

## Guidelines:

**DON'T THREATEN.** This may be interpreted as a power play and increase fear or prompt assaultive behavior by the patient.

**DON'T SHOUT.** If the mentally ill person seems not to be listening, it isn't because he or she is hard of hearing. Other "voices" are probably interfering.

**DON'T CRITICIZE.** It will only make matters worse. It can't possibly make things better.

**DON'T SQUABBLE** with other family members over "best strategies" or allocation of blame. This is no time to prove a point.

**DON'T BAIT** the patient into acting out wild threats. The consequences could be tragic.

**DON'T STAND** over the patient if he or she is seated. Instead seat yourself.

**AVOID** direct, continuous eye contact or touching the patient.

**COMPLY** with requests that are neither endangering nor beyond reason. This provides the patient with an opportunity to feel somewhat "in control".

**DON'T BLOCK THE DOORWAY.**

---

## How to Get Help

### *If you have a mental illness:*

- Seek medical care through a psychiatrist and/or your primary care physician.
- Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc.

*\*Sometimes people must try several different treatments or combinations of treatments before they find the one that works for them.*

- Attend a NAMI Connection Support Group
  - **LEARN** about you illness. The more you know, the more you are able to help yourself. Start with NAMI today!
- 

### *If you are a family member with a loved one who has a mental illness:*

- Take care of yourself.
- Take NAMI's Family to Family course, attend a NAMI Family Support Group, attend a NAMI Family & Friends presentation, and/or take NAMI Basics if you have a loved one who is a child.
- Learn about your loved one's illness.



# DOs & DON'Ts for Families of Persons with Mental Illness



*Recovery is possible.  
Find Help. Find Hope.*

Website: [www.namivalleyofthesun.org](http://www.namivalleyofthesun.org)

Phone: 602-244-8166

Email: [info@namivalleyofthesun.org](mailto:info@namivalleyofthesun.org)

## Dos and Don'ts in Helping Your Family Member or Loved One

### Helpful DOs:

#### A. Communication:

1. Be respectful and calm.
2. Stick to one topic at a time.
3. Keep a positive attitude.
4. Be honest with yourself and with your family member
5. Use humor (when appropriate).
6. Communicate openly and often with the doctors.

#### B. Building family member's self-esteem:

1. Genuinely praise and compliment your loved one frequently, even for day-to-day behaviors.
2. Work together to create short-term goals.
3. Stay active—plan and engage in activities together.

#### C. Dealing with difficult behavior:

1. Accept the fact that the person has a legitimate illness.
2. Set and discuss clear limits, rules, and expectations for the family member's behavior.
3. Be consistent and predictable.
4. Keep a log of your loved one's symptoms, responses to various medications, hospitalizations, etc.
5. Pay attention to warning signs of possible relapse, worsening of symptoms, etc.
6. Give your family member space when she/he asks for it (as long as she/he is not dangerous to him/herself or others)

#### D. Taking care of yourself

1. Stay in contact with your support system.
2. Educate yourself about mental illness.
3. Talk to other people who are struggling with similar situations (NAMI Family Support Groups, etc.)
4. Remember that you are not alone.
5. Take 1 minute at a time.

### Helpful DON'Ts:

#### A. Communication:

1. Don't tease your family member about his/her symptoms.
2. Don't yell or shout at your family member.
3. Don't argue with your family member about his/her symptoms (e.g. don't try to talk him/her out of delusions or hallucinations).
4. Don't get stuck in talking about the past—stay in the present.

#### B. Dealing with difficult behavior

1. Don't take the symptoms or illness personally.
2. Don't tolerate abuse of any kind from your family member.
3. Don't blame all your family member's undesirable behaviors on the mental illness.
4. Don't always interpret his/her emotional distance as reflective of something about your relationship.

#### C. Dealing with the fact that your family member has a mental illness:

1. Don't let the illness run your life.
2. Don't try to be your family member's therapist.

#### D. Enhancing your family member's self-esteem:

1. Don't make all the decisions for your loved one—allow him/her to make as many decisions as possible.
2. Don't tell your family member to just “get over it” or to “get a life”
3. Don't call your family member names (e.g., psycho, crybaby, etc.).

### Handling a Crisis

*Things always go better if you speak softly and in simple sentences.*

Sooner or later, if a family member is afflicted with a serious mental illness, a serious crisis will occur. When this happens, there are some actions you can take to help diminish or avoid the potential for disaster. Ideally, you need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the mentally ill person with mental illness.

Seldom, if ever, will a person suddenly lose total control of thoughts, feelings and behavior. Family members or close friends will generally become aware of a variety of behaviors which give rise to mounting concern: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, etc.

During these early stages a full blown crisis can sometimes be averted. Often the person has ceased taking medications. If you suspect this, try to encourage a visit to the physician. The more psychotic the patient, the less likely you are to succeed.

### For Physicians:

You must learn to trust your intuitive feelings. If you, too, feel frightened or panic stricken, the situation calls for immediate action. Remember, your primary task is to help the patient regain control. Do nothing to further agitate the scene.

It may help you to know that the patient is probably terrified by the subjective experience of loss of control over thoughts and feelings. Further the “voices” may be life-threatening commands: messages may be coming from the light fixtures, the room may be filled with poisonous fumes, snakes may be crawling on the window.

Accept the fact that the patient is in an “altered reality state”. In extreme situations, the patient may “act out” the hallucinations, e.g. shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, contact someone to remain with you until professional help arrives.