



MENTAL ILLNESS AWARENESS MONTH (JULY 2011)

UNDERSTANDING MENTAL ILLNESSES

INTRODUCTION:

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all." ~ Bill Clinton, Former United States President.

- About 1 in 5 South Africans suffer from a mental illness/ disorder severe enough to affect their lives significantly;
- Roughly 25% of all general practitioners' patients are ill due to a psychiatric condition rather than general medical conditions; and
- Nearly 20% of high school students think about fatally harming themselves each year (Mental Health Information Centre, 2002).

Thousands of South Africans would rather die than admit that they suffer from some sort of mental illness. One of the greatest obstacles to preventing mental illness, and improving services and treatment, are **IGNORANCE**. Medical researchers have gained important new insights into the causes of mental disorders and have developed new and effective treatments for these conditions.

The SA Federation for Mental Health promotes **early diagnosis and treatment** of mental disorders which can lead to rapid recovery and can substantially reduce economic and personal costs of illness. The campaign will assist in achieving one of the National Department of Health's key priorities of **Increasing Life Expectancy**. The need to improve previously neglected mental health and substance abuse services has been highlighted by the Government (Mental Health Information Centre, 2002).

The World Health Organization notes that "Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only a small minority of the 450 million people suffering from a mental or behavioural disorders are receiving treatment" (The World Health Report 2001, Chapter 1). The WHO also indicates that 15 to 20 per cent of young people worldwide suffer from a mental disorder that would benefit from mental-health treatment. Currently, neuropsychiatric disorders contribute to almost one-third of the global burden of disease in this age group.

While effective treatment for mental disorders is available, barriers including lack of health professionals, health care infrastructure, cost, as well as a strong and persistent stigma against people with mental disorders prevents millions of adults and youth from accessing and receiving the help they need to get well and stay well.

Addressing mental health problems early in life enhances the opportunity for young people to get well and stay well through adulthood, improving not only the lives of individuals and families, but also enhancing civil society increasing opportunity for socio-economic development and encouraging global acceptance of human and cultural diversity.

Mental health is a right, not a privilege. As global citizens it is important that we work together to provide the best care for people who are mentally ill and to ensure that physical and mental health are at the forefront of the national and international agenda.

Challenges Faced by Persons With Mental Illnesses

The South African Federation for Mental Health has noted that the stigma and discrimination towards persons with mental illnesses still is the greatest obstacle to the improvement of the lives of people with mental illness and their families.

Mental illness is one of the least understood conditions in society. Because of this, many people face stigma, prejudice and discrimination in their everyday lives. Stigma and discrimination, in any form, is not acceptable. It is a concern that everyone needs to take responsibility for. You can challenge stigma and discrimination in many ways. If you witness stigmatising or discriminatory behavior, take the opportunity to educate people. In all of your own actions, show respect for people with all mental disorders.

Discrimination and stigma against other people, especially towards persons with mental illnesses is belittling and dangerous. Persons with mental illness become marginalised and in the end, when we discriminate and stigmatise as society, it causes pain, distress, and long-term damage. *It also damages us as a society because it limits our world and impoverishes our understanding.* Sometimes we stigmatise and discriminate against persons with mental illnesses as a way of keeping ourselves safe – from uncomfortable questions, facing reality, and challenges to ourselves.

Persons with mental illnesses experience many forms of stigma and discrimination. They may be denied access to education, employment, accommodation, relationships, social dignity, and adequate services. Their families and the people who work to try to help them may also experience discrimination

According to the **Discussion Paper for the Mental Health Commission (July 1997)** discrimination:

- Permeates all levels of society,
- Promotes an 'outsider' syndrome and people become dehumanised. encourages stereotyped views of people discriminated against which is perpetuated in myths and by the media; and
- Leads to some form of enforced segregation or restricted access within society for the victims.

Despite radical changes in the treatment of mental illness over the last few years, negative public attitudes towards persons with mental illness remain relatively unchanged.

CONSEQUENCES OF DISCRIMINATION AND STIGMA

Negative attitudes, stigma and discriminatory treatment impact seriously on persons with mental illnesses. According to the Mental Health Commission (1997): Discrimination against Mental Health Consumers: The consequences of discrimination and stigma can be classified as below:

Degradation

Evident (clear) and non- evident derogatory comment on mental illness can happen at all levels, from simple conversation to serious debates, is generally socially acceptable. Example:

Scape-goating

Mental illness is often falsely associated with violent crime.

Shame

Shame means that many consumers and their families do not wish to admit to their association with mental illness. *'My younger brother was told I was in jail. Jail wasn't seen to be as bad as a psychiatric hospital. I've never been to jail.'* Thousands of South Africans would rather die than admit that they suffer from some sort of mental illness.

De-humanisation

Ordinary physical, emotional and social needs are often not considered as important for persons with mental illnesses. This can result in a denial of basic human skills, dignity, pleasures and needs, during treatment or by the community.

Denial of access to goods and services

Underpinning all of this and probably of the greatest practical significance in daily life is the common denial of mental health care users access to accommodation, education, employment, information and special need services - basic civil rights.

Inadequate health care

Although everyone has mental health needs these tend to be neglected in general medicine, despite the fact that mind and body are both of concern to the pursuit of good health. Moreover, it seems that patients with a history of mental illness have more difficulty in accessing general health care because their 'stories' about their symptoms are not always taken seriously.

Invisibility

Attitudes in society generally reflect a lack of general awareness of the need to care for one's mental health. An employee cannot comfortably say to the boss, *'I need a day off as I am stressed and may become depressed if I am not careful'*. Nor is an employee likely to admit visiting a counsellor or psychiatrist, although a visit to the general practitioner or even hospital is without shame.

These inhibitions weigh most heavily on people who have been in institutions, or even more so, on people who show visible signs of mental illness. If they admit to mental health treatment, they have a radically reduced chance of getting a job or even participating in society in an ordinary way, such as finding accommodation, membership in a sports club or just gaining friends.

Media/community attitudes

Although media attitudes towards mental illness are to some extent a measure of public attitudes, the media is clearly also a source a public information about mental illness. Research conducted (Patten, D. Ibid; 1992- Public Attitudes to Mental Illness) shows that the media have a substantial impact on community attitudes. Persons with mental illness may be portrayed in the media as dangerous, unbalanced or violent.

Even without dramatic events involving a person with mental illness, informal surveys of the media find that coverage chooses angles which reinforce negative community perceptions. For example, common approaches to a range of mental health related stories are:

1. Deinstitutionalisation - how it is not working, that it is under-resourced, that the workforce needs training and support, and that the community cannot 'shoulder the responsibility'

2. The weaknesses and inadequacy of the legislation, in particular a perceived inability to ensure adequate services are available to those with mental illness. (Romans, SE; 1995: A Community's Attitude towards the Mentally Ill)

Furthermore, these stories are commonly laced with stigmatising language, such as 'schizophrenic', or 'committed psychiatric patient'.

Understanding Mental Illness?

Information for the following has been sourced from the following:

- Mind: For Better Mental Health- "Understanding Mental Illness- www.mind.org.uk
- Medicine Net.Com
- Mayo Clinic: Diseases & Conditions- Mental Illness- www.mayoclinic.com
- National Institute of Mental Health: Types of Mental Illnesses- Mental Health Information- www.nimh.nih.gov

Mental illness is very common. It is a term that refers to all the different types of mental disorders, including disorders of thought, mood or behavior. To be classified as a mental illness, the condition must cause distress and result in a reduced ability to function psychologically, socially, occupationally or interpersonally.

Mental illness is a psychological or behavioural disorder or disability that is beyond what is considered normal. Mental illness can occur when the brain (or part of the brain) is not working well or working in the wrong way. When the brain is not working properly, one or more of its six functions will be disrupted (thinking or cognition, perception or sensing, emotion or feeling, signaling, physical functions and/or behavior). When these functions significantly disrupt a person's life, we say that the person has a mental disorder or a mental illness.

This means that someone who has a mental illness may have trouble coping with emotions, stress and anger, for instance, and trouble handling such things as daily activities, family responsibilities, relationships, or work and school responsibilities. You can have trouble, to a greater or lesser degree, with one area or all of them. And you can have more than one type of mental illness at the same time. Unlike the images often found in books, on television and in films, most people can lead productive and fulfilling lives with appropriate treatment and support. For some people, drugs and other medical treatments are helpful, but for others they are not.

Medical treatment may only be a part of what helps recovery, and not necessarily the main part. It's important to remember that having a mental illness is not someone's fault, it's not a sign of weakness, and it's not something to be ashamed of. Seeing someone's problems solely as an illness that requires medical treatment is far too narrow a view. It discourages people from thinking about the many different influences on someone's life, on their thoughts, feelings and behaviour, which can cause mental distress. It may also prevent people from exploring the various non-medical treatment options that are available. For these reasons, some people prefer to talk about mental or emotional distress, rather than mental illness.

How is it diagnosed?

Psychiatrists have classified mental distress into different categories, or diagnoses. Making a diagnosis helps a psychiatrist to assess what treatment is needed and to predict what is likely to happen. It can also be a relief to a distressed person to be able to put a name to what is wrong. But there are limits to diagnosis. Each person's experience of mental distress is unique and it can be misread, especially if there are cultural, social or religious differences between doctor and patient. Different doctors may give one person completely different diagnoses.

Simply focusing on the symptoms can mean that not enough attention is paid to the person as a whole, and to their situation. Their experience may hold a meaning for them, which no medical diagnosis can do justice to.

If a diagnosis becomes a label, it can be very damaging. For example, instead of being seen as a parent, writer, mechanic or student who has schizophrenia, a person may be seen as 'a schizophrenic', as though this diagnosis summed them up. It's important to remember that a diagnosis does not have to determine the whole course of life, and may come to be a relatively minor part of an individual's identity or history.

It's possible to recover completely from mental illness and many do. Sometimes, people even emerge from the experience feeling stronger and wiser. Others get over the worst, but remain vulnerable, and relapse from time to time. Some don't recover, and will continue to receive treatment in the long term. Psychiatrists aren't able to predict, accurately, what each individual outcome will be. Recovery is possible with all types of mental illness.

WHEN DOES MENTAL ILLNESS BECOME A DISABILITY?

This happens when mental illness significantly interferes with the performance of major life activities, such as learning, working and communicating, among others.

Some people can experience a mental illness over many years. The type, intensity and duration of symptoms vary from person to person. They come and go and do not always follow a regular pattern, making it difficult to predict when symptoms and functioning will be noticed, even if treatment recommendations are followed. The symptoms of mental illness often are effectively controlled through medication and/or psychosocial rehabilitation. For some people, the illness continues to cause periodic episodes that require treatment. Consequently, some people with mental illnesses will need no support, others may need only occasional support, and still others may require more substantial, ongoing support to maintain their quality of life.

WHAT FORMS CAN MENTAL ILLNESS TAKE?

Mental illness takes many forms. The terms used to diagnose them are sometimes words that are in everyday use, for example, 'depression' or 'anxiety'. This can make them seem easier to understand, but their familiarity can mean underestimating just how severe and incapacitating these conditions may be. Some of the most commonly diagnosed forms of mental illness are described below.

Depression

Depression lowers your mood, and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite and self-esteem, and interfere with daily activities. It may even affect your physical health. This may set off a vicious circle, because the worse you feel, the more depressed you are likely to get. Depression often goes hand in hand with anxiety.

Anxiety

Anxiety can mean constant and unrealistic worry about any aspect of daily life. You may feel restless and have problems sleeping. You may also suffer from physical symptoms. Your heart may beat faster, your stomach may be upset, your muscles may tense up and you may feel shaky. Anxiety also feeds on itself. Someone who is highly anxious may develop other related problems, such as panic attacks, a phobia or obsessive-compulsive disorder.

Panic attacks

These are sudden, unexpected bouts of intense terror. You may find it hard to breathe, and feel your heart beating hard in your chest. You may have a choking sensation and a pain in the chest, begin to tremble or feel faint. It's easy to mistake these for the signs of a heart attack, or other serious problem. Panic attacks can occur at any time, and this is what distinguishes them from a natural response to real danger.

Having one panic attack doesn't necessarily mean you will have another one. But, sometimes, the experience is so frightening that people become afraid of having another. This fear may actually trigger another attack when a similar situation arises.

Obsessive-compulsive disorder

Someone with an obsessive-compulsive disorder feels they have no control over certain thoughts or ideas that are highly disturbing to them, but which seem to force themselves into consciousness. These thoughts, or obsessions, create unbearable anxiety, which can only be relieved by performing a particular ritual to neutralise them. This could be something like repeatedly opening and closing a door, washing your hands, or counting.

Phobias

A phobia is an unreasonable fear of a particular situation or object. It may cause major disruption to life because it imposes such restrictions on the way people live. Agoraphobia (fear of open spaces) can cause such paralysing fear that a person may remain isolated in their own home, afraid to go out. Other common phobias include fear of animals, heights, flying and enclosed spaces.

Manic depression (Bipolar disorder)

Manic depression is a mood disorder. During manic episodes, people tend to be hyperactive, uninhibited, reckless, and scattered ideas. At other times, they may go through long periods of being very depressed. Not everyone experiences both these extremes.

Schizophrenia

Schizophrenia is one of the most debilitating of all mental illnesses and can severely interfere with someone's ability to perform everyday tasks and activities. Symptoms may include hearing voices and seeing things that other people can't. Someone with these problems may become confused and withdrawn.

What are the causes of mental illness?

There are many opinions about what causes mental illness. It's part of a wider debate about what makes people the way they are, whether their personality is shaped by the life experiences they have gone through, or whether it's determined by their genetic make-up, inherited from their parents. It's possible that some people are more vulnerable to mental health problems, which could be triggered by stressful or traumatic events. The following are some of the possible causes of mental illness. It may be due to any one of these factors, or to a combination of them.

Difficult family background

Growing up feeling uncared-for, scared of a parent, or having been sexually abused can make people highly insecure and more vulnerable to mental distress. But being much too overprotected as a child can also put you at risk.

Hidden feelings

You may have been discouraged from expressing your feelings from a very early age. As a child, you may even have been punished for getting angry, crying or laughing too loudly. Feelings that are held back, and which are not expressed, affect your physical and mental health.

Stressful life events

These may be traumatic events, such as the death of someone close, or longer-term struggles, such as being the victim of some form of harassment or oppression.

Biochemistry

Your body chemistry can affect your mind. For example, if you are frightened, it triggers the body's 'fight or flight' response to produce a hormone called adrenalin. If physical activity doesn't use up all the adrenalin, the body remains tense and the mind stays over-active.

Genes

You inherit physical characteristics from your parents and can pass them on in the same way. It's possible that your genetic make-up can also affect your personality. There are genes that cause physical illnesses, so there may be genes that predispose a person towards mental illness. There is some scientific evidence to support the idea that one person may be more likely than another to develop a particular problem, such as manic depression or schizophrenia.

How can the mental health system help?

If you are having problems, your first point of contact with the mental health system is likely to be your general practitioner. Your general practitioner can also refer you to specialist mental health services, if necessary. You may be referred to a psychologist or psychiatrist in a hospital near you.

If family members suspect that a family member, friend or community member may be presenting with mental illness, they can contact their nearest mental health society for advice and assistance.

Community care services

A general practitioner or hospital doctor can refer people separately for assessment for community care services. These include day centres, residential facilities with care and support, help with employment and education, support groups and advocacy groups.

Residential care

If you are not able to cope on your own at home, residential care facilities offer a much higher level of input for people with severe mental health problems.

Hospital treatment

Hospital can provide a place of haven, offering shelter and protection. It can also supply an opportunity for the staff to assess people's needs and find the best way of helping them. Unfortunately, a stay in hospital can be distressing for some people. A hospital ward may offer little privacy, and it can be frightening to be with other people who are acting in a disturbed way.

Crisis intervention

In a growing number of areas, there are special crisis intervention teams. These are able to support someone through a major crisis at home or in a residential crisis centre, without going into hospital.

What are the different treatments?

Medication

By far the most common type of treatment is prescription medication, given by a psychiatrist. Depending on the diagnosis, there are a variety of medications that are commonly used. Different types of medication can be used to help someone calm down, or to help them sleep, to lift depression (antidepressants), or control disturbing thoughts. The great advantage of medication is that they can help people to keep going. Persons with mental illnesses can go to work each day, or look after their children, while taking them. Without medication they might have lost their jobs or been separated from their families.

However, medications do not 'cure' mental illness. Medication can relieve the symptoms of mental distress, but the underlying problems often remain. Medication can also have side effects that may make people feel worse rather than better. They need to be used with caution. If there are serious side effects, they must consult their doctors, psychiatrist for assistance.

Counselling sometimes in combination with medication, can be very successful in helping people deal with mental illness. Professionally qualified mental health professionals/ counselors are specially trained to help people to a better understanding of themselves, and to overcome difficulties in their lives.

General practitioners often employ counselors, who are trained to listen, and who may see you once or twice a week. They can help you deal with specific issues, such as bereavement, or to find strategies for managing your life better.

What can friends and relatives do to help?

If someone close becomes mentally distressed, it's likely to provoke strong feelings. It can be painful to see them suffering, and it can also be frightening to be with someone who is feeling desperate or acting strangely. It can disrupt life and, sometimes, people find themselves in a caring role they have not chosen. There can be a positive side too. A crisis can bring people together, giving them a chance to express love and affection in a way that has not been possible before. In many cases, people will have the pleasure of seeing their friend or relative make a recovery. It's easier to support someone well if the caring role is shared with others. Finding someone to talk to about the situation is also very helpful. If your friend or relative has been given an assessment, you may be entitled to have your needs as a carer assessed and taken into account.

Impact of Mental Illness on Families.

Mental illness is common. We all know someone who has been, or who will be, affected by mental illness, yet, very few people know less about it. It is human nature to fear what we don't understand. As such, mental illness is feared by many people and, unfortunately, still carries a stigma (a stigma which is defined as a mark or sign of disgrace). Because of this stigma, many people hesitate to get help for a mental health problem for fear of being looked down upon or not being accepted. It is unfortunate that this happens

because effective treatment exists for almost all the mental illnesses. Worse, the stigma experienced by persons with mental illness can be more destructive than the illness itself.

If you want to help remove the social stigma of mental illness, as communities or families, you need to understand what mental illness is and what you can do to embrace, accept and help persons with mental illnesses. Having a family member with a mental illness can be very stressful. Whether the person with a mental illness is a son, daughter, husband, wife, brother or sister, you will be affected by their illness too. Persons with mental illness/ psychiatric disability often need much love, help and support. At the same time, the problems, fears and behaviour of your relative with a mental illness may strain your patience and your ability to cope.

There are many different kinds of mental illness, and each has its own symptoms. During periods when your relative is ill, he/she may be demanding and disruptive, or extremely withdrawn and inactive. In fact, a mentally ill person's behaviour may keep on changing because the symptoms may fluctuate.

Whether you suspect, or know for certain, that a member of your family has a mental illness/ psychiatric disability, you will probably find that it helps to learn more about the illness.

Understanding Denial

When mental illness first strikes, family members may deny the person has a continuing illness. During the acute episode family members may be alarmed by what is happening to their loved one. When the episode is over and the family member returns home, everyone will feel a tremendous sense of relief. All involved wants to put this painful time in the past and focus on the future. Many times, particularly when the illness is a new phenomenon in the family, everyone may believe that since the person is now doing very well that symptomatic behavior will never return. They may also look for other answers, hoping that the symptoms were caused by some other physical problem or external stressors that can be removed. For example, some families move thinking that a "fresh start" in a new environment will alleviate the problem.

Sometimes, even after some family members do understand the reality of the illness, others do not. Those who do accept the truth find that they must protect the ill person from those who do not and who blame and belittle the person who is ill for unacceptable behavior and lack of achievement. Obviously, this leads to tension within the family, and isolation and loss of meaningful relationships with those who are not supportive of the ill person.

Families may also have little knowledge about mental illness. They may believe that it is a condition that is totally disabling. This is not so. However, it is difficult to know where to turn to get information. Without information to help families learn to cope with mental illness, families can become very pessimistic about the future. The illness seems to control their destiny rather than the family, including the ill member, gaining control by learning how to manage the illness and to plan for the future.

It is imperative that the family find sources of information that help them to understand how the illness affects the person. They need to know that with medication, rehabilitation or a combination of both, the

majority of people do return to a normal life style. It is also imperative that the family finds sources of support for themselves.

Understanding Stigma

Even when all members of the family have the knowledge to deal with mental illness, the family is often reluctant to discuss their family member with others because they do not know how people will react. After all, myths and misconception surround mental illness. For many, even their closest friends may not understand. For example, the sister of a young man with schizophrenia pointed out that when a friend's brother had cancer, all his friends were supportive and understanding. But, when she told a few, close friends that her brother has paranoid schizophrenia, they said little and implied that something must be very wrong in her family to cause this illness. Family members may become reluctant to invite anyone to the home because the person with a mental illness can be unpredictable or is unable to handle the disruption and heightened stimulation of a number of people in the house. Furthermore, family members may be anxious about leaving the person at home alone. They are concerned about what can happen. The result is they go out separately or not at all.

The result of the stigma attached to mental illness in so many areas of daily life, is that the family becomes more and more withdrawn. When others do not accept the reality of mental illness, families have little choice but to withdraw from previous relationships both to protect themselves and their loved one. They are unwilling to take any more risks of being hurt and rejected. Not surprisingly, all of this can lead to withdrawal from actively participating in their daily life activities.

Understanding Frustration, Helplessness and Anxiety

It is difficult for anyone to deal with strange thinking and bizarre and unpredictable behavior. Imagine what it must be for families of persons with mental illness. It is bewildering, frightening and exhausting. Even when the person is stabilized on medication, the apathy and lack of motivation can be frustrating.

Family members may have trouble understanding any difficulties the person is having, or they may tell themselves that the person will "*snap out of it*" if given time, support and encouragement. Families may become angry and frustrated as they struggle to get back to a routine that previously they have taken for granted. How much easier to believe everything will go on as before, rather than to focus on the changes and adjustments the person and the family must make. This behavior often results in the family going from crisis to crisis, without any plan to deal with the situation. They become more and more frustrated and bewildered because both the person with a mental illness and the family have no control and no understanding of what is happening.

Obviously such constant stress and concern can create serious family problems. Family life can be unsettled and unpredictable. It becomes very difficult, often impossible, to plan for family outings or vacations or to have even the simplest gathering at home. The needs of the mentally ill member become paramount. At the same time there remain the needs of other family members and the usual problems of everyday life.

For siblings this can be very painful. It may appear that their needs, their time to have the focus on them, are put off or ignored. In some cases the parents disagree on what should be done or find that caring for the person with a mental illness leaves them too exhausted to give much attention to their partner. This very draining experience can create an atmosphere of confusion and resentment, which can result in irreparable damage to the family.

Understanding Exhaustion and Burnout

Often families become worn out and discouraged dealing with a loved one who has a mental illness. Having gone down many dead-end streets in an attempt to find assistance, they may be hesitant to try another approach for fear of another failure. They may begin to feel unable to cope with living with a person with mental illness who must be constantly cared for. Hopefully they can develop a plan to allow each family member to take responsibility for different tasks and/or to trade off times of primary responsibility. But often, they feel trapped and exhausted by the stress of the daily struggle, especially if there is only one family member.

Families may feel completely out of control. They may be at their wit's end, believing that it is impossible to predict what will happen from day to day. This may happen because the person who is ill has had no limits set on his/her behavior. The person may rule the family as a tyrant who is demanding, threatening, and refusing all efforts to help him/her alter unacceptable behavior. This is especially likely to happen when the person is unable, because of the illness, to understand the effect of his/her destructive behavior. Families may say they can no longer stand the abusive behavior, the threats, the living in constant fear, and the constant talk of suicide. It is imperative that the family is referred to a mental health professional, such as a social worker, a psychologist, a psychiatrist and a support group. These resources can assist the family in making a plan to manage a volatile situation and in setting limits. Families need to be reminded that in the light of all the pain they see around them, they are bound to feel helpless at times. They should be able to admit this without shame. They should know that in caring and in being there, they are doing something that is vital for their ill loved one.

Understanding Grief

One of the greatest difficulties for families in accepting any life altering illness of a loved one is dealing with a changed future and expectations. The grief is particularly acute for families where a loved one has a mental illness. This illness impairs the person's ability to function and participate in the normal activities of daily life, and that impairment can be ongoing. Families struggle with accepting the realities of an illness that is treatable, but not curable.

Imagine how it must feel watching others finish their education, get jobs, and have families while your child is struggling to obtain Grade 12 or college diploma or university degree., barely holding on in a supported living arrangement, and having lost his friends, one by one, as their lives have less and less in common. Families grieve for what might have been and find it difficult to focus on the possibilities that remain for their loved one. Very often they see the person as having substantially diminished potential rather than as having a changed potential. Without a caring place, without someone to be with them through this grief process, they may never come to accept the illness. Of course the pain may never go away. But, working through their grief allows them to accept what has happened and to move on. In these situations a social

worker can be a supportive listener who understands the need for this process and the presence of someone to help.

Families may ask why mental illness has struck this family. They need to know that, just as with any serious illness, there may be no good answer. It is no one's fault, it is simply an illness that has struck just as cancer, diabetes, or heart disease can strike. In this situation, the social worker or a support group can assist the family to turn their questioning toward learning about the illness and how to handle it. The added assistance of a support group, such as the South African Depression and Anxiety Support group and SABDA can be most helpful to the family. They will find others in these groups who have experienced some of the same problems and concerns. They will be able to find that they are not alone, that others have found answers and that with sufficient resources things can improve for them just as they have for others.

Family members may find that mental illness is so devastating that it is hard to bear. However, just as with multiple sclerosis, diabetes or a disabling accident that strikes young adults, the family must guard against pity or placing the person with a mental illness in the role of victim. The entire family, including the person who is ill, should be encouraged to look to the future with a plan for dealing with the illness. Certainly this can be difficult and time consuming, but it will lead to building on and strengthening the person's and the family's assets rather than concentrating on deficits. Again, a mental health professional and a support group can be very helpful in assisting with this process.

Understanding the Need for Personal Time and to Develop Personal Resources

If family members deteriorate due to stress and overwork, it can result in the family member with a mental illness having no ongoing support system. Therefore, families must be reminded that they should keep themselves physically, mentally and spiritually healthy. Granted this can be very difficult when coping with their ill family member. However, it can be a tremendous relief for families to realize that their needs should not be ignored. There may be no one else except the social worker, counselor who will help them to focus on their needs and their concerns. The family should continually be reminded that it is necessary to take time for themselves, despite the demands of assisting their family member. For anyone living and/or working with a person who has a mental illness, one should:

- **Develop Spiritual Resources:** Understand that feelings of spiritual distress are a normal reaction to having a family member or friend struck by a life altering illness. Realize that other people of faith have feelings of abandonment, frustration, anger, anxiety, helplessness, isolation and hopelessness. Develop your spiritual identity and resources. Seek help from your pastor, a pastoral counselor, or a therapist who affirms the importance of spiritual resources. Continue your connectedness with your faith community.
- **Avoid placing blame and guilt:** Recognize that you are a loving family member and/or friend and not a magician. None of us can change the situation; we can only be supportive of ourselves and our loved one as each of us attempts to find ways to manage mental illness. Focus on the good things that happened during each day. Realize that we all have physical and emotional limits. Do not blame yourself or others if that limit is reached.
- **Look for support:** Learn to give support, praise and encouragement and learn to accept it in return. Use a support network regularly for empathy, reassurance, affirmation and refocusing.

Attend a support group (check with your nearest mental health society). Accept practical, appropriate assistance from family members and friends willing to help or assist.

- **Seek relief from stress:** Find a pleasurable place to go each day. Find a place where you can be alone. Use it whenever you need it. Be gentle with yourself. Spend some time away from the person with mental illness. Avoid activities that increase your levels of tension. Inject some humor in your life; "Give your brain a breather".
- **Learn to gain control of your life:** Learn to set limits and to make choices. Learn to say "no" and mean it. If you can't say "no," what is your "yes" worth? Use the expression "I choose to" rather than "I have to," or "I should." Learn to say "I won't" rather than "can't." Take care of your own nutritional and sleep needs. Establish short term and long term goals for yourself. You may find it helpful to keep a journal.
- **Continue outside interests:** Realize that you should continue your leisure activities, your church activities, your relationships with others, your hobbies, etc. Remember to find times every day, however brief, to enjoy life. Get plenty of physical exercise.
- **Learn about the mental illness:** Remember neither you nor the person affected by the mental illness are responsible for their condition.

How Mental Health Resources Can Assist A Family

Mental health professionals and support and advocacy groups help a family as they work through their feelings of loss, confusion, and concerns about caring for the ill family member. They can provide information about:

- a. the illness, symptoms, prospects for recovery and suggestions on helping to manage symptomatic behavior
- b. how the brain is affected
- c. medications, side effects and how the medication interacts with other medications
- d. written materials, references, sharing, expertise in problem solving, communication and resources
- e. educational opportunities, such as workshops
- f. planning for the future in terms of finances, housing, rehabilitation, etc.

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