



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Coping Methods For The Family

Source: Organization for Bipolar Affective Disorder (OBAD)

“No one is to blame and you cannot cure a mental disorder for a family member.”

Things to consider:

- Despite medication compliance, episodes may occur. It may take some time to find the right medications and dosages. Additionally, the symptoms of the disorder may change over time requiring medication adjustments.
- Despite your efforts, the symptoms may get worse.
- Separate the person from the disorder. Love the person, hate the disorder, and separate the medication side effects from the disorder/person.
- It is NOT okay for you to neglect *your* needs. Take care of yourself, ensuring you have a rich and fulfilling life. Do not shoulder the whole responsibility for your family member. You may have to assess your emotional commitment.
- There is nothing to be ashamed of if someone in your family has a neurological chemical brain disorder.
- It is natural to experience many strong emotions such as denial, grief, guilt, fear, anger, sadness, hurt, and confusion. Healing occurs with acceptance and understanding. Allow your affected family member and other family members to go through their grieving processes at their own pace. This is also true for you.
- You may have to re-evaluate your expectations. Your family member's successes may be experienced differently from others. However, recognizing that a person has limited capabilities should not mean that you should expect nothing of them. It is important to set boundaries and set clear limits.
- Do not be afraid to ask if your family member is contemplating suicide. Remember that suicide attempts are a cry for help. Often the individual is trying to escape from the consequences of the disorder, and they feel hopeless.

- Their thinking and judgement at this time may be impaired: they may not understand that they are seeing the world through the symptoms of their disorder. Do not put up a barrier to open communication.
- Remember that irritability and unusual behaviour can be a symptom of the disorder: do not take it personally.
- Forgive your and others' sense of humour.
- Allow your family member the dignity to make his or her own choices: do not patronize, but encourage.

Recognize pending episodes

To minimize the effects of mania and depression and the consequences, it is important to identify pending episodes. Early recognition can prevent severe impairment in social and occupational functioning. Potential harm to relationships and the family unit can be minimized. Recognizing and treating episodes in their early stages can allow individuals to lead a healthy, productive life.

Even though your family member may be medicated, prescription drugs may not eliminate all episodes of mania or depression. You can help your family member by recognizing marked changes in their behaviour.

Factors that could exacerbate a pending episode may be related to the environment, stress, or an unhealthy lifestyle.

An increase or change in usage of mood altering substances through the use of stimulants and depressants such as caffeine, smoking, alcohol, prescription drug abuse, and illegal narcotics may also indicate a problem exists.

Please do not judge your family member: it is common to abuse these substances in an attempt to decrease the effects of the disorder. However the use of these substances will defeat the purpose of the prescribed medications, decreasing their effectiveness, and potentially create an unwanted mood swing.

What to do in a crisis:

- **Listen.** Let the person unload despair and ventilate anger. If given the opportunity to do this, he will feel better. This is a cry for help.
- **Be sympathetic.** A non-judgemental, patient, calm acceptance of the situation will get you faster results.

Do not hesitate to ask if they are feeling suicidal: you are not putting ideas in his head; you are doing a good thing for him. You are showing him you are concerned, that you take him seriously and that it is okay for him to share his pain with you.

- **Assess the situation.** There are three criteria to 95% of all suicidal people: plan, means, and time set.

PLAN – Has he thought about **how** he would accomplish his goal?

MEANS – Does he have the **necessary tools** to carry through his plan?

TIME SET – Has he thought about **when** he would do it?

- **Know when to get help.** Don't go it alone if he has taken an overdose, ask what and how much and contact your local poison control centre. If the poison control centre indicates medical assistance is required, either transport him to your nearest hospital, or call for an ambulance.

If there is a possibility he is manic, point out the fact that he may be having an episode by using examples of how his current behaviour has changed. Ask him if he has been taking his medication as prescribed.

- **Encourage him to seek professional help.** Remember that when someone is feeling manic, they are often unaware that there is anything wrong: they may react in a defensive way towards you. Let them know you are concerned. If you suspect he is delusional or is hallucinating, please contact the nearest hospital.

Common concerns and reactions of siblings

The following are some of the common thoughts and reactions that occur when a sibling has been diagnosed with a mental illness. By understanding these thoughts, you or the sibling may be better able to assess and deal with these issues.

- Siblings of the diagnosed family member are affected in their relationships within the family and friends: their own thoughts and self-image may be affected.
- The healthy sibling may try to escape physically and /or emotionally from the family. They may place boundaries or barriers to separate from the family or friends.
- The healthy sibling may take sides within the family. He may feel obligated to be a mediator, however, his own feelings may be in conflict.
- Healthy children may feel the need to compensate for affected siblings' failings, creating more disruption within the family.
- Healthy children may feel preferential treatment is given to the affected family member.
- Healthy children may adopt a more serious disposition and approach to life.
- Healthy children may feel inadequate with their ability to handle crisis situations: include them in discussions about suicide prevention and intervention. Or the healthy sibling may mature at an earlier age and feel that they 'lost' their childhood compensating for their affected sibling's shortcomings.

- Siblings may experience concern anticipating extended care of their family member, even though this may not be realistic.
- They may worry that they could be or might become like the affected family member.
- They also could have concerns about whether they should have children or not. Will their children be affected with the disorder? Reassure them.
- Healthy children may overcompensate to prove their mental health and stability, or to show that they are normal.
- Healthy children will likely feel anger and resentment at the affected sibling and feel guilty that they were not diagnosed with the disorder.
- Embarrassment and feelings of shame for the family may be experienced after diagnosis of mental illness in the family.
- Healthy children may experience grief over the change in their brother or sister.
- They may experience difficulty in establishing and maintaining a healthy relationship with their affected sibling. Healthy siblings may also have feelings of disagreement with diagnosis, not realising that they are in denial.

Try to remember that this will affect the whole family. Children may have a more difficult time coping than adults may. Spend time with all children and give reassurance and love. Calmly and openly discuss any concerns that they may have.

Family matters

Monitor behaviour

- Monitor behaviour without being intrusive. Be discreet. Individuals who are experiencing symptoms of mania will probably deny that there is anything wrong with them. People in depression will often isolate from the family. They need to know you still love them.
- Monitor any reckless or endangering activity.
- Pay attention to any extravagant expenditures or excessive shopping sprees. This could indicate a potential manic episode.
- Listen carefully to word choices to determine an impending episode. If you notice rapid speech this could be hypomania. It is important to acknowledge the symptoms you see and confront the family member with how they are feeling to find out if there is a problem, or if it is just a normal fluctuation in mood.

Maintain a close relationship

- Tell your family member how much you love them and mean it. Give them a hug when they need one.
- Treat your family member with dignity and respect.
- Include your family member at family gatherings or outings. However, recognize that sometimes your family member may not feel able to attend because of symptoms associated with the disorder or their medications.
- If your family member does not live at home, contact them by telephone on a regular basis.
- Offer assistance. If they do not have transportation, offer to go shopping with them or help do their laundry. Prepare frozen dinners that can be re-heated.

Sources of income

Often we see families providing financial assistance to family members during difficult times throughout an episode. This often is not only a large responsibility, but also a point of tension or strain.

Persons with a mental health disability are entitled to apply for financial assistance from various government agencies.

“There is hope and there is help.”