

## 10 Tips for Handling a Schizophrenia Crisis

- Remember that you cannot reason with acute psychosis
- Remember that the person may be terrified by his/her own feelings of loss of control
- Do not express irritation or anger
- Do not shout
- Do not use sarcasm as a weapon
- Decrease distractions (turn off the TV, radio, fluorescent lights that hum, etc.)
- Ask any casual visitors to leave—the fewer people the better
- Avoid direct continuous eye contact
- Avoid touching the person
- Sit down and ask the person to sit down also

Source: *World Fellowship for Schizophrenia and Allied Disorders*

## 60 Tips for Helping People who have Schizophrenia

- **Tips for Handling a crisis**
- **Tips for Communicating**
- **Tips for Avoiding Relapses**
- **Setting Boundaries**
- **How to behave around someone with a brain disease like schizophrenia**
- **Tips for Coping with Having a Family Member who has Schizophrenia**

By Rex Dickens or the NAMI Sibling and Adult Children Network.

If you have a family member with neurobiological disorder ("**NBD**", formerly known as mental illness), remember these points:

1. You **cannot cure** a mental disorder for a family member.
2. Despite your efforts, **symptoms may get worse**, or may improve.
3. If you **feel** much **resentment**, you are giving too much.
4. It is **as hard** for the individual to accept the disorder **as it is** for other family members.
5. Acceptance of the disorder by all concerned may be helpful, but not necessary.
6. A **delusion will not go away by reasoning** and therefore needs no discussion.
7. You may learn something about yourself as you learn about a family member's

mental disorder.

8. Separate the person from the disorder. **Love the person**, even if you hate the disorder.
9. Separate medication side effects from the disorder/person.
10. It is not OK for you to be neglected. You have needs & wants too.
11. Your chances of getting mental illness as a sibling or adult child of someone with NBD are 10-14%. If you are older than 30, they are negligible for schizophrenia.
12. Your children's chances are approximately 2-4%, compared to the general population of 1%.
13. The illness of a family member is **nothing to be ashamed of**. Reality is that you may encounter discrimination from an apprehensive public.
14. **No one is to blame.**
15. Don't forget your sense of humor.
16. It may be necessary to renegotiate your emotional relationship.
17. It may be necessary to revise your expectations.
18. Success for each individual may be different.
19. **Acknowledge the** remarkable **courage** your family member may show dealing with a mental disorder.
20. Your family member is **entitled to his own life journey**, as you are.
21. Survival-oriented response is often to shut down your emotional life. Resist this.
22. Inability to talk about feelings may leave you stuck or frozen.
23. The **family relationships may be in disarray** in the confusion around the mental disorder.
24. Generally, those closest in sibling order and gender become emotionally enmeshed, while those further out become estranged.
25. Grief issues for siblings are about what you had and lost. For adult children the

issues are about what you never had.

26. After denial, sadness, and anger comes acceptance. The addition of understanding yields compassion.

27. The mental illnesses, like other diseases, are a part of the varied fabric of life.

28. Shed neurotic suffering and embrace real suffering.

29. The mental illnesses are not on a continuum with mental health. **Mental illness is a biological brain illness.**

30. **It is absurd to believe you may correct a physical illness such as diabetes,** the schizophrenias, or Bi-Polar Disorder **with talk**, although addressing social complications may be helpful.

31. **Symptoms may change** over time while the underlying disorder remains.

32. The disorder **may be periodic**, with times of improvement and deterioration, independent of your hopes or actions.

33. You should **request** the diagnosis and its **explanation from professionals.**

34. Schizophrenia may be a class of disorders rather than a single disorder.

35. Identical diagnoses does not mean identical causes, courses, or symptoms.

36. Strange behavior is symptom of the disorder. **Don't take it personally.**

37. You have a right to assure your personal safety.

38. Don't shoulder the whole responsibility for your mentally disordered relative.

39. You are not a paid professional case worker. Work with them about your concerns.

Maintain your role as the sibling, child, or parent of the individual. **Don't change your role.**

40. Mental health professionals, family members, & the disordered all have ups and downs when dealing with a mental disorder.

41. Forgive yourself and others for mistakes made.

42. Mental health professionals have varied degrees of competence.

43. If you can't care for yourself, you can't care for another.

44. You may eventually forgive your member for having MI.

45. The needs of the ill person do not necessarily always come first.

46. It is important to have boundaries and set clear limits.

47. Most modern researchers favor a genetic, biochemical (perhaps interuterine), or viral basis. Each individual case may be one, a combination, or none of the above.

**48. Learn more about mental disorders.**

49. From *Surviving Schizophrenia*: "Schizophrenia randomly selects personality types, and families should remember that persons who were lazy, manipulative, or narcissistic before they got sick are likely to remain so as schizophrenic." And, "As a general rule, I believe that most persons with schizophrenia do better living somewhere other than home. If a person does live at home, two things are essential--solitude and structure." And, "In general, treat the ill family member with dignity as a person, albeit with a brain disease." And, "Make communication brief, concise, clear and unambiguous."

50. It may be therapeutic to you to help others if you cannot help your family member.

51. Recognizing that a person has limited capabilities should not mean that you expect nothing of them.

**52. Don't be afraid to ask your family member if he is thinking about hurting himself.**

**A suicide rate of 10% is based on it happening to real people. Your own relative could be one. Discuss it to avoid it.**

53. Mental disorders affect more than the afflicted.

54. Your conflicted relationship may spill over into your relationships with others. You may unconsciously reenact the conflicted relationship.

55. It is natural to experience a cauldron of emotions such as grief, guilt, fear, anger, sadness, hurt, confusion, etc. You, not the ill member, are responsible for your own feelings.

56. Eventually you may see the silver lining in the storm clouds: increased awareness, sensitivity, receptivity, compassion, maturity and become less judgmental, self-centered.

57. Allow family members to maintain denial of the illness if they need it. Seek out

others whom you can talk to.

**58. You are not alone.** Sharing your thoughts and feelings with others in a support group is helpful and enlightening for many.

59. The mental disorder of a family member is an emotional trauma for you. You pay a price if you do not receive support and help.

60. Support the schizophrenia society and the search for a cure!

### Guidelines for Communicating with a Person with Mental Illness

Be respectful to the person. When someone feels respected and heard, they are more likely to return respect and consider what you have to say.

If they are experiencing events like hallucinations, be aware that the hallucinations or the delusions they experience are their reality. You will not be able to talk them out of their reality. They experience the hallucinations or delusional thoughts as real and are motivated by them. Communicate that you understand that they experience those events. Do not pretend that your experience them.

Some people with paranoia may be frightened, so be aware that they may need more body space than you.

Do not assume that they are not smart and will believe anything you tell them.

Mental illness has nothing to do with the person's intelligence level. Do not lie to them, as it will usually break any rapport you might want to establish.

Do not just pass them on to another person like a "hot potato" just to get rid of them. This may save you time in the short run, but may come back to haunt you later, or cause problems for someone else. Anyone who is passed unnecessarily from one person to another can become angry or violent. Refer them to someone else only if it is an appropriate referral.

Listen to the person and try to understand what he/she is communicating. Often, if you do not turn off your communicating skills, you will be able to understand. Find out what reality based needs you can meet.

If needed, set limits with the person as you would others. For example, "I only have five minutes to talk to you" or "If you scream, I will not be able to talk to you."

Keep a current list of community resources, like shelters, food programs, and mental health services that you can suggest to them (if they need it). Some people will not accept the suggestion, but some will.

Call for help (police, security, or colleagues) if you feel physically threatened or need help de-escalating the person.

## Mental Illness and Violence

Mental illness alone does not increase the risk of violence, but when mental illness is combined with other risk factors such as substance abuse, it does increase the risk of violence. Previous research has produced mixed results about the link between mental illness and violence.

In a 2009 landmark study conducted by Eric Elbogen and Sally Johnson at UNC-CH School of Medicine, data were evaluated on nearly 35,000 people, all interviewed about their mental health, history of violence, and use of substances between 2001 and 2003. They found that the percentage of participants reporting a mental illness reflected the percentages found in the general population and in other studies.

In a second interview conducted in 2004 or 2005, participants were asked about any violent behavior, such as committing a sexual assault, fighting, or setting fires, in the time between interviews. In the time between the first and second interviews, 2.9% of participants said they had been violent. When Elbogen and Johnson evaluated the possible associations between mental illness, violence, and other factors, having a mental illness alone did not predict violence, but having a mental illness and a substance abuse problem did increase the risk of violence.

When Elbogen and Johnson looked at those who only had a severe mental illness, 2.4% had been violent. But when they looked at those with major depression and substance abuse or dependence,

6.47% had been violent. When they looked at those with schizophrenia, 5.15% reported violent behavior in the time period between the interviews. But when a person with schizophrenia also had substance abuse or dependence problems, 12.66% reported violent behavior in the time between the interviews. The highest risk for violence was found in those who had mental illness, a substance abuse problem, and a history of violence. These participants had 10 times the risk of violence than those who only had mental illness.

Other factors that predicted violent behavior included a

- history of juvenile detention or physical abuse,
- having seen parental fighting,
- recent divorce,
- unemployment,
- being victimized themselves,
- being younger, male, and low-income.

Another excellent overview of mental illness and violence was conducted by by Marie E. Rueve, MD; and Randon S. Welton, MD, Lt Col, USAF in 2008.

Whether a person is mentally ill or not, one does not just "snap" as is often reported in the media. There is generally a progression of behaviors down a pathway toward violence and those behaviors often become noticeable as a person moves down that path. As public service providers, parents, teachers, friends, family, co-workers, and law enforcers, we should learn how to recognize those behavioral warning signs and communicate our concerns to people who might be able to help. Unfortunately, it can be extremely difficult to get help for someone with mental illness that doesn't accept the help.