



# INFORMATION AND SUPPORT GUIDE

for families and friends of individuals  
with mental health problems

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## PREAMBLE

In 2009, after conducting a survey to determine the level of satisfaction of family members and friends with the services they received, the *Institut universitaire en santé mentale de Québec* set up a working group whose mandate was to write a guide addressing the needs and concerns of those helping in the recovery of individuals with mental health problems.

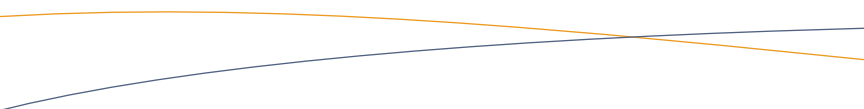
The committee was composed of representatives of the Institut, the *Centre hospitalier affilié universitaire de Québec* (CHA), *La Boussole*, *Cercle polaire*, and family members and friends<sup>1</sup> of individuals with mental health problems. However, the working group's mandate quickly expanded following the request of the *ministère de la Santé et des Services sociaux (MSSS)* to make the tool available throughout Québec given the province-wide lack of information and support.

To fulfill this expanded mandate, the committee added other partners, including the *Fédération des familles et amis de la personne atteinte de maladie mentale (FFAPAMM)* and the *Centre hospitalier universitaire de Québec (CHUQ)*.

*The Information and Support Guide for families and friends of individuals with mental health problems* is the product of two years of hard work and exceptional collaboration by various institutions in the network. Their work made it possible to create a guide to better prepare families and friends of individuals with mental health problems and to ensure that communication flows more smoothly between them, the individual with a mental health problem, the medical team, and other key players in the recovery process.

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1. This might include the father, mother, brother, sister, spouse, son, daughter, friend, or any other person with a special interest in the individual with a mental health problem.



Intended mainly for families and friends of individuals with mental health problems, this guide can also be used as a reference and source of inspiration by health and social services network workers who wish to continuously improve their knowledge and skills.

The guide is divided into three sections. The first provides information on the organization of mental health care and services in Québec, the second provides a brief overview of the concepts of confidentiality and professional privilege, and the third provides practice advice on how to better help individuals with mental health problems.

The appendices include a list of community resources families and friends of individuals with mental health problems can turn to for help as well as a list of useful links and websites that provide additional information.

We trust that this *Information and Support Guide for families and friends of individuals with mental health problems* will encourage you to seek help from recognized mental health associations. They can provide caregivers with much-needed support.





## BACKGROUND

Mental health problems have a profound impact on individuals suffering from them and on their families and friends as well as on healthcare costs. In Québec, one person in six suffers from some form of mental health problem<sup>3</sup>.

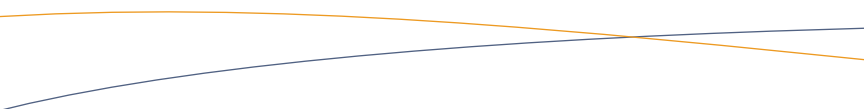
Historically, these individuals have received mental health care and services in a hospital setting. In the 1990s, the Québec government transformed mental health services by shifting the focus from a hospital-centred approach to a community-based approach.

The widespread closing of beds intended for psychiatric patients, the decrease in long hospital stays, and the shift away from institutional to community-based support services not only changed mental health practices, it also had a major impact on the roles expected of families and friends of individuals with mental health problems.

In 2005, in its 2005–2010 Mental Health Action Plan (*Plan d'action en santé mentale 2005-2010 – La force des liens (PASM)*), MSSS reaffirmed the importance of the family as an essential resource for keeping individuals with mental health problems in the community. This commitment led to the establishment of guidelines to ensure that professionals in the health and social services networks take into consideration the needs of families and friends for information, support, and alternative living arrangements in care for individuals with mental health problems.

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3. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX. Plan d'action en santé mentale 2005-2010 – *La force des liens*, Québec, 2005, p. 8.



The results of the survey conducted in 2009 by the *Institut universitaire en santé mentale de Québec* also clearly showed the need of families and friends for more information on mental health illnesses, the concepts of confidentiality and professional privilege, the types of support available to them, and the strategies they can use to cope with the new reality of a family member or friend with a mental health problem.

According to a study conducted in 2001 (*Provencher, Perreault, St-Onge, and Vandal*), 60% of caregivers are subject to three times more emotional distress than the general population. This indicated how important it is for families and friends to take care of themselves to avoid a downward spiral of distress and to be able to carry out their roles as caregivers in an effective manner.

Regardless of the diagnosis, age, gender, social class, or place of residence, most caregivers who help a family member or friend on their way to recovery face similar difficulties, including a poor understanding of how to access the mental health network, the difficulties they will face accessing the mental care and services, or a lack of cooperation from the individual with the mental health problem or from health and social services professionals.

The families and friends of individuals with mental health problems are the front-line caregivers. They must thus receive all the support they need to carry out this important role.



## 1. ORGANIZATION OF SERVICES

### 1.1 Organization of mental health care and services in Québec

A few definitions are given below to help you understand some of the terms commonly used in the field of mental health services and by the institutions that provide them.

#### 1.1.1 Primary care services

Primary care services, including mental health services, are available to everyone. Their purpose is to promote health, prevent diseases, and provide diagnostic, curative, and rehabilitation services to all. They are provided in the community, i.e., as close as possible to users. The people who provide these services will guide you in the steps to take. Primary care is provided by health and social services centres (CSSS), medical clinics, family medicine groups (FMG), certain community groups, private consulting offices and, in the case of emergencies, hospital emergency rooms.

#### 1.1.2 Secondary care services

These comprise services that underpin primary care. The people who receive care and services at secondary care locations are normally referred there by a primary care worker. Secondary care relies on specialized expertise to treat people with more severe problems that cannot be treated in a primary care setting. Secondary care is mainly provided in hospitals.

#### 1.1.3 Tertiary care services

Tertiary care underpins primary and secondary care and provides treatment for people with more serious problems that require specialized services. Tertiary mental health care services are only provided in institutions that specialize in these services.

## 1.2 CSSS (CLSC mission)

### 1.2.1 If your family member or friend has a family physician

If your family member or friend with a mental health problem has a family physician who agrees to manage his care, the physician can count on the support of a CSSS mental health team.


### 1.2.2 If your family member or friend does not have a family physician

When your family member or friend goes to the CSSS, he will meet with a professional who will perform an evaluation and direct him to the resource that can best address his needs. The professional will determine whether the individual must be referred to a primary care mental health team. This team, which is composed of various professionals (psychologists, social workers, nurses, physicians, etc.), is the main “gateway” to the mental health network. Your family member or friend may be treated by this team or referred to secondary or tertiary care services, depending on his needs.

You may well experience a waiting period. In the meantime, you can find out about the various services available to you. Please be aware that the CSSS is not required to take on each and every case.

### 1.2.3 In either situation

As a caregiver, you can provide the CSSS worker with information on your family member or friend at any time. You can also ask the worker for general information on the next steps and the services available in your community. You will have to specify that you have a special interest in your family member or friend and that you are his caregiver. Professional privilege prevents the worker from divulging personal information about your family member or friend. However, the worker can provide you with information of a general nature, can listen to you if you have information to share, and can give you the contact information of your local mental health association dedicated to families and friends.



It is important that you discuss your role as a caregiver with your family member or friend. He should be encouraged to involve you in his or her treatment, subject to privacy considerations.

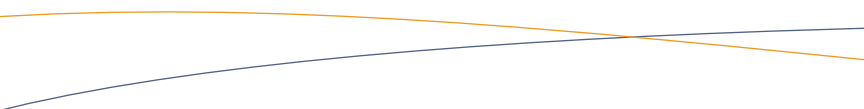
Verify with the family member or friend the type of information that **he or she feels the CSSS worker should disclose to you**. Collaboration is an essential ingredient in the recovery process. **It is also important to determine the limits of the help that you are able to provide to your family member or friend.**

### 1.3 Hospital emergency services

“Emergency” describes these services perfectly, i.e., the urgency to act. When the situation has gotten out of control, symptoms are truly serious, and you can’t reach either the attending physician or the crisis centre in your area, you can take the family member or friend with a mental health problem to the nearest emergency room. In exceptional cases, when an individual refuses help, you can ask for a court order or for a police officer to accompany you to the hospital emergency room.

When you arrive at the emergency room, your family member or friend will be seen by a nurse. Provide the nurse with a description of the person’s attitudes and behaviour. Given the signs and symptoms of mental illness, ask if you can both wait in a quiet room.

The second step is to meet with an ER physician, who **will evaluate your family member or friend and who may also ask for a psychiatric assessment**. Depending on the results of the evaluations, if there is a danger to the person or to others, he may be kept under observation in preventive confinement. According to the *Act respecting the protection of persons whose mental state presents a danger to themselves or to others*, if a person does not present a danger to himself or herself or to others, the physician must release the person if he or she wants to leave the hospital.



If a psychiatric assessment is required, you can ask to be present. Your request may be accepted if your family member or friend consents to it and if the situation permits. However, if he refuses, you can still ask for general information on what the next steps will be. In such cases, we encourage you to ask for help from a social worker at the hospital, who will then guide you through the treatment steps. Also remember that you can broach the issue of consent with your family member or friend at any time.

At the end of the consultation, your family member or friend may be hospitalized, released, or referred to another hospital. Feel free to ask the physician for the reasons for his or her decision.

If your family member or friend returns home, you can still request information on the most helpful attitudes to adopt and on ways to prevent relapses. Reach out for help with your problem. Ask for the list of available community resources that can provide support and help you cope. (see Appendix 1)

If you require help and support, don't be afraid to contact the mental health association dedicated to families and friends in your area.

While emergency services vary from hospital to hospital, you can ask to meet with a social worker. He or she is normally available at certain hours and can provide general information on mental health problems, offer support, and refer you to the appropriate resources. If you have questions of a medical nature, you can ask to meet with the attending physician or a nurse. Ask about the types of emergency services provided and the visiting hours.



## 1.4 When a family member or friend is hospitalized

When the mental health of your family member or friend requires hospitalization, a few questions will likely spring to mind. Don't hesitate to ask them. The answers you receive will help you fulfill your role as a caregiver. They will also reassure you and will create a trusting relationship with the medical team treating your family member or friend. Answers to the questions most frequently asked by caregivers are given below as a guide.

### 1.4.1 How does the psychiatric unit work?

We suggest that you write down the names of the staff caring for your family member or friend, i.e., the patient case manager (generally a nurse), the unit chief, the psychiatrist, and the social worker assigned to the unit. They can provide you with general information on how the unit works. Documentation is also available, and information meetings are occasionally arranged for families. Feel free to ask about these meetings.

Given the workload and availability of the staff, we recommend that you designate one person to act on behalf of your family member or friend. This will make it easier to give and receive information and will be greatly appreciated by the healthcare providers. Stay in regular contact with the providers and give them all information you deem relevant.

Follow-up meetings may be organized for patients. If the patient agrees, close family members and friends may be invited. Ask whether you would be able to attend these meetings.

### 1.4.2 Am I allowed access to information on my family member or friend's condition?

If your family member or friend (the patient) consents to your receiving information on her health, hospital staff will provide you with confidential information (diagnosis, treatment, etc.). If the patient refuses, you will only receive information of a general nature (how the unit works and available resources).

### **1.4.3 Do I have to visit my family member or friend every day?**

Every case is unique. When your family member or friend is hospitalized, ask the patient case manager for advice on how to act during meetings/visits. It is important to collaborate with the medical team and to respect your limits and those of the patient.

During the first few visits, you may feel upset—the same goes for your family member or friend. **If you feel too uncomfortable, give yourself time and spread out your visits.** Your family member or friend may also refuse to see you for various reasons. This can sometimes be difficult to accept. If this happens, resources are available to provide support.

### **1.4.4 What should I do if my family member or friend wants to leave the hospital?**

The first contact with a psychiatric environment is generally a shock because other patients may appear worse off than your family member or friend.

During the hospitalization, you may have to deal with your family member or friend's insistence that she go home. You may also have to deal with your own urge to get her out of the hospital as quickly as possible.

**Be vigilant and patient** because, despite all the uncomfortable emotions you feel, the hospital can be a refuge at a time when your life and that of your family member or friend is overwhelmed with anguish.

Hospitalization is one step. You have to accept the fact that the observation period and the start of the treatment will take time.

Hospitalization is often a difficult step, but you have to keep in mind that the hospital is one of the places where a treatment plan to help your family member or friend can be developed.





During visits with your family member or friend, be understanding, but remain firm and convinced of the need for hospitalization. Avoid futile argument, but make sure she understands that you are there to help. Emphasize the hope that she will find a better balance. Space out your visits if you find the pressure is too great.

#### **1.4.5 Do I have to agree to all my family member or friend's requests?**

No. Use your judgment. If you do turn down a request, explain why you did so.

#### **1.4.6 May I bring my family member or friend his or her personal effects?**

Unless otherwise specified, you may. If you have a doubt, ask a staff member. They may ask to see things you bring. Such requests are made simply to ensure the safety of your family member or friend, other patients, and staff.

#### **1.4.7 Should I talk to my family member or friend about his or her health problem?**

Caregivers often wonder whether they should meet this issue head on or avoid it. It all depends on how you and your family member or friend feel. You should be frank at all times while respecting each other's limits. You can raise this issue with the patient's case manager, who will help you determine the appropriate approach.

#### **1.4.8 Who should I talk to if I am dissatisfied with the care or services provided?**

You should first talk with the medical team, especially the nurse. If the answers to your questions or the proposed solutions are unsatisfactory, you can consult the unit chief. If you are still dissatisfied, you can file a complaint with the local complaints and service quality commissioner. The staff in the unit will give you the commissioner's contact information.



If you would like to know how complaints are dealt with, you can contact the mental health association dedicated to families and friends in your area or consult the Practical Guide to Mental Health Rights – Answers to questions by family and friends of individuals with mental health problems, which you can download from the MSSS website: [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca).

#### **1.4.9 What can I do when my family member or friend is released from hospital?**

You can request a meeting with the patient case manager to find out more about the release conditions and your caregiving role. With the consent of your family member or friend, ask the medical team about follow-up steps, the names and telephone numbers of people to contact, wait times for appointments, the list of medications, the contact information of the drugstore, and a list of community organizations you can contact if needed. Also, ask where to go if your family member or friend's mental health deteriorates.



## 2. CONFIDENTIALITY AND PROFESSIONAL PRIVILEGE

Confidentiality and professional privilege are concepts you may have questions about. They can even lead to friction between you and your family member or friend, or with members of the medical team. These two concepts, while important and defined by legislation, can be seen as a major barrier by the family and friends of a patient. You may find it difficult to understand or even inadmissible that you can't have access to certain information regarding your family member or friend during his hospitalization, even though you are the closest caregiver. The legal underpinnings and practical application of the concepts of confidentiality and professional privilege are outlined below.

### 2.1 Confidentiality

The Civil Code of Québec is the basis of common law and serves as the foundation for Québec legislation. The principle of confidentiality is based on every person's right to the respect of their dignity and their private life as set out in Section 3 of the Civil Code. This means that access to information deemed confidential is limited to those people expressly authorized to access it.

Unless authorized by your family member or friend, legislation stipulates that no employee or professional working or practicing in a health and social services institution or a community organization can give you confidential information on your family member or friend. This principle applies to all information, whether written, verbal, or in a medical file.

## 2.2 Professional privilege


In addition to the obligation of all workers in the health and social services network and community organizations to respect confidential information, all members of a professional order have the obligation to respect professional privilege. This means that they cannot disclose personal information to you concerning the person you are caring for (diagnosis, results of analyses, treatments, evaluations, etc.).

*We would like to draw your attention to the fact that you can give information on your family member or friend to a health professional at any time. You can also ask that this information not be disclosed to your family member or friend. However, you have to remember that the health professional must maintain his or her therapeutic relationship with your family member or friend. This means that there is no absolute guarantee that the information will never reach your family member or friend. The health professional will be guided by the best interests of your family member or friend.*

## 2.3 Exceptions

There are **two situations** when an employee or health professional can break the rule of confidentiality or be relieved of his or her obligation to respect professional privilege:

1. **When your family member or friend authorizes him or her to give you the information** (verbal or written authorization).
2. **Exceptions**, such as:
  - To prevent an act of violence;
  - When a person is confined in an institution (information concerning the confinement, end of confinement, and treatment plan provided to the legal representative of the confined person);

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- When a person of full age is incapable of giving consent to care (subject to legal steps);
  - When the safety or development of a-minor is compromised.

## 2.4 The difference between confidential and general information

It is possible, unless your family member or friend authorizes it, that you will not receive any confidential information at all on your family member or friend, i.e., any information specifically related to his medical file, including observation notes and follow-up care outside the hospital, or to the objectives and steps related to his follow-up care in the community.

However, health professionals still have the right to give you general information on mental health problems and on services provided by the hospital and by community organizations.


They also have the right to offer you practical advice on how to deal with the symptoms and difficult behaviour of your family member or friend. Feel free to ask them any questions you may have.

## 2.5 Winning conditions

Focus on the winning conditions needed to promote a relationship of trust between you, your family member or friend, and the health professionals assigned to his care. With the consent of your family member or friend, you can get actively involved as a caregiver, while respecting the directives of the health professionals.

Keeping in mind the application of the principles of confidentiality and professional privilege, here are **some winning conditions you can focus on to facilitate your participation:**

- When circumstances permit, talk openly with your family member or friend about the possibility of getting involved in his follow-up care.
- If he agrees, ask him or her to notify the medical team, so that the team members can divulge confidential information on his care (diagnosis, medications, etc.).
- Reassure your family member or friend about your degree of involvement by telling him that you don't have to know everything about the follow-up care, just the main information that will help you to understand his problem and, as such, provide the most appropriate support during the various steps of his recovery.
- Your family member or friend may not be cooperative and may refuse your offer to help for various reasons. If this happens, you can call on the patient case manager for help. It is sometimes easier for a stranger to explain the importance of your involvement.
- Mention to the health professionals that you understand the concepts of confidentiality and professional privilege and that, as such, you understand that there is a limit to what they can tell you. Remember that they can't break their professional oath.
- Make the task of collecting information easier by collaborating with the health professionals and giving them verbal or written information on the behaviour and attitudes of your family member or friend. Determine the best time to do this based on their individual schedules.

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- Voice your concerns and worries about your role as a caregiver.
  - Determine whether the health professionals have specific expectations of you, and tell them how much support you can provide to your family member or friend (accommodations, day-to-day involvement, financial support, etc.).

Try to remain calm and positive at all times. Even if your family member or friend does not at first consent to health professionals disclosing personal information to you, he may change his mind later during the treatment process. You will have to respect the pace of the collaborative process.

In short, health professionals have to respect their obligations regarding confidentiality and professional privilege. However, remember that you have the right to provide them with any information that can help in the recovery of the individual you are caring for.

To recap, you will have to:

- Ask for the collaboration of your family member or friend and the medical team.
- Respect the principles of confidentiality and professional privilege.
- Get actively involved in sharing information about your family member or friend.
- Define your limits as a caregiver.
- Be patient and respect the pace of your family member or friend.







### 3. PRACTICAL ADVICE

Caring for a family member or friend with a mental health problem is not easy. It requires a steep learning curve and a variety of strategies for adapting. For most people, the world of mental disorders is very foreign, and when a family member or friend is diagnosed with a mental health problem they often react with disbelief, worry, and anguish.

For this reason, as a family member or friend of an individual with a mental health problem, you will have access to basic support and information to help you deal with certain situations. It is normal and natural to want to do everything you can to help your family member or friend because you love that person. This desire is even stronger when you see their distress. But, your help and support cannot, on its own, solve the problem. **Your family member or friend requires, first and foremost, professional care.**

You may disagree, but remember that your family member or friend is responsible for his or her own life and choices.

#### 3.1 Provide effective help

##### 3.1.1 Take care of yourself

It is common for caregivers to burn out. That's why they need to care for themselves – it's easy for them to forget their own needs! **Learn to recognize signs of stress and fatigue and to set your own limits.** It is difficult to help someone when you are exhausted. Maintain a healthy lifestyle (rest, daily activities, etc.). The person you are caring for also needs to find a balanced lifestyle. By taking care of yourself, you are encouraging that person to do the same.

### 3.1.2 Stay informed

**Learn to make the distinction between the signs of a difficult day and symptoms of the mental health problem.** Having been through a number of painful episodes, you may become too vigilant. Knowing the symptoms, causes, and treatments of the illness can help you recognize the difference. Encourage your family member or friend to continue the prescribed treatment. However, if the person wants to stop the treatment, suggest that she first discuss the decision with her family physician, psychiatrist, or pharmacist.

### 3.1.3 Define your role

**You are not the physician, social worker, or nurse of your family member or friend.** Your family member or friend may be receiving help from a number of professionals in the health and social services or community services network. **It is essential that you keep to your role as a caregiver.** Seek help for yourself to find out how to develop “caregiving” attitudes so that you can, in turn, help your family member or friend.

### 3.1.4 Believe in your family member or friend and her recovery

The person you are caring for is endowed with her own intelligence and personality, and can do things at her own pace, based on her values and priorities. It’s important to make the distinction between the person’s pace and priorities and your own.

**Don’t act in her stead.** The illness and relapses are out of your control. You have no power over the choices and behaviour of your family member or friend. However, you do have power over your own.

### 3.1.5 Set aside time for yourself

**Continue your normal activities and set aside some time to care for yourself.** Divide household chores among other family members. Do an activity you like and that makes you feel good. Enjoy life!



### 3.1.6 Don't blame yourself or feel guilty

**Be realistic about your expectations** to avoid disappointment. Despite the time and energy you devote to the care of your family member or friend, you shouldn't feel guilty about the person's choices, their condition, or the evolution of their illness. You are not responsible for what is happening to that person.

### 3.1.7 Don't remain isolated

**Seek out help** and an understanding ear. Confide in people you can trust. Tell them what you are going through and remember, other members of your family are also affected. If you feel the need, contact a mental health association dedicated to families and friends for support and information.

### 3.1.8 Don't feel ashamed

**Don't feel ashamed to say that a family member or friend has a mental health problem.** This is the first step in the battle against prejudice. Keep in mind that one in six Quebecers suffers from one form or another of mental illness.<sup>4</sup>

### 3.1.9 Don't give up hope

Hope will be rekindled when you realize that **your role is to care for** your family member or friend along the road to recovery and not to heal her or act in her stead. A combination of patience, respect for yourself and others, help from others, and affection, will allow you to team up with your family member or friend and travel the road to recovery together.

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4. MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX. Plan d'action en santé mentale 2005-2010 – *La force des liens*, Québec, 2005, p. 8.

## 3.2 Preventing relapses

A relapse is possible at any time during the recovery process. A relapse is defined as the reappearance or the worsening of symptoms of an illness that seemed to be getting better.

### 3.2.1 Positive and negative factors that can have an impact on the recovery process


The person you are caring for may have some degree of control over relapses, provided she understands the illness and prescribed treatments. Other factors may play a positive role in maintaining her well-being such as determining sources of stress and controlling them and adopting a healthy lifestyle (meals, sleep, activities, etc.). However, a relapse is always possible despite preventive measures.

Certain factors can cause a deterioration in the mental health of your family member or friend such as not taking medication as prescribed, high stress levels, and consuming alcohol or drugs. These substances can also interact with certain medications to decrease or increase the desired effects.

### 3.2.2 Anticipating a crisis

It can be reassuring to have a plan for reacting to a crisis. Choose a time when your family member or friend is doing well or better and agree together on ways to prevent the deterioration of her mental health (contact her family physician, bring forward the appointment with the professional managing her out-patient care, etc.).

Together, choose the person who will accompany your family member or friend to the hospital. Ideally, this would be someone in daily contact with her and who can describe the changes leading up to a crisis.



If, despite all these preventive measures, your family member or friend is no longer capable of making treatment decisions, you will have to inform her of the steps that may be taken to ensure her safety in the event she presents a danger to herself or to others. You can contact a member or non-member association of *FFAPAMM* for advice on the legal measures governing such a situation. Keep the emergency telephone numbers and contact information of the organizations that can help you close at hand (see Appendix 1).

### 3.3 Dealing with threatening behaviour

#### 3.3.1 Reacting to aggressive behaviour

Aggressivity is an emotion that may arise when someone is dissatisfied with the response to their physical, psychological, or social needs. The person is frustrated because she experiences feelings of disempowerment, despair, and even failure. The person then seeks to alleviate the suffering through aggressive and hostile behaviour.

When someone displays such behaviour, it is important to respect the person's personal space. Keep a certain distance so that the person doesn't feel invaded. If the person becomes aggressive, try talking to her using a calm voice, without being judgmental. Assess the nature and intensity of the person's emotions – fear and anger, for example. Let the person know that you won't tolerate violence or unacceptable behaviour.

**Pull back if you feel uncomfortable or in danger.** Consider seeking help. In these cases, it may be appropriate to contact the police.

### 3.3.2 Dealing with suicidal thoughts

Psychological suffering can become so intense that a person may see suicide as the only solution to her problem. You have to understand that the person does not want to die, only to put an end to the suffering. When the behaviour and words of your family member or friend point to suicidal thoughts, you have to talk openly about it together, sharing your fears and observations. Ask your family member or friend if she has thought of committing suicide (how, where, when). Talking about suicide with someone will not incite them to commit suicide. On the contrary, it shows the person that you are concerned. **However, all talk of suicide should be taken seriously.** You can call the suicide prevention centre in your area, which also provides help for the family and friends of suicidal people.

## 3.4 Coping with the symptoms of mental health problems

### 3.4.1 Hallucinations and delusions

Hallucinations are a distortion of a person's perception of reality. A person may see things that don't exist, hear tormenting voices, have the feeling of being touched, or smell an odour that isn't there. Hallucinations can make the person feel threatened or persecuted. Delusions, on the other hand, impair a person's ability to reason and can lead to false beliefs. For example, delusional people may be convinced that they are the target of a murderer or that they are responsible for all the troubles in the world. Hallucinations and delusions can draw the person into a world of anxiety. **You have to remember that what your family member or friend is experiencing is real to him because it is a symptom of his illness.**

If your family member or friend asks you for advice, be honest and simply answer that you don't perceive things the same way.



### 3.4.2 Depression and social withdrawal

Negative thoughts are painful. Depressed people often feel awkward, inadequate, and worthless. They may have the impression that no one loves them. They have no energy or interest in social interactions and become more and more withdrawn. If this happens, **try to maintain contact with your family member or friend, while accepting your own limits.** Try directing your family member or friend to other caregiving resources. Stay upbeat. Be positive. Be understanding, loyal, encouraging, and nurturing. Instill self-worth and hope in your family member or friend. Your attitude can help him build healthy self-esteem. He may need to take medication such as an anti-depressant. These drugs usually yield good results after two to six weeks.

### 3.4.3 Disorganization

Certain illnesses cause temporary cognitive impairments such as memory impairment, trouble concentrating, disorientation (no longer knowing where one is or what day it is), and disorganization (doing things in a disorderly way). This can cause anxiety and communication problems.

If your family member or friend shows signs of confusion and worry, approach him slowly, establishing good eye contact. Talk slowly. If other people are present, it is best that only one person talk to him. Use short, simple sentences, and give him time to answer. Don't ask him to concentrate more. **Deliver one message at a time, and repeat the information, without criticizing.** If warranted, situate the person in time and in his environment. You can use familiar objects to help you do this and to stimulate the person's memory. Avoid saying things like "You shouldn't do this. Don't do that." Don't draw attention to mistakes.

### 3.4.4 Breakdown in communication

The language of people with mental health problems may become incomprehensible, either because their sentences are not logical or are incoherent, or because they jump rapidly from one topic to another. Generally speaking, this happens in the acute phase of the illness, although communication may be difficult at other times in the course of the treatment. **Listen attentively without attempting to make sense of something that is not logical to you.** Rather, focus on the emotions being felt by your family member or friend. Be patient. This type of symptom generally responds well to decreases in stress and adjustments in drug dosages.

### 3.4.5 Stress and loss of control

People suffering from anxiety disorders are subject to an intense, recurring, and prolonged sense of fear, but are often unaware of the cause.

If your family member or friend is in this type of situation, talk to him slowly and calmly. Take the person to a relaxing place, and reassure the person about his ability to regain control and find solutions. Just being there will allow the person to talk about what is worrying him. Encourage the person to use ways he is familiar with to prevent or manage the stress.

In cases where the symptoms are so severe that the person may be a danger to himself, to you, or to others, seek help or call 911.





## CONCLUSION

Caring for a family member or friend with a mental health problem is a **difficult experience. It requires you to surpass yourself** and learn new things. There are a number of ways to adapt to the mental illness of a family member or friend. The choices are as varied as the people dealing with this reality. There are, of course, essential elements common to all, like those described in this guide. We encourage you to continue your research. By reading this guide you have likely learned some basics of the organization of mental health care and services and of mental health problems. However, by seeking help from those experienced in caring for individuals with mental health problems that you will be able to gradually discover and develop your full potential as a caregiver. Dealing with mental illness is difficult, but it is also enriching insofar as it helps you to develop personal strengths that you perhaps didn't know you had.

We wish you good luck in your life journey. Don't be afraid—you will find the balance you need to attain the feeling of well-being you long for. And remember, above all else, always seek out help when you feel the need!





# Appendix 1

List of member and non-member associations  
of the *Fédération des familles et amis de  
la personne atteinte de maladie mentale*

## **FFAPAMM**

**1-855-272-7837**

[www.avantdecraquer.com](http://www.avantdecraquer.com)

## **Bas-Saint-Laurent**

### **La lueur de l'espoir du Bas-Saint-Laurent**

Rimouski

418-725-2544

1-877-725-2544

[www.lueurespoirbsl.org](http://www.lueurespoirbsl.org)

## **Saguenay-Lac-Saint-Jean**

### **Centre Nelligan**

Roberval

418-275-0033

[www.centrenelligan.com](http://www.centrenelligan.com)

## **Capitale-Nationale**

### **La Boussole**

Québec City

418-523-1502

[www.laboussole.ca](http://www.laboussole.ca)

### **La Marée**

La Malbaie

418-665-0050

1-877-523-2881

[www.lamaree.ca](http://www.lamaree.ca)

### **Cercle Polaire**

Québec City

418-623-4636

[www.cerclepolaire.com](http://www.cerclepolaire.com)

### **L'Arc-en-Ciel**

Donnacona  
418-285-3847

## **Mauricie-Centre-du-Québec**

### **APAME Centre-du-Québec**

Drummondville  
819-478-1216  
[www.apamedrummondville.org](http://www.apamedrummondville.org)

### **Le Périscope**

Grand-Mère  
819-729-1434  
[www.leperiscope.org](http://www.leperiscope.org)

### **La Lanterne**

Trois-Rivières  
819-693-2841  
[www.lalanterne.org](http://www.lalanterne.org)

### **Association Le PAS**

Victoriaville  
819-751-2842  
[www.lepas.ca](http://www.lepas.ca)

### **Le Gyroscope**

Louiseville  
819-228-2858  
[www.legyroscope.org](http://www.legyroscope.org)

### **La Passerelle**

Bécancour  
819-233-9143

## **Estrie**

### **APPAMM de l'Estrie**

Sherbrooke  
819-563-1363  
[www.appamme.org](http://www.appamme.org)

## **Montréal**

### **Association des parents et amis du bien-être mental du Sud-Ouest de Montréal**

Verdun  
514-368-4824  
[www.apabemso.org](http://www.apabemso.org)

### **La Parentrie**

Montréal  
514-385-6786  
[www.laparentrie.org](http://www.laparentrie.org)

### **AMI-Québec**

Montréal  
514-486-1448  
1-877-303-0264  
[www.amiquebec.org](http://www.amiquebec.org)

### **Les Amis de la santé mentale Friends for mental health**

Dorval  
514-636-6885  
[www.asmfmh.org](http://www.asmfmh.org)

## Outaouais

### **L'Apogée**

Gatineau

819-771-6488

1-866-358-6488

[www.lapogee.ca](http://www.lapogee.ca)

## Abitibi-Témiscamingue

### **VALPABEM**

Val d'Or

819-874-0257

1-877-874-9399

### **La Rescousse**

Amos

819-727-4567

### **Le Portail**

Rouyn-Noranda

819-764-4445

### **La Bouée d'espoir**

La Sarre

819-333-1184

[www.labouee.osblquebec.org](http://www.labouee.osblquebec.org)

## Côte-Nord

### **APAME de l'est de la Côte-Nord**

Sept-Îles

418-968-0448

1-888-718-2726

[www.apame.net](http://www.apame.net)

## **APAME Baie-Comeau**

Baie-Comeau  
418-295-2090

## **Gaspésie-Îles-de-la-Madeleine**

### **Centre communautaire l'Éclaircie**

Îles-de-la-Madeleine  
418-986-6456  
[www.eclaircie.ca](http://www.eclaircie.ca)

## **Chaudière-Appalaches /Bellechasse**

### **Le Contrevent**

Lévis  
418-835-1967  
1-888-835-1967  
[www.contrevent.org](http://www.contrevent.org)

### **L'Ancre**

Montmagny  
418-248-0068

### **Le Sillon**

Saint-Georges  
418-227-6464  
[www.lesillon.com](http://www.lesillon.com)

### **La Croisée**

Thetford Mines  
418-335-1184



## Laval

### **ALPABEM**

Laval

450-688-0541

1-888-688-0541

[www.alpabem.qc.ca](http://www.alpabem.qc.ca)

## Lanaudière

### **La lueur du phare de Lanaudière**

Joliette

450-752-4544

1-800-465-4544

[www.lueurduphare.org](http://www.lueurduphare.org)

## Montérégie

### **APAMM Rive-Sud**

Greenfield Park

Longueuil

450-677-5697

[www.apammrs.org](http://www.apammrs.org)

### **Le Vaisseau d'Or**

Sorel-Tracy

450-743-2300

[web.me.com/noursqc/vaisseau/Bienvenue.html](http://web.me.com/noursqc/vaisseau/Bienvenue.html)

### **Oasis santé mentale Granby and area**

Granby

450-777-7131

1-877-777-7157

[www.oasissantementale.org](http://www.oasissantementale.org)

### **Éclusier du Haut-Richelieu**

Saint-Jean-sur-Richelieu  
450-346-5252  
[www.eclusierhr.ca](http://www.eclusierhr.ca)

### **L'Accolade Santé mentale**

Châteauguay  
450-699-7059  
1-866-699-7059  
[www.accoladesantementale.org](http://www.accoladesantementale.org)

### **Le Phare, Saint-Hyacinthe and area**

Saint-Hyacinthe  
450-773-7202  
1-877-773 -7202  
[www.lephare-apamm.ca](http://www.lephare-apamm.ca)

### **Le Pont du Suroît**

Salaberry-de-Valleyfield  
450-377-3126  
1-888-377-4571  
[www.lepont.com](http://www.lepont.com)

## **Other resources and non-member associations of FFAPAMM**

### **Montréal**

#### **Société québécoise de la schizophrénie**

Montréal  
514-251-4125  
1-866-888-2323  
[www.schizophrenie.qc.ca](http://www.schizophrenie.qc.ca)

### **AQPAMM**

Montréal  
514-524-7131  
[www.aqpamm.ca](http://www.aqpamm.ca)

### **APSM de Saint-Laurent-Bordeaux-Cartierville**

Montréal  
514-744-5218  
[pages.videotron.com/apsm](http://pages.videotron.com/apsm)

## **Gaspésie-Îles-de-la-Madeleine**

### **Nouveau regard**

New Richmond  
418-392-6414  
1-888-503-6414  
[www.nouveauregard.qc.ca](http://www.nouveauregard.qc.ca)

## **Laurentides**

### **ALPPAMM**

Saint-Jérôme  
450-438-4291  
1-800-663-0659  
[www.alppamm.org](http://www.alppamm.org)

### **Maison Clothilde**

Mont-Laurier  
819-623-3843  
[www.maisonclothilde.org](http://www.maisonclothilde.org)

## **Saguenay-Lac-St-Jean**

### **Le Maillon**

Chicoutimi  
418-543-3463  
1-877-900-3463  
[www.lemailon.com](http://www.lemailon.com)





# Appendix 2

Useful links and websites  
for additional information

**List of the 95 health and social services centres (CSSS) in Québec**

[www.msss.gouv.qc.ca/repertoires/csss](http://www.msss.gouv.qc.ca/repertoires/csss)

**Canadian Mental Health Association**

[www.acsm.ca](http://www.acsm.ca)

***Association des groupes d'intervention en défense des droits en santé mentale du Québec***

[www.agidd.org](http://www.agidd.org)

***Association québécoise de prévention du suicide***

[www.aqps.info](http://www.aqps.info)

***Association québécoise pour la réadaptation psychosociale***

[aqrp-sm.org/index.html](http://aqrp-sm.org/index.html)

***Association / Troubles anxieux du Québec (ATAQ)***

[www.ataq.org](http://www.ataq.org)

**Mental Illness Foundation**

[www.fondationdesmaladiesmentales.org/en](http://www.fondationdesmaladiesmentales.org/en)

***Hôpital Louis-H. Lafontaine***

[www.hlhl.qc.ca](http://www.hlhl.qc.ca)

***Institut Philippe-Pinel***

[www.pinel.qc.ca](http://www.pinel.qc.ca)

***Institut universitaire en santé mentale de Québec***

[www.institutsmq.qc.ca](http://www.institutsmq.qc.ca)

**Douglas Mental Health University Institute**

[www.douglas.qc.ca](http://www.douglas.qc.ca)

**Act respecting the Protection of persons whose mental state presents a danger to themselves or to others**

[www2.publicationsduquebec.gouv.qc.ca](http://www2.publicationsduquebec.gouv.qc.ca)

**Act respecting health services and social services**

[www2.publicationsduquebec.gouv.qc.ca](http://www2.publicationsduquebec.gouv.qc.ca)

***Ministère de la Santé et des Services sociaux***

[www.masantementale.gouv.qc.ca](http://www.masantementale.gouv.qc.ca)

***Regroupement des ressources alternatives en santé mentale du Québec***

[www.rrasmq.com](http://www.rrasmq.com)

***Revivre***

[www.revivre.org](http://www.revivre.org)







# Appendix 3

List of acronyms

## LIST OF ACRONYMS

<b>CHA</b>	<i>Centre hospitalier affilié universitaire de Québec</i>
<b>CHUQ</b>	<i>Centre hospitalier universitaire de Québec</i>
<b>CLSC</b>	<i>Centre local de services communautaires</i>
<b>CSSS</b>	<i>Centre de santé et de services sociaux</i>
<b>FFAPAMM</b>	<i>Fédération des familles et amis de la personne atteinte de maladie mentale</i>
<b>FMG</b>	Family Medicine Group
<b>MSSS</b>	<i>Ministère de la Santé et des Services sociaux</i>
<b>PASM</b>	<i>Plan d'action en santé mentale 2005-2010 – La force des liens</i>

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THORNTON, JOHN F. et al. *La schizophrénie – Symptômes et traitement à domicile*, designed by Marion Merrell Dow professional services, 2005

UNION NATIONALE DES AMIS ET FAMILLES DE MALADES MENTAUX. *Les troubles psychiques – Repères à l'usage des familles*, [www.psydocfr.broca.inserm.fr/partenai/Unafam/Unafamina.html](http://www.psydocfr.broca.inserm.fr/partenai/Unafam/Unafamina.html), 2002





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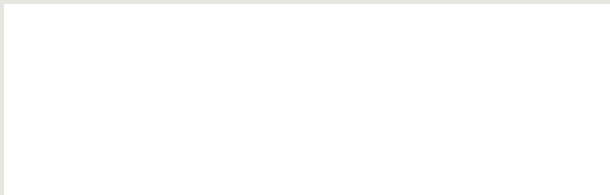


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