

Guidebook for
Caregivers
of Persons
with Mental Illness

Caregivers' Association of the Mentally Ill (CAMI)
Guidebook for Caregivers of Persons with Mental Illness

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Caregivers' Association of the Mentally Ill (CAMI)
84 Riverina Crescent
Singapore 518313
www.cami.org.sg

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Preface

This Guidebook is specially written for caregivers and families looking after persons with mental illness in Singapore.

It hopes to serve as an introductory guide for new caregivers, while at the same time allowing experienced caregivers to have an up-to-date reference on the types of assistance and services available in Singapore.

Caregivers, doctors and rehabilitation professionals have contributed their valuable experience and knowledge towards the publication of this guidebook.

While this guidebook is not intended to be a substitute for formal caregiver training, we hope that it will inspire our readers to attend more structured courses.

We also hope that for caregivers and families who are still hesitant to bring their loved ones for proper diagnosis and treatment, this guidebook will give them the necessary confidence to move forward and seek help.

Lastly, we would like to thank all who have helped to make this guidebook possible, which we have listed in the acknowledgement section.

Caregivers' Association of the Mentally Ill (CAMI)
www.cami.org.sg

Part I: Our Loved Ones Who Has Mental Illness

Understanding Our Loved Ones

- a) In order to help our loved ones, we must first understand them and see things from their point of view. When we know more about mental illness, the symptoms and treatment (including the side effects of medication), we will be better able to understand the challenges they face, to accept them, and to help them cope with their illness and recovery process.

- b) Many people have difficulty understanding mental illness because there are often no clear and objective signs. Unlike physical illness, mental illness does not show on one's body, X-rays or blood tests. Most of the time, only observant family members and friends will be able to notice a subtle change in their behaviour.

What Are The Challenges Faced By Our Loved Ones?

- a) Our loved ones with mental illness may often face challenges in trying to make sense of their world. When ill, they cannot think clearly and normally. They feel confused and lost. They do not seem to understand what is going on in their mind and

therefore cannot relate to things and people around them. Our loved ones also cannot tell or show us their needs in a way that people can understand, and they feel trapped by their own confused thoughts. Sometimes, they may show violent behaviour because they think others are trying to harm them. Other times, they hear voices talking to them even when there is no one around and they may even respond to these voices. To outsiders, they seem to be in a world of their own, talking and gesturing to themselves.

- b) It is not our loved ones' fault. It is a chemical imbalance in their brain that is causing them to behave strangely. This is the time when they need us as caregivers to be caring and understanding.

- c) Unless this chemical imbalance is corrected, our loved ones will continue to face many challenges in life. They cannot concentrate and their sleep is disturbed. They will be like someone living in a glass cage; we can see them and they can see us but if we try to connect with them we are blocked by the glass. They live in a world of their own and are unable to look for a job. If our loved ones succeed in getting a job when they have not received medical treatment and are still unwell, the job usually does not last long as their unusual behaviour and underlying symptoms will sooner or later be discovered by their colleagues and employers.

How Can Our Loved Ones Lead A Meaningful And Useful Life?

- a) Our first task as caregivers is to ensure that our loved ones are brought to a psychiatrist who will diagnose their illness and

begin suitable treatment. Our loved ones may not be aware of their illness and might not be willing to see a psychiatrist, believing that only ‘mad’ people see psychiatrists. In situations like this, we may have to enforce tough love and arrange for help to bring our loved ones to a hospital or psychiatrist for treatment.

- b) Once the chemical balance in their brain is restored, our loved ones can lead a life free from the symptoms and pain of mental illness. They will no longer hear voices and their thoughts will be clear once again. Our loved ones can finally have a good night’s sleep, concentrate better on tasks and connect emotionally with others. With a clearer mind, our loved ones are no longer afraid and can start to lead a meaningful life.

Can Our Loved Ones Work Again?

- a) Much depends on the seriousness of the illness, and whether our loved ones have been diagnosed and treated adequately. A period of rehabilitation may sometimes be necessary in order for our loved ones to regain their confidence and reintegrate into the family, workplace and society.
- b) They may be able to work, at first in a place where they are looked after by counselors or understanding employers, and eventually in a normal work place. During this stage of recovery, we will need to ensure that our loved ones take their medication regularly and maintain a healthy lifestyle. This includes regular exercise, eating healthy meals and socialising with others.

Summary of Part I: Our Loved Ones Who Has Mental Illness

- Our loved ones with mental illness may seem confused and ‘out of touch’ because their mind is filled with voices or confused thoughts.
- This is caused by a chemical imbalance in the brain.
- Mental illness CAN be treated. The first step is to see a psychiatrist, even if our loved ones do not want to.
- With treatment, our loved ones can recover and lead a normal life. If left untreated, symptoms will continue and they will not be able to do the things which a healthy person can.
- We can help in the recovery process. Make sure our loved ones take their medication regularly and maintain a healthy lifestyle.

Part II: The Illness

What Is Mental Illness?

- a) Mental illnesses are medical conditions that can affect a person's thinking, feeling, mood, ability to relate to others and daily functioning. Like any other medical conditions (e.g. diabetes, high blood pressure) mental illnesses often result in a reduced ability to cope with the ordinary demands of life.

- b) When our loved ones are mentally ill, their thoughts, feelings and behavior will be affected; their performance at work, their relationships with others and their quality of life will also suffer.

- c) Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder.

- d) Persons of any age, race, religion, or income can be affected by mental illnesses. It is not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

What Are Common Types Of Mental Illnesses?

Mental illnesses range from minor to the severe. They are commonly divided into two broad groups: psychotic and non-psychotic (also known as neurotic).

a) **Psychotic Disorders**

In the psychotic group (examples include Schizophrenia and Paranoid Disorders), our loved ones hear voices and have strange beliefs about themselves and others. They often lose touch with reality to the point where they cannot function properly, both at work and in their relationships with family members and friends.



b) **Neurotic Disorders**

In the non-psychotic (neurotic) group (examples include Generalised Anxiety Disorders, Panic Disorders, Obsessive Compulsive Disorders and Eating Disorders), our loved ones

are in touch with reality but are troubled by worries, fears, and recurrent negative thoughts; they feel uneasy and tense most of the time. In severe cases, our loved ones' basic daily activities can also be affected.

What causes mental illness? Most mental illnesses, especially the psychotic group, are caused by chemical imbalances in the brain. The non-psychotic (neurotic) group of mental illnesses is usually caused by a combination of the following factors:

- seriousness and length of stress
- the person's personality (e.g. persons who had very bad experiences as a child and the level of support from family or friends.)

How Are Mental Illnesses Usually Treated?

Our loved ones should have a Treatment Plan worked out with their psychiatrist. The Plan should cover Medication, Counseling and Psycho-social rehabilitation.



a) **Medication**

The first component of the Treatment Plan is medication. Medication for mental illness can be divided into five broad categories. Note that each medication has both a chemical name and a trade name, and be sure to ask the psychiatrist if there is anything you are unsure of.

- i) **Anti-psychotics** act mainly to correct the imbalance of neurotransmitters (e.g. dopamine) in the brain. Examples of anti-psychotics include older generation medication such as Chlorpromazine (commonly known as Largactil), Haloperidol, Trifluoperazine and newer ones like Risperidone, Amisulpride, Sulpiride, Olanzapine, Quetiapine, Aripiprazole, and Paliperidone, Paliperidone Palmitate and Asenapine.

- ii) **Anti-depressants** act mainly to correct the serotonin imbalance in the brain. Older anti-depressants include Amitriptyline, Clomipramine and Dothiepin. The newer ones available are Fluoxetine, Paroxetine, Mirtazapine, Sertraline, Fluoxamine, Escitalopram, Duloxetine, Venlafaxine, Desvenlafaxine, and Agomelatine.

- iii) **Anti-anxiety** (Anxiolytics) act on the brain to bring about a calming effect on the body. Most anti-anxiety medication belongs to the class called Benzodiazepines (BZ in short). Examples are Diazepam, Bromazepam, Lorazepam, Alprazolam, Nordazepam, Clonazepam and Midazolam.

- iv) **Mood-stabilisers** are meant for persons with mood disorders (e.g. Bipolar Disorder). Examples include Lithium, Lamotrigine, Sodium Valproate, and Carbamazepine.

v) **Hypnotics** are for persons with sleeping problems. Examples include Zolpidem (Stilnox), and Zopiclone (Imovane).

vi) Besides medication, if our loved ones have severe mental illness, they may undergo Electro-Convulsive Therapy (ECT) to stimulate the brain. ECT is found to be effective in most cases of severe psychotic Depression and some cases of Schizophrenia and Bipolar Disorder.

b) **Counseling**

The second component of the Treatment Plan is counseling. This can be done individually or with family members. Individual counseling helps our loved ones think positively, build self confidence as well as learn important skills to cope with the demands of life and to prevent a relapse.



Both forms of counseling include psycho-education, an important part of the Treatment Plan that helps our loved ones better understand the nature of their illness. Psycho-education also helps us and our family members understand our loved ones better so that we can provide better emotional support. Family support is important because research has shown that having family members with highly expressive emotions (e.g. showing anger and frustration to your loved one) or saying words that hurt our loved ones can delay the healing process and may even cause a relapse in those who have recovered. On the other hand, family members and friends who give encouraging and positive comments will allow our loved ones to feel comforted and loved. This will help greatly in the healing process and prevent further relapses.

Family members need to understand that preferring to be alone and being unwilling to mix around are common initial symptoms shown by persons with mental illness. In the early stages of recovery, our loved ones may want to concentrate on getting rid of symptoms such as delusions (e.g. imagining themselves as someone powerful or famous) and hallucinations (e.g. seeing or hearing things) and may therefore avoid meeting other people. As our loved ones get better, we should encourage them to go out with friends and relatives, and eventually attend social support groups run by the hospital or rehabilitation centre.

c) **Psycho-social Rehabilitation**

Psycho-social Rehabilitation is the third component of the Treatment Plan and it covers job training. At this stage, our loved ones may undergo training in a workshop supervised by counselors or trainers in order to prepare them for employment when they are stable and ready. In many cases, counseling is done as part of the rehabilitation process.

Having a mental illness is not anyone's fault. It is also not a sign of weakness and is therefore nothing to be ashamed of. With suitable medical treatment, psychological, family and social support and rehabilitation, our loved ones can lead productive and fulfilling lives.



Recovery Goals and Treatment Options

If we or our loved ones have specific recovery goals that we want to achieve, the following table is useful as a guide for the various treatment options available:

Recovery Goals	Treatment Options to consider
Finding or maintaining medication that is effective for your loved one	<ul style="list-style-type: none"> • Psychiatrist • Medication group • Psychiatric nurse
Getting support and knowledge from other people who have experienced psychiatric symptoms	<ul style="list-style-type: none"> • Peer support groups • Group therapy
Getting a job for your loved one	<ul style="list-style-type: none"> • Supported employment • Vocational rehabilitation • Volunteer programs • Psychiatric rehabilitation
Solving personal problems with the help of a professional or group	<ul style="list-style-type: none"> • Individual therapy • Group therapy
Improving communication skills of your loved one	<ul style="list-style-type: none"> • Social skills training groups • Group therapy
Improving family relationships between your loved one and family members	<ul style="list-style-type: none"> • Family psycho-education • Family therapy

Recovery Goals	Treatment Options to consider
Having structured and daily activity (provided by professionals) for your loved one	<ul style="list-style-type: none"> • Day program provided by hospitals or voluntary welfare organizations

* (Adapted from Illness Management & Recovery, Implementation Resource Kit)

What Are Common Misunderstandings Of Mental Illness?

There are still many misunderstandings regarding the nature and treatment of mental illness e.g. people with mental illness are dangerous or mental illness cannot be cured with medication. As long as these misunderstandings continue, our loved ones will continue to face unfair treatment by others throughout their lives.

The following are some examples of misunderstanding of mental illness:

a) **People With Mental Illness Are Dangerous**

Many members of the public think that people with mental illness are dangerous. In fact most acts of violence in our community are not even caused by persons with mental illness. People with mental illness are not dangerous when properly treated and their illnesses properly controlled. Only those who refuse to admit that they have mental illness are potentially dangerous and they must be brought to the attention of mental health professionals as soon as possible.

b) **People With Mental Illness Are Possessed By Evil Spirits**

Mental illness is caused by a chemical imbalance in the brain and has nothing to do with possession by evil spirits. Even if one takes into consideration the cultural and religious explanations for the cause of mental illness, one must always include the medical explanation so that medical attention can be given at the same time as religious help.

c) People With Mental Illness Are Pretending To Be Ill

This is not true. Many mental illnesses are due to chemical imbalances in the brain and are genetically linked. They are beyond the control of the sufferers and it is impossible for a person to pretend to have mental illness unless he or she is purposely doing so for personal gain. Such “patients” should be exposed so that they can be taken to task for their lies.

d) Mental Illness Is Self-Inflicted

Why would a person pretend to have mental illness unless it is for personal gain or to get the attention of others? Most people with mental illness are genuinely unwell and need our utmost care and concern.

e) People With Mental Illness Are Weak In Character

People with mental illness are suffering from a disorder that has nothing to do with weakness of character. Mental illness may make the sufferers lazy and unmotivated but once proper treatment is provided, they will be back to their normal energetic selves.

f) Mental Illness Cannot Be Cured

Mental illness, if detected early, can be cured. People with mental illness who are detected late or not properly treated may end up with a long term illness that requires long-term care to prevent relapse. Long term sufferers of mental illness may not totally be cured but can be controlled to prevent it from worsening. Hence, it is important to have an early diagnosis and prompt treatment.

The results of maintaining such misunderstandings:

One of the results such misunderstandings is the delay in bringing our loved ones for early diagnosis and treatment. In Singapore, as many as 50% of people with mental illness do not seek medical help but resort instead to traditional or religious healers because many still believe in being “*possessed by evil spirits*”.

Removing these misunderstandings:

Removing the above six mis-understandings will require the cooperation of:

- a. Policy makers who must understand the importance of early diagnosis and treatment of mental illness in the country
- b. Mental health professionals who must do a lot of psycho-education to teach us, our families and our loved ones about the nature of mental illness
- c. Caregivers such as ourselves in bringing our loved ones for early treatment and continuing to support them consistently throughout their recovery journey
- d. Our loved ones who must be keen to learn about their illness and be motivated to stay in treatment.

Summary of Part II: The Illness

Mental illnesses can be divided into psychotic and non-psychotic groups.

Psychotic	Non-psychotic (Neurotic)
<p>E.g.: Schizophrenia, Paranoid Disorders</p>	<p>E.g.: Anxiety Disorders, Panic Disorders, Phobic Disorders, Obsessive Compulsive Disorders, Eating Disorders</p>
<p>Common symptoms: Hearing voices and seeing things (i.e. hallucinations), strange beliefs (i.e. delusions) about self or others, severely out of touch with reality</p>	<p>Common symptoms: Difficulty breathing, heart beating very fast (palpitations), giddiness, headache, indigestion, tremors, uneasiness, tension, worries, fears, phobias, recurrent negative thoughts or obsessive checking or hand washing. Usually no delusions or hallucinations or loss of touch with reality.</p>

- Mental illnesses are usually caused by chemical imbalances in the brain. Other factors include
 - a) Severe, prolonged stress,
 - b) Personality and past experience and

c) Lack of support from family and friends.

- It is hard to understand mental illness as there are no clear physical signs, but rather emotional suffering and changes in behaviour.
- Our loved ones should have a Treatment Plan with their psychiatrist, including:

(1) Medication – appropriate medicine (antipsychotics, antidepressants etc)

(2) Counseling – helping our loved ones, ourselves and our family members understand the illness and recovery process

(3) Psychosocial Rehabilitation – job training, social support

The 6 common misunderstandings of mental illness include:

1. People with mental illness are dangerous
2. People with mental illness are possessed by evil spirits
3. People with mental illness are pretending to be ill
4. Mental illness is self-inflicted
5. People with mental illness are weak in character
6. Mental illness cannot be cured.

Part III: The Caregiver

How To Communicate With Our Loved Ones?

Effective communication with our loved ones will allow you to know how they feel, both physically and emotionally. This will enable us to understand their needs and their fears. It also lets us show our love and concern, as well as provide options and support.

The various forms of mental illness such as Schizophrenia, Depression, Bipolar Disorder etc can affect how our loved ones communicate with us. Medication and its side effects can also affect their ability to receive and respond to information. No matter what these symptoms are, we need to be adaptable and use different methods when communicating with them. As caregivers, we should be flexible and use our skills to help our loved ones respond better to us.

Communication is not limited to words alone. The tone of our voice, our body language and actions also send a message. Communication is successful when the message is received as intended, and when it leads to meaningful results.

Successful communication begins when we first seek to understand. We achieve this with skills like active listening, gentle questioning and skillful confirmation. We need to stop ourselves from interrupting our loved ones when they speak, avoid passing critical remarks and give them time to respond. While our loved

ones may be more cool and calm when talking to a doctor or counselor, communication at home with family members is often more difficult due to strained relationships, past bad experiences, judgment and expectations. Hence a lot more skill and patience is required of us as caregivers.

a) **Active Listening**

Active listening requires us to pay full attention to our loved ones when they are expressing themselves. We need to concentrate on what they are saying and be aware of their eye contact, tone of voice, hand gestures and body language. We should also avoid interrupting them or forming a conclusion in our minds before they complete what they wish to say. When they pause, we should try not to finish their sentence as they may require more time to express how they feel.



We should acknowledge what our loved ones say with words such as “I see”, “Mm hmm”, and “I hear you”, to assure them that we are interested in what they have to say. These words

do not necessarily mean that you agree with them but serve as an encouragement for them to express themselves further. We can also show our loved ones that we are actively listening to them by summarising or rephrasing what they have just said, to confirm that we understand them.

b) **Gentle Questioning**

Gentle questions and statements allow us to connect better with our loved ones, understand their opinions and provide them with choices. While they might not fully understand what we are trying to tell them, they will be able to feel our concern and thus be more open to communicating with us. We need to put our loved ones' welfare ahead of ours and avoid arguing, nagging, scolding or talking down to them. A simple way of showing them respect is to use their names when talking to them, e.g. "John, how are you today?" instead of just "Eh, are you ok today?" Most people respond to their names positively when called.



Giving our loved ones the opportunity to make choices also helps us achieve meaningful communication. Using open-ended questions starting with “who, what, when, where or how” can help direct their thoughts and choices. When they are quiet or silent, short sentences or closed ended questions requiring only a “Yes/No” answer can give us some clues to their state of mind and physical condition. Sometimes our loved ones may not pay enough attention or may be distracted by other thoughts, sounds or visions. Repeating or re-phrasing what we have to say may help. If their response does not make sense, be patient and recognise that this may be due to the illness or even the side effects of medication. When they are rude or if they are shouting and scolding, do not take it personally. Instead, let them know that you will postpone the conversation until they have calmed down. Getting into an argument or scolding them will only make the both of you angry and may result in negative consequences.

c) **Observing and Understanding Them**

A general rule of thumb is to be aware of our loved ones’ mood and mental state. We can observe the length of their sentences, pace of speech, tone of voice, body language and actions and mirror them in a positive way. For example, if our loved one is speaking softly, using short sentences, or maintains occasional eye contact, we can do the same. However if they raise their voice and use long sentences complete with full eye contact and animated gestures, they may no longer be able to engage in a meaningful two-way conversation. In such situations, we should adopt a more assertive approach, using a firm and controlled voice with appropriate gestures to attract their attention and bring the conversation back in control.

At times our loved ones may decide to close off all forms of communication with us. If they are having delusions or hallucinations, they may also speak and behave as if there is another person in the room. At times they might even seem to be speaking to someone else through a window or in a quiet corner. This may be because they do not want us to see them responding to these false voices and think that they are ‘sick’ or ‘crazy’.

When major Depression is involved, they may have no desire for any kind of communication at all. In such a situation, we should resist the urge to raise our voice, issue direct orders, make threats or gang up with other family members to force communication. If there is no immediate danger to our loved ones, we can slowly draw their attention back through our actions or with a gentle touch. By accepting that their behaviour is a result of their illness, we can avoid breaking off communication or souring our relationship with our loved ones. Whenever possible, we should create and make full use of opportunities to restore communication. However when communication totally fails, or when our loved ones lock themselves in their room for long periods of time, stop observing basic hygiene, stop eating or drinking, become violent and talk about plans for suicide, it is time to engage professional help and assistance despite their protests.

In summary, effective communication with our loved ones depends very much on us as caregivers. We need to be more skillful and adaptable in the way we communicate. Our love for them gives us the patience and strength to accept their condition and the courage to help them lead meaningful and fulfilling lives.

How To Prevent Relapses?

As the saying goes, “Prevention is better than cure”. Here are 10 tips on how to prevent relapses.

1) Understand What “Relapse” Means To Your Loved Ones

Many people who are recovering from a mental illness describe “relapse” in varied ways such as:

- i) *“I have difficulty sleeping...and I can’t help feeling that I’m being watched again.”*
- ii) *“I’m starting to feel anxious again...and I don’t know why!”*
- iii) *“Sadness, the shadow of darkness...its back and it’s drowning me.”*

How do our loved ones tell us when the illness comes back?

As caregivers, it is important for us to know how our loved ones feel and show that we understand and accept their feelings. Let them know we are there for them when they are trying to deal with their symptoms. Our loved ones will know we care for them when we have better understanding of their illness.

A relapse is the worsening or reappearance of specific symptoms of the illness. For example, our loved ones who can cope with voices once in a while may suddenly hear them shouting at them all day, every day, until they cannot concentrate on anything else or even get to sleep. If the relapse is serious, our loved ones may require a change of medication or even hospitalisation for closer monitoring. To experience symptoms all the time even when the illness is stable is not considered a relapse; it shows that the symptoms are not reduced by the treatment. However,

if these symptoms become worse or if symptoms that have previously stopped suddenly come back, the likelihood of a relapse is high.

2) Be Aware Of The Early Signs Of Relapse

Studies have shown that 50% to 70% of people experience early warning signs over a period of one to four weeks before a relapse. The early signs of relapse are different for each loved ones and they can be difficult to spot. Before a relapse, our loved ones may experience changes in their thoughts/feelings and behaviour.

Some of the changes include:

Changes in feelings	<ul style="list-style-type: none">• Feeling edgy or restless• Feeling irritable or becoming aggressive easily• Feeling unsafe or threatened
Changes in thinking	<ul style="list-style-type: none">• Difficulty in concentrating or remembering things• Having thoughts that are racing, slowing down or jumbled up• Having negative, pessimistic thoughts• Feeling controlled by somebody else• Hearing voices when nobody else is around• Seeing people that others cannot see• Wanting to harm oneself

Changes in behaviour	<ul style="list-style-type: none"> • Isolating oneself from others, refusing to go outside • Increase in risk taking/dangerous behavior • Increase in emotional outbursts (crying, laughing or yelling etc) • Failure to look after personal appearance & living environment
Unusual experiences	<ul style="list-style-type: none"> • Hearing voices or sounds but not able to identify the source • Feeling paranoid or suspicious (thinking people want to harm them)

Identifying these changes early can help prevent a relapse or reduce its severity. If we notice such changes in our loved ones, get them to talk about the signs and symptoms and inform the doctor quickly. Keep a record of previous relapses and the early signs so that the next time someone notices these changes, action can be taken quickly.



3) **Ensure That Medication Is Taken Daily**

Medication is essential in controlling symptoms of mental illness and needs to be taken daily until the doctor says they can be stopped. It is important for us and our loved ones to know the names, dosages and uses of the medicine.

The main reason our loved ones stop taking medication regularly is due to the side effects of medicine. Thus, before starting on the medication, please remember to ask the doctor to explain its side effects. Once we know what to expect, dealing with side effects becomes easier. It is also important not to discontinue medication without first consulting the doctor. While side effects are real and usually unpleasant, they are likely to be temporary and are easily treated. Stopping medication on the other hand, can cause a relapse.

4) “Take A Deep Breath...And Relax”

Managing a mental illness and trying to maintain a normal daily life (work, social life etc.) can be stressful and difficult for our loved ones. Stress can make any illness more serious and it is thus important to help our loved ones find ways to reduce stress. Everyone deals with stress differently so we should talk to our loved ones and help them find ways to minimise the stress in their life e.g. listening to music, keeping the surroundings quiet or simply avoiding a stressful event.



5) Keeping A “Happy” Mind

Studies have shown that if our loved ones feel good about themselves, they are better able to cope with and overcome adverse events in life. They will also have better control over their illnesses. Do help our loved ones discover what makes them feel better and list them down e.g. taking a walk, looking at pictures or paintings. When their mood turns bad, remind them of these things to help them feel better about themselves.

6) **Set Reasonable Expectations**

It is important for our loved ones to know their own limits and to accept their strengths and weaknesses. During the recovery period, especially in the initial stages, we and our loved ones should modify previously held goals and expectations. It is essential to keep in mind that people recover at different rates. Thus, we should remember not to push our loved ones or ourselves too hard.

7) **Avoid Risky Situations**

Several situations may increase chances of relapse. We should help our loved ones identify and stay away from these situations. They include:

- i) Use of alcohol or drugs
- ii) Being with people who are overly critical - which makes one feel bad about him/herself
- iii) Situations which are noisy or stressful

8) **Keep Healthy**

Our loved ones should eat right, sleep well and stay active with hobbies, work, exercise and most importantly, spend time with friends and other family members besides ourselves!

9) **Know Your Resources And Devise A Plan**

Keep a list of resources which includes:

- i) People whom we and our loved ones can seek help from – friends, relatives, doctors. Keep their contact numbers in a place that can be found easily

- ii) Helpline numbers (which we or our loved ones can call for advice especially in the middle of the night)

Make a plan to manage the care of our loved ones at home and organise each person's role. For instance, their elder sister can accompany our loved one to the pharmacy to refill a prescription; our loved ones can share their worries with a friend; their father can help call the clinic to arrange outpatient consultation visits.

10) **Stay Hopeful And Consult Professionals If Required**

Life is ever-changing. There may be bad times (relapses of illness) but there will also be good times (symptom-free periods), provided we stay alert, hopeful and maximise the chances of recovery by remembering the previous 9 tips!

If our loved ones have a relapse, stay calm. A family member or friend should bring them to see a family doctor or make an appointment to see a psychiatrist. If our loved ones are very disturbed and require admission, bring them to the nearest Accident and Emergency (A&E) Department for medical help. Both the National University Hospital and Institute of Mental Health have psychiatric officers who provide psychiatric assessment at their Accident and Emergency Department.



How To Handle A Crisis?

Despite the best preparation, we may still find ourselves in a crisis situation at some point in time. The common “crisis” situations encountered include:

- threats, violence, aggression
- suicidal thoughts
- thoughts of harming others
- suicide attempts

a) **Threats, Violence, Aggression**

In the event of agitation, violence or threatening situations, we should try to calm our loved ones down by applying the following methods:

- i) Appearing calm by speaking slowly, clearly and softly using simple language
- ii) Breathing evenly

- iii) Respect our loved ones' personal space. Do not move too close, or touch them
- iv) Avoid negative body language such as crossing of arms, hands on hips or pointing of fingers
- v) Get our loved ones to agree to something, either verbally or in action
- vi) Listen with care and concern. Ensure that our loved ones know they are being heard by summarising, repeating in a different way what they said, and clarifying what was said
- vii) Do not try to disagree with our loved ones if they are angry or agitated
- viii) Treat our loved ones as an adult and not a child. Do not "speak down" to them
- ix) Do not make promises that cannot be kept or are beyond your control
- x) We should consider leaving the premises calmly should we fear for our own safety.
- xi) When the situation permits, we can discuss with other family members on the next course of action, including the possibility of obtaining help from the police.
- xii) If the police assistance was requested we should wait for their arrival at a safe place and brief them on the situation.

If the situation can be resolved by itself, we should then assess the need for medical help e.g. a review of the loved one's mental health by a psychiatrist at the end of the crisis.

We should discuss the experience with our loved ones when they are well and make plans on how to minimise the repeat of such incidents, or what we should do if a similar situation happens.

b) **Suicidal Thoughts**

When our loved ones tell us they have suicidal thoughts, we should take it seriously. Some common misconceptions about suicidal thoughts include:

- i) People who talk about suicide will not do it – All threats must be taken seriously and treated as a call for help
- ii) Suicide is a problem with other families – Suicide occurs irrespective of family status and background
- iii) Suicide happens without warning – Our loved ones usually provide either verbal or non-verbal clues to show their intention
- iv) Suicidal people are fully intent on dying – Most of our loved ones would want to continue living if they feel they are understood and are able to identify an alternate course of action for their hardships.

As caregivers, we could review the suicide risk based on the following:

- v) Presence of current suicidal thought – is our loved one suicidal NOW? (mental state, mood, acute triggers, intensity, negativity, hopelessness, contingency plan)
- vi) Suicide Plan (does our loved ones have a real plan - how, when, where, etc)

- vii) Previous Suicide Attempts (frequency, recent attempt, etc)
- viii) Availability of Social Support

Having detected suicidal thoughts and depending on the seriousness of risk, we could:

- i) Have our loved ones agree not to attempt to harm themselves
- ii) De-escalate or defuse the situation if possible (refer to point 3a under the section on Threats, Violence, Aggression)
- iii) Get help from other family members or professional staff
- iv) Contact emergency services if there is an immediate danger of your loved one harming him/herself

- **Thoughts of Harming Others**

Thoughts of harming others are normally stress reactions to certain sources of stress. If our loved ones have thoughts of harming others, they also have a greater risk of harming themselves.

The following factors are often present in our loved ones before they do harm to others:

- i) Lack of social support
- ii) known to act impulsively
- iii) experienced problems at work, in the family or in the community
- iv) have suffered personal loss

Our loved ones may show the following behaviours before they harm others:

- i) Speaking out loud their thoughts of anger towards others and revenge
- ii) Change in appearance/behaviour
- iii) Angry outbursts
- iv) Isolating themselves from us
- v) Change in sleep patterns and appetite
- vi) Drug or alcohol use
- vii) Increased risk taking behaviour

Our loved ones who suddenly have thoughts of harming others often feel that there is no way to resolve their situation other than violence. The feeling of rejection or humiliation is particularly strong. Understanding what stresses them is most helpful when trying to calm a potentially violent situation.

We should proceed as per the above topic on Threats/Violence/Aggression when our loved ones have intention to harm others. If our loved one is willing to talk, we should also explore whether they are suicidal as per the above section on Suicidal Thoughts.

c) **Suicide Attempts**

The Samaritans of Singapore (SOS) reported that there were 401 suicides in Singapore in the year 2009 (TODAY, 27 July 2010). The two most common methods of suicide are jumping from a height and overdosing / swallowing poison.

We must report to the police immediately when our loved ones attempt suicide as every second counts. While waiting for the police to arrive, we should try our best to remain calm and avoid agitating our loved ones further. Keep in mind the section on Threats, Violence, Aggression. If possible, we should disperse the crowd that could be forming as the noise and movement generated could agitate our loved ones further.

We should be prepared to provide the following information concerning our loved ones to the police in order to help their rescue efforts:

- i) Our loved ones' mental health history
- ii) medical history
- iii) substance (alcohol or drugs) use, if any
- iv) type and amount of poison taken, and the time when it was taken
- v) name of medication (provide wrapper or label if unsure of the name), the prescribed dosage and how much our loved ones actually took (in the event of an overdose)

There may be times during a crisis where we feel that our loved one needs to be hospitalised but is unable to seek assistance from the police as there are no evidence of violence or self-harm. In this situation, we may engage the services of a private ambulance to bring our loved ones to the hospital.

When calling for an ambulance, we need to explain what we need and describe the mental state of our loved ones so that the ambulance personnel can come prepared to handle

the situation. The fee for the service should be agreed upon beforehand. Some companies are open to negotiating the fee when we call them. Contacts of some private ambulance services in Singapore can be found in Part IV – Resources and Support for the Caregiver.

How To Work With Mental Health Care Professionals And Other Agencies?

The mental health care system in Singapore has improved a lot over the last 10 years. Today, our mental health professionals are ever willing to share the knowledge, skills and resources on how best to provide care to our loved ones suffering from mental illness. These mental health professionals include psychiatrists, psychologists, psychiatric nurses, social workers, psychiatric rehabilitation practitioners and therapists. As caregivers, we have much to benefit by working together with these professionals.

Working together with these professionals helps us understand more about mental illness, its symptoms and treatment. With a clearer understanding of the illness, we and our loved ones can then tell these professionals our expectations in terms of services and treatment.

Apart from working with mental health professionals, there are also government, non-profit or voluntary welfare agencies that we can tap on to get assistance for ourselves and our loved ones. We should explore all community resources available in Singapore that might be helpful to our loved ones' recovery.

a) **Healthy and Helpful Collaboration**

First and foremost, we and our loved ones need to talk to these professionals. With better communication, a stronger partnership can be established. These professionals want to see our loved ones have a healthy and speedy recovery too. They will ensure that the services they provide are useful in meeting our needs and those of our loved ones. A healthy and helpful collaboration require all parties involved to have mutual respect for each other, and to play our parts according to the treatment and recovery plan.



b) Roles and Responsibilities

The first thing we need to do is to discuss with these professionals about the needs, concerns and priorities of our loved ones and our families. We and our loved ones need to be involved in decisions that affect our families e.g. when choosing the type of treatment and services, the goals for treatment and rehabilitation.

The roles of professionals may include the following:

- i) Providing information about medication and treatment
- ii) Conducting individual, family and group therapy
- iii) Education on mental illness management and support
- iv) Partnering with caregivers to advocate for improvements as a whole, if necessary

c) Financial Support

If we require financial assistance, there are many agencies which can provide aid in the form of cash, vouchers, waivers of expenses, free or subsidized services to help in areas like Food, Education, Healthcare, Household and Transport. Government agencies such as ComCare, Community Development Councils (CDCs), together with charities and voluntary welfare organizations dedicate themselves to helping Singaporeans and Permanent Residents who are in need. Most of these help agencies are only a phone call away or located within our community. If we do not take the first step of reaching out to these agencies, they would not know about our situation and hence would be unable to help us. Receiving financial assistance is nothing to be ashamed of, and quite often what a lot of caregivers require is mainly short term assistance while we stabilize our family finances.

d) **Employment Support**

When our loved ones' psychiatric condition improves, they can start to live a meaningful and independent life. This also means that they are ready to face the challenges in applying for a job, whether full-time or part-time, salaried or volunteer.



We may consider approaching voluntary welfare organizations that provide supported employment services. The Institute of Mental Health Job Club can help our loved ones meet the challenges of employment. Alternatively, our loved ones can seek help from the Temasek Cares Employment Support Services (TCESS), which provides help in finding and maintaining a job.

The Job Club provides opportunities to learn IT skills, NITEC, BEST, WISE, etc. Our loved ones can learn skills and knowledge which can help them find a job and to do well in it. There are many success stories of persons with psychiatric disabilities who have successfully made it in society. When our loved ones have a stable job, it will help in their recovery. They may have

fewer symptoms, work better and be able to play an active role in our community.

If we as caregivers require employment support, ComCare, CDCs and e2i (Employment and Employability Institute) can assist us in job matching and retraining.

e) **Housing Support**

In some cases, our loved ones may prefer not to stay with us while they seek treatment and get well again. Some of our family members may also find it challenging to live with a family member suffering from mental illness. There are agencies in Singapore that provide professional advice and services to help caregivers with housing and daily living needs. This may include helping our loved ones choose and maintain safe and affordable housing. If our loved ones feel unsafe or insecure, it can lead to more stress and may affect their overall well-being and recovery. These agencies will act as consultants and provide professional support in dealing with daily living issues.

There are also psychiatric rehabilitation centers in Singapore that can provide short-term stay (respite) for our loved ones. These centers, like the Hougang Care Centre and Simei Care Centre, provide professional services to equip your loved one with practical skills he needs in order to live and work independently.

f) **Educational Support**

If our loved ones are at an age where their education was disrupted, they may wish to go back to school. We can seek professional help in getting access to educational opportunities. These professionals will also provide ongoing support services

to help our loved ones succeed in their education. With this assistance, our loved ones can hope to move forward in life and have better career options in the future. These services include teaching our loved ones to manage symptoms, handle social stigma and improve their ability to concentrate.

g) Emotional Support

Agencies such as Caregivers Alliance Limited (CAL), Caregivers' Association of the Mentally Ill (CAMI), Singapore Anglican Community Services (SACS) and Singapore Association for Mental Health (SAMH) run telephone and peer support group services for caregivers. Joining support groups allows us to meet other caregivers, share our experiences and to give one another support.

h) Treatment Options Support

With help from professionals in voluntary welfare organisations like the Community Rehabilitation and Support Service (CRSS), we and our loved ones can obtain more information on psychiatric treatment and other available treatment options. With this knowledge, we can then make informed choices regarding treatment. Depending on our loved ones' situation, we can choose from several different treatment options and pick the one that best serves their needs (see the table in Part I Section 3 on various kinds of treatment options.)

How To Keep Fit And To Prevent Burnout?

When our loved ones are diagnosed with mental illness, be it Schizophrenia or Bipolar Disorder, our whole family suffers with

them. We have to deal with the shock and disbelief that our loved ones have a mental disorder. This can be a traumatic experience for the family when they discover the odd, sometimes bizarre behaviour of the loved one.

We and our families might go through feelings of “shame” and avoid contact with our friends, relatives and neighbours. Without a proper understanding of the nature of mental illness and its causes, we begin to look for someone to “blame” for our unfortunate family member suffering from the illness. We lose our temper easily and the atmosphere at home can be tense, resulting in unhappiness.

Families with loved ones suffering from mental illness have reported higher levels of depressive symptoms and mental health problems. We need help to balance work and family responsibilities, and to manage emotional and physical stress. Such a situation at home is not helpful to the well being of our loved ones suffering from mental illness. Just as our loved ones need psychiatric help and counselling, we as caregivers and family members need to care for ourselves too.

The key to caring for ourselves lies in the acceptance of the fact that our loved ones have mental illness. This can only come about through education and a better understanding of the nature of mental illness. By joining a Support Group and attending regular talks conducted at these sessions by Mental Health Professionals, we and our family will be more open to acceptance and thus able to provide the necessary support to our loved ones. This is important as it greatly eases the stressful atmosphere at home.

As caregivers, we may sometimes feel overwhelmed by the responsibility of caring for our loved ones. In some cases, we may need to place our loved ones temporarily in respite care where professionals can take care of their needs while we attend to ours.

Self-care is extra important for caregivers in order to maintain our quality of life and ensures that we can provide good care to our loved ones too.

Together with mental health professionals and a good support system, we and our loved ones can look forward to journeying together towards recovery and wellness. Although the road ahead may be dark, rest assured that there will be a light at the end of the tunnel and that you are not alone. You will have the support of others walking the same path, sharing laughter, tears and encouragement along the way.

Summary of Part III: The Caregiver

Communication Skills:

- Good communication helps us understand our loved ones and allows us to show them love and support.
- Our loved ones often find it hard to communicate. We can change the way we communicate in order to get a ‘connection’.
- Listen actively, be patient, control negative emotions, do not force or reject our loved ones.

10 Tips To Help Our Loved Ones Reduce Or Prevent Relapses:

- Understand what “relapse” means to our loved ones
- Be aware of the early signs of relapse
- Ensure that medication is taken daily
- Take a deep breath... and relax
- Keep a “Happy” mind
- Set reasonable expectations
- Avoid risky situations
- Keep healthy
- Know our resources and have a plan
- Stay hopeful and consult professionals if required

How To Handle A Crisis:

- Threats, violence, aggression – remain calm, protect your own safety, try to de-escalate situation, call the authorities if necessary
- Suicidal thoughts – take them seriously. Explore how high the risk of self-harm is. Seek help.
- Thoughts of harming others – try to understand and deal with what caused it. Check that our loved ones are not suicidal as well. Protect our own safety.
- Suicide attempts – call the police if our loved ones are in danger. Hospitalise them if necessary.

Working With Mental Health Care Professionals And Other Agencies

- Co-operation and collaboration with Mental Health Care Professionals and Agencies brings better results
- Take the first step to contact agencies for help

How To Keep Fit And To Prevent Burnout?

- Attend courses to improve our understanding of mental illnesses and the level of our care giving skills.
- The earlier we accept the fact that our loved ones have mental illness, the sooner we and our loved ones can focus on recovery.
- Join a support group, sharing experiences helps us and others
- Day care and short term respite care is available for our loved ones if we need to have a rest.

Part IV: Resources and Support for the Caregiver

In Singapore, many agencies and services exist to provide help for us and our loved ones. Here is a list of agencies and contacts that may be helpful.

Useful Phone Numbers for Caregivers

Helplines:

Caregiver' Association of the Mentally Ill (CAMI)	6782-9371
Association of Women for Action and Research (AWARE)	1-800-774-5935
Institute of Mental Health (IMH) emergency helpline	6389-2222
Police Hotline	1-800-225-0000
Public Non-Emergency Ambulance Service	1777
Samaritans of Singapore (SOS)	1-800-221-4444
Singapore Association for Mental Health (SAMH)	1-800-283-7019

Hospitals/Psychiatric Services:

Alexandra Hospital	6472-0000
Changi General Hospital	6850-3333
Community Wellness Centre	6474-4872

Institute of Mental Health (IMH)	6389-2000
Khoo Teck Puat Hospital	6555-8828
National University Hospital	6772-5730
Singapore General Hospital	6321-4377
Tan Tock Seng Hospital	6889-4343

Care/Rehabilitation Centres:

Bukit Gombak Group Home – Residential	6564-7003
Community Rehabilitation and Support Services - Day Care (Bukit Batok)	6562-4881
Community Rehabilitation and Support Services – Clubhouse (Yishun)	6753-5311
Community Rehabilitation and Support Services – Drop-in Centre (Pasir Ris)	6584-4633
Hougang Care Centre (HCC) – Residential / Day Care	6386-9338
SAMH Insight Centre – Day Centre	6283-1576
Simei Care Centre (SCC) Residential / Day Care	6781-8113

Community Resources:

Community Rehabilitation and Support Service (Bukit Batok)	6562-4881
Community Rehabilitation and Support Services (Yishun)	6753-5311
Community Rehabilitation and Support Services - (Pasir Ris)	6584-4633
Community Mental Health Team (CMHT)	6389-2000
Silver Ribbon Singapore	6386-1928

Singapore Association for Mental Health (SAMH) - Youth Reach - Insight Centre	6593-6420 6283-1576
Simei Care Centre (SCC) Residential / Day Care	6781-8113

Employment Services:

IMH Job Club	6389-2678
Temasek Cares Employment Support Service (ESS)	6828-8752

Private Ambulance Services (24-hr):

Assisted Medical Evacuation	6247-7080
Blesswell	6273-0147
Civic Ambulance	6333-3000
Econ	6382-8888
ER	6222-2995
Green Crescent	6788-8911
Hope Ambulance	6100-1911
Life International Ambulance	6272-6018
Medic Network LLP	6255-4434

Services for Caregivers

AWWA Centre for Caregivers	6511-5318
Caregiver Alliance Limited	6753-6578
Caregivers' Association of the Mentally Ill (CAMI)	6782-9371

CAMI's Online Forum for Caregivers

forum.cami.org.sg
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Specialised Services for Mental Health

Aged Psychiatry Community Assessment and Treatment Service (APCATS)	6389-2175
Community Health Assessment Team (for youth)	6493-6500
Community Psychogeriatric Programme (for elders)	6850-1840
Early Psychosis Intervention Programme (EPIP)	6389-2972
IMH Child Guidance Clinic	6435-3878
Tinkle Friend (Singapore Children's Society)	1-800-274-4788
Women's Mental Wellness Service (KK Women and Children's Hospital)	6293-4044

Financial/Social Assistance

ComCare	1-800-222-0000
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Legal Assistance

Legal Aid Bureau	1-800-325-1424
Office of the Public Guardian	1-800-226-6222

Government Agencies/Statutory Boards

Agency for Integrated Care	6603-6933
Centre for Enabled Living	1-800-858-5885
Health Promotion Board	1-800-223-1313

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