

## *Original Paper*

# Families and the Mental Health System

Anon<sup>1</sup>

<sup>1</sup> United Kingdom

Received: February 10, 2023

Accepted: March 1, 2023

Online Published: March 16, 2023

doi:10.22158/sshsr.v4n2p9

URL: <http://dx.doi.org/10.22158/sshsr.v4n2p9>

Family involvement with the mental health system needs to be addressed so they can be supportive of relatives who have developed schizophrenia. This involves explaining what the illness is and how they can be helped. This involves initial contact with the psychiatrist and hospital environment. So, revealing that the stigma is just ignorance. Then just as importantly seeing how the system can be made to help which will be a great relief to them. Finally, both patients and families need supportive help in providing and receiving this care which occurs in three different stages as the illness progresses through initial diagnosis, hospital and community help. All of which are quite various and detailed in terms of family reactions to the care. Finally, it is concluded it is important for psychiatrists and other professionals to understand the situation of families in the delivering mental health care.

## **1. Diagnosis**

One key worry on diagnosis is that because of stigma families will see relatives as disturbed on unstable. They need to know their relatives won't become violent and that are not a danger to them. Just because they are hearing voices doesn't mean they are going to act upon them. Being paranoid about other people persecuting them doesn't mean they are going to retaliate. It is more likely they will just hide away. Sadly, this cannot be guaranteed but it is still extremely rare and can be stopped with the right medication.

The medical professionalism of the doctor and the fact that mental health has some authority means they might get across the that the stigma is just ignorance. All this must be measured against the media image and reading books on schizophrenia or magazines like your voice from rethink will reinforce this. The word schizophrenia is terrifying so how do you explain it? From a medical point of view, it is seen as a technical term and a diagnosis which builds on the professional medical authority of the doctor.

Families need to know that schizophrenia is just the result of a chemical imbalance, and they are not to blame for their own problems. One notion involved in this arises for patients and family members in the popular phrases like being driven round the bend or driven round the twist. This meaning runs through all the other labels and it is important for families to understand anyone subject to enough pressure will crack up. This when even new treatments are aware that schizophrenia is now stress induced.

More needs to be done to educate families as schizophrenics will see the paranoia as real and not as an illness. This can lead to isolation, homelessness and death. Perhaps one way to do this is to emphasize schizophrenia affects one in a hundred people so everyone is going to know someone has had it. There will be many people who can recognise what is going on and ask families to seek the help of a doctor. Families are instrumental in recognising there is something wrong with their relatives when they first develop a mental illness. They either contact a doctor or cut ties with their relative. The whole thing can be bewildering until they meet a doctor who can explain about schizophrenia as they will be getting mixed messages for the media and society. Once they calm down they begin to understand the schizophrenia and what to do about it better.

There will be much fear and emotional turmoil as the suffering and symptom are going to be visible. It is the hardest thing in the world to what a loved one suffer. Yet that sympathy may stop the stigma associated with what is happening and may be put aside at it is affecting a loved one. All the same they will want to know what is happening to them and if it can be stopped. These will be crucial question to ask the doctor as they need to understand what the illness is like and how to help. Although its otherness makes this difficult to know the psychiatrist can still point out the fear and emotional pain will be visible to them.

If they have to section the patient and must sign the forms it is distressing for them because they do not want to do this but have no choice. It is particularly distressing to watch you being handcuffed and taken off by the police. There is some stigma that might affect them here if the neighbours see all this and are wondering what is happening. If the unusual behaviour is recognised by people in the same village, it will become known they have a family member with schizophrenia which is not normal.

At this point is important to realise about psychiatrists and why the work they do is so valuable for patients and their families. I like the way they spend time with you and manifest an ethos of care. They also listen to what you and your families have to say. They can help talk you round which is good for getting motivated for the activities available in hospital. They should not feel that their relatives or partners have been stressed out because they were not supportive enough.

The professionalism of doctors is visible and that they really want the best from you. They have the social skills to put you at ease and so you can trust them to open up about your problems. They do not wear and are not the men in white coats. It may take some time getting used to the idea that the ward environment is not a prison, and they are not there to lock you up.

The caring aspect of psychiatry is especially important to families who will be impressed by the intelligence of the doctors. They can be reassured they get the best possible help. They will know with this care their relatives are safe. Then once they know more about psychiatry it will be a great relief that people can be successfully treated especially drugs like Clozapine.

This particularly true of intensive therapy units where they are in constant one to one contact, up until the point this is no longer needed. Again in addition to drugs this level of care can be very effective.

Patients will be getting individual support, and this can help when in being in crisis as there are limited number of nursing staff to do this on the usual ward.

Some graphic examples of the care I have received are useful in getting across this message. This including when on the intensive therapy ward my psychiatrist came down to visit me after work. The same doctor came on the radio to do an interview with me. Yet there were more graphic examples which are reassuring for families too. One doctor came into the city centre to support confronting me with the paranoia of going out and being around strangers. The doctor even came to the shopping mall for the same effect.

I guess the lesson here is to understand and make people aware that with the medical help they are always willing to go the extra mile for service users. So that families will benefit and be reassured their partners and relatives are in good hands. Again, this is very important in that many people who suffer from mental illness are dumped by the relatives because of stigma. Instead, it needs getting across the medical help needed which entitles psychiatric patients to enlightened and humane support.

## **2. Hospitalisation**

It is particularly difficult when they are signing the forms to have a relative who is sectioned. They may not know that the loony bin isn't an incarceration for dangerous people and is not a place where you would need to send a relative. My pleas not to be locked up made this for traumatic still but my family had no choice. Getting to hospital is important for family members as they can see in the flesh that it is full of normal people.

Signing the sectioning forms and watching a relative being carted off by the police is very emotionally painful. Yet once you get to hospital families will realise there are no padded cells and strait jackets. The doctors don't wear white coats. Then the more contact we have with the ward the more it sinks in that it is for everyday people who just have an illness. This brings home the idea of mental health.

Families need explaining about the idea of mental health that this is a mental illness and that they are not mental. Once they see a hospital ward where people are being nursed this should bring out the medical side more and also that doctors really want the best for their patients and care for them. This in contrast to the stigma in the wider society which describes patients as locking people up. It is a caring profession, and all this should get across the idea of a medical condition more.

They will see people recovering on medication and being discharged. They will be very grateful for all the help and support being given which should ease some of the suffering on the parts of family members. This will be reinforced by learning how the system of incarceration can help their friends and relatives. This involves many things as I will now describe.

First is that the new hospital is modern and is like staying in a hotel. A change is as good as a rest and you get pampered with good food. Obviously in hospital you can relax in the sunshine by sitting in the garden or going walking in the wood, depending on the weather and the time of the year. The modern buildings are good for the family as it is a pleasing environment to be in. One valuable thing that has

been introduced with the new hospital design is that you get your own room. So, all this is good for families to know too and how it all works. Families will be grateful for this.

It will be realised that patients will make new friends with the staff and it is not all down to family to provide emotional support. Families cannot be there all the time, especially where there are restrictions on visiting hospital through work, distance and other problems. The internet and video calling can help here too. They will be pleased to know there are things they can do to help, another thought which will be uppermost in their mind.

It should be made clear to families that with schizophrenia that there is a risk of suicide. There will be a need to be emotionally prepared for this. This again can be particularly traumatic to hear and has to be handled very carefully. It is necessary to balance the thought with the fact that many people can be cured. Families may worry unduly about this but it is difficult to stop that reaction. The more they see relatives recovering the thoughts of suicide may lessen.

Hospital can give you some space to reflect on your problems. It is an opportunity to think through your life and heal yourself. The solitude can be soothing and you can make time just for you to be on your own. All the ins and outs of how everything works needs explaining. It also allows for you to practice some meditation on your problems so you can think your own way through your difficulties. Hospital allows for time to do this without any rush for feeling better. After that you can go back to socialising which can be soothing.

At one time people were left to vegetate in front of the television but nowadays you get activities to be involved with. There is someone to talk to at the same time with being interested in whatever activity you fancy. Once relatives visit the hospital they can see all of this for themselves. So, watching people being active is a good feeling for family members.

As far as families are concerned hospital albeit confining and damaging compares well to being at home. This is by far and away the best place for their relatives as patients are watched over so that nothing happens to them. This when either through self-harm or social stigma from being outside which can place schizophrenics in much physical danger. As has been said opinions based on prejudice are always sustained with the greatest violence. Hospitals are safe.

They know that they are going to be looked after. Without hospital patients will stop functioning like eating or keeping clean for example. Hospital can help with this. Also instead of being without emotional support they are being cared for by qualified nurses. In addition they are with other people who are going through the same thing.

A graphic example of this for me was that in the hospital I was in there was a notice board full of thank you cards. These were from friends and relatives who were so grateful to all the doctors and nurses who have been able to help their loved ones. That gratitude should be feedback to psychiatrists and is good for them to know that their work is valued. That in turn will be clearer to new patients.

Family relations can help the relative who is suffering, as for example with soothing loving relations and compassion. New treatments like compassion focused therapy can help beyond the medication being

prescribed. Breakthroughs in research are being made all the time as in wonder drugs like clozapine. There are now others that have less side effects like Abilify.

It was distressing to my family that you may be kept in hospital forever as used to be. Yet now it is still is a possibility you will be in there for a number of years. First-hand experience of seeing the ward means knowing there relatives often won't always be in hospital. You can meet people who recover and are discharged with the help of the medication. This is a tremendous relief as families don't want to confine relatives longer than they have to.

Seeing the ward first hand means the system can help the sufferer. This is not just by administering drugs and some other things like the activities can make the hospital stay more congenial. Having relatives confined is hard for families so it is important to realise that as patients are getting helped they will put up with things.

There is also much future hope they will recover and it is necessary just to hang in there until then. Here again new treatments are being developed and there are always new drugs. In particular drugs like clozapine managed to cure people who had not been responsive to other treatments.

Another time I was asked to go in front of a panel of doctors arranged just for me. So, they could all confer about what the best drugs might be in my case. This was called a case conference. It meant they could use the different experiences to establish a consensus view based on the best drugs.

They all have preferences on what drugs are the most effective and stuff they won't touch. So, some conferring was a valuable exercise and my medications ended up being changed. I was very privileged for the system to allow this sort of thing. If patients are unresponsive to treatment all is not lost as they can ask another doctor for an alternative opinion.

Sometimes alternative approaches like homeopathy can be tried. In the case of schizophrenia wolfsbane is sometimes effective. Also, where Valium is not prescribed because it is addictive rock rose might be an alternative to the terror.

In and out of hospital schizophrenia can be frightening and make you depressed. Yet it possible with the right care to cheer up and avoid low mood even though I was still getting frightened. Anti-depressants can help here too and can be a vital treatment operating alongside the anti-psychotics. Things can also be helped by challenging the fear with graded exposure as well as with some courage to make it more manageable.

Families need help and support too not just their relatives. This may mean anti-depressants for them but doctors and social workers have a role to play here. They can rely on their partners for emotional strength and will in turn be in a position to help the patient. The illness will bring all family members close together. Once they realise the system can help, they will begin to get less worried.

Once active you feel more like socialising and might get interested in life again. This either by chatting with other patients or watching the television in a more active way. This becomes fun and engaging. It stops you vegetating and also helps you look forward to discharge. Families will see the gradual improvement which will be a great relief as they know it will continue to being released. You cannot live

in a hospital forever even if it feels like a hotel. Yet although these benefits will disappear during a lengthy admission, longer stays are fortunately rarer nowadays. Sooner or later you will be let out.

### 3. Discharged

Family support on discharge is vitally important as people can be isolated by the mental health system. Loving relations can be soothing and prevent a relapse which can keep you out of the institutional environment. Yet being released into the society creates a number of other issues that it is important for families to be aware of.

For some people over the years things settle down with the illness. You are stabilised on medication so these worries and concerns will reduce as life will continue to get back to normal. Although difficult the illness will get to be more usual. We can all experience suffering as with the large number of people who have depression. So, life can be difficult but this is relatively ordinary.

All the same families need to know that with schizophrenia there is a danger of relapse. Clinicians call this the revolving door. Community help from social workers and psychiatric nurses only last for an hour once a month. So, much of the onus in monitoring the condition falls on the shoulders of families. They need to spot the warning signs like isolation and withdrawal, not eating or sleeping and not looking after their hygiene of home. These are indications of being unwell.

One key factor here is that there is a need for frequent family contact and this may again be limited if your relatives are busy with life and work. Here again therapeutic social and emotional contact with family is needed to prevent a relapse. So there is a need for them to be carers. Another problem is the distancing that might happen on discharge and there might be a need to live near your relatives as close as you can. Living with your family might be too stressful for them to cope with life.

Often if there has been no improvement with hospital, due to the stressful confines of being incarcerated, relatives will try to avoid the place and pretend they are stabilised or recovering. Families will know their relatives are not very well and may be able to spot the avoidance behaviour, in so far as the symptoms can be disguised. This needs explaining to families as although on discharge. Yet there will be a constant level of fear on the part of the relative anyway and it may be difficult to spot the moment when it needs hospitalising again.

Often I could not leave the house unless someone came with me. This caused some isolation. So, family relations were again instrumental. Also, with a support worker who would come out with me I overcame this problem, and I was able to get to a day centre. The professional and trusting family encouragement were helpful for me in this. Again this was important because it is stressful to watch relatives cut off inside their house.

All the same after these daycentres can to a source of help and hope for families. They will realise that their relatives are getting out of the house, meeting other people with the same condition and keeping busy doing interesting educational courses. Again this takes some of the onus for caring for relatives away from carers. Also, the secondary help is just as much appreciated by families as is hospital.

Overtime families can begin to relax a little and will not be so worried about relapse. They see that day centres are an opportunity to make new friends and with the help of the benefits system they will be financially empowered. They can start getting out and about with their new friends, anonymously, including things like shopping, restaurants, cinema, holidays just to name a few. They will start to unwind and enjoy life and will be less worried about a stress induced relapse. At this point the onus for care is less on the family and there will be much gratitude for the system, by friends and relatives again.

The problem remains that the possibilities of relapse and going through it all again are never completely going to go away. So, the worry this causes will never completely go away either. Yet there will some reassurance in that hospitals, nurses and doctors will cure it again. Also, the problems with stigma which are distressing for relatives will have been understood this time. Sadly, suicide is also possible at any point and that will worry will never go away either.

#### **4. Conclusions**

It is important from the point of view of mental health professionals to understand how to educate families on stigma, how families can benefit from the various ways of learning about the mental health system, why they are so grateful for all the provisions of caring facilities, and how family support can help patients either in hospital or out in the community. This in addition to the monitoring and use of antipsychotic drugs which requires and inspire some faith in the doctors.

I think the suffering of families who have schizophrenic relatives is severe. This may cause a depressed reaction similar to the magnitude of a person with schizophrenia. It might even be stressful enough to cause schizophrenia in the friends or relative who are experiencing the fear and emotional pain. However, a proper understanding of stigma, hospitalisation and secondary care can be very soothing and reassuring. It will for the most part prevent this.

I think many psychiatrists are uncomfortable with having to detain people under the mental health act even though they know it is in the best interests of their patients. A proper understanding of the working of the different parts of the mental health system and how it can help might ease these fears. As we have shown psychiatrists are going to have the gratitude of friends, relatives and partners of people with schizophrenia and so will feel very valued.

Finally, there are those in the anti-psychiatry movement who want to abolish the use of confinement and psychoactive drugs in mental health. These people are going to encounter much opposition from friends and relatives as well as from patients who have benefited from the different forms of help. As outlined here I think there are lots of ways the system can make a difference and I have had a very positive view of the help I have had. It is extremely important to understand how it works and why it should be kept.