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**YOUR
STARTER
GUIDE TO
MENTAL
ILLNESS**

**HELP IS
AT HAND**

ABOUT THIS GUIDE

If you think you, or someone you know, might be affected by a mental illness, help is at hand.

This guide offers practical advice on recognising the distress signals. It will help you know how and when to act.

WHO WE ARE

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. For 40 years we have brought people together to support each other. We run services and support groups that change people's lives and challenge attitudes about mental illness.

We directly support almost 60,000 people every year across England to get through crises, to live independently and to realise they are not alone. We give information and advice to 500,000 more and we change policy and attitudes for millions.

**THE FIRST
TIME WE
PROPERLY
SPOKE
ABOUT
SUICIDE**

“I always thought Amy was exaggerating about having suicidal thoughts – I just couldn’t understand how anyone would want to kill themselves. I still struggle with the idea, but she says I’m now the first one to recognise when she’s having a bad time.”

Most people at school probably see her as a cheerful person. She’s usually pretty bubbly, but there was definitely something very wrong that day.

She’d mentioned suicidal feelings to me before. I never thought it was serious though. We all say things, and it’s difficult with thoughts because you can’t see inside someone’s mind. It’s not like you can wear a sign on your forehead.

That day, she posted this comment on Facebook. She said something like ‘There’s just no point in doing this anymore’ or ‘No one cares anymore’ and I’m so glad I saw it on my mobile phone because I could call her straight away. I tried a few times and was a bit worried... but when she answered, I asked her how she was doing, she talked a bit, and I mostly listened. Then I told her I’d come round to her house to stay with her until her mum came home.

Since then, I check up on her a bit – which I really don’t mind. I feel better knowing how she’s getting on, especially if I think she’s looking tired or down. She tells me she still has suicidal thoughts now and then, but she finds it easier to talk to me or her mum about it all. That helps a lot, she says.

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WHAT YOU CAN DO

Letting them know there is help out there can make a big difference, however alone they might feel.

Listen without judgement and without giving advice. Let them describe what they are going through and try some direct questions about their plans.

You might think talking about suicide encourages them to think about it. Actually it's much better for people to know they can be open about it.



WHAT YOU MIGHT SAY

- “Are you having thoughts of killing or harming yourself?”
- “Have you made any plans already?”
- “Have you spoken to anyone else about this?”
- “Have you attempted suicide before?”
- “Is anyone with you at the moment?”

Suicidal thoughts can be a sign of depression or other mental health problems. When you want to kill yourself, the thought of just surviving the days ahead can seem exhausting, overwhelming and unbearable. It can help to focus on today rather than the rest of your life.



WHAT YOU MIGHT DO IN A CRISIS

- Call 999, or take them to an Accident and Emergency Unit at a local hospital.
- See if they are willing to talk to an emotional support line such as Samaritans on 08457 90 90 90.
- Call their GP or take them there. If you call and the surgery is closed, there will be an out-of-hours service. Or, it might be helpful to ask their GP to make a home visit if you live with the person you're worried about.
- Find out whether the person has access to a crisis service, or whether the NHS crisis team in your area accepts self-referrals.



WHAT IF IT'S NOT A CRISIS

- See if the person will talk to their GP about their feelings. They might be able to prescribe helpful medication or refer them for counselling or therapy.
- Call NHS Direct on 0845 46 47.
- If the person you are worried about is already under a Community Mental Health Team, try to contact their 'care coordinator'. In some areas, if someone isn't known to the team, they will only help if that person has been referred by a GP. If you are not sure who the local Community Mental Health Team is, you can ask at the GP surgery.

**MY
BROTHER
WAS
REALLY
DISTANT**

“I’d speak to Naveed and he’d say nothing for about five minutes. It went like that for a while. I thought it was a ‘boy thing’ at first, or that he just wasn’t that bothered about hearing from me. It seems there was a bit more to it than that.”

I was living away from home, so it was difficult to work out what was going on for him. As his sister I’d call home once or twice a week and he had nothing to say – no stories or funny stuff. That’s probably not weird for some siblings, but we’ve always been pretty close and tell each other a lot. He just didn’t seem to care anymore. I was really worried.

The conversations were like:

Me: Hi Nav, it’s Shiri. How’s it going?

Him: <After some time> Oh, hi.

Me: How’re you doing?

Him: <Sighs> OK, I guess.

Me: How’s your week been?

Him: I dunno, the usual stuff. Not much.

Later, I heard from mum that he’d been struggling at school. He said he didn’t fit in with his mates anymore and wanted to stay at home – there might even have been a bit of bullying. He’s always been really into football and he even lost interest in that.

Mum said he enjoyed our phone ‘chats’ though. Apart from her and dad, I was the only person who really spoke to him. The calls got easier as time went on and he began to get his confidence back.

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WHAT YOU CAN DO

The first step to dealing with withdrawal or depressive symptoms is to accept that it's happening. This is something the other person is going through right now, so it's important to lower your expectations to a realistic level and not put too much pressure on them.

When people become withdrawn, they can feel isolated by others and society. Understand that they might feel very vulnerable in certain situations and settings.



WHAT YOU MIGHT SAY

- “If we go out, where would you feel most comfortable?”
- “What could we do to make it easier while we're there?”
- “What are you putting up with at the moment that you'd like to change?”
- “If you had no fear, what is it that you'd love to do in this situation?”
- “I just want to check that you know you're not alone in this.”
- “Remember, I'm here for you if you need me.”

Social withdrawal can be a symptom of depression or other mental health problems like social anxiety. People can start to see themselves as different – like they don't fit in. They might lack the confidence in their ability to manage even ordinary, day-to-day social situations.



WHAT YOU MIGHT DO IN A CRISIS

- If you think the person you know is becoming seriously depressed, you could make an appointment with their GP as they might be able to prescribe medication or refer to therapy or counselling. It might be helpful to ask for a home visit from the GP if you live with the person you're worried about.
- If your friend or relative is very anxious in social situations, they might start to panic. Read page 24 for more information about anxiety and panic attacks.



WHAT IF IT'S NOT A CRISIS

- You could suggest doing uncomplicated and undemanding activities.
- If others are involved, keep numbers of people to a minimum, and keep conversations short, avoiding issues that generate high emotions.
- Try to focus on the future, not the past. Work with them to break down recovery-oriented goals into small steps, and praise each positive step along the way.
- Let your friend or relative know you care. If you don't live with them, stay in contact. Phone or visit them. Remember, mental illness can be very isolating.

**WHEN
JACK
HEARD
VOICES**

“A couple of months after we’d started seeing a specialist mental health service team, we were sat waiting for a bus and Jack began to hum a tune. It made me cry with joy because I hadn’t heard him do that since he became ill.”

At first, my son’s illness seemed to come out of the blue.

He was in his first year of university and his sister and I heard he’d been behaving strangely. He talked about these really dark thoughts too. He’d think he was dead, that I was dead, and that other people were dead.

I don’t think he could have continued the term at university. He found it impossible to concentrate on work and he was struggling to look after himself. He didn’t wash properly for a couple of weeks on one occasion. Some days, he couldn’t get out of bed at all. It really upset me.

I couldn’t understand what was happening to him. Then, I suddenly remembered this thing that happened at home about a year before. We were sat in the kitchen and he said “I think I’m hearing voices”, or something like that. And you know what? I actually said “Don’t be silly, there aren’t any voices” and changed the subject.

Jack has been at home since then and, to be honest, it took him a while to open up because he was scared what all of this meant for him. Things have improved a lot though. Getting him some help made the biggest difference.

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WHAT YOU CAN DO

If someone you know is experiencing a severe psychotic episode, there's often little you can do to alter their beliefs, and they might need psychiatric care. You can help by talking, listening non-judgementally and giving reassurance.

Don't ignore them, laugh or say their thoughts are stupid. They will think their beliefs are totally real, however strange and unrealistic they are to you.

Letting your friend or loved one know you are on their side and want to help goes a long way.



WHAT YOU MIGHT SAY

- "It must be very frightening for you."
- "Do you want to talk about what's happening? It might help."
- "I know you think that is happening, but I don't think it is true."
- "I'm here for you and can stay with you while you're going through this."

It can be hard to understand, accept and cope with unusual thoughts and behaviour. 'Psychosis' describes mental health problems where someone experiences changes in thinking and perception. It covers delusions, paranoia, hearing voices, and disordered thinking and speech. Psychosis is a key part of the diagnosis of schizophrenia and schizoaffective disorder, and can also be present in other mental illnesses.



WHAT YOU MIGHT DO IN A CRISIS

- Try not to overreact. You might be really worried, but it's important not to communicate your anxiety if possible.
- Call your GP to make an urgent appointment. It might be helpful to ask for a home visit if you live with the person you're worried about.
- You could contact your local Community Mental Health Team or crisis team directly. Your local NHS Trust website should have the contact information.
- Take them to the Accident and Emergency Unit at the hospital and ask to see a duty psychiatrist.



WHAT IF IT'S NOT A CRISIS

- Accept the reality of the voice experience – it will seem very real to them. You could ask about their voice or voices – how long they have been hearing them, who or what they are, whether they have names, and what they are saying. Try not to interrupt or react critically or defensively.
- A GP can usually prescribe medication, arrange an appointment with a psychiatrist, or refer to a local Community Mental Health Team if necessary.
- Unfortunately, it can sometimes be difficult to get help. It's worth trying as many avenues as possible, and don't be afraid to be persistent. You could call our Advice and Information service on 0300 5000 927.

**CUTTING
MYSELF
WAS
THE ONLY
THING
THAT
HELPED**

“Self injury was the way I coped for quite a while, but it got to the stage where it was like wallpapering over a hole in the roof. That worked fine for a few days, but only until the next big thunderstorm. I found myself in this big rut.”

There were times when I'd cry and cry and I wouldn't stop. I'm sure this sounds bizarre, but cutting myself was the only thing that helped. It was a way to carry on functioning in the world – a faithful coping mechanism.

It went on for a quite long time, but I started to get worried that cutting myself might become life threatening – and that was something I never wanted. I was living my life from crisis to crisis, self harm to self harm. So, I spoke about it with my parents and a friend, and then found some help.

There's quite a lot of stigma around self injury really. You come across lots of services for alcohol and drugs, but people can't understand the idea of harming yourself on purpose. It's easier to ignore the problem and hope it goes away.

I've worked through a lot of things, with support from some good people. Doing voluntary work also helps because it's given my life a new kind of structure. Recently, one of my friends commented on how I seem to be more confident lately. You know, every now and then there are still days when I feel like crawling under the duvet, but I do find it easier to live with my emotions.

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WHAT YOU CAN DO

If someone you care about is self harming, it can be very difficult to cope with your own feelings of shock, anger, and helplessness.

It's important you try to appreciate how difficult your friend or relative is finding their life. Showing them you want to understand will matter a great deal.

Don't expect change to happen quickly, often people need a good support network before they will consider stopping.



WHAT YOU MIGHT SAY

- "You know I care about you and what happens to you."
- "I'm always here for you if you need me."
- "I can see how difficult things are for you at the moment."
- "Would you like to talk a bit about why you cut yourself? I'd like to understand more."

People usually self harm because they find it difficult to regulate their moods or communicate their feelings – often they ‘feel too much’ or ‘don’t feel enough’. It’s not always a sign of a mental health problem, but it is always a sign that something is wrong. Self-harm might include cutting, burning, banging or scratching, breaking bones, hair pulling, picking skin, self strangulation and ingesting toxic substances or objects.



WHAT YOU MIGHT DO IN A CRISIS

- Call 999, or take your friend or loved one to the Accident and Emergency Unit at your local hospital.
- Ask them if they would like to talk to an emotional support line such as Samaritans on 08457 90 90 90.
- You could call their GP or take them there. There will be an out-of-hours service if you call and the surgery is closed. It might be helpful to ask for a home visit if you live with the person you are worried about.
- Find out whether the person has access to a crisis service, or whether the NHS crisis team in your area accepts self-referrals.



WHAT IF IT'S NOT A CRISIS

- Be patient. Don't push them into anything. Ultimatums do not work, and neither does confiscating the tools they use to self harm. Only do this if there is urgent risk.
- Even if now isn't the right time to stop, the first step is to simply think about it. Keeping a list of reasons for and against self harm might help.
- When someone is ready, it might be worth speaking to a GP about the next steps. You could also speak to your Community Mental Health Team directly. Your local NHS Trust website should have the contact information.

**MY
HUSBAND'S
DIAGNOSIS
HAS
CHANGED
LIVES**

“It was so good to hear that bipolar disorder was the main reason for his mood swings. Perhaps that sounds strange? But, it’s much easier now we know and we have help. We’re not just living with it now, we’re dealing with it.”

I still feel a bit angry towards some of David’s friends, I won’t lie. They’d come out of the woodwork when he was going through his manic periods, but would keep well away when he was low. He was only really accepted when he was his super-social self – when he was off the wall and over the top. Those were the nights when he’d buy the entire bar a drink and dance on the table.

The mood swings have been really tough. He can get irritated about the smallest of things. Basically, he gets too excited, too happy, too angry or too anxious. There have been times when it’s put stress on our marriage, for sure.

What really helped was getting a bipolar diagnosis through our Community Mental Health Team. Another turning point was when David wrote about his experiences in an online blog.

I was so happy that he got a positive response. Most people thought it was brave and he’s been surprised how many others have stepped forward with their own mental health experiences.

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WHAT YOU CAN DO

Whatever the diagnosis, it is important to receive the right type of care and support.

Medication might be necessary to iron out the highs and lows. Medical professionals commonly prescribe mood stabilisers, sometimes in combination with antidepressants and antipsychotics. Medications suit people differently and there can be side effects.

Psychological treatments also have a role in helping people to overcome depressive periods, understanding the illness and helping people to find their own ways to cope with symptoms.



WHAT YOU MIGHT SAY

- “I care about you and I’m always here for you if you need me.”
- “I think you sometimes get out of control. And, although I know it’s not your fault, I don’t want you getting any worse.”
- “I’m a bit worried about you and wonder if we should chat to someone about it. What do you think?”

Extreme mood swings – from mania (feeling high) to depression (feeling low) – can be part of a range of mental illnesses that include bipolar disorder. Everyone experiences changes in mood, but the symptoms of conditions like bipolar disorder can be severe, affecting all areas of life.



WHAT YOU MIGHT DO IN A CRISIS

- If you feel that you or your loved one is in danger, you should seek help as soon as possible. You could contact their GP, psychiatrist, key worker or other mental health professional. Mental health professionals might not be able to discuss the person's case with you, but they should always accept information from you.
- If you cannot handle a manic situation, it's okay to just remove yourself for a while. Sometimes there will be nothing you can do, and your first responsibility is to yourself and any other people who might be in danger.



WHAT IF IT'S NOT A CRISIS

- Your GP should be able to help. Where necessary, he or she will also be able to refer you to your local Community Mental Health Team. If there is a significant risk of harm, it might be necessary to get hospital treatment.
- Do not issue threats or lecture. You might feel like doing this because it will make the other person see sense, but it won't. Ultimately, you can't stop them doing things, but it doesn't mean you have to go along with them. And it doesn't stop you from being honest about their actions.
- Self management can help people manage mood disorders. Healthcare professionals should be able to give advice about lifestyle decisions like exercising and eating well.

**COPING
WITH MY
PANIC
ATTACKS
IN THE
OFFICE**

“It used to be really difficult to manage my anxiety and panic attacks – especially at work. The biggest problem, in a way, was that I didn’t want to let my colleagues down.”

Over the years, I’ve got better at recognising the things that happen when I’m going into ‘anxious mode’. I first get this kind-of lump in my throat, and then the feeling spreads up into my temples and down into my chest and stomach. When it’s mild, it’s like being really nervous – butterflies and feeling a bit sick. But the anxiety can really take over. Then it can be difficult to breathe and I just can’t think straight.

Believe it or not, those are still just the mild tremors for me. I also get less frequent panic attacks that sometimes come completely from left-field. Those can hit me like a full-on earthquake, and they’re scary.

It’s like, bang, you’re knocked off your feet. I shake, find it really difficult to breathe, and I usually have this pain in my chest. Sometimes it feels like I’m going to die. There are times when I want to die, to be honest! What I usually need to do is get away and find a safe place to ride it out.

Luckily, I’ve been able to talk to my line manager about my anxiety and I’ve found a discreet way to tell her what’s going on. That’s not always possible, of course, but knowing I can be more open about things generally has helped a lot. It’s taken the pressure off a bit.

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WHAT YOU CAN DO

The symptoms of anxiety can include worry and irritability, feelings of dread, difficulties in concentrating or sleeping, heart palpitations, indigestion, dizziness, feeling sick, and heavy or rapid breathing. Many people feel one or more of these at one time or another, but people with anxiety disorders experience them more frequently and to the extent that they interfere with their lives.

Anxiety disorders are highly treatable though. Psychological therapies, medicines and self help can all help. No matter how bad they feel, panic attacks cannot actually harm someone, and they will always pass after a while.



WHAT YOU MIGHT SAY

- “Would you like to go somewhere quieter?”
- “I see this is very frightening for you. Is there anything I can do to help?”
- “Is there something that usually helps you in this situation?” or “Is there anything I can do that usually helps you?”

Sometimes, severe anxiety can cause panic attacks. These are sudden episodes of intense fear or discomfort, accompanied by symptoms like an accelerated heart rate, sweating, shaking, shortness of breath, choking feelings, chest pains or discomfort, feeling sick, feeling light-headed, and fear of losing control or dying.



WHAT YOU MIGHT DO IN A CRISIS

- Try to speak to your colleague, friend or relative in a reassuring but firm manner and stay with them.
- Be prepared for the possibility they will have an intense desire to escape. Never grab, hold or restrain them. If they want to move around, suggest that they stretch, or go with you for a brisk walk.
- Encourage them to try and control their breathing. You could ask them to breathe in and out on your count.
- If the symptoms do not subside within 15 minutes, consider seeking urgent medical advice. When in doubt make the call, even if only for advice.



WHAT IF IT'S NOT A CRISIS

- **Self-help:** Some people find ways to manage their anxiety on their own if they feel they have sufficient support from family and friends. If someone is having a panic attack, thinking positive thoughts is one way to control how long it lasts.
- **Psychological therapies and counselling:** There are several effective psychological approaches, including Cognitive Behavioural Therapy (CBT). You can ask your GP for a referral, or you might be able to refer yourself directly. You can find a local counsellor or therapist at www.itsgoodtotalk.org.uk
- **Medicines:** There are various different types of medication that can help with anxiety. Seek advice from your GP.

RESOURCE BOX

OUR FACTSHEETS

We have free factsheets on a wide range of issues affecting people with mental illness, their family, friends and carers. Including:

- 'Anxiety disorders'
- 'Bipolar disorder'
- 'Coping with hearing voices'
- 'Dealing with suicidal feelings'
- 'Dealing with unusual thoughts and behaviours'
- 'Depression'
- 'Getting help in a crisis'
- 'Helping someone with suicidal thoughts'
- 'Self harm'
- 'Schizophrenia'
- 'Stress management'

www.rethink.org/factsheets

RETHINK TALK

Get in touch with real people's stories, mental health information, life-changing campaigns and each other. Why not join today? It's free.

www.rethink.org/talk

FACEBOOK AND TWITTER

Follow the organisation, read news stories and articles, and chat to others.

www.facebook.com/RethinkCharity

www.twitter.com/Rethink_

**FURTHER
HELP**

ANXIETY UK

Working to relieve and support those living with anxiety disorders by providing information, support and understanding through a range of services.

www.anxietyuk.org.uk

08444 775 774 (Mon to Fri, 9.30am to 5.30pm)

BIPOLAR UK

Supporting people who live with bipolar.

www.bipolaruk.org.uk

020 7931 6480

CALM

(Campaign Against Living Miserably)

Providing information and emotional support aimed specifically at dealing with suicide and emotional distress in young men (up to age 35).

www.thecalmzone.net

0808 802 5858 (in London)

0800 58 58 58 (outside London)

DEPRESSION ALLIANCE

Help and information about depression, anxiety, the symptoms and self help groups.

www.depressionalliance.org

HARMLESS

A range of services on self harm including support, information, training and consultancy for people who self harm, their friends and families and professionals.

www.harmless.org.uk

HEARING VOICES NETWORK

Offering information, support and understanding to people who hear voices and those who support them.

www.hearing-voices.org

0114 271 8210

NO PANIC

A voluntary charity that helps people who suffer from panic attacks, phobias, obsessive compulsive disorders and other related anxiety disorders.

www.nopanic.org.uk

0800 138 8889

PAPYRUS – PREVENTION OF YOUNG SUICIDE

Provides support, practical advice and information to people up to the age of 35 who are worried about themselves, or to anybody who is worried about a young person.

www.papyrus-uk.org

0800 068 41 41 (HOPELine)

pat@papyrus-uk.org

SAMARITANS

Provides emotional support for people in a crisis.

www.samaritans.org

08457 90 90 90

jo@samaritans.org

SOCIAL ANXIETY UK

A starting point for people to find out about social anxiety related issues and a central hub for people with social anxiety problems around the UK.

www.social-anxiety.org.uk

**CALL OUR
ADVISERS**

MONDAY – FRIDAY

10AM – 1PM

0300 5000 927

**MEMBERSHIP
IS NOW
SUCH AN
IMPORTANT
PART OF
MY LIFE**

“I remember sharing my experiences for the first time in a local group. It was probably the first time I felt understood, and I can’t stress how different and amazing that felt! We laugh together too. Sometimes funny things happen and it’s good to laugh.”

I’ve met some truly wonderful people through the local group I attend, on the Rethink Mental Illness website, and by being part of a few mental health campaigns set up by the charity.

I’ve definitely become stronger by taking part, and one of biggest things I appreciate is the support and understanding. I’ve met others that know exactly how I feel.

By being a member of Rethink Mental Illness, I feel part of a network of likeminded people. We’re like a community – we’re united. It’s also nice to get the members’ magazine too, because that keeps me in touch with what’s going on, and I take strength from reading about other people’s lives.

Being a member has been really important to me. It’s one thing to get support, but it’s another to feel you’re contributing and making things better for others too.

It costs from just £2 a month to become a member of Rethink Mental Illness. To find out more, phone 0300 5000 927 or visit www.rethink.org/join



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**Leading the way to a better
quality of life for everyone
affected by severe mental illness.**

For further information
on Rethink Mental Illness
Phone 0300 5000 927
Email info@rethink.org

www.rethink.org

Rethink Mental Illness is a partner in:

time to change

let's end mental health discrimination



FundRaising
Standards Board