

Something is not quite right about the way someone close to you is behaving

sane

Factsheet

You are worried. Is it serious or is the moodiness, irritability and withdrawn behaviour a stage to grow out of? Are drugs involved? Is a medical assessment needed to help you decide if there is a serious problem? This factsheet has been written to help you decide whether or not further help is needed and to inform you of what help is available.

The chances are that there is not a serious problem, and time and reassurance are all that are needed. However, if there is a developing mental illness, then getting help early is very important.

If the illness is picked up early enough there is a good chance of controlling the symptoms with low doses of medication and without going into hospital. There is a better chance that the person will keep friends and maintain a good relationship with the family. Being disturbed for a shorter time means less time lost at school or work and more time for normal relationships, experiences and activities which helps us stay emotionally healthy.

Checklist 1

Behaviour which is considered normal although difficult.

People may be –

- | | | |
|----------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> rude | <input type="checkbox"/> irritable | <input type="checkbox"/> over-sensitive |
| <input type="checkbox"/> lazy | <input type="checkbox"/> rebellious | <input type="checkbox"/> weepy |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> over-emotional | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> thoughtless | <input type="checkbox"/> shy | |

These behaviours may also occur as a normal brief reaction to stressful events such as –

- | | |
|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> breakup of close relationship | <input type="checkbox"/> other family crisis |
| <input type="checkbox"/> exam failure | <input type="checkbox"/> moving house |
| <input type="checkbox"/> death of a loved one | <input type="checkbox"/> physical illness |
| <input type="checkbox"/> divorce | <input type="checkbox"/> other personal crisis |

Checklist 2

Behaviours which are considered abnormal for that person.

People may –

- withdraw completely from family, friends and workmates.
- be afraid to leave the house (particularly in daylight hours).
- sleep or eat poorly. Sleep by day and stay awake at night, often pacing around.
- be extremely preoccupied with a particular theme, for example, death, politics or religion.
- uncharacteristically neglect household or personal or parental responsibilities, or personal hygiene or appearance.
- deteriorate in performance at school or work, or leave jobs.
- have difficulty concentrating, following conversation or remembering things.
- talk about or write things which do not really make sense.
- panic, be extremely anxious or markedly depressed, or suicidal.
- lose variation in mood, be flat. Lack emotional expression, for example, humour, friendliness.
- have marked changes in mood, for example from quiet to excited or agitated.
- have inappropriate emotional responses, for example, giggling on hearing sad news.
- hear voices that no-one else can hear.
- believe, without reason, that others are plotting against, spying on, or following them and have extreme fear of, or anger at, those people.
- believe they are being harmed, or influenced to do things against their will – by television, radio, aliens or the devil, for example.
- believe they have special powers, for example – that they are important religious leaders, politicians or scientists when this is not the case.
- believe their thoughts are being interfered with or that they can influence the thoughts of others.
- spend extravagant and unrealistic sums of money.

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What about Drugs?

Families and others who are concerned often wonder if odd behaviour may be due to alcohol or drugs. In some cases this may be true.

Some people who are developing psychiatric problems may use drugs and alcohol to make them feel better or to signal their need for help. Although they may feel better for a short time, these drugs will, in fact, make the symptoms worse and make treatment more difficult.

To confuse things still more, drugs can sometimes produce symptoms similar to those of psychotic illnesses such as schizophrenia. For example, marijuana and alcohol can produce loss of body boundaries and strange feelings of being watched, persecuted or attacked. If the symptoms are due to drugs (a drug-induced psychosis) they will disappear in a few days when all the drugs have gone from the body. Prolonged use of certain drugs, however, may produce long-lasting effects. If drug use is starting to interfere with day-to-day activities and is causing problems within the family, school or workplace then further help should be sought. GPs may make a medical assessment to determine if there is an underlying psychiatric problem requiring further attention, or if referral to an alcohol and drug agency for treatment is appropriate. If not, ask your doctor for a referral to a psychiatrist.

It can be very difficult for families to assess how much drugs contribute to puzzling behaviour. The issues are complicated and are best sorted out with careful professional help over time.

Encouraging a visit to the doctor

Sometimes this can be very difficult. Because of the criticism of their behaviour, some feel that others are against them, and are frightened or angry. Some, because of their confused thinking, have trouble getting their thoughts together well enough to explain their problems . . . or they may feel too anxious or afraid to do so . . . or they may not know they are ill.

- Talk things over when you both feel calm and when you feel the person is likely to be cooperative. For example – I would like to talk about something with you – is this a good time or will we talk later?
- Ask someone else to talk to the person if you do not feel sympathetic to or are not trusted by them. Focus on how the person must be feeling and try to stand in their shoes. It is best at first to focus on problems which the person will feel comfortable about discussing, for example –
- I know you have been having trouble sleeping/concentrating lately, would you like to talk to Dr Jones?
- You've been feeling very down in the dumps lately, shall we talk with Dr Chan and see if she can help?

- Encourage everyone to think of the doctor as someone who can help in this situation and who will not judge behaviour.
- Suggest that you or another trusted friend support the visit to the doctor.
- Discuss the situation with the doctor, especially if there is some resistance from the person. Remember to write down your concerns as clearly as possible.

If there is outright resistance to the idea of visiting the doctor, consult with the doctor yourself to work out a plan over time. It may be possible and appropriate for the doctor to assess the person at home. If this is not possible, the doctor should still be able to provide help and support to the family and others who are concerned.

If the doctor does not seem to understand, look for another who does.

How to approach the doctor

Often the first step is the most difficult one. You may find it helpful to take this factsheet with you as a discussion-starter. If you are very worried, make an appointment to talk only about this problem, and if necessary book a longer appointment than usual.

It is helpful if you provide the relevant information in writing if possible. A doctor cannot work out what is wrong unless you give the full story. Explain exactly what the person has been doing and saying, where and when. Try not to use vague words which do not describe behaviour. For example, instead of saying or writing –

John gets very frustrated, say

John was so angry last night that he kicked his bedroom door down.

Maria looks awful, say

Maria wears dirty clothes to school and doesn't wash or comb her hair any more – she used to be so fussy about her appearance.

Paul is very shy these days, say

For the past week Paul has only come out of his room to get food.

Donna thinks we are against her, say

Last night Donna would not talk to her friends or eat with us. She said we are all plotting against her.

If possible try to keep your notes to one page.

Additionally school reports before and after the problem began, samples of school work, dates absent from school or work, comments made by teachers, employers or friends, for example, would be of value.

Remember, the first step is the most difficult one. If necessary, check with your doctor to see if the person you are worried about can be visited at home for an assessment.