First Steps…
What to do now that your loved one has been diagnosed with a mental illness.

The Grace Alliance
Anyone can RECOVER ... Everyone has a ROLE
The Grace Alliance

Mental Health Grace Alliance is a 501(c)3 non-profit organization that provides recovery programs, support groups, training, and collaborative partnerships to impact mental health care.

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Introduction

The Grace Alliance vision is to see the works of God displayed in individuals and families affected by mental illness. Anyone can recover and everyone has a role (John 9:1-3).

The following suggestions, ideas and resources were developed as a simple guide to help you take the first steps in the process of caring for and supporting your loved one.

There are no easy answers, and there is no cookie-cutter set of action points that will be effective in every situation. Sometimes it may feel as if you are feeling your way in the dark. The best advice we can give you is to let grace be your guide as you walk with your loved one towards recovery and healing.

What Now? First Steps after Diagnosis

Psychological Assessment – Often times a person is diagnosed during an acute crisis in a psychiatric hospital (e.g., suicide attempt) or after only a brief visit to a psychiatrist’s office. An accurate diagnosis is only possible after a detailed assessment that includes cognitive testing and information related to symptoms gathered from both the individual and their family. To obtain a detailed psychological assessment contact a nearby university psychology clinic, a local clinical psychologist or state mental health care agency.

Medical Evaluation – Consult with your family physician to have a complete physical and blood work done for your loved one. Health related problems such as thyroid abnormalities and cancer can mimic the symptoms of mental illness.

Psychiatric Treatment – Psychiatrists are medical doctors that treat mental illness using medications. The role of the psychiatrist in treating mental illness is twofold: to prescribe the right type of medication for the disorder and to regularly follow-up with the patient to assess the effectiveness of the ongoing treatment while working to minimize any negative side effects that may be present.

Medication – The treatment of a mental disorder with medications should be seen as an ongoing process rather than a cure. It is not uncommon for a psychiatrist to try a variety of different medications and combinations to find what works best for a given patient. In some cases, if your loved one is incapable of managing their own medication, you should begin overseeing that they are regularly taking their medication as directed by their psychiatrist.

Psychotherapy – Talking therapy in conjunction with medication has been shown to be the most effective approach to treating mental illness. Psychotherapy is done by a licensed clinical psychologist and focuses on managing symptoms related to the disorder and improving the individual’s general quality of life. It is recommended that a Christian seeking therapy find a therapist that affirms their faith tradition and/or shares the same faith.
**Finances / Insurance** – It is important to evaluate your loved one’s financial resources and insurance coverage. Their level of coverage and resources will often determine from where they will be able to receive mental health care.

**Community** – Living with and supporting a loved one with mental illness can be an overwhelming experience. It is imperative that you stay connected to your key relationships (i.e., friends, family and church) so that you will be able to provide effective support and care. Some mental health agencies also offer counseling and support groups for those caring for a mentally ill loved one.

**Education** – You must begin to actively educate yourself about your loved one’s disorder and the mechanisms and potential side effects of their medications. Learning about your loved one’s disorder will allow you to work with their doctor and therapist to maintain greater stability and a higher quality of life (sources: psychiatrist, pharmacist, WebMD, drug company website).

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**Developing a Holistic Treatment Plan**

We are complex beings, unlike any other living creature: the union of a physical body with an immaterial mind and spirit. Because of this, the person struggling with a mental illness needs a holistic approach to “treatment” that takes into account all three aspects (body, mind and spirit) of his or her being.

A holistic approach to treatment relieves physical and psychological suffering with medication and psychotherapy, while revealing the unconditional love and limitless grace that is available through a personal relationship with Jesus.

Treatments that focus solely on a single aspect of one’s being can bring only limited relief at best.

Develop realistic expectations for progress. Think about recovery in months and years, rather than days and weeks. Tell yourself and them, “one day at a time.”

**Applying Holistic Care** - Create a routine for their daily life; meals, medications, exercise, sleep (wake/bedtime), activities/hobbies, spiritual growth and community (social interactions). Without a structured daily routine they may begin to dwell on their circumstances, pain and symptoms leading to increased stress and emotional/behavioral instability.

**Body** - The physical needs associated with mental disorders go well beyond medication and include nutrition, rest and exercise. Help your loved one be disciplined in taking their medication, getting plenty of sleep, eating healthy and exercising regularly (e.g., go for a walk, 10-15 minutes). Keeping the body (and brain) healthy will help take the edge off of symptoms related to the disorder and can enhance the action of psychiatric medication.
Mind - Mental disorders are often a battle between reality and wrong or negative thoughts that overwhelm a person’s mind. A structured approach to psychological needs is just as important as physical needs and includes regular psychotherapy, family members or friends that visit from time to time - just to listen, creative mental activities that are enjoyed (e.g., art, music, writing, garden work, other hobbies, etc.) and opportunities for humor/joy.

Spirit - Comfort, encouragement, and support from those in the church are vitally important for both you and your loved one. Actively seek out a faith community that can encourage and support you and your loved one. Spiritual encouragement should focus on who they are in Christ (identity) and the character of God, not what they must do for God. Meditating on a single verse of scripture or just praying with them is better than a long, detailed Bible study or devotional. It's time for them to be loved by God - not fight their illness (which they cannot cure on their own). Look past their disorder - encourage them and their faith.

See “Daily Steps” for more information on holistic support and care.

Navigating the Mental Health Care System

Find a doctor and therapist who treat you and your loved one with respect. Quality mental health care is purposeful, consistent and on-going. Lack of availability or no consistent follow-up after initial treatment should not be accepted or tolerated from any mental health care professional.

Consult with your family physician to help you find a quality psychiatrist. Many psychiatrists not presently taking new patients may accept someone based on the referral of another physician.

If your loved one is over 18, the doctor/therapist will not be able to talk with you unless you have guardianship or your loved one gives written permission. However, you can still talk to the doctor/therapist – it will just be a one-sided conversation, but you can give them the information they need. Use fax or email if you cannot do it in person.

Send a consent for release of information form, if your loved one will sign one, to all doctors/therapists and the insurance company. Keep a copy for your files.

When accompanying your loved one to an appointment with a mental health professional, be organized and focus on the two or three most immediate issues. Preparing written questions ahead of time can be helpful. Keep it simple, focused and factual.

Find mental health care organizations and/or ministries in your area that can provide support and resources for you and your loved one (e.g., The Grace Alliance, NAMI).

Keep a well-organized file of information about your loved one: dates of diagnoses, hospitalizations, copies of psychological assessment reports and medical records, contact information for doctors and therapists, history of medications/treatments and insurance/Medicare/Medicaid information.
Look into government entitlement programs (SSI, SSDI, Medicaid, Medicare, food stamps and assisted housing). Your loved one’s eligibility may not be related to your own income level. If your loved one lacks insurance or financial resources this type of assistance will greatly increase the number of mental health care options available to them. If they do have insurance, research which mental health care providers and hospitals in your area accept their coverage.

Acute crisis hospitalizations (e.g., for suicidal thoughts or violence) usually only last 2-4 days. Be prepared for when they are released and come home. Contact their psychiatrist and/or therapist to schedule a follow-up office visit for as soon as possible after release. If the circumstances make it impossible for them to return home, make arrangements for alternative housing such as admittance into a residential psychiatric facility, group home or government supported housing for the disabled.

Educate yourself about your loved one’s disorder and the mechanisms and potential side effects of their medications (sources: psychiatrist, pharmacist, WebMD, drug company website).

**Crisis and Problem Solving**

Understand the difference between a CRISIS and a PROBLEM – A crisis involves immediate safety concerns where as a problem can be managed or addressed over time.

DEALING WITH A CRISIS

- **Be prepared** – Prepare a document with your loved one’s insurance information, driver’s license number, social security number, diagnoses, medications (and doses) and mental health care providers names and phone numbers. Find the number for crisis teams or hotlines in your area.

- **Take them to the emergency room** – If you believe that your loved one is not safe (e.g., contemplating suicide) take them to the ER if they are willing to go. To assist the ER physician remember to take your loved one’s documentation with you as described above.

- **Call the police** – When there is an immediate safety concern (e.g., suicidal or homicidal thoughts / actions) for you or your loved one, call 911 and explain your loved one has a mental illness and the situation. Don’t feel guilty - this can begin a process for getting better help and care for them.

PROBLEM SOLVING

- **Write down the “problem”** – Typically you will find that you have multiple problems not just one. This is normal and the reason why you feel overwhelmed not knowing what to do.

- **Breakdown the situation** – Look at the situation and begin to break it down and list it out as different problems.
Start with the most urgent and the ones you can control – Many times the small things that you can control will help reign in the situation.

Roles – With the help of supportive friends and relatives, identify who will be the primary or key person working with your loved one and what other supportive roles are needed.

Identify Roadblocks and Solutions – Most plans don’t work exactly as designed; identify where the problems will be and what solutions can be applied.

Failure and Faith – The process will be difficult and you will make mistakes (this is normal). Keep trusting in God’s goodness; HE is doing things in ways we do not understand or see.

Caring for Yourself

Stay positive, there is hope. An individual diagnosed with a mental disorder, when properly treated and supported, can live a happy and productive life.

Let yourself off the hook – The reality is that you cannot fix them. While that may sound like a terrible thing, you can rest in that fact. It is not your responsibility, and it is not your fault. You do not have the ability or the means to fix them, and God never intended for you to. What you can do is be part of a process by which God draws you and them closer to Himself, transforming you both forever.

Develop reasonable expectations – Healing and recovery is a slow process that takes time. A quick fix or one-time treatment that takes care of all their symptoms and problems is not possible.

Taking care of yourself (physically, emotionally and spiritually) is just as important as taking care of your loved one. Be intentional about eating well, getting enough sleep, exercising regularly and staying connected to key personal relationships that provide support.

As a caregiver, you need rest. Often times those caring for a mentally ill loved one do not take time for themselves and end up exhausted and burned out. The key to finding rest is to be creative and simple. Ask for help from others. Without rest, no one can endure well; with rest, you can love well.

Acknowledge your grief and feelings of confusion, anger, guilt and shame. Acceptance of your loved one’s disorder will require a time of grieving the loss of how you once knew them to be and/or your expectations for them.

Join a support group and recognize that you are not alone. Regularly attending a support group will allow you to educate yourself about your loved one’s disorder, learn practical skills and tools for navigating daily life and give you an opportunity to serve and support other families dealing with similar circumstances.
**Actively seek out a faith community** that can encourage you and let them know how they can specifically help you. An active and supportive faith community cultivates life while isolation brings frustration and fatigue.

**Remember it is Christ** who gives us strength and sustaining grace during both the good times and the bad. You can’t do it on your own and Jesus is not asking you to.

**Communicating with Your Loved One**

**WHAT NOT TO DO**

**Correct or discount** – Do not focus on trying to correct or discount their thoughts and feelings.

**Reasoning** – Do not try to reason or logically convince them that their reality is off. Nor should you try to prove your point or convince them you are right. Never try to use scripture to prove your point or fix them.

**Raise your voice** – Do not raise your voice in an attempt to control the situation.

**Be silent** – Do not use the silent treatment out of frustration (depending on the situation they may need some time and distance – that’s not rejection).

**Fear** – Do not become fearful from what they are saying and feeling ... it can lead to a reaction rather than a purposeful response.

**WHAT TO DO**

**Aim for the heart** – Appeal to how they feel, even if they are being irrational, hurtful or their struggle seems insignificant.

**Affirmation and Understanding** – Look past the issue to identify with and validate the specific feelings behind the situation or their particular struggle (e.g. sadness, anger, discouragement).

**Positive Solutions and Encouragement** – Find the positive in the situation and encourage them to see the opportunities. Your response should promote simple and affirming solutions, not ultimatums for a quick fix.

**Minimize Roadblocks and Bring Hope** – Your loved one may counter with other excuses. Listen with affirmation and understanding, and then help break down the situation and suggest possible solutions while still promoting a positive environment to bring about a resolution.
Special helps – Find ways other than talking to bring calm to stressful or difficult situations (e.g., going for a drive in the country).

Scripture – If you choose to bring up God or scripture, it should be simple and the dialogue short. Use references about God’s character and their identity in Christ, not references that imply what they must do to get better or appease God’s goodness to help them.

**Online Resources**

The Grace Alliance (www.mentalhealthgracealliance.org)

National Alliance on Mental Illness (www.nami.org)

National Institute of Mental Health (www.nimh.nih.gov)

WebMD (www.webmd.com)