicidal thoughts and behaviours, and aggression.

Panic attacks

If the person is anxious and panicky, take them to a quiet environment away from crowds, loud noise and bright lights and monitor them in case their psychological state deteriorates. For more information see *Panic attacks: first aid guidelines*.

Psychosis

If the person is experiencing psychosis you should encourage them to seek professional help whether you think the psychosis is drug related or not. For more information see *Psychosis: first aid guidelines*.

Suicidal thoughts or behaviours

For information on helping someone see *Suicidal thoughts and behaviours: first aid guidelines*.

What to do if the person is aggressive

If the person becomes aggressive, assess the risks to yourself, the person and others. Ensure your own safety at all times so that you can continue to be an effective helper. If you feel unsafe, seek help from others. Do not stay with the person if your safety is at risk. Remain as calm as possible and try to de-escalate the situation with the following techniques:

- Talk in a calm, non-confrontational manner.
- Speak slowly and confidently with a gentle, caring tone of voice.
- Try not to provoke the person; refrain from speaking in a hostile or threatening manner and avoid arguing with them.
- Use positive words (such as "stay calm") instead of negative words (such as "don't fight") which may cause the person to overreact.
- Consider taking a break from the conversation to allow the person a chance to calm down.
- Try to provide the person with a quiet environment away from noise and other distractions.
- If inside, try to keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed.

If violence has occurred, seek appropriate emergency assistance.

Purpose of these Guidelines

These guidelines are designed to help members of the public provide mental health first aid to someone who may be experiencing problems associated with the use of drugs such as cannabis, ecstasy, amphetamines, cocaine and/or heroin. The first aider's role is to assist the person until appropriate professional help is received or until any drug-related crisis is resolved. The role of a first aider may be filled by any member of the community (e.g. a friend, family member or colleague). The first aider does not necessarily have professional training in drug and alcohol, mental health or medical/emergency care.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of consumers, carers and clinicians from Australia, Canada, New Zealand, the USA, and the UK about how to help someone who may have a drug use problem. Details of the methodology can be found in: Kingston AH, Morgan AJ, Jorm AF, Hall K, Hart LM, Kelly CM, Lubman DI. (2011) Helping someone with problem drug use: a delphi consensus study of consumers, carers, and clinicians. BMC Psychiatry, 11:3, www.biomedcentral.com/1471-244X/11/3

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who may have a drug problem. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person with problem drug use. Problems with one drug may occur at the same time as problems with other drugs or mental health issues. Also, the guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Mental Health First Aid Australia. *Helping someone with drug use problems: mental health first aid guidelines*. Melbourne: Mental Health First Aid Australia; 2009.

Enquiries should be sent to:

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email: mhfa@mhfa.com.au

EATING DISORDERS

FIRST AID GUIDELINES

What are eating disorders?

A person has an eating disorder when their attitudes to food, weight, body size or shape lead to marked changes in their eating or exercise behaviours, which interfere with their life and relationships. Eating and exercise behaviours that people with eating disorders may engage in include: dieting, fasting, over-exercising, using slimming pills, diuretics, laxatives, vomiting, or binge eating (consumption of an unusually large amount of food accompanied by a sense of loss of control).

Eating disorders are not just about food and weight. They are also not about vanity or will-power. Eating disorders are serious and potentially life threatening mental illnesses, in which a person experiences severe disturbances in eating and exercise behaviours because of distortions in thoughts and emotions, especially those relating to body image or feelings of self-worth. People in all age groups, genders and socio-economic and cultural backgrounds can be affected by eating disorders. A person with an eating disorder can be underweight, within a healthy weight range, or overweight.

There are three main different types of eating disorders: anorexia nervosa, bulimia nervosa and binge eating disorder. If the person you are helping is underweight and using extreme weight-loss strategies, they may have anorexia. If the person is engaging in binge eating followed by extreme weight-loss strategies, they may have bulimia. Although by definition, a person with anorexia is underweight, a person with bulimia can be slightly underweight, within a healthy weight range, or overweight.

If the person regularly eats an unusually large amount of food in a short period of time, accompanied by a sense of loss of control over their eating, but does not use extreme weight-loss strategies to compensate, they may have binge eating disorder. People with binge eating disorder may be within a healthy weight range or overweight.

How can I tell if someone has an eating disorder?

You may not be able to tell if the person has an eating disorder based simply on their appearance. So it is important to know the warning signs, which include behavioural, physical and psychological signs.

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EATING DISORDERS

FIRST AID GUIDELINES

Warning signs of a developing eating disorder

Behavioural warning signs

- Dieting behaviours (e.g. fasting, counting calories/kilojoules, avoidance of food groups or types)
- Evidence of binge eating (e.g. disappearance or hoarding of food)
- Evidence of vomiting or laxative use (e.g. taking trips to the bathroom during or immediately after meals)
- Excessive, obsessive or ritualistic exercise patterns (e.g. exercising when injured or in bad weather, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise)
- Changes in food preferences (e.g. refusing to eat certain 'fatty' or 'bad' foods, cutting out whole food groups such as meat or dairy, claiming to dislike foods previously enjoyed, a sudden concern with 'healthy eating', or replacing meals with fluids)
- Development of rigid patterns around food selection, preparation and eating (e.g. cutting food into small pieces or eating very slowly)
- Avoidance of eating meals, especially when in a social setting (e.g. skipping meals by claiming they have already eaten or have an intolerance/allergy to particular foods)
- Lying about amount or type of food consumed or evading questions about eating and weight
- Behaviours focused on food (e.g. planning, buying, preparing and cooking meals for others but not actually consuming; interest in cookbooks, recipes and nutrition)
- Behaviours focused on body shape and weight (e.g. interest in weight-loss websites, books and magazines, or images of thin people)
- Development of repetitive or obsessive behaviours relating to body shape and weight (e.g. body-checking such as pinching waist or wrists, repeated weighing of self, excessive time spent looking in mirrors)
- Social withdrawal or avoidance of previously enjoyed activities

Physical warning signs

- Weight loss or weight fluctuations
- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures
- Changes in or loss of menstrual patterns
- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth from vomiting
- Fainting

Psychological warning signs

- Pre-occupation with food, body shape and weight
- Extreme body dissatisfaction
- Distorted body image (e.g. complaining of being/feeling/looking fat when a healthy weight or underweight)
- Sensitivity to comments or criticism about exercise, food, body shape or weight
- Heightened anxiety around meal times
- Depression, anxiety or irritability
- Low self-esteem (e.g. negative opinions of self, feelings of shame, guilt or self-loathing)
- Rigid 'black and white' thinking (e.g. labelling of food as either 'good' or 'bad')

Some warning signs may be difficult to detect

This is because the person:

- may feel shame, guilt and distress about their eating or exercise behaviours and therefore these will often occur in secret
- may actively conceal their eating and exercise behaviours
- may deny having a problem
- can find it difficult to ask for help from family and friends.

What are the risks associated with eating disorders?

A person with an eating disorder can experience a wide range of physical and mental health problems. Although rapid weight loss or being very underweight are known to bring about these problems, a person does not need to be underweight for these to occur.

Some serious health consequences associated with eating disorders include severe malnutrition, brain dysfunction and heart or kidney failure, which may lead to loss of consciousness or death. Heart failure and death can occur in both anorexia or bulimia.

It is common for a person with an eating disorder to experience another mental illness, such as depression, and to be at risk of becoming suicidal. For more information on assisting someone who is suicidal, please see the other guidelines in this series *Suicidal thoughts and behaviours: first aid guidelines.*

The need for early intervention

Because eating disorders are complex mental illnesses, people experiencing them will benefit from professional help. For most people, the earlier help is sought for their unhealthy eating and exercise behaviours, the easier it will be to overcome the problem. A delay in seeking treatment can lead to serious long-term consequences for the person's physical and mental health. So, the earlier the person gets help, the more likely they are to make a full recovery. Therefore, the sooner you discuss your concerns with the person the better.

Approaching someone who may have an eating disorder

Your aim should be to provide support for the person so that they feel safe and secure enough to seek treatment or to find someone else they can trust to talk to openly, such as a family member, friend, teacher or co-worker.

Before you approach the person, learn as much as you can about eating disorders. Do this by reading books, articles and brochures, or gathering information from a reliable source, such as an eating disorder support organisation or a health professional experienced in treating them.

How should I approach the person?

Make a plan before approaching the person; choose a place to meet that is private, quiet and comfortable. Avoid approaching the person in situations that may lead them to become sensitive or defensive, such as when either you or they are feeling angry, emotional, tired, or frustrated, are drinking, having a meal, or in a place surrounded by food.

It is better to approach the person alone, because having the whole family or a number of people confront the person at the same time could be overwhelming. Be aware that the person may respond negatively no matter how sensitively you approach them.

What if I don't feel comfortable talking to the person?

It is common to feel nervous when approaching a person about their unhealthy eating and exercise behaviours. Do not avoid talking to the person because you fear it might make them angry or upset, or make their problem worse. When you speak to the person, they might feel relief at having someone acknowledge their problems, or they may find it helpful to know that someone cares about them and has noticed that they are not coping.

What should I say?

The way you discuss the person's problem will depend on the age of the person and the degree to which their problem has developed.

Initially, focus on conveying empathy and not on changing the person or their perspective. When talking with them, you need to be non-judgmental, respectful and kind. This means you should not blame the person or their loved ones for the person's problems and avoid speculating about the cause. Be aware that you may find it tough to listen to what they have to say, especially if you do not agree with what they are saying about themselves, food or exercise. It is important that you try to stay calm.

Discuss your concerns with the person in an open and honest way. Try to use 'I' statements that are not accusing, such as "I am worried about you", rather than 'you' statements such as "You are making me worried". Try not to just focus on weight or food. Instead, allow the person to discuss other concerns that are not about food, weight or exercise. Make sure you give the person plenty of time to discuss their feelings and reassure them that it is safe to be open and honest.

Explain to the person that you think their behaviours may indicate there is a problem that needs professional attention. Offer to assist them in getting the help they need, but be careful not to overwhelm the person with information and suggestions.

Remember that you don't have to know all the answers. There will be times when you don't know what to say. In this instance, just be there for the person by letting them know you care and are committed to supporting them. Reassure the person that they are deserving of your love and concern, and let them know you want them to be healthy and happy.

What if the person reacts negatively?

The person may react negatively because they:

- are not ready to make a change
- do not know how to change without losing their coping strategies
- have difficulty trusting others
- think you are being pushy, nosey, coercive or bullying
- do not see their eating and exercise behaviours as a problem

If the person reacts negatively, it is important not to take their reaction personally. Avoid arguing or being confrontational and do not express disappointment or shock. Resist the temptation to respond angrily, as this may escalate the situation. Do not speak harshly to the person. Instead, be willing to repeat your concerns. Assure the person that even if they don't agree with you, your support is still offered and they can talk with you again in the future if they want to.

Things to avoid

In order to be supportive, it is important to avoid doing or saying things that might make the person feel ashamed or guilty. For instance, you should avoid:

- Being critical of the person
- Giving simple solutions to overcoming the person's problems, such as saying things like "all you have to do is eat"
- Making generalisations such as 'never' and 'always' (e.g. "you're always moody" or "you never do anything but exercise")
- Saying or implying that what the person is doing is 'disgusting', 'stupid' or 'self-destructive'
- Making promises to the person that you cannot keep
- Trying to solve the person's problems for them

How will the person react?

The person may react in a variety of different ways. They might react positively, for instance by being receptive to your concerns, admitting that they have a problem, or being relieved that someone has noticed their problem. The person might react negatively, for instance by being defensive, tearful, angry or aggressive, by denying they have a problem or seeking to re-assure you that they are fine. It is also possible that the person may want time to absorb your comments and concerns. However the person might react, be aware that you are unlikely to resolve the problem in the first conversation and do not expect that the person will immediately follow your advice, even if they asked for it.

Getting professional help

Eating disorders are long-term problems that are not easily overcome. Although there is no quick and easy solution, effective treatments are available. The most effective treatment involves receiving help from a number of different types of professionals.

You should suggest to the person that they may benefit from seeking professional help. It is best to encourage the person to seek help from a professional with specific training in eating disorders. Some general practitioners (GPs) or family doctors may not be able to recognise an eating disorder because they are not formally trained in detecting and

treating them. In some countries, however, a referral from a GP/family doctor is needed to see another trained professional such as a psychiatrist, psychologist, dietician or family therapist.

If the person is very underweight, they may not be able to take responsibility for seeking professional help and may therefore need your assistance to do so. This is because the symptoms of an eating disorder can affect the person's ability to think clearly.

What if the person doesn't want help?

Some people with an eating disorder may refuse professional help. The person may do this for a number of reasons. For instance, they may:

- feel ashamed of their eating and exercise behaviours
- fear gaining weight or losing control over their weight
- be afraid of acknowledging that they are unwell
- do not think that they are unwell
- believe that there are benefits to their eating or exercise behaviours (e.g. controlling their weight may make the person feel better about themselves, or give them a sense of accomplishment).

It is important to know that an adult has a right to refuse treatment, except under specific circumstances described in relevant local legislation (e.g. if the person's life is in danger). Although you may feel frustrated by the person's behaviours, it is important that you do not try to force them to change, or threaten to end your relationship with them. Instead, encourage the person's interests that are unrelated to food or physical appearance. Acknowledge their positive attributes, successes and accomplishments, and try to view them as an individual rather than just someone who has an eating disorder. You cannot force the person to change their attitudes or behaviours, or to seek help, but you can support them until they feel safe and secure enough to seek treatment.

Rather than giving up, continue to be supportive, positive and encouraging, while you are waiting for them to accept their need to change. Continue to suggest the person seek professional help, while being sensitive towards their fears about the process of seeking help. If you would like further support, seek advice from an organisation that specialises in eating disorders.

In an emergency

A person does not have to be underweight to require emergency medical assistance for an eating disorder. Symptoms that indicate a crisis or advanced disorder, for which you should always seek emergency medical help, include when the person:

- has accidentally or deliberately caused themselves a physical injury
- has become suicidal
- has confused thinking and is not making any sense
- has delusions (false beliefs) or hallucinations (experiencing things that aren't there)
- is disoriented; doesn't know what day it is, where they are or who they are
- is vomiting several times a day
- is experiencing fainting spells
- is too weak to walk or collapses
- has painful muscle spasms
- is complaining of chest pain or having trouble breathing
- has blood in their bowel movements, urine or vomit
- has a body mass index (BMI) of less than 16
- has an irregular heart beat or very low heart beat (less than 50 beats per minute)
- has cold or clammy skin indicating a low body temperature or has a body temperature of less than 35 degrees Celsius/95 degrees Fahrenheit

If the person is admitted to hospital for any reason, you should tell the medical staff that you suspect they have an eating disorder.

How can I continue to be supportive?

Offer ongoing support to the person

To help the person feel secure, reassure them that you are not going to take control over their life, but rather will assist them to get help. Explain that even if there are limits to what you can do for them, you are still going to try and help, and you will be there to listen if they want to talk. Suggest that the person surround themselves with people who are supportive.

Give the person hope for recovery

Reassure the person that people with eating disorders can get better and that past unsuccessful attempts do not mean that they cannot get better in the future. Encourage the person to be proud of any positive steps they have taken, such as acknowledging that their eating or exercise behaviours are a problem or agreeing to professional help.

What isn't helpful?

It is especially important that you do not let issues of food dominate your relationship with the person. Try to avoid conflict or arguments over food. Do not give advice about weight loss or exercise and avoid reinforcing the idea that physical appearance is critically important to happiness or success. Also, do not comment positively or negatively on the person's weight or appearance, for instance by saying "you're too thin", "you look well" or "good, you have gained weight."

If you become aware that the person is visiting pro-ana or pro-mia websites (websites that promote eating disorder behaviour) you should discourage further visits, as the websites can encourage destructive behaviour. However, do not mention these sites if the person is not already aware of them.

Eating disorders in children and young people

If you suspect that a child or young person is developing an eating disorder, you should follow the advice above, but also consider the following additional guidelines.

The negative consequences of eating disorders on physical health are much stronger in children than in adults because the eating and exercise behaviours can disrupt normal physical development. A child does not need to have all the symptoms of an eating disorder to suffer from long-term negative effects.

It is important not to accept any symptoms of eating disorders as 'normal adolescent behaviour'. Even if you think that the child's problem is not serious, you should not delay taking action. If left untreated, these behaviours can quickly develop into serious disorders that are difficult to overcome.

EATING DISORDERS

FIRST AID GUIDELINES

If you are a parent concerned about your child

If you are worried that your child may be developing an eating disorder, you should observe their behaviour for any warning signs. If concerned about intruding on your child's privacy, remember that it is your right to ensure that they are safe and healthy.

Seek advice from a professional or organisation specialising in eating disorders. Do not let the child's refusal, tears or tantrums stop you from getting help. Be prepared to take responsibility for getting professional help for your child. If they are underage, you can legally make them attend an appointment with a GP or family doctor, psychiatrist or other appropriate professional.

When initiating discussion about professional help with your child, it is important to stress how much they are loved and that your concerns for them stem from that love. Maintain a caring and supportive home environment. This means expressing your love and support for your child no matter how upsetting their behaviour is.

Understand that any resistance to eating, seeking treatment or gaining weight is motivated by fear and anxiety rather than a desire to be difficult. Always be clear and honest with your child about what to expect from any professional treatment you seek for them.

Do not let empathy for your child inadvertently lead you to support their disorder. For instance, you should not let your child always be the one to decide when, what and where the family will eat, as this may make their problem worse. Also, if your child's behaviour becomes harmful to themselves or others, you must be prepared to move them to a safe environment, such as a hospital.

If you attend an appointment and are worried that the professional is ignoring your child's condition, or has not correctly diagnosed the eating disorder, then you should seek a second opinion.

If you are an adult concerned about a child

If you are an adult who suspects that a child is developing or experiencing an eating disorder, you should first approach the parents, a family member or loved one of the child, before approaching the child directly.

If you are a young person concerned about a friend

If you are a young person who thinks a friend might be developing an eating disorder, there are some things you can do to help. If your friend is hiding their behaviours from their family or loved ones, you should encourage your friend to tell them, or to find a responsible adult they can trust and talk to about what's going on. The adult could be a parent, teacher, coach, pastor, school nurse, school counsellor, GP/family doctor, psychologist or nutritionist.

If your friend refuses to tell, you should then tell a responsible and trusted adult yourself, even if your friend does not want you to. Remember that, because eating disorders are serious illnesses, they should not be kept secret.

Although telling an adult may make your friend angry, it may also save their life. If you feel worried about talking to an adult who is close to your friend, ask your own parents or loved ones for help.

If you or your friend has told an adult about the eating and exercise behaviours, and the adult has not helped your friend, try talking to another responsible and trusted adult, or a professional who is trained in assessing and treating eating disorders.

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone who is developing or experiencing an eating disorder. The role of the first aider is to assist the person until appropriate professional help is received.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers, carers and clinicians from Australia, New Zealand, the UK, the USA and Canada about how to help someone who is developing or experiencing an eating disorder. Details of the methodology can be found in: Hart, Jorm, Paxton, Kelly & Kitchener. First Aid for Eating Disorders. *Eating Disorders:* The Journal of Treatment & Prevention. 2009;17(5):357 - 84.

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who is developing or experiencing an eating disorder. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person who is developing or experiencing an eating disorder.

Also, the guidelines are designed to be suitable for providing first aid in developed English speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Please cite these guidelines as follows:

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