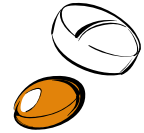


## Module Two - Recovery

### Part B - Medication Information

#### Medication

Medications are a very powerful protector against second or further episodes and can assist in recovery and the reduction of symptoms. Taking medication as it is prescribed makes it five times less likely that you will experience a relapse.



To date, the best way to treat the symptoms of schizophrenia is with a combination of medication, support and recovery-focused rehabilitation.

The medications designed to help the symptoms of schizophrenia are called antipsychotics. These medications are regularly reviewed to try to improve their positive impact while reducing the side effects that can be experienced. These medications are not addictive and work by correcting the chemical imbalances in the brain. This then helps to reduce or eliminate some symptoms. Medications can come in the form of tablets, liquid, wafer (dissolve in mouth without water) or injection.

Like everything else, different medications and different ways of taking the medications will suit different people. For example, lots of people have difficulty remembering to take medication, so non-tablet forms can be useful for this purpose.

There are two groups of antipsychotics.

The older group are called '**typical**' antipsychotics and include drugs such as:

- Chlorpromazine (Largactil)
- Flupenthixol Decanoate (Fluanxol)
- Haloperidol (Serenace)
- Zuclopenthixol Decanoate (Clopixol)

The newer group are called '**atypical**' antipsychotics and examples of these include:

- Amisulpride (Solian)
- Aripiprazole (Abilify)
- Clozapine (Clozaril, Clopine)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)

'Atypical' antipsychotics have been found to have fewer side effects for some people. If side effects of any medication you are taking are of concern to you, you should discuss this with your doctor or any of your other health care professionals and make your own notes about this for your records.

**The biggest mistake people make with medications is 'not taking them'.** Often, when people become well, they can feel that they do not need the medication and forget the positive impact that it had in making them feel well. As a result, people stop taking the medication and this can lead to a return of symptoms. It is very important that you continue to take your medication once you have become well as prescribed.

It is important that when taking medication, you avoid alcohol and try to drink plenty of water. **What you do if you miss a dose** will depend on what medication you are taking. It is important that you discuss this with your doctor and have this written down in your plan.

If you have questions about your medications, side effects, their interaction with other medications or health conditions or any other issues, you can ask your pharmacist or doctor to check your concerns and explain things to you.

Some worksheets on medications are included after the next section on the side effects of medication, which might be a useful record for you when treatment planning with your doctor.

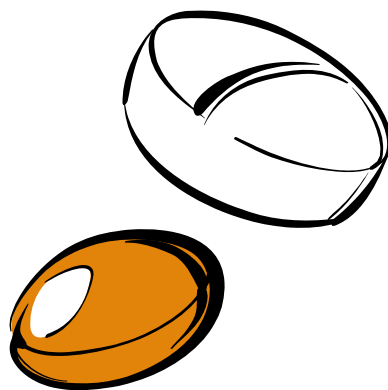
***“It is essential to tell your doctor or any other of your health care professionals about any changes or new symptoms, as these may be side effects of your medication”.***

## **SOME PERSONAL THOUGHTS ON MEDICATION...**

“...I believe there is...a place for medication in the treatment of major mental illnesses. Unfortunately, the side effects of antipsychotic medications can often be more disabling than the illnesses themselves, and I have even experienced side effects from the pills I took to control the side effects of antipsychotic drugs. For years I fought against taking medications before I found one that worked while causing a minimum of side effects. Now I would resist discontinuing it. I now know how terrible I feel when I do not take my medication, and I realise how much better I am able to function with it.

Before I reached this important realisation, I was caught in a vicious circle. When I was off the medication I couldn't remember how much better I had felt on it, and when I was taking the medication I felt so good that I was convinced I did not need it. Finally, however, I was able to make the connection between taking the medication and feeling better and to realise how very helpful the medication is to me”.

Excerpt from “The Treatment of Schizophrenia: A Patient's Perspective”. By Esso Leete, 1987.



## Medication side effects and how they can be overcome

As with most medications there may be side effects when taking antipsychotics. Some of the common side effects include:

- Movement problems such as spasms in the muscles, tremors, slow movements or some restlessness.
- Loss of sex drive
- Poor sleep or feeling sleepy
- Weight gain
- Feeling agitated (upset or angry without reason)
- Feeling anxious
- Feeling restless (trouble sitting down)
- Feeling shaky
- Excessive salivation
- Headache
- Feeling dizzy
- Fast heart rate



Again, not all people will experience these side effects and different people will have different responses to different medications. The important thing is to pay attention to what works for you, any side effects that you notice and how these side effects respond to different strategies.

## Medications that might help with side effects and other symptoms

Psychiatrists and other doctors often use other medication together with antipsychotic medication to reduce side effects and/or to assist with other symptoms. These include:

- Anti-anxiety agents that are used to treat distress or agitation.
- Mood stabilising agents to treat mood symptoms when they occur.
- Sleeping tablets to help treat insomnia.
- Side-effect medication such as those called anticholinergics or anti-parkinsonian drugs to reduce movement disorders.
- Anti-depressants used to treat depression.
- Some non-medication strategies may be useful such as reviewing diet and exercise habits, and engaging in stress management activities such as yoga. These strategies may also help minimise weight gain.

## **Tips for talking to your doctor, case manager or other health professionals:**

- Write down any questions that you want to ask.
- Have a notepad and pen with you to jot down important information given to you.
- You may find it helpful to have someone else with you. The other person can remind you of questions to ask and can also take notes for you.
- List any symptoms or side effects that you have experienced and discuss them with your doctor.
- Ask your doctor for information about your medication or illness.
- Find out if there are any support groups for you, your friends and family in the local area.
- Do not forget about your physical health for example let your doctor know if you have any other physical complaint.
- Regular review of your progress is part of your treatment.
- Discuss your health with your case manager and other health professionals who are also involved in your care.
- Agree on a treatment plan with your doctor and/or treating team and try to stick to it.
- Do not be afraid to ask for a clearer explanation if you do not understand what has been said the first time.



## Medication History (example only)

It is important to keep a record of medications that you have taken **in the past**, so that when discussing changes to your medications, you can inform your treating team of what has and hasn't worked for you and why.

### Medications I've taken in the past: (example only)

**Medication 1:** *Zyprexa*                      Dose: *10mg*                      How long did I take it for?  
*3 months*

Positive Effects:        *helped decrease some of voices*

Side Effects that bothered me:        *tired in mornings, put on too much weight*

Side Effects that didn't bother me:        *some tiredness through the day*

Reasons I stopped or changed medication:        *too much weight and cravings, not all my bad voices went away*

**Medication 2:**                      Dose:                      How long did I take it for?

Positive Effects:

Side Effects that bothered me:

Side Effects that didn't bother me:

Reasons I stopped or changed medication:

**Medication 3:**                      Dose:                      How long did I take it for?

Positive Effects:

Side Effects that bothered me:

Side Effects that didn't bother me:

Reasons I stopped or changed medication:

## Current Medications (example only)

Keeping a sheet on your **current medications** is important as it acts a reminder for you in terms of what dosages to take and when, and what you do if you miss a dose. You can also transfer some of this information on to your “Medication History” sheet, if you change from your current medication to something different. Your case manager or doctor can help you complete this form.

### Medications I’m taking currently: (example only)

---

**Medication 1:** *Risperidone*                      Start date: *13.11.06*    Dose: *2mg twice a day*

Positive Effects: *helping with voices and to organise my thoughts better*

Side Effects that bother me (describe how often it occurs and how strong it is): *some weight gain (2kg in 2 months)*

Side Effects that don’t bother me: *dry mouth, some constipation (not often)*

What I can do to help with my side effects: *watch diet, exercise, see dietician*

What to do if I miss a dose: *call my doctor and talk about my best options*

---

**Medication 2:**                                      Start date:                      Dose:

Positive Effects:

Side Effects that bother me (describe how often it occurs and how strong it is):

Side Effects that don’t bother me:

What I can do to help with my side effects:

What to do if I miss a dose:

---

**Medication 3:**                                      Start date:                      Dose:

Positive Effects:

Side Effects that bother me (describe in terms of frequency and intensity experienced):

Side Effects that don’t bother me:

What I can do to help with my side effects:

What to do if I miss a dose:

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## Module Two – Recovery

### Part C - Coping Strategies for Symptoms

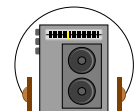
#### Symptom Relief in the Short-Term – Another Important Part of Recovery

Recovery has many parts. While it is important to take the broad approach discussed previously (such as using medication and a range of supports and healthy lifestyle choices), to maintain your wellness and recovery it is also important to learn the skills necessary to manage symptoms and decrease distress.

There are many different strategies that people use to cope with their symptoms. **Some strategies work for some people but don't work for others, so you may need to try a range of strategies to see what works for you.** Strategies that some people have found useful are listed below.

#### Strategies for lessening the effect of hallucinations:

- Check with other people – “Did you hear that/see that?”, or watch them to see if they react to anything
- Perform a reality check – (e.g. Does this seem likely?)
- If it is an auditory hallucination, tell the voices to go away
- If it is an auditory hallucination, try using headphones to decrease the voices or to distract you from them.
- Use positive self-talk - tell yourself that the voices and/or visions aren't real and that you have power over them, not the other way around.
- Try to avoid stressful situations
- Relax:
  - ◆ Lie down or have a bath
  - ◆ Do some deep breathing/meditation
  - ◆ Listen to relaxing music
  - ◆ Stretch your muscles or go for a walk
  - ◆ Have a cup of tea
- Do something to take your attention away from the hallucination:
  - ◆ Watch TV, listen to radio or music
  - ◆ Keep busy with chores/activities
  - ◆ Play cards, do a jigsaw or puzzle (things that need you to concentrate)
  - ◆ Read a book or magazine
  - ◆ Make a phone call to a friend or talk out loud to someone
  - ◆ Sing or recite a poem
  - ◆ Do physical exercise or your favourite hobby
- Talk to your doctor and/or try to make an earlier appointment to see your doctor
- Talk to someone you trust



## Strategies for Lessening the Effect of Delusions

- Talk to your doctor about thoughts that are troubling you – it is probably best not to tell other people that you don't trust as they might respond in ways that are not helpful for you and this might result in distress for both you and the other person
- If possible, try to avoid the stimuli that leads to the delusion being formed (e.g., if a delusion is about a particular person or organisation, avoid driving or going near the location of that person or organisation).
- Try to find things to do that are not affected by your delusional idea; it often helps if you can keep in contact with ordinary, everyday activities
- Try to remember and record your previous delusional thought so that you might be able to put it aside more quickly if they occur again
- Check out your thoughts with trusted others to help to clarify your thinking
- When you are well, explain to people you trust about your past delusions and tell them how to be supportive if they occur again
- However real your delusion may seem, ***do not act upon it***

## Strategies for Helping with Thinking Problems (confused or jumbled thinking):

- It might be helpful to write points down to help you keep track of your thinking
- Ask others to talk slowly and clearly
- Try asking others to communicate in writing if there is something important you need to take in
- Try to reduce the stimuli in your environment
- Try to reduce your stress and do something relaxing

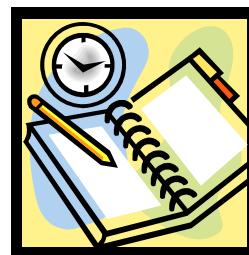


## Strategies for Coping with “Negative Symptoms”:

A gradual step by step approach is best:

Remember that having schizophrenia can at times make it hard to think straight, to keep going and to take an interest in other people. It is important to acknowledge this fact and that this can at times be demoralising for you and frustrating for your support people. So, it is important to remember:

- You will recover gradually – but don't expect too much too soon
- Make a note of things you used to enjoy doing and people you used to see
- Keep a diary or a plan of activities and try to set realistic expectations
- Set yourself a target of trying to do something enjoyable each week
- Set yourself a target time to get up each day – it may be quite late in the morning to start with, but stick to it. Gradually, over the weeks, you can try to get up a bit earlier
- Arrange appointments for earlier in your day, to help motivate yourself to get up and going
- Keep a good day/night pattern where you are awake during the day and sleep at night
- Remember that if your family are ‘nagging’ you do things, they are probably only trying to help you
- Remember that schizophrenia can slow you down, but being inactive does not make it go away
- Reward yourself for all your efforts



Again, **some strategies might work better for some people than for others** and feedback has shown that some strategies might even make some symptoms worse for some people (e.g., listening to the radio or headphones might make voices worse for some people while it can help other people). Also, it is important that some of these strategies might seem quite easy to do when you are well, but are harder to do when you are experiencing the symptoms. If this is the case, you can put reminders (on your wall) or somewhere to prompt you.

The most **important thing to do is to identify what works for you** and what you can manage when you are unwell, then to discuss these strategies with your support people so that they can help you to use them when you need them.

An example worksheet is included on the next section to show how you might include the strategies in your plan to help manage your symptoms.

**Methods for Coping with my Symptoms** – (example only – a blank worksheet is included in the worksheet section toward the back of this workbook).

Everyone has a different way of dealing with the symptoms of schizophrenia that they experience. Go back to the section on symptoms and your checklist and then try to brainstorm ways that you can deal with the symptoms that cause **you** the most problems.

**Symptom 1:** *Hearing Voices* \_\_\_\_\_

**I can deal with this symptom by:**

- a. *Listening to music with headphones* \_\_\_\_\_
- b. *Running around my yard with the dog* \_\_\_\_\_
- c. *Distracting myself, doing weights, checking I've taken my medications* \_\_\_\_\_

**Symptom 2:** *Confused Thinking* \_\_\_\_\_

**I can deal with this symptom by:**

- a. *Write thoughts down* \_\_\_\_\_
- b. *Keep a diary for appointments* \_\_\_\_\_
- c. *Write down questions I have for my doctor in one place* \_\_\_\_\_

**Symptom 3:** *Feeling tired, over-sleeping* \_\_\_\_\_

**I can deal with this symptom by:**

- a. *Set alarm and try to get up at regular times* \_\_\_\_\_
- b. *Stick to a healthy diet (fruit, vegetables, protein, low fat/sugar)* \_\_\_\_\_
- c. *Keep a diary with appointments and DON'T BE TOO HARD ON MYSELF!!!* \_\_\_\_\_

**Symptom 4:** *Feeling a bit down or flat emotionally* \_\_\_\_\_

**I can deal with this symptom by:**

- a. *Try to do things I usually would enjoy* \_\_\_\_\_
- b. *Talk to friends/supports about how I'm feeling* \_\_\_\_\_
- c. *Remind myself that I will feel better and it will not always be this way* \_\_\_\_\_

## Module Two - Recovery

### Part D – Wellness and Recovery Plan and Individual Care Plan

#### Developing a Wellness and Recovery Plan

It is very important to develop your own plan for your wellness and recovery. This plan can form the basis of the Relapse Prevention Plan within your Individual Care Plan (explained in more detail in the next section). Individual Care Plans are developed together with you and your health care professionals as a part of your recovery and provide a basis for developing goals in different areas of your life, such as education, employment and recreation. It may also be important to involve friends and family or others supports when making this plan, as they will be an important part of your recovery and relapse prevention.

This section will walk you through, step by step in how to develop your wellness and recovery plan. It will include worksheets from previous sections and will also eventually include some of the worksheets from later sections. The goal is to help prepare you for as many scenarios that might come up as possible. To get started, it is best to get yourself a folder that you can add things to or edit as you go (e.g. a ring binder that you can remove sheets from) and plenty of paper.



#### The first section: Maintaining the “well” me

Describe yourself when you are feeling alright – your general mood, what you like to wear, how active you are, places you like to go, things you like to do, people you like to see and talk to, your general level of energy etc.

Then, list off all the things you need to do every day to keep yourself feeling alright. For example, what self care activities you need to do (showering, washing clothes, doing hair etc.), getting up at particular times of day, calling people, planning in a diary, listening to music, watching favourite programs, joining particular groups, exercising, shopping, eating healthy foods etc.

It is important to be as detailed as possible and remember that this will change as you keep changing as a person, so you will need to update it.

You can use the example included on the next page to see how you might fill this section in.



## WELLNESS AND RECOVERY PLAN – Section One

### Maintaining the “well” me (example only)

#### What I am like when I am feeling alright...

*I take care of myself by wearing clean clothes and looking good. I like to see my friends at least once a week and talk to my family on the phone once to twice a week. I eat pretty healthy and make sure I prepare meals and maybe eat takeaway once a week. I get out for a walk once or twice a week. I get up around 7am and get to bed about 9pm. I enjoy reading, watching movies and spending time with my dog. I work part time 4 days a week. I drink 1-2 glasses of alcohol on a Friday night if I'm spending time with my friends, otherwise I don't drink alcohol or take illegal drugs.*

#### Things I need to do to maintain the well me...

1. *Keep clothes clean and washed* \_\_\_\_\_
2. *Shower daily, brush hair and clean teeth* \_\_\_\_\_
3. *Call friends and organise a weekly get together* \_\_\_\_\_
4. *Call family 1-2 times a week* \_\_\_\_\_
5. *Go grocery shopping and buy health food (less coke)* \_\_\_\_\_
6. *Keep dishes clean so cooking is easy* \_\_\_\_\_
7. *Set alarm to get up at the same time each day* \_\_\_\_\_
8. *Spend time with my dog* \_\_\_\_\_
9. *Go to the library* \_\_\_\_\_

## The second section: Triggers

While you are working at understanding your illness, your recovery and your relapse prevention, it is important to learn about situations or events that can be a trigger for you to becoming unwell. This will help you avoid situations or take action to prevent yourself from becoming unwell. It is a good idea to work on your triggers with your professional mental health supports (GP or other), as this will be an integral part of your care planning for recovery and relapse prevention.

### How to identify your triggers:

- Begin to notice any patterns related to when your illness is better or worse. For example:
  - ◆ Do you become unwell when you are going away?
  - ◆ Are particular times of the year related to your illness, like Christmas, anniversaries or seasons?
  - ◆ Do stressful situations lead to feeling unwell?
  - ◆ Is your illness related to drug or alcohol use?
  - ◆ Do weather patterns affect your wellness?

### How to respond to your triggers:

- At the times you believe you might be more likely to become unwell, you can take extra care of yourself by:
  - ◆ Trying to spend more time relaxing
  - ◆ Trying to keep regular sleep patterns and get plenty of sleep
  - ◆ Talking to friends/supports about how you are feeling
  - ◆ Paying extra attention to your diet
- Avoid situations that might trigger your illness, but be careful **not to avoid everything**
- Discuss increasing your medication with your doctor during stressful times
- If you feel that some symptoms are currently triggered (i.e., you have noticed some early warning signs), then it is important to seek help from professionals in your treatment team. More information on Early Warning Signs is included on the next page.



The important thing here is that for every trigger you identify, you need to have an action plan or strategy to help you deal with it. An example on how to complete the worksheet on triggers, early warning signs and coping strategies is included after the third section on early warning signs. Blank worksheets are included in the worksheet section toward the back of this workbook.

## The third section: Early Warning Signs

Early warning signs are signs or signals that you may be beginning to experience an episode of schizophrenia. Early warning signs can be identified both by the person experiencing schizophrenia or by loved ones with whom you have a lot of contact. Noticing these early warning signs can allow you to get help earlier and address your symptoms more quickly. It would be useful for you to discuss this section with your loved ones and/or people with whom you spend much of your time. When you have done this, it is also important to integrate this information into your Individual Care Plan with your mental health professional (GP or other) as this will assist in your recovery and relapse prevention.

Some early warning signs that an individual experiencing schizophrenia might notice are:

- Having difficulty sleeping
- Seeing colours more brightly
- Hearing voices more loudly
- Beginning to feel agitated and/or afraid
- Finding yourself checking that others are not following them
- Finding you do not want to do activities you normally would enjoy
- Not getting the same pleasure from things you would usually get
- Not feeling like you can cope with being around other people
- Feeling irritated by things that would not usually bother you



Loved ones can sometimes identify signs or cues that “something isn’t right” in the early stages of an episode of schizophrenia.

Some early warning signs that have been identified in focus groups are:

- Inability to sleep, unusual waking hours, day and night mixed up
- Social withdrawal, isolation, not caring about socialising
- Social relationships having problems
- Being over-active or under-active, or having periods of changing between the two
- Being unable to concentrate and having difficulty making decisions
- Becoming preoccupied with religious beliefs
- Becoming hostile, suspicious or fearful
- Over-reacting to peer or family disapproval
- Not paying attention to personal hygiene
- Unusual emotional reactions
- Flat, expressionless gaze
- Staring, not blinking or alternatively, blinking constantly
- Being overly sensitive to stimuli (e.g., light, noise)
- Smelling and tasting things differently
- Excessive writing or childlike printing without clear meaning
- Unusual use of words or language structure
- Unusual behaviour – e.g., refusing to touch people, constant wearing of gloves, shaving head or body hair.

As with symptoms, early warning signs are also very individual and it is important to work with your loved ones and professional supports to identify your **personal early warning signs**. It is also important to note that none of these signs by themselves indicate that a mental illness is present. However, if several of **your** signs are present, then it is important for medical advice to be sought.

For every early warning sign, it is important to have an action plan for what to do. In addition to your coping strategies, it is also important to know how to seek help at this stage.

### **Responding to Early Warning Signs**

The following are some ideas that might help if you notice any of your early warning signs:



- Slow down your activities
- Have a rest day
- Only engage in social activities if you know they aren't likely to be stressful
- Try to get plenty of sleep at night
- Engage in your favourite relaxing activities
- Try to be with a calm, supportive friend or relative
- Talk to you care worker or regular professional support

It is also important to:

- Try to learn who you can trust and listen to them if they tell you that they have noticed some of your early warning signs.
- Talk with close friends or family about what you want them to do if they notice any early warning signs of your illness.
- Access your professional supports for advice and assistance.

**When your early warning signs are noticed, it is important to implement your coping strategies and to access professional supports**

It is important to note that where you go and what you do when you are sick depends in part on how severe your symptoms are. For example, if you or a loved one is just noticing a possible sign of your illness (early warning sign), it is best to contact your GP or case worker to discuss your concerns. If together with your GP or case worker you decide you need to see your psychiatrist, you can get a referral and/or be supported in seeing your psychiatrist for a review.

Prior to your discharge, you should be given information on your local mental health service. It is also important to know the 'after hours' contact number for your local mental health service, in case your concerns arise outside of when you can contact your usual professional supports. Trained mental health professionals take these calls and can provide advice and assistance on the next step to take. You can record the contact details for your local service and its after hours number on your contact sheet (see worksheet following the crisis plan worksheets).



**Another option is 13HEALTH** or 13 43 25 84. 13HEALTH is a Queensland-Wide 24-hour health line which can provide advice and referral options. Your call will be taken by trained nurses. While this service is not designed as a specific mental health resource, the clinicians will still be able to provide some suggestions and/or referrals options for you.



An example of how you might complete the triggers and early warning signs worksheet is included on the next page.

## WELLNESS AND RECOVERY PLAN – Sections two and three

### MY TRIGGERS AND EARLY WARNING SIGNS AND HOW TO COPE WITH THEM (example only)

Things that cause me stress/possible triggers:

- 1). Crowded shops
- 2). Too much time thinking/doing nothing
- 3). Talking to my cousin Jack
- 4). Driving in lots of traffic

Strategies that I can put in place to deal with my triggers:

- 1). Go to the shops early in the morning
- 2). Keep busy and plan for things to do/distract myself
- 3). Don't spend time with Jack alone
- 4). Avoid driving in peak hour

Things that I might notice if I'm starting to get ill/early warning signs:

- 1). Not getting to sleep at night
- 2). Not enjoying reading or time with dog
- 3). Getting irritable with friends or family or avoiding them
- 4). Starting to notice voices, or things that others don't seem to notice

Things that **others** might notice if I'm starting to get ill/early warning signs:

- 1). Getting irritable
- 2). My lack of contact or that I'm avoiding them
- 3). Looking more tired
- 4). Looking a bit more distracted than usual

Strategies that can be put in place if warning signs are noticed:

- 1). Relaxation before bed, keep to my regular routines
- 2). Talk to friends and family and get help from professional supports
- 3). Supports can talk to me in a caring way if they notice these changes in me
- 4). Supports can remind me of my wellness plans and to get professional support

People I trust to help me with my early warning signs and strategies:

Cousin Sarah

Mum

Friend Sam

Friend Ben

## The fourth section: If Things Get Closer to Crisis

Even though you and your supports might be monitoring your early warning signs and implementing strategies, sometimes symptoms can still progress to the point where they are uncomfortable for you and possibly even dangerous. At this point, you can still often take some action for yourself but it is important that immediate action is taken so that things don't get to crisis point.

Please note: If you have dependent children, it is important that you consider other supports that might need to be called for assistance at this time, and include this in your plan.

You can include the “**Methods for Coping with My Symptoms**” worksheet from the earlier section in this workbook as a start for this section. Then, make a separate sheet headed “**If things get closer to crisis**” to list and describe the symptoms and their severity which, for you, mean that things have gotten to the point where you are close to crisis. Lastly, write an **action plan** for these circumstances. An example of how you might complete these worksheets is included on the following pages.



## WELLNESS AND RECOVERY PLAN – Section four

**Methods for Coping with my Symptoms** – (example only – a blank worksheet is included in the worksheet section toward the back of this workbook).

Everyone has a different way of dealing with the symptoms of schizophrenia that they experience. Go back to the section on symptoms and your checklist and then try to brainstorm ways that you can deal with the symptoms that cause **you** the most problems.

### Symptom 1: *Hearing Voices*

**I can deal with this symptom by:**

- a. *Listening to music with headphones*
- b. *Running around my yard with the dog*
- c. *Distracting myself, doing weights, checking I've taken my medications*

### Symptom 2: *Confused Thinking*

**I can deal with this symptom by:**

- a. *Write thoughts down*
- b. *Keep a diary for appointments*
- c. *Write down questions for my doctor in one place*

### Symptom 3: *Feeling tired, over-sleeping*

**I can deal with this symptom by:**

- a. *Set alarm and try to get up at regular times*
- b. *Stick to a healthy diet (fruit, vegetables, protein, low fat/sugar)*
- c. *Keep a diary with appointments and DON'T BE TOO HARD ON MYSELF!!!*

### Symptom 4: *Feeling a bit down or flat emotionally*

**I can deal with this symptom by:**

- a. *Try to do things I usually would enjoy*
- b. *Talk to friends/supports*
- c. *Remind myself that I will feel better and it will not always be this way*

## WELLNESS AND RECOVERY PLAN – Section four continued

### When things get closer to a crisis...(example only)

I would be experiencing (describe how often and intense the symptom is when closer to crisis): *Voices – when its happening almost constantly and I can't distract myself*

I would be experiencing (describe how often and intense the symptom is when closer to crisis): *Voices – when I can't hold a conversation and others can see how distracted I am*

I would be experiencing (describe how often and intense the symptom is when closer to crisis): *Confusion – When I can't seem to finish my sentences or remember what I was saying or try to talk about too many things at once...I'd feel confused and others might look confused...*

I would be experiencing (describe how often and intense the symptom is when closer to crisis): *Irritability – If these other symptoms are increasing, I'm likely to get upset and maybe angry/irritable with others*

### My action plan if this was happening is to:

1. Call my GP or case manager, try to get an earlier appointment and get some direction about what to do (e.g., to take more PRN medication, use strategies, get to safe place)
2. Call my Cousin Sarah for support
3. Do some relaxation, listen to music with headphones
4. Check I've taken my medication
5. If I can't get through to my GP or case manager, use my other emergency contacts
6. Remind myself that the voices can't control me and that I am in charge and that I'll have help soon to decrease voices
7. \_\_\_\_\_

Remember: If you have dependent children, you might like to consider adding a plan here to ensure other supports are called to assist with their care.

## The fifth section: Crisis Planning

Despite all your best efforts, unfortunately things can get to crisis point and at these times, others will need to take responsibility for your care. These are times when you can feel completely out of control.

By writing this plan when you are well, to give others instructions on your care for when you are unwell, you can keep some level of control in a crisis. This plan should be developed slowly and thoughtfully when you are well.



Your crisis plan should include:

- Symptoms that you experience that would be an indicator to others that they need to take action on your behalf
- Who you would want to take action on your behalf
- Medications you are currently taking, those that can help in a crisis and those that should be avoided
- Treatments you prefer and those you'd prefer to avoid
- A practical plan for at home care
- Which treatment facilities you would prefer (particularly note if you have a preferred hospital with private cover – if a public patient, your care is mostly dictated according to the district in which you live).
- Things that others can do that might be helpful
- Things that others can do that might make things worse
- What my supports can do if I am a danger to myself
- Instructions on when the plan no longer needs to be used
- If you have dependent children, instructions for their care

(Some sections adapted from Copeland, M.E., (2002). Developing a Wellness Recovery Action Plan.)

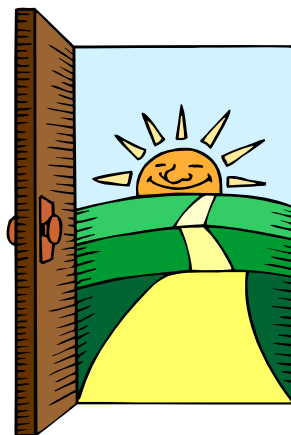
## SOME PERSONAL THOUGHTS ON DEALING WITH RELAPSE...

“...Although they (relapses) can be triggered by a number of different mechanisms and may have a biochemical or neuro-physiological basis, their effects can often be mediated by a strong, positive relationship with one’s family or significant individuals. Above all else, it is important to deal intelligently with relapses when they occur and make the effort to begin again. Those of us with mental illnesses must try to learn what we can from the unfortunate experience of relapse and remember what helped us to recover and what did not. In that way the next relapse may be softened...”

“...Like those with other chronic illnesses, I know to expect good and bad times and to make the most of the good. I take my life very seriously and do as much as I can when I am feeling well, because I know that there will be bad times when I am likely to lose some of the ground I have gained. Professionals and family members must help the ill person set realistic goals. I would entreat them not to be devastated by our illnesses and transmit this hopeless attitude to us. I would urge them never to lose hope, for we will not strive if we believe the effort is futile...”

“...My illness is a sobering reality, yet I am not as vulnerable to it as I once was because of my regular use of coping strategies as well as my new philosophy about my life. I have come to understand that life may be more difficult for me than it is for others and that I must preside over it more attentively for this reason. Yet every individual, regardless of whether he or she has a mental illness, must develop skills in general coping, interpersonal relations, and management of work and leisure time. It is these skills that will allow us to lead successful and happy lives...”.

Excerpt from “The Treatment of Schizophrenia: A Patient’s Perspective”. By Esso Leete, 1987.



## WELLNESS AND RECOVERY PLAN – Section five

### Crisis Planning (example only)

#### My crisis plan

1. Symptoms that I experience that would be an indicator to others that they need to take action on my behalf
  - *I seem visibly distressed by voices*
  - *I can't concentrate or organise my thoughts*
  - *I'm angry at others or my emotions seem out of control for me*
  - *I am having trouble organising myself to get help*
  
2. Who I would want to take action on my behalf
  - *GP, Case manager, cousin Sarah or mum*
  
3. Medications I am currently taking, those that can help in a crisis and those that should be avoided
  - Current *Risperidone 2mg twice a day*
  - In crisis *Valium 5mg PRN*
  - Avoided \_\_\_\_\_
  
4. Treatments I'd prefer and those I'd prefer to avoid
  - Prefer *At home care, if I have to go to hospital, prefer ambulance transport to police*
  - Avoid *Hospital unless I am too sick to manage at home*
  
5. A practical plan for at home care – things I have to make sure are done...
  - *Mum or Sarah to stay with me and check medications are being taken*
  - *Acute care team to visit*
  - *Case Manager to visit*
  - \_\_\_\_\_

## My Crisis Plan Continued...(example only)

6. Which treatment facilities I would prefer (particularly note if you have a preferred hospital with private cover – if a public patient, your care is mostly dictated according to the district in which you live).
- Prefer *My treating hospital*
  - Avoid *Hospitals too far from home and my supports*
7. Things that others can do that might be helpful
- *Talk in calm, slow, relaxed way*
  - *Remind me that I'll be okay and of my plan for recovery*
8. Things that others can do that might make things worse
- *To get too close to me or restrain me without reason*
  - *Talk down to me, ignore me when discussing my care*
  - *To call the police in first instance when other supports would be more appropriate*
9. What my supports can do if I am a danger to myself
- *Stay with me while we are getting help and maybe during admission process if this is required*
  - *Help me work through my crisis plan and strategies*

Remember: If you have dependent children, you would include a section with instructions for their care in a crisis.

As part of your care planning, it is useful to keep a record of your personal and professional supports' contact details. An example format is included here and in the worksheet section toward the back of this handbook.

CONTACT SHEET FOR SUPPORTS AND INFORMATION

**GP Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

**Psychiatrist Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

**Other professional support:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

My **Community Mental Health Service** number: \_\_\_\_\_

My **after hours** crisis support line: \_\_\_\_\_

**Counselling/support** line: \_\_\_\_\_

My Favourite **Website(s)** for information: \_\_\_\_\_

\_\_\_\_\_

My local **support group** contacts: \_\_\_\_\_

\_\_\_\_\_

Best friend/relative's contacts: \_\_\_\_\_

Best friend/relative's contacts: \_\_\_\_\_

Best friend/relative's contacts: \_\_\_\_\_

## INDIVIDUAL CARE PLANS

Individual care plans are completed together with your mental health care professionals (for an example, see Appendix A). They set the direction for treatment and support and identify the resources needed and the outcomes desired for you, the consumer. Areas to consider when developing an Individual Care Plan are:

- A problem, issue or goal you would like to address.
- What needs to be done (a strategy or activity) to address the problem, issue or goal?
- Who is responsible for carrying out this strategy or activity?
- What will be your jobs/responsibilities for this issue or goal?
- When would be a useful time to review how this is progressing?
- What was the outcome of addressing the problem/issue or goal?
- When was this problem/issue or goal finalised or achieved?

Working through particular problems or goals in this way will provide a structure and direction for working through problems and working towards goals.

Some of the problems or issues that might be included in your Individual Care Plans are:

- Employment
- Finances
- Housing
- Recreation
- Relaxation
- Family issues
- Remembering Medication
- Relapse prevention strategies/symptom management
- Or any other issue that you feel you would like to work toward in your recovery.



Sometimes you and your treating team will not always agree on the goal that is seen as most important at a particular time. This is okay as long as you can find some common ground and keep communicating and working together on your progress.

The second part of your Individual Care Plan is tailored toward your relapse prevention and incorporates the areas set out in your Wellness and Recovery Plan. An example of how you might complete this document is included in the following pages.

As stated throughout, this document is expected to change as you progress through your recovery.