Warning Signs of Illness, Managing a Crisis, Risk of Suicide

The World's Voice for the Families of the Mentally Ill

Serving those with Major Depression, Bipolar Disorder and Schizophrenia.

124 Merton Street, Suite 507
Toronto, Ontario, M4S 2Z2, Canada
info@world-schizophrenia.org
www.world-schizophrenia.org

Pamphlet No. 2

Early Warning Signs of Illness and Recognizing Relapse

Family members commonly reported that they knew at an early stage that something wasn't right with their relative. They sensed that their son or daughter, brother or sister, husband or wife was not merely going through a phase, was not in a temporary bad mood, was not reacting to the overuse of drugs or alcohol. Some parents, however, were taken completely by surprise. They assumed that what they were seeing was normal adolescent behaviour. All urge that people reading this should trust their instincts and seek help immediately if they become concerned. Remember that you know your relative best.

Social withdrawal was observed by everyone. Most commented that their relative had been a "good person, never causing any trouble". Seldom had the person been socially "outgoing" during the formative years.

Warning Signs of Schizophrenia

Below is a list of warning signs that suggest the onset (or return) of schizophrenia. It was developed by families who have a member with schizophrenia. Some of the behaviour is within the range of normal responses to situations. However, families felt that even with the mildest of symptoms there was a vague, yet distinct, awareness that the behaviour was "unusual".

The unusual behaviours and symptoms described below will not be unusual to families whose relative has already experienced acute episodes of schizophrenia. For them, these symptoms may indicate the return of a more acute phase of the illness.

Here are examples of unusual behaviour and symptoms that may indicate relapse or onset:

- Dropping out of activities (skipping classes)
- Decline in academic or athletic performance
- Social withdrawal, isolation and reclusiveness
- Deterioration of social relationships
- Excessive fatigue and sleepiness or inability to sleep
- Staring, vagueness
- Apparent indifference, even in highly important situations
- Inability to express emotion
- Irrational statements
- Conversation that seems deep but is not logical or coherent
- Peculiar use of words or language structure
- Excessive writing without apparent meaning
- Inability to concentrate or cope with minor problems
- Forgetfulness
- Irritability
- Bizarre behaviour
- Inappropriate laughter
- Deterioration of personal hygiene; eccentric dress
- Frequent moves, trips or long walks leading nowhere

- Undue preoccupation with spiritual or religious matters
- Strange posturing
- Unusual sensitivity to stimuli (noise, light)
- Drug or alcohol abuse

Many families noticed that there was no logical flow of ideas during conversation. Others noticed that their relative began speaking out loud to no one, and did not seem to hear other people speaking to him or her. One young man began researching all religions and cults. Another young man began turning off all radios because he believed that he was receiving messages from them. In some families, their relative destroyed bank books, birth certificates and photographs.

Signs of paranoia became apparent in many cases. A relative would begin talking about plots against him or her and had "evidence" that he or she was poisoned. One man said that his wife assumed that whenever she saw people talking, they were talking about her.

Siblings often felt that their brother or sister was merely lazy and shirking responsibility; children were embarrassed and confused by their parent acting so differently

Eventually families reached a point they could not tolerate the behaviour any longer. Many commented that there was much confusion in the home, with some resentment and anger toward the person behaving strangely.

Warning Signs of Depression

- Vaguely negative uncomfortable emotions—something's not right
- Fatigue or stress that they at first attribute to external demands
- Insomnia
- Anxiety
- Sadness, tearfulness
- Unexplained physical pain
- Decreased initiative
- Deterioration in personal relationships
- Impaired functioning at work/school through reduced ability to think straight or concentrate
- Absences from work or school
- Loss of appetite

All contributors stressed that you should not wait for tensions to reach such extreme levels. You should seek outside help from your family physician or a medical clinic

With depressive symptoms in the household families begin to feel there is a cloud over everything. Parents disagreed on how to handle their child's problems; the stability of the marriage frequently suffered whether it was a child or a spouse that was showing these signs. Fewer family activities were undertaken and when it is not realized that this atmosphere is due to a mental disorder resentments can make family life even more difficult.

Warning Signs of Bipolar Disorder

Bipolar disorder is characterised by changes in mood from very highs—mania, to very lows—depression. Everyone experiences changes in mood. Sometimes we are happy and at other times sad, but in bipolar disorder people experience changes in mood that are more severe. The warning signs of depression are listed above. Below are the warning signs of high mood or mania.

- High energy
- Feeling great — Euphoria
- Creativity
- Excited talking
- Hyperactivity
- Don't feel the need for sleep
- Impulsivity or recklessness
- Lacking in insight and judgment
- Quick temper

These early signs are critical. It is important to talk with trusted friends or family members and to consult a mental health professional to avoid what people have called "spiralling down" into severe depression.

None of the signs by themselves indicate the presence of mental illness. It is when many of these signs are present that families may be suspicious of onset or return or illness.

It is more difficult to act upon these signs when they are noticed for the first time. However, as indications of the **return** of acute symptoms it is important to act upon you suspicions and get medical treatment as soon as possible.■

Managing a Crisis

Sooner of later, when a family member has schizophrenia or a major affective disorder, a serious crisis will occur. When this happens there are some actions you can take to reduce or avoid the potential for disaster. Ideally, you need to reverse any worsening of psychotic symptoms (psychotic means out of touch with reality) as well as reducing delusional thinking (believing you have millions in the bank or that you have powers from God are two examples of delusional thinking). At this time you need to provide immediate protection and support to the ill person and to yourself and other family members. This pamphlet will help you manage a crisis and plan in case another one occurs (always a possibility and better dealt with if one is prepared.)

It is unusual for a person to suddenly lose total control of thoughts, feelings and behaviour, without there being some warning signs that the person or his family members have recognized. There may be a variety of behaviours and symptoms which give rise to mounting concern. These can be:

- sleeplessness
- ritualistic preoccupation with certain activities
- being suspicious
- unpredictable outbursts
- Seeking quiet or isolation
- Changes in mood
- demonstrating bizarre behaviour

There may be other signs that are specific to the person rather than to the disorder itself that make the family knowledge of the person so important.

During these early stages a full blown crisis can sometimes be averted. Often the person has ceased taking medication. If you suspect this, try to encourage a visit to the physician. If this is not successful (and the more psychotic or depressed the person the less likely it is to be so) you should contact the physician by telephone or by a note dropped off at his office in order to get advice.

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

It may help you to know that the person is probably terrified by his/her own feelings of loss of control over thoughts and feelings. Further, any "voices" may be giving life-threatening commands. In the person's mind messages may be coming from light fixtures; the room may be filled with poisonous fumes; snakes may be crawling on the window. For those with depression a feeling of utter worthlessness and despair may overcome them.

We recognize that the severe mental illnesses are not alike in many respects. Thus we hope that this pamphlet will give useful information for the family in the case of each situation. Acute psychosis is common in schizophrenia and also occurs in the other sever disorders.

Acute Psychosis

Accept the fact that the person is in an "altered reality state". In extreme situations the person with psychosis may "act out" hallucinations, e.g. shatter the window to destroy the snakes. It is imperative that you remain calm. It is also imperative that your relative get medical treatment. While waiting for medical help to arrive (or before attempting to take your relative to the hospital) the following suggestions may prove helpful:

- **Remember that you cannot reason with acute psychosis**
- **Do not express irritation or anger.**
- **Don't threaten.** This may be interpreted as a power play and increase assaultive behaviour by the person.
- **Don't shout.** If the psychotic or depressed person seems not to be listening, it isn't because he or she cannot hear. They are probably experiencing traumatic internal feelings.
- **Don't criticize.** It will only make matters worse; it cannot possibly make things better.
- **Don't squabble** with other family members over "best strategies" or allocations of blame. This is no time to prove a point.
- **Don't bait** the person into acting out wild threats; the consequences could be tragic.
- **Don't stand** over the person if he/she is seated. Instead, seat yourself.
- **Avoid** direct, continuous eye contact or touching the person.
- **Comply** with requests that are neither endangering nor beyond reason. This provides the person with an opportunity to feel somewhat "in control".
- **Don't block the doorway.** However do try to keep yourself between your relative and an exit.
- **Decrease** other distractions immediately -

turn of the TV, radio.

- **Express understanding** for what your friend or relative is going through.
- **Speak quietly,** firmly and simply.

Should the psychotic episode involve violence, there may be no time for all the above strategies. **Do not hesitate to call the police.** When you call, tell them that your relative is psychotic. Explain what you are experiencing and that you need the help of the police to obtain medical treatment and to control the violent behaviour. Instruct the police **not to brandish any weapon.** If you are alone, be sure to contact someone to come and stay with you until the police arrive. The doctor who has been involved with the care of your relative should be advised of the situation as soon as possible.

Family Crisis Plan

Because a crisis often comes on very quickly, **a plan should be made before it happens.** If your police force is well developed and usually helpful call your local police station and speak to the community affairs officer. Advise them that your relative has schizophrenia/ depression and can act in bizarre ways at times. Let close friends or neighbours know that you may call upon them for help if things get difficult. Then make a list of the names, addresses and telephone numbers of these special people and keep it handy. If a crisis arises, you will be prepared. (You will not have to worry about your pets, children, etc. if you have people to call upon.)

When you have weathered one crisis, your family may try to find the reasons it happened. It is normal for people to want explanations. It is important that the family does not blame itself, the person or anyone else for the ill person's behaviour. Very little is understood about why crises occur and why violence can be so unpredictable. Continuous taking of medication considerably reduces the risk of relapse and possible crisis. The avoidance of alcohol can also significantly

Other Pamphlets from WFSAD

- Information for Families on schizophrenia: how to behave, maintaining your own health and medication information.
- Depression, Bipolar Disorder and Schizoaffective Disorder
- Making a Crisis Plan
- Treatment and Care
- Information on Research
- How to start self-help groups
- Leave My Stuff Alone—explaining illness to teen siblings
- When a Parent has Mental Illness
- I Grew Up Very Fast—for young people with a parent who is unwell
- The Meaning of Recovery

See also: www.world-schizophrenia.org

Suicide—Always the Risk

One in ten persons suffering from schizophrenia commits suicide. Four in ten are known to have attempted suicide. Seventy percent of people who commit suicide suffer from depresssion. We are not telling our members anything new when we say that suicide is a serious problem; a problem that many family members have had to deal with and a problem that many families fear mightily. Yet, when we read statistics and listen to radio programs about who is most at risk we rarely hear about the large proportion of people with mental illnesses. One statistic that we did not expect is that only 2% of those with schizophrenia who commit suicide do so in response to command voices.

Young men and those with chronic illness are more at risk. A good educational background and high performance expectations are also risk factors. Some people are more aware of their illness than others and fear for the future and possible deterioration.

Suicide is more likely to happen in an upswing of illness, when the symptoms have abated a little and the person sees reality more clearly. Feelings of hopelessness may run high at this time.

People often keep their thoughts of suicide very private. Rarely do professionals know how they feel.

People are more likely to confide in family members, most naturally their mothers or close siblings, but some people confide in no-one.

Talking about suicide should be taken seriously as it is often a plea for help.

Most people who commit suicide have a history of depression or depressive features. They have taken a bleak view of the future.

Risk Factors

In the general population indicators for suicide are:

- death of a loved-one
- loss of employment
- loss of a girlfriend/boyfriend;
- inability to work
- feelings of worthlessness
- divorce of family member or self may be too much to bear
- "Copycat" effect. Hearing about a suicide may prompt the action in the person. Family organizations have warned media not to publicize suicides to avoid this phenomenon.

Suicide may be precipitated by easy access to a means of killing onesself:

- Living high up in an apartment building
- Access to a weapon
- People often jump from bridges, throw themselves under a train or drown themselves; in rural areas, drinking pesticides is a common means
- An overdose of medications saved up by the patient is often a method to be aware of

When a loved-one is in hospital, be sure that staff issue day, evening, or weekend passes judiciously especially to young patients with chronic relapsing illness.

Immediately following discharge from hospital people are very vulnerable. Quite

often they are not yet stable. The incidence of suicide is high among people with mental illness at this time. Careful discharge plans should be made by the hospital team and the family. If the family is not sure when the patient is to be sent home, a family member should seek this information soon after admission. Sometimes families are not advised that the patient is to be discharged.

Feelings of being alone, not having family or other support may influence a person who is already troubled.

Suicide is more likely to happen when the family is away from home and leaves the ill person behind.

If the person lives in the family home, try not to leave him/her alone at home for long periods if s/he seems more withdrawn or disturbed than usual.

Persons living alone with few friends and very few visitors have a high incidence of suicide. If this is your situation, visit, phone or mail postcards or greetings cards regularly to keep in contact. Access to the internet can be a source of social contact for people living alone.

Be particularly suspicious when someone's previously gloomy mood suddenly changes to cheerfulness without sufficient reason. This may apply, but might be difficult to define in someone with bipolar disorder.

People sometimes write poems, notes or other material dwelling on death or suicide when they are contemplating these.

An informal study of local suicides prompted one group to suggest being especially vigilant and considerate of your relative in the Spring or at family festival times. This may be because Spring is a symbol of renewal and at family festival times one experiences first hand the achievements of other family members. The person's own feelings of unhappiness may become overwhelming.

If the person lives at home, set up realistic rules for home life to help the family live as "smoothly" as possible. This may be helpful for your relative who is dealing with incredibly difficult symptoms.

Issues of suicide should be addressed directly. Acknowledge with empathy the patient's view that death is one solution to the problem of the unbearable psychological pain.

Give your relative hope by speaking of the many advances in research and the better medications that will soon be available. Tell him/her that you want him/her to be around to benefit from these.■

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