



**A CLIENT CARE MODULE:
HELPING CLIENTS
WITH MENTAL ILLNESS**



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A Client Care Module:
**HELPING CLIENTS
WITH MENTAL ILLNESS**

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Define mental illness.



Describe at least three symptoms each of mania, depression, anxiety disorder and schizophrenia.



Discuss how you can help your clients manage the symptoms of mental illness.

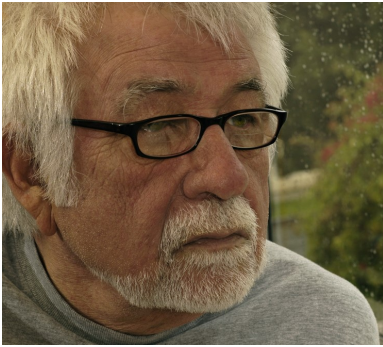


List at least three warning signs you may observe in a suicidal client.



Demonstrate in your daily work how you can help your mentally ill clients.

THANK YOU!



A Client Care Module:
Helping Clients with Mental Illness

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CRAZY, LOONY, BATTY OR NUTS?

Imagine going through life feeling like no one understands you—and like you don't even understand yourself. Over the years, family members have said that you're "crazy", "loony", "batty" and "mad as a hatter". Some people in town call you "nuts", "schizo", and "screwy". They cross to the other side of the street when they see you coming.

You're afraid to talk about the weeks you've spent in the hospital. People might think you've truly "lost your marbles" or tease you for being in the "loony bin", the "funny farm" or the "nuthouse".

You've worked so hard to get better. You take three different medications every day to keep your symptoms under control—even though sometimes the medications make you feel worse.

For a while, you had a full-time job at a daycare center. But, you got fired because some of the parents found out about your illness.

You'd give anything to have an "acceptable" illness . . . like diabetes. Instead, you have a *mental illness*. You feel alone and scared . . . and you wonder how you can get through the rest of your life. *This is only one small example of the problems faced by people who are mentally ill.*

A mental illness is a disease of the brain that affects the way a person thinks, acts and feels.

Many mental illnesses have a physical cause—just like cancer or diabetes. But, mental disorders can also be caused by a person's life experiences or environment.

Mental illness can strike anyone at any age. *Think of it like this:*

Anyone with a heart can get heart disease—and anyone with a brain can get a mental disorder.

Mental illnesses are more common than cancer, diabetes and heart disease! Keep reading to learn more!



WHAT FACTORS INFLUENCE MENTAL HEALTH OR ILLNESS?



COMPARISON: Mental HEALTH versus Mental ILLNESS

SIGNS OF MENTAL HEALTH	SIGNS OF MENTAL ILLNESS
<p>MOOD:</p> <ul style="list-style-type: none"> Finds enjoyment in life. Able to see potential in people or activities to meet one's own needs. 	<p>MOOD:</p> <ul style="list-style-type: none"> Loss of interest in usual activities. Long lasting or severe depression, sadness, hopelessness. Intense "highs" and "lows".
<p>BEHAVIOR:</p> <ul style="list-style-type: none"> Recognizes and responds appropriately to social rules and routines. 	<p>BEHAVIOR:</p> <ul style="list-style-type: none"> Ignores or rejects social rules and routines. May not want to bathe, fix hair or wear clean clothes.
<p>THOUGHTS AND PERCEPTIONS:</p> <ul style="list-style-type: none"> Accurate picture of reality. Can tell the difference between hypothetical ("what if" scenarios) and real situations. Able to predict consequences of one's own actions. 	<p>THOUGHTS AND PERCEPTIONS:</p> <ul style="list-style-type: none"> May suffer from hallucinations or delusions (seeing, hearing or believing things that are not real). Unable to imagine the outcome of a situation. Unable to predict consequences of own behavior.
<p>WORK/SCHOOL FUNCTIONING:</p> <ul style="list-style-type: none"> Can do well in tasks attempted Persistent with mentally and developmentally appropriate tasks even when mild failure is met. 	<p>WORK/SCHOOL FUNCTIONING:</p> <ul style="list-style-type: none"> Performance is poor or inconsistent. Quits in the event of mild failure.
<p>SELF CONCEPT:</p> <ul style="list-style-type: none"> A reasonable degree of self confidence. Sees self as capable of meeting life's basic needs. 	<p>SELF CONCEPT:</p> <ul style="list-style-type: none"> Passive. Relies on others for meeting life's basic needs.. Sees self as helpless, incapable, stupid.

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



HISTORY OF MENTAL ILLNESS IN AMERICA

- The first American asylum for the mentally ill opened in 1769 in Williamsburg, Virginia. With very few facilities available, most mentally ill people were homeless or in jail.
- In the 1830's, a number of institutions were built to house the poor, mentally ill, and orphans—*all in the same place*. Many of the residents died from abuse or contagious diseases.
- In the late 1800's, the government decided that it would be better if mentally ill people lived in their own special hospitals.
- By 1950, most mentally ill Americans lived in state hospitals. Their families were asked not to visit. It was believed that mentally ill people were too delicate for normal family life.
- At the same time, psychiatrists came up with a new theory about the *cause* of mental illness. They announced that family members—*especially mothers*—were to blame. Families were told that mentally ill people *shouldn't* live at home.
- In 1963, President Kennedy introduced the Community Mental Health Act. This law aimed to replace “mental hospitals” with community housing. The thought was that mentally ill people would benefit by living in group homes where they would still be supervised, but not so isolated from the rest of the world. This plan failed.
- The problem with the Community Mental Health Act was that not enough community homes were created. Many families objected to having group homes in their neighborhoods. So, when the state hospitals closed down, mentally ill people ended up returning to their families. Others became homeless.
- Families of the mentally ill were put in a tough spot. First, they were told that their loved one's mental illness was their fault. Then, they were asked to provide loving care for their sick relative. Families received very little support from either the government or the community.
- In 1979, the **National Alliance for the Mentally Ill (NAMI)** was created. This organization *disproved* the myth that mental illness was caused by “bad mothers” and continues to educate the public about the mentally ill and to support their families.
- Today, about 90% of those who would have lived in mental hospitals in 1950 are not in the hospital. Yet, the funding for group homes has been cut again and again, forcing many to close down. So where are the mentally ill? Many live with their families or in treatment centers. Many are homeless or in jail.



THINK
about it!

The Stigma of Mental Illness

(Stigma = Mark of shame)

- In ancient Greece, people with mental illnesses were shunned, locked up or even put to death.
 - In the 1600's, the mentally ill were accused of being possessed by the devil. They were chained and abused for being evil.
 - In the 1800's, a Philadelphia mental hospital was open to the public on weekends. The public paid a fee to see the “lunatics”. It was entertainment . . . like going to the movies.
 - In 1972, the Democratic nominee for Vice President of the United States had to step down because the press found out he'd suffered from depression in the past.
 - Moviemakers in Hollywood add to the stigma of mental illness. Think of movies like “Halloween” and “Psycho”. The bad guys are “mental patients” who have become dangerous killers. This Hollywood image supports the myth that we should be *afraid* of mentally ill people.
1. **What do you think can be done to change the way the public thinks about the mentally ill?**
 2. **What can you do?**

HOW IS MENTAL ILLNESS DIAGNOSED AND TREATED?

A diagnosis of mental illness is made based on criteria found in the *Diagnostic Classification of Mental Disorders (DSM-IV)*. The "IV" stands for "4" because doctors currently follow the 4th edition of this guide.

In the DSM-IV, each disorder has a list of behaviors or symptoms that cause distress or disability over a specific amount of time. For example, in order for a doctor to diagnose "Generalized Anxiety Disorder," the client must have:

- More full days of anxiety than not, for at least six months.
- Difficulty dealing with the anxiety.
- Three or more of the following associated with the anxiety:
 1. Restlessness or feeling on edge.
 2. Get tired easily.
 3. Concentration problems and mind going blank.
 4. Irritability.
 5. Muscle tension.
 6. Problems falling or staying asleep.
- Impairment in important areas of functioning (work, social life).

If all the criteria are met - then a diagnosis is made.

HOW IS MENTAL ILLNESS TREATED?

MEDICATION: Certain medications help balance the brain's chemicals. When the chemicals are in balance, the symptoms of mental illness can be reduced or eliminated.

- There are a number of different drugs used to treat mental illnesses. Some common medications include: Thorazine, Haldol, Prozac, Lithium, Valium and Halcion.
- The side effects of these medications can be very unpleasant, including: drowsiness, dizziness, dry mouth, constipation, nausea, vomiting, weight gain, severe muscle stiffness, blurred vision, drooling, loss of appetite, and restlessness. These side effects are usually temporary.

OTHER TREATMENTS:

- Talk therapy is an important part of treating a mental illness. It focuses on how to solve practical, day-to-day problems so that a mentally ill person can have the most satisfying life possible.
- Electro convulsive therapy (or ECT) is often called "shock treatment". With modern equipment, it's not the horrible "torture" that you may have seen performed in old movies. ECT may be effective for some people with severe depression.



FEED THE BRAIN!

Diet is directly linked to brain function. And, exciting new research is now linking depression, schizophrenia and Alzheimer's Disease (AD) to certain deficiencies in the diet.

Here are some facts:

- Countries with low intakes of omega-3 fatty acids (fish, nuts) have higher levels of depression and AD.
- Complex carbohydrates (whole grains, starchy vegetables, beans) and folic acid decrease the symptoms of depression.
- People with schizophrenia have lower levels of polyunsaturated fatty acids (vegetable, corn, sunflower and soy oils) in their bodies than those without the illness.

To feed your client's brain . . . look for:

- Complex carbohydrates to provide a slow, constant stream of fuel for the body's energy demands.
- Omega-3 fatty acids found in salmon and walnuts to help stabilize mood swings and decrease stress.
- Other essential nutrients include: Iron for energy and oxygenated blood, B vitamins to calm and reduce stress, and vitamin C to strengthen the immune system weakened by stress.

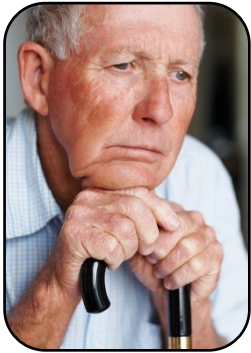
UNDERSTANDING MOOD DISORDERS

MOOD DISORDERS ARE A GROUP OF ILLNESSES THAT INCLUDE:

- **Major Depression.** This disorder is also called “clinical depression”. This disorder causes severe sadness and despair—far beyond the “down” moods we all have from time to time.
- **Mania.** People who suffer from mania are very excitable and overly active. They also tend to believe that they can do anything and never get hurt—like walking in front of traffic.
- **Bipolar Disorder.** This mood disorder includes both depression and mania. People who have bipolar disorder experience extreme “highs” and intense “lows”. (They also have periods of time when their moods are relatively normal.)

THE SYMPTOMS OF DEPRESSION INCLUDE:

- **Mood Changes:** Feeling sad and miserable most of the time. Having no interest in life. Being irritable and very emotional.
- **Energy Level Changes.** Feeling exhausted. Wanting to sleep all the time. Sometimes having trouble getting to sleep. Losing or gaining weight.
- **Thought Changes.** Having lots of negative thoughts. Being unable to concentrate or make a decision. Thinking that the future is hopeless and that suicide is the solution.
- **Behavior Changes.** Forgetting to eat. Moving very slowly. Avoiding friends and family. Having trouble getting anything done. Being restless or jittery. Needing help even with easy tasks.



THE SYMPTOMS OF MANIA INCLUDE:

- **Mood Changes.** Feeling powerful and excited. Being in a good mood—even during a tragedy. Getting impatient or agitated if they can't do what they want.
- **Energy Level Changes.** Feeling full of energy. Going for days without sleep—without feeling tired.
- **Thought Changes.** Talking too fast, too loud and without stopping. Racing from one idea to the next. Making fast decisions that are regretted later (*such as using a credit card to buy a \$1,000.00 dress*).
- **Behavior Changes.** Moving too fast. Beginning a lot of projects at once—but never finishing any of them. Acting “sexy” when it's not appropriate. Breaking laws without realizing it.



TALK about it!

Open the Discussion

SUBSTANCE ABUSE

Have you heard the old riddle, “Which came first, the chicken or the egg?”

Well, you can use the same idea to think about substance abuse and mental illness. They often go hand-in-hand. But, it's usually difficult to tell, which came first . . . the mental illness or the substance abuse.

At least 2.5 million adults receive treatment for both mental illness AND substance abuse each year.

This number seems high—but it doesn't even scratch the surface. Most individuals who suffer from both mental illness and substance abuse never seek or receive any type of treatment at all.

Think about the clients you care for:

1. **Do you have any clients that you know for sure have both mental illness and substance abuse?**
2. **Are there any clients you suspect have both issues but are not being treated?**
3. **Talk to your supervisor about your concerns. You may be the only one who notices and the only one who can make a difference in your client's life.**

UNDERSTANDING SCHIZOPHRENIA

SCHIZOPHRENIA IS THE MOST COMPLEX MENTAL ILLNESS:

- Schizophrenia produces delusions, hallucinations and confused thinking. It can have a devastating effect on someone's life.
- The word "schizophrenia" comes from a Greek word that means "splitting of the mind". This does not mean that people with schizophrenia have "split personalities". It means that they experience a split between what's happening *inside their heads* and what's really happening *in the outside world*.

THE SYMPTOMS OF SCHIZOPHRENIA INCLUDE:

- **Delusions.** A delusion is a false belief. People with schizophrenia may be convinced that someone is trying to kill them or they may believe that they are an angel sent from God.
- **Hallucinations.** When people see, hear, feel, smell or taste something that isn't really there, they are having an hallucination. Hearing voices is the most common type of hallucination.
- **Confused Thinking & Disorganized Speech.** People with schizophrenia tend to have problems thinking and speaking clearly. They may jump rapidly from one topic to another. For example, they may answer your question—but their answer has nothing to do with the question you asked. Let's say that you ask, "Can I help you get dressed?" And your client might answer, "The President isn't at the White House today." (The words themselves make sense, but not as an answer to your question.) Sometimes, the disorganized speech gets so bad that no one can understand it.
- **Inappropriate Affect.** When someone has an inappropriate affect, it means that her appearance and behaviors don't match her speech. For example, a person with schizophrenia may laugh and smile as she tells you about a loved one's death.

HOW YOU CAN HELP:

- Hallucinations are completely real and often terrifying to the person having them. Never make fun of people who are having hallucinations. And, don't brush them off as "fake". Help the person feel safe and protected.
- Don't dispute a delusion. If your client believes he is Jesus Christ, you won't change his mind just by telling him that his name is really John Jones. His delusion is too strong.
- If your client is speaking in a disorganized way, the best thing to do is to listen for the emotions behind the words. Does he or she seem happy? Then you might say, "You seem to be feeling good today. I'm really glad about that."



Working with clients in the home often requires coming up with creative solutions to uncommon problems.

THE PROBLEM: You are caring for a 54 year old man who has schizophrenia. He lives at home with his elderly mother.

- He had been doing well on his medication and was even able to start a part time job at a grocery store.
- But, this week he has stopped eating. He seems to be afraid that the food is poisoned or rotten. He is confused and agitated.

WHAT YOU KNOW: When you ask your client if he has been taking his medication, he mumbles that he may have forgotten.

- You call the nurse and she agrees to assess him today but asks you to try to get him to eat.

GET CREATIVE: Think of **3 creative solutions** you could try to help your client feel comfortable enough to eat.

TALK ABOUT IT: Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

UNDERSTANDING ANXIETY DISORDERS

ANXIETY DISORDERS ARE A GROUP OF ILLNESSES INCLUDING:

- **Phobias.** When people get anxious because of a strong, inappropriate fear of some ordinary event or thing, they are said to have a “phobia”. For example, “*agoraphobia*” is the fear of open spaces. People with this disorder are often afraid to leave their homes. Actress Kim Basinger was “paralyzed” for several years by agoraphobia, but has since recovered. Common phobias are a fear of heights, spiders and flying.
- **Obsessive Compulsive Disorder.** People with this anxiety disorder are bothered by frequent unwanted thoughts. They also feel the need to complete the same ritual over and over. For example, a person with OCD may have an intense fear of germs. Thinking about this fear takes up a lot of his time. To try to deal with it, he washes his hands . . . over and over and over. The character played by Jack Nicholson in the movie “As Good As It Gets” has OCD.
- **Panic Disorder.** This illness causes “panic attacks” during which people tremble, have shortness of breath and feel *terrified*. These attacks occur suddenly—often with no apparent cause. They make people believe that they are dying or having a heart attack. It’s common for someone having a panic attack to end up in the emergency room.



THE SYMPTOMS OF ANXIETY DISORDERS INCLUDE:

- Dizziness, sweating, hot and cold flashes.
- Shakiness, trembling and feeling faint.
- Nausea.
- Tightness in the chest, racing or pounding heartbeat.
- Shortness of breath or feeling choked.
- Terror! The sense that something horrible is about to happen.
- Fear of dying.
- A feeling that the whole experience is unreal.
- Obsessive thoughts. (For example, a person may believe that “stepping on a crack will break your mother’s back”. This causes him to think constantly about avoiding cracks as he walks.)
- Compulsive behaviors. (For example, a person may be afraid of being robbed, so he feels compelled to check the door locks over and over and over.)



THE NEXT Step!

Apply what you've learned!

POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD is an anxiety disorder that can develop after a highly stressful event when something that causes intense fear, helplessness or horror is experienced or witnessed.

The most common image is the military men and women returning home after spending time in combat.

Symptoms can last for years without treatment. But, with treatment, most people with PTSD can recover and go on to lead completely normal lives.

Symptoms of PTSD include:

- Flashbacks (reliving the event over and over).
- Avoiding thinking about the event.
- Irritability.
- Self destructive behavior, like substance abuse.
- Easily startled or frightened.

Can you think of any situations, other than combat, that may cause someone to have symptoms of PTSD? What about rape, robbery, or child abuse?

Have you ever had a client, friend or family member with PTSD? Share what you learned from that experience with your co-workers.

WARNING SIGNS OF SUICIDE

As many as 90 percent of suicides are committed by individuals with some kind of mental illness. KNOW THE WARNING SIGNS!

There are three main “**states of mind**” common to most suicidal people. They are:

AMBIVALENT: Ambivalent means the person is having trouble making a decision. It’s common to have mixed feelings about wanting to die.

- **What You Can Do:** *It is usually because of this ambivalence that a suicidal person will talk about or give warning signs about the decision to commit suicide. Pay close attention, listen and report any concerns to your supervisor right away.*

IMPULSIVE: Impulsive people do drastic things without much thought about the consequences. For example, committing suicide can be a very impulsive action.

- **What You Can Do:** *As a caregiver, you might have to simply delay a client in order to prevent suicide. Call for help and divert the person’s attention until help arrives.*

RIGID: Often suicidal people stubbornly stick to a particular viewpoint, which is usually about ending their lives rather than handling their problems.

- **What You Can Do:** *Reassure your rigid clients that living is better than dying, and that all problems have many solutions. Report this type of behavior immediately so that intervention can be started.*

While not all suicidal clients give **warning signs**—many will. The following is a list of warning signs you may observe with your clients:

- Severe depression.
- Talking about suicide. Writing suicide notes.
- Seeking out the means to carry out a suicide (pills, gun, etcetera).
- Sense of worthlessness, self hatred.
- Isolation, inability to relate to family and friends.
- Feeling of loneliness, hopelessness, anxiety or panic.
- Saying goodbye to people—as if they may never see them again.
- Self destructive behaviors—increase in drinking, taking drugs, or other reckless behaviors.
- Sudden desire to tidy up personal affairs, writing a will, etc.
- Sudden sense of calm after being extremely depressed.

Remember: suicide is a mental and physical emergency. If you observe any of the signs above, get help immediately for your client!



CONNECT it now!

Apply what you know

**Understanding the risk factors and warning signs of suicide can help
SAVE A LIFE!**

When making an observation, you are trying to find out a few important things:

- What is your client’s *current* state of mind— are there any thoughts of suicide?
- Is there a *plan* – and if so, what is it?
- What sort of *support* (such as family and friends) is available?

Do not be afraid to ask your client about suicidal thoughts or behavior, or other worrisome symptoms. You might think that bringing up the topic is going to upset your client, but in truth, most people will be anxious to speak to someone about their problems.

1. **How would you ask a client about suicidal thoughts, plans or behaviors?**
2. **Share your experiences and ideas with your co-workers and ask them how they handle these situations.**

FACTS AND MYTHS ABOUT MENTAL ILLNESS

THE FACTS

- It is estimated that 1 in every 4 people will develop one or more mental disorders at some stage in life.
- Mental illnesses are more common than cancer, diabetes or heart disease.
- Mental disorders can now be diagnosed reliably and accurately, just like common physical disorders; some can be prevented and all can be successfully managed and treated.
- Although treatment is effective—more than half of all people with mental illness do *not* seek treatment.
- Mental illnesses can affect anyone, men, women and children regardless of gender, race, ethnicity, or socio-economic status.
- Many people suffer from more than one mental disorder at a given time.
- Almost 3,000 people commit suicide every day in the world. And, in 90 percent of suicides, mental illness is the cause.
- Mental disorders cost the United States more than \$150 billion each year for treatment, social services and disability payments made to patients.
- Nearly 500,000 mentally ill men and women are serving time in U.S. jails and prisons.
- Approximately 40 percent of homeless people in America suffer from serious and persistent mental illnesses.



THE MYTHS

MYTH: People who act mentally ill could “snap out of it” if they really wanted to.

Truth: It's sad, but about half of all Americans believe this to be true. It's not! Mental illness can be a severe, chronic, debilitating illness. It's just as real as cancer or a stroke. You wouldn't tell someone with cancer to just “snap out of it”. People with mental illnesses deserve the same respect.

MYTH: All mental illnesses are caused by childhood trauma.

Truth: While it's possible for mental illness to be brought on by some terrible childhood experience, trauma is not the only cause of mental illness. Scientists believe that many mental illnesses are the result of a chemical imbalance in the brain. Remember . . . the brain needs over 100 different chemicals to work right. If it doesn't get enough of a certain chemical, a mental illness may develop.

MYTH: People who are mentally ill are dangerous.

Truth: There are some mentally ill people who commit crimes . . . even violent crimes like rape and murder. However, most mental illnesses cause people to become more passive instead of more aggressive. And studies have shown that the mentally ill are more likely to be the victims of a crime—rather than the people committing the crimes. They are also 2000 times more likely to hurt themselves than someone else.

Myth: People with mental illnesses shouldn't be allowed to work . . . at least not at a job that has a lot of responsibility.

Truth: Some mentally ill people are too sick to work. But most of them have the ability to work at any job for which they have talent or training. NOTE: Most mental illnesses are temporary conditions from which people recover. However, it's common for serious mental illnesses to begin when people are teenagers or young adults, interrupting their education and/or job training. When they recover, they may need help finishing their education or learning specific job skills.

TIPS FOR WORKING WITH THE MENTALLY ILL

- Remember that no matter how sick they are, most of your clients know that something is wrong. They may ask you if they are mentally ill. Don't lie to them, but check with your supervisor if you aren't sure what to say.
- If clients ask you if (*or when*) they will get better, be honest. Tell them you don't know but that you and your coworkers are doing everything you can to help.
- Work on one issue at a time with your clients. For example, let's say that Jim is a messy eater, wants to wear his pajamas all day and hates to take a bath. You probably won't get anywhere if you ask him to "fix" all three behaviors at once. Instead, tackle one thing at a time—bath time, for example. And, give lots of praise when Jim makes progress. (Be sure to discuss your plan with your coworkers so you can all work together.)
- Keep your sense of humor—so that you don't get stressed out. But be careful! Your mentally ill clients may not "get" your jokes or be able to tell when you are just teasing.
- Remember . . . if you do too much for your clients, they may come to feel helpless and useless. If you do too little for them, they may get "stressed out". Try to find the right balance, but keep in mind that each client is an individual. What works with one client may not work with another.
- Be sensitive and understanding to how family members feel. They may have many mixed emotions about their loved one's illness including sadness, anger, shame, confusion, shock, resentment, frustration, guilt and fear. All of these feelings are normal.
- Be as consistent as you can. Many mentally ill people feel "safer" when there are no surprises in their lives. They like to have things go according to schedule. So, if you tell them that you'll help them with their lunch at 12:00, make sure you are there on time.
- Often, people with mental illnesses have low opinions of themselves—especially since they tend to focus on *negative* thoughts. It's important to give encouragement and praise whenever you notice them taking positive steps toward getting better. Even a small step—*like remembering to brush their teeth*—is deserving of praise. Just make sure that your praise is sincere. Don't talk to adult clients as if they were children.
- Remember that your clients may be hearing strange voices, seeing bizarre things or having scary thoughts. If you speak to them in a loud or upset voice, it might make matters worse. Try talking in short, simple sentences, using a calm voice.



5 KEY points

Key Points to Remember

1. A mental illness is a *disease* of the brain that affects the way a person *thinks, acts and feels*.
2. Mental illness can strike anyone at any age. It is more common than cancer, diabetes, or heart disease. And, 1 in every 4 people will develop one or more mental disorders at some stage in life.
3. Mental disorders can now be diagnosed as reliably and accurately as the most common physical disorders; some can be prevented, all can be successfully managed and treated.
4. As many as **90 percent** of suicides are committed by individuals with some kind of mental illness. It's important to know the warning signs and be prepared to intervene when needed.
5. Millions of adults suffer from both *mental illness* AND *substance abuse* but, many never seek or receive treatment. Speak up if you see signs of substance abuse in your client. You may be the only one who notices and can make a difference.

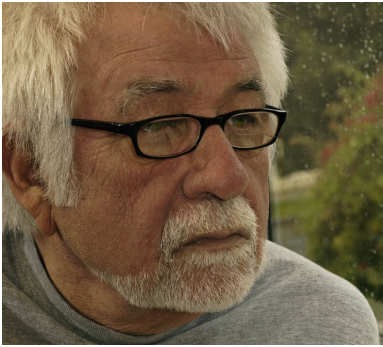
MORE TIPS FOR WORKING WITH THE MENTALLY ILL

- Encourage your clients to take their medications as ordered. If you notice that your clients *aren't* taking their medications, tell your supervisor right away. You can also:
 - Try to find out *why* they aren't taking their meds. Share this information with your coworkers.
 - Remind your clients of something in their lives that's better since they started taking the medication.
 - If they don't want to take a medication because of the side effects, be sure to tell your supervisor that the drug is bothering your client. The doctor may be able to adjust the dose or give a different medication.
- Paranoia is common among the mentally ill. People who are paranoid are afraid that someone or something is after them or wants to hurt them. For example, let's say that Mary tells you her neighbor is trying to kill her. To keep Mary from being so afraid, you might try:
 - Standing *next* to Mary—instead of facing her. (This might help Mary feel that you are *with* her . . . not against her.)
 - Not looking straight into her eyes. (Making direct eye contact may seem like a threat to Mary.)
- If your client expresses anger, try to remember that *fear* and *hurt* are usually the cause of angry feelings. Remain calm—*don't argue!* It's probably best not to touch or stare at the client and make sure he or she has room to move around. (Don't "crowd" an upset client.)
- Some people with mental illnesses have trouble sitting still. It may be the disease—or it may be their medication—that is making them restless. If you work with clients who are restless, encourage them to get some exercise. Perhaps you can take a walk or do some jumping jacks together. (If this is a new symptom or if it's getting worse, be sure to report it. The client's doctor may be able to help.)
- If your client behaves inappropriately, try to find a polite—but clear—way of talking about it. For example, you find Mr. Brown walking around naked. You might feel like yelling, "*Go put some clothes on! You know better than to run around like that!*" However, a better approach might be to say, "*Some people get upset by naked bodies, so please get dressed.*" (This puts the "blame" on other people, not on Mr. Brown.)



WHAT I KNOW NOW!

Now that you've read this inservice on mental illness, take a moment to jot down a couple of things you learned that you didn't know before.



EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.



A Client Care Module: Helping Clients with Mental Illness

Are you "In the Know" about mental illness? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. True or False

Mental illness can have a physical cause, like genetics or hormones, or can be caused by an event like a childhood trauma.

2. True or False

Most mentally ill people in the U.S. live in special hospitals made just for their care.

3. True or False

A person with bipolar disorder will have both depression and mania.

4. True or False

People with schizophrenia have many personalities.

5. Your client suffers from panic attacks, the symptoms you observe include:

- A. Episodes of trembling, shortness of breath and feeling terrified.
- B. Moods changes with extreme highs and intense lows.
- C. Hallucinations and delusions.
- D. All of the above.

6. True or False

If your client is having a delusion that he is the President of the United States, you should get out a newspaper and remind him who the real president is.

7. True or False

People who are mentally ill are usually violent and dangerous.

8. True or False

If your client expresses anger, it's best not to touch or stare at the client and make sure he or she has room to move around.

9. True or False

With proper diagnosis, most mental illnesses can be managed or treated.

10. Fill in the Blanks

A false belief is a _____ and seeing or hearing things that aren't really there is called a _____.