

Mental Health Training for Non-Paid Carers

Family, friends, supporters of a loved one with mental health challenges



Resource Pack

"If you are a carer, this course is vital to understanding how looking after you helps look after the person you are caring for".

Participant

This resource pack contains:

- The information covered in the sessions.
- Space for you to note down anything you would like to remember or think about later.
- Some additional information that you can look at afterwards if you want to find out more.

Background

KS2 Bath commissioned and developed this training in collaboration with St Mungo's, with support from Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and BANES Carers Centre. It brings together work co-produced between carers and mental health professionals.

*If you require this information in a more accessible format or in another language please contact Ralph Lillywhite
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Introduction

This training aims to help individuals supporting a loved one (family, friend, partner, peer, colleague) with lived experience of mental health problems. It further develops their understanding and approaches, to create the best possible environment that supports everyone's emotional and mental wellbeing.

Training structure

The training consists of four sessions:

Session 1 - Understanding mental health challenges

An opportunity to explore what it can be like to experience mental health challenges & how mental health needs can impact on people's behaviour.

Session 2 - Supporting people with mental health needs to make changes

To explore some of the challenges of supporting people to make changes and introduce some techniques for working with change.

Session 3 - Conflict and crisis

Reducing and managing conflict and crises with the person you support.

Session 4 - Learning, reflecting and support

To be better able to establish clear boundaries, positive communication & relationships.

The approach

This training is built on the Psychologically Informed Environment (PIE) approach which aims to create the best possible environment that improves the emotional and mental wellbeing of the people being supported and the people who support them. Creating improved understanding, relationships and coping strategies.

Trainers

Ralph Lillywhite is an experienced St Mungo's trainer who was keen to make the Psychologically Informed Environment (PIE) approach being used by St Mungo's and other organisations accessible to people supporting a loved one, who often receive very little training.

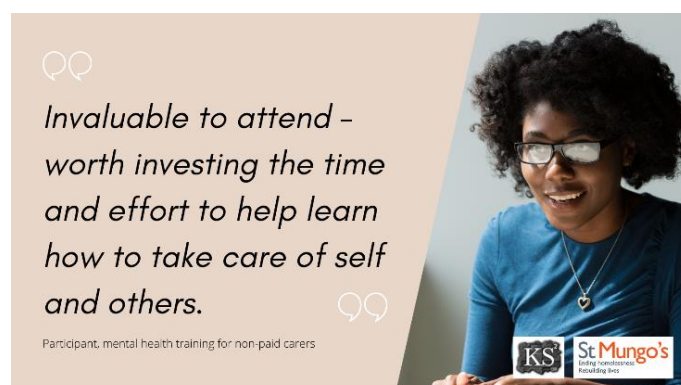
Mary Marchant is a carer, a founding member of KS2 Bath and a trainer who delivers training to mental health professionals.

Carolyn Trippick has lived experience of mental health as well as experience as a peer supporter. She co-designs and delivers training alongside NHS professionals.

Feedback

Feedback from past participants

- *“Course was a ray of sunshine, sensitive full of information everyone has been valued, everyone has flourished”.*
- *“We can take away confidence in ourselves”.*
- *“The content was really informative. People were interactive with each other. Trainer was knowledgeable and friendly”.*
- *“Everyone was given time to have a voice “share” their stories if they wanted to, as much or as little as they wanted. No pressure. Looking at self was really useful tool to be a better carer and look after myself better....”.*
- *“New ideas, handouts, time to share with other carers, new techniques, new ways of looking at situations. Seeing changes in people. Felt safe!”*
- *“Attend if you can. Self-exploration is amazing. This will benefit you - Believe me”.*
- *“Really helpful - covering quite a range of topics. Meeting other carers invaluable, too. Really well organised, wish I'd known about it ages ago!”*
- *“Helpful and supportive, and it will make such a difference to your caring role”.*
- *“We have had space to share our stories and time to reflect”.*



Learning outcomes

Session 1 - Understanding mental health challenges

At the end of the session, participants will be able to:

- Explain what is mental health and what are mental health issues
- Recognise distress and our own reaction to it
- Understand why other people behave in the way they do
- Describe how we all perceive the world differently
- Describe the experience of having mental health issues
- Understand the importance of consistency and boundaries

Session 2 - Supporting people with mental health needs to make changes

At the end of the session, participants will be able to:

- Understand the stages (cycle) of change model and provide examples of how to support someone at each stage
- Evaluate the characteristics of different caring styles and identify own default caring style
- Identify resistance and motivators to change - for themselves and the person they support
- Understand the importance of asking open questions
- Appreciate the importance of empathy - for themselves and the person they support

Session 3 - Conflict and crisis

At the end of the session, participants will be able to:

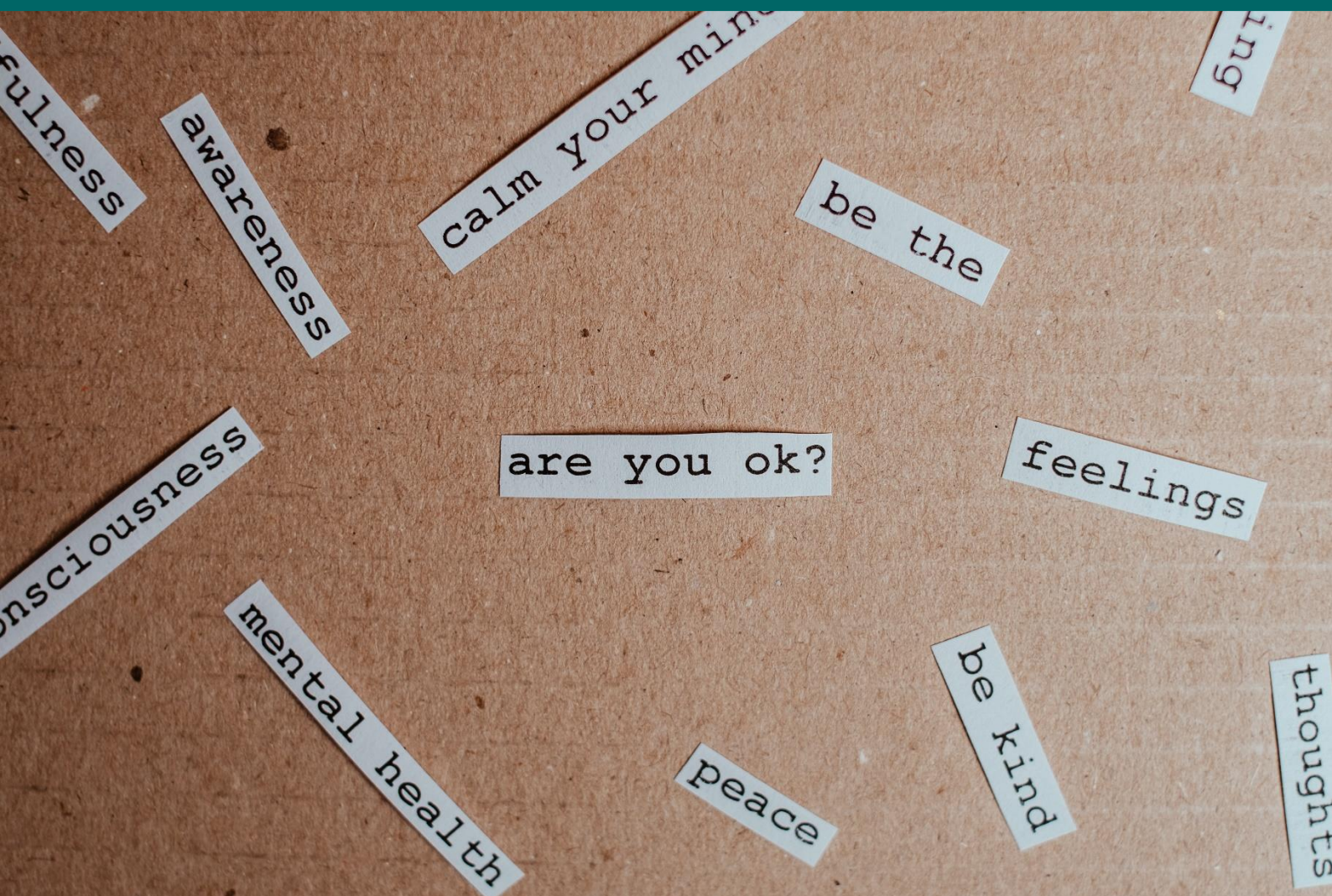
- Understand the different stages of challenging behaviour
- Apply the Drama & Empowerment triangle to their personal situation
- Examine how people's behaviour can escalate and when to use de-escalation techniques
- Understand the importance of PACE - Playfulness, Acceptance, Curiosity, Empathy
- Explore how we communicate with each other from different perspectives - Transactional Analysis (TA)

Session 4 - Learning, reflecting and support

At the end of the session, participants will be able to:

- Understand The CBT (Vicious) cycle
- Create a personal Wellness Action Plan (WAP)
- Identify ways to decrease stress (stress bucket model) and improve wellbeing (5 ways to wellbeing)
- Know how containment works
- Practice using Gibbs reflective cycle - A model to help reflect when a situation happens

Understanding mental health challenges



Session 1

Mental health definitions

What is mental health and what are mental health issues?

Mental health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The World Health Organisation

Some people call mental health 'emotional health' or 'well-being' and it's just as important as good physical health. Being mentally healthy doesn't just mean that you don't have a mental health problem.

The Mental Health Foundation

Mental health issues

Mental health problems can affect the way you think, feel and behave.

Mind

Mental illness refers to a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities.

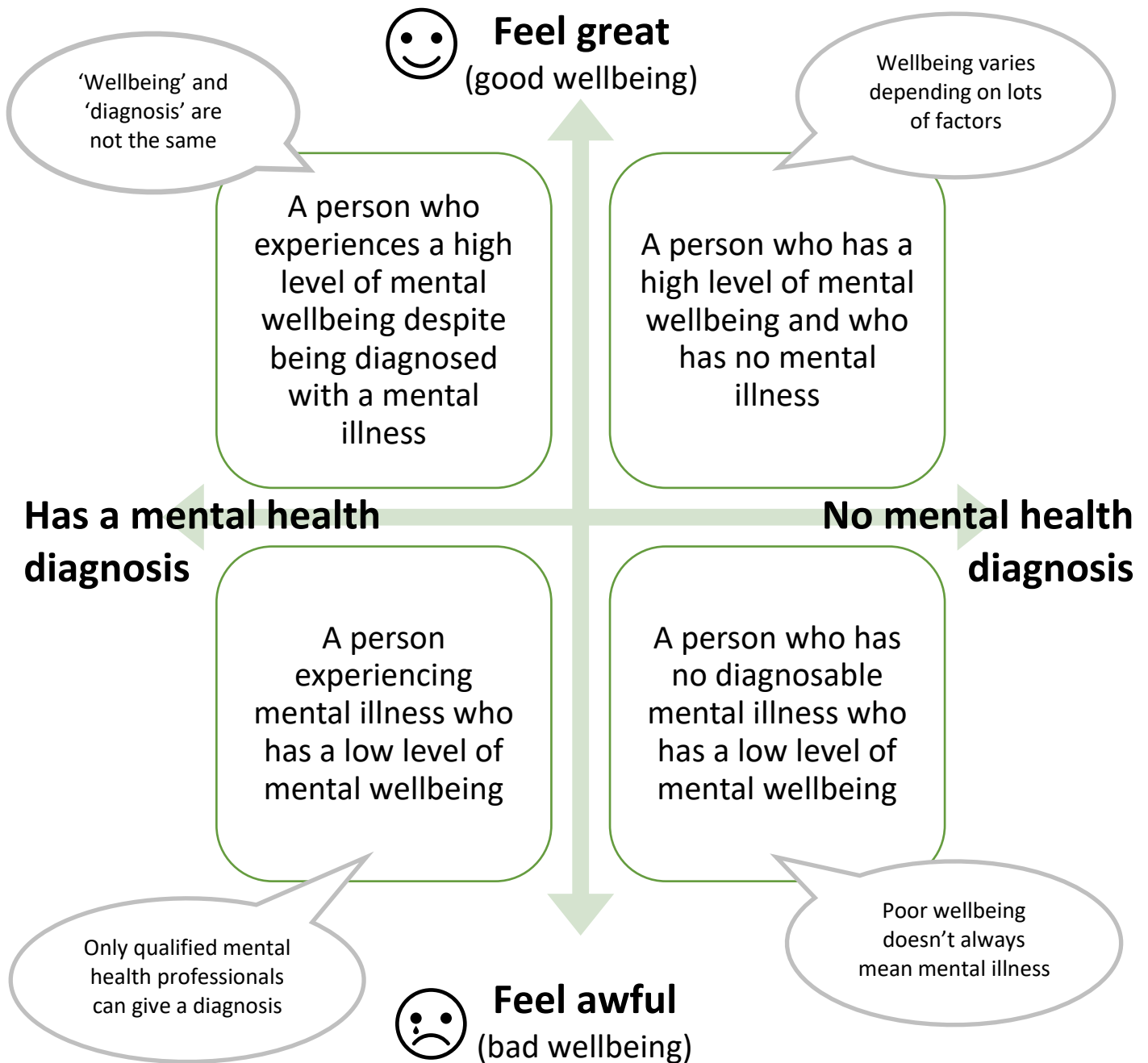
NHS

Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on.

The Mental Health Foundation



Mental health diagnosis vs wellbeing matrix



People who have been given a mental health diagnosis can have good wellbeing. Some of the things that can help maintain this are:

- Managing their mood using coping strategies
- Accessing support from friends, family and groups
- Accessing treatment like talking therapies and medication

Recognising signs that someone is in distress and offering help

Beware of assumptions

People usually do things for a reason, but it is not always possible to know what the reason is.

Be curious

If you are concerned about someone's behaviour, try to find out more about what's going on (if it's safe to do so). Be aware of changes and respond to them.

Consider levels of risk



Green means **LOW risk** so sensitively offer help.



Orange suggests higher levels of distress so be more cautious. Still offer help but be vigilant of any change.



Red could mean **HIGH risk** so contact a professional immediately e.g., an allocated worker, the crisis team or the police.

Offer help	Offer help with curiosity and caution	Seek help from professionals
<p>The person is:</p> <ul style="list-style-type: none"> • Withdrawn • Less sociable than normal • Snappy or irritable • Upset • Tearful • Change in presentation • Anxious or "on edge" 	<p>The person:</p> <ul style="list-style-type: none"> • Is behaving unusually or repetitively • Cannot sit still • Cannot maintain eye contact • Gives bizarre responses • Makes accusations • Says "I wish I was dead" (or similar) 	<p>The person:</p> <ul style="list-style-type: none"> • Mentions immediate thoughts of harming self or others • Has made plans to or shows intent to cause harm

Psychological awareness

We all make sense of other people's behaviour by trying to get inside their head and work out why they are acting in a certain way.

We could call this **Everyday Psychology**.

Psychological Awareness

Theory of mind

This is the understanding that other people have a mind and their own needs and wants which impact on how they act.

Emotional intelligence / empathy

The ability to understand and share the feelings of another.

Intuition

We sometimes get a feeling about why someone is acting in certain way. This is not a conscious understanding but more a sense.

Understanding
behaviour

We will explore some other psychological models later and in other sessions...

What do you think he might be thinking?

What kind of day has she had before this?



Confusion and misunderstanding is something we all experience but for people with mental health needs it can be more common and quite distressing. The ability to pick up on social cues or follow conversations can be reduced leaving people feeling vulnerable and disconnected.

Hallucinations and voices are sights or sounds (or even sensations) that no-one else experiences.

Hearing Voices involves hearing a voice when no-one is present with you, or which other people with you cannot hear. Some people don't mind their voices or simply find them irritating or distracting, while others find them frightening or intrusive.

“I experience intrusive thoughts at any time of the day. I may be watching TV and then a thought comes into my head like “did I knock a cyclist off their bike today?”. There is no evidence for it but I would check the news and sometimes even drive back on the same route to check.

Lived experience of OCD

“Having an eating disorder is really difficult. I have constant intrusive thoughts that I’m fat (despite being in an underweight category). The voice inside my head is obsessed with avoiding food and not eating, so as to lose weight, telling me that if I lose weight I will be happier. Simple situations like having a cup of tea with a friend can be terrifying, as I panic about being offered a biscuit or some cake, so I withdraw from social situations to avoid this panic. Not because I’m being rude but because it’s all too overwhelming to cope with in my head”.

Lived experience of Anorexia Nervosa

“I have Obsessive Compulsive Disorder (OCD). OCD is different for everyone who is diagnosed with it. For me I catastrophise about bad things happening like forgetting I have turned off the gas after cooking, and I have to keep checking. I ruminate, thinking over and over about disasters occurring”.

Lived experience of OCD

The internal world vs the external world

We all have a limit to how much we can process or cope with at once.

For some people who are experiencing mental health difficulties, the amount that is going on inside their head is overwhelming, so trying to focus on anything outside can be really challenging.



Scenario

Imagine you are on a handsfree telephone call or thinking through a complex problem and you are unable to stop (it can be tricky to imagine this, remember the hearing voices experience if that's easier).



Also, no-one around you knows that you are busy with this task and you can't tell them.

How would you cope doing some of these everyday tasks?

- Doing the shopping in an unfamiliar shop
- Going to a gathering or party with people you don't know
- Going to work

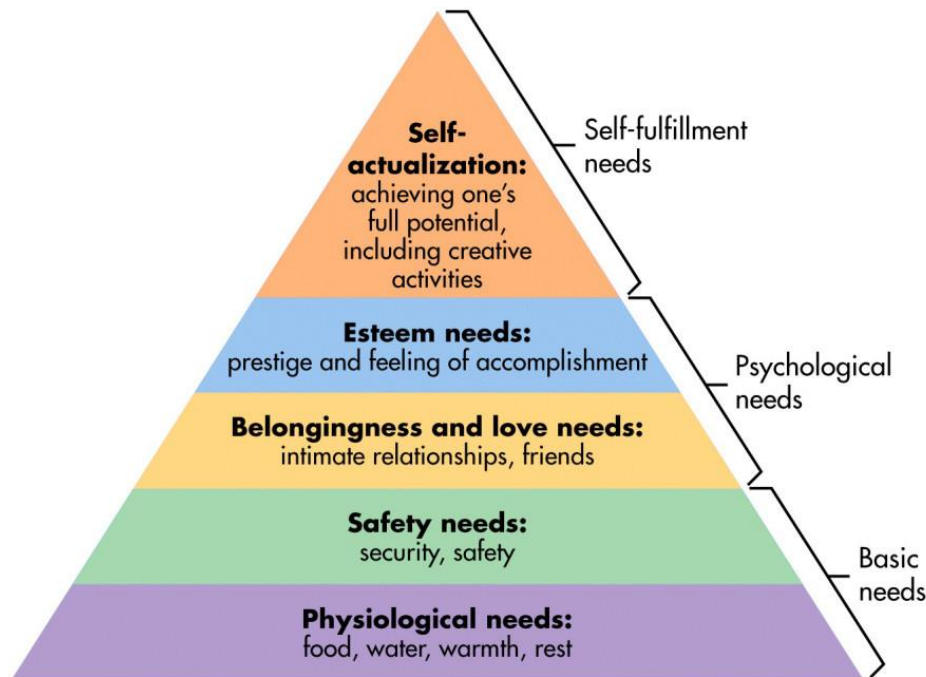
"Having Generalised Anxiety Disorder, I get distracted in my own thoughts all the time. I am constantly trying to play 'what if?' in my mind, trying to predict the future, in order to problem-solve in an attempt to feel safe. I worry all the time and overthink every little detail of my day. My concentration is negatively affected. It makes normal things in life really difficult. The simple pleasure of reading a book or magazine is challenging as I just get distracted in my own head and struggle to retain information. I often get frustrated with myself and find it hard to genuinely relax in situations".

Lived experience of Generalised Anxiety Disorder (GAD)

Maslow's hierarchy of needs

Meeting the right needs first...

Maslow's created the Hierarchy of Human Needs in 1954. It is represented as a pyramid with five levels of human needs.



Maslow's hierarchy of needs

Source: www.simplypsychology.org/maslow-5.jpg

By a hierarchy of needs, Maslow means that we cannot focus on any level of need until the needs in the levels below have been met.

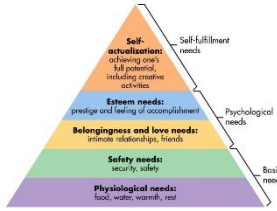
Example - *If am starving and have no access to food and water, I must deal with that before I will be worried about having a safe place to stay.*

We all meet these needs in different ways, for example:

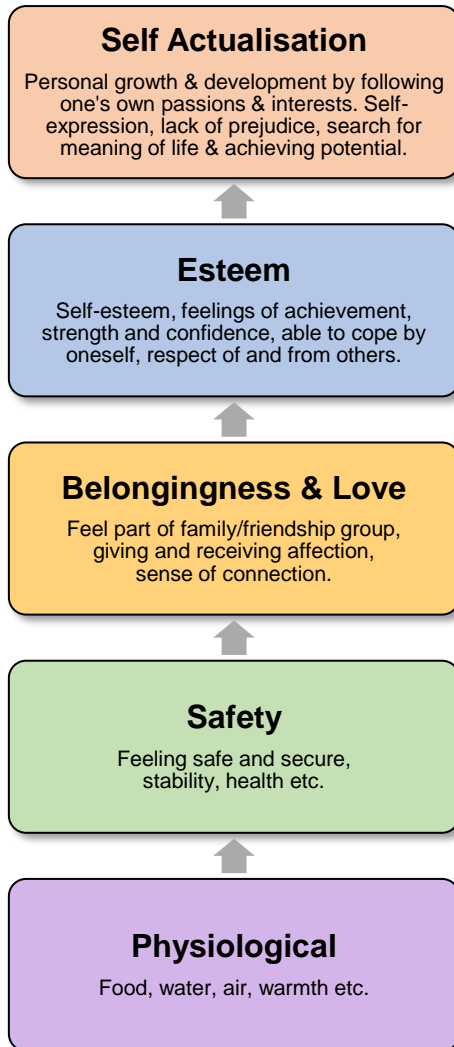
- "Home" means different things for different people
- We all find love and belonging in different ways.

Some people who have mental health needs may feel unsafe even if we think they have a stable home and secured income. They may not feel ready to think about relationships or self-esteem building, even if we think they are ready.

It may be helpful to think about how this hierarchy relates to the person you care for.



Maslow's hierarchy of needs - self assessment



What I currently do to support my wellbeing...	What I will start doing to improve this area for me?	When I make this positive change, I will feel...

Further information / recommended resources

'Engaging with voices' videos, Open Minded Online. Show compassionate approaches to voice hearing and are worth watching if these affect the person you support.

<https://openmindedonline.com/portfolio/engaging-with-voices-videos/>

Hearing voices and hallucinations - Juno's Story, Mind

www.youtube.com/watch?v=N6_suRopnC4

Notes





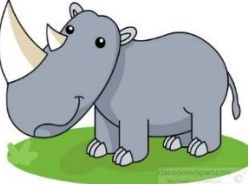
Notes



Supporting people with mental health needs to make changes



Session 2

Carer Styles by Dr Janet Treasure

	<p>Ostrich - <i>Avoidance of emotion</i></p> <p>The difficult emotions and situations experienced when caring for someone with mental health needs are very difficult to cope with. “Putting your head in the sand” and avoiding what seems too hard can feel safe. This response can come across as uncaring and sap self-esteem from the person being cared for. It also sets an unhelpful example about how to deal with difficulties. Providing an example of how to express and manage emotions can help recovery.</p>
	<p>Terrier - <i>Uses persistence (often perceived as criticism)</i></p> <p>The terrier persistently, cajoles, nags and tries to wear out the person they care for to help them change. The downside is that their comments are tuned out as white noise or the person they care for feels pushed to do the opposite of what they are saying. Caring motives will be misunderstood and everyone’s morale is sapped.</p>
	<p>Kangaroo - <i>Trying to make everything right</i></p> <p>The kangaroo does everything they can to protect the person they care for from every aspect of life. They let them “jump into the kangaroo pouch” to avoid any upset or stress. This means that the person they care for doesn’t learn how to approach and master life’s challenges. It limits the possibility and opportunity they see for themselves.</p>
	<p>Jellyfish - <i>Too Much Emotion and too little control</i></p> <p>Sometimes it can be hard to control the reaction you have to strong emotions This can come out as “poisonous stings” of overt anger or anxiety. These emotions can be a reaction to things like the behaviour of the person you care for, self-blame or perfectionist expectations on yourself.</p>
	<p>Rhinoceros - <i>Uses force and logic to win the day</i></p> <p>Fuelled by stress, exhaustion and frustration, or simply your own temperament, the rhino attempts to persuade and convince by argument and confrontation. If this leads to change, it needs constant input and doesn’t build self-confidence. But more likely, it will encourage the person you care for to respond by arguing the side of their unhelpful behaviours and consolidate them further.</p>

	<p>Dolphin - <i>Just enough caring and control</i></p> <p>The best way to offer support is to nudge the person along. Imagine their unhelpful behaviours are a life jacket (they were helpful at one point). To let go of the life jacket can feel scary and dangerous. You are the dolphin, nudging her/him to safety, at times swimming ahead, leading the way, showing them new vistas, at other times swimming alongside with encouragement, or even quietly swimming behind, showing trust and confidence.</p>
	<p>St Bernard - <i>Just enough compassion and consistency</i></p> <p>A good caring response is one of calmness, compassion and warmth. This involves accepting and processing the pain resulting from what is lost because of your situation and developing reserves of kindness, gentleness and love. The St. Bernard responds consistently and is unfailing, reliable and dependable in all circumstances. This instils hope that change (and a positive future) is possible. The St. Bernard is attuned to the welfare and safety of those who are lost.</p>

Which animal can you relate to?

Be curious about yourself, no judgements!

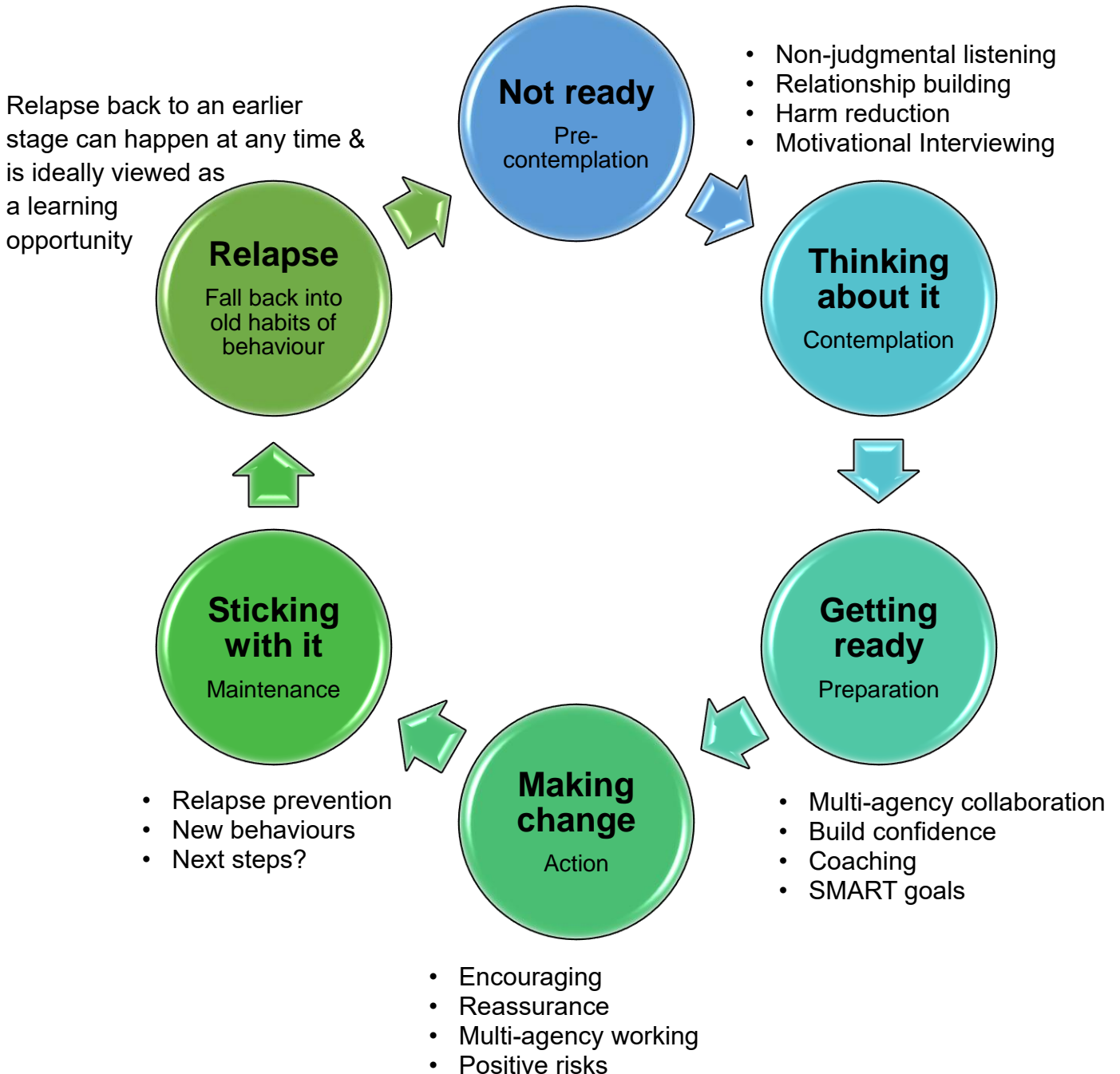
We can all be all of them in different situation but we probably have a default style too.

Visualise your best self as a carer... compassionate, supportive, good listener, kind, warm etc...

What animal would this be and why?

The stages of change

Making changes is difficult for all of us. The “stages of change” model describes the process we go through when deciding to make a change.



Stages of Change model

Prochaska & DiClemente's model (1983)

Above is a summary of the cycle. Later in the resource pack is a more detailed outline of how to identify each stage and options of what you can do as the supporter at each stage (*Stages of Change - supporter roles*).

Supporting the process of change

Motivation

At each stage, motivation to make and maintain change is important. Motivation must come from the person making the change. Motivation is personal, changeable and depends on the situation.

Role of the supporter

Once you have worked out where the person you are supporting is in the cycle, you need to decide on the best way to offer support. In general, the supporter's role is to:

- create opportunity,
- help the person come to their own decision and,
- offer encouragement.

Relapse





People will often make a change and then fall back into old habits. This is normal and part of the process and can happen at any stage. There are many reasons that this can happen and it can be distressing for the person making change and the people supporting them. It is important to get support to manage our own feelings about this so that we can offer effective support.




The Spiral of change...

It can be more helpful to think of this as a spiral that people will go round and round before the change sticks. It is important not to set people up to fail by not expecting them to fail first time, but it is also important that we leave room for the person to go at their own pace without feeling judged.



Stages of change - supporter roles

Stage	Characterised by	Goals	Role of Supporter
 <p>Not ready Pre-contemplation</p> <p>Often described as a pre stage</p>	<p>Denial - "Who, me?" Unaware or barely aware of a problem</p> <p>May wish to change but not seriously considering this</p> <p>Resistant to or no intention of changing behaviour in foreseeable future</p> <p>Not engaging with support, includes not attending key meetings</p> <p>Rejecting offers of help and even blaming others. Defensive/ argumentative if pressured</p> <p>Could include: physical and mental health problems and/or chaotic substance use</p> <p>Feelings: frustration, hopeless, desperation, anger, fear, guilt</p>	<p>Harm reduction</p> <p>Receives information on the consequences of their situation</p> <p>Receives information on available services</p> <p>Questions </p> <p>"What would have to happen for you to know that this is a problem?"</p> <p>"What warning signs would let you know that this is a problem?"</p> <p>"Have you tried to change in the past?"</p>	<p>Resist the natural tendency to try and "convince" the person, as it often brings resistance</p> <p>Raise awareness of discrepancy between individual's behaviours and their values and beliefs</p> <p>Increase perception of risks and problems</p> <p>Support on other areas person is able to address</p> <p>Concentrate on the development of a trusting relationship</p> <p>Active listening</p> <p>Harm reduction - Philosophy of care and advocacy</p>
 <p>Thinking about it Contemplation</p>	<p>Aware of problem and seriously thinking about addressing it</p> <p>Not yet committed to preparing for and taking action</p> <p>Experiencing ambivalence – weighing the pros and cons</p> <p>Can remain stuck at this stage for a long time</p> <p>Feelings: fearful, anxious, hopeless, isolated confused</p>	<p>Deal with ambivalence, weighing pros and cons</p> <p>Attempt to increase motivation to change</p> <p>Questions </p> <p>"Why do you want to change at this time?"</p> <p>"What are the barriers today that keep you from change?"</p> <p>"What things have helped in the past?"</p>	<p>Explore ambivalence</p> <p>Don't take sides</p> <p>Statements of recognition of person's strengths</p> <p>Create a "free and friendly space" to explore issues</p> <p>An accepting attitude facilitates change, pressure to change thwarts it</p>

Stage	Characterised by	Goals	Role of Supporter
 <p>Getting ready Preparation</p>	<p>Committed to taking action and making concrete steps to do so</p> <p>Small experimental behavioural changes as ambivalence diminishes</p> <p>Actions: reduction in substance use, asking questions, listening /talking more, taking responsibility</p> <p>Feelings: relieved, anticipation, anxious</p>	<p>Setting reachable goals and makes specific plans</p> <p>Make sure all goals are SMART:</p> <p>Specific</p> <p>Measurable</p> <p>Achievable</p> <p>Relevant/realistic</p> <p>Timebound</p>	<p>Support in creation of realistic plan</p> <p>Explore “how will you do this? & how will you know if you’ve been successful?”</p> <p>Build confidence in ability to change</p> <p>Offer information</p>
 <p>Making change Action</p>	<p>Commitment is clear</p> <p>Actively changes behaviour or environment to address problem</p> <p>Considerable commitment of time and energy is required</p> <p>First time that the change process becomes obvious to others</p>	<p>Consolidate and reinforce new behaviour</p> <p><i>*Be aware that there can often be a lot of focus by the supporter on the ‘action’ stage, because action is the easiest stage to measure. To be helpful and effective, plans and support should always focus on the stage that the person is really at.</i></p>	<p>Encourage right-sized steps; explore “how is this working?”</p>
 <p>Sticking with it Maintenance</p>	<p>Consolidating the gains made during action</p> <p>Stabilizing behavioural changes</p> <p>Effort to prevent lapse</p> <p>Increasing the strength, stability, or depth of the new behaviour</p> <p>Old support systems people/ substances maybe gone or reduced</p> <p>Feelings: enjoyment of the rewards, loneliness, boredom if giving something up</p>	<p>Relapse prevention / maintaining new behaviour</p> <p>Develop/strengthen new support system networks</p>	<p>Support the creation of a relapse prevention plan, explore new behaviours</p> <p>Assist in identifying high- risk situations</p> <p>Can learning be applied to other areas?</p>

Skills and techniques for working with change

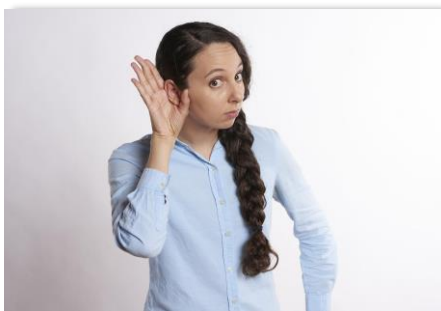
Empathy = *‘the ability to understand and share the feelings of another’*. Empathy is one of the most important skills you need when helping others.

It can be a challenge to be truly empathic when we care about someone and have our own ideas about what we would like them to do. In moments of high emotion, we may need to think about how to be empathic and not rely on our intuition about what is needed.

Empathy and sympathy are not the same things, as described in the cartoon by *Brene Brown on Empathy*. <https://youtu.be/1Evwgu369Jw>

‘It’s about connecting’

There is a lot of advice online about how to show empathy. Here are some of the key points:



Listen

Listen to the whole person. This means hearing, seeing and feeling all the information coming your way.

Try to understand how everything they are telling you fits together and what it means to them. Reflect back what you’ve heard with care and curiosity.

If you get it wrong, be open to being corrected. It will help both of you gain clarity about the situation.



Focus your attention outwards

Start by focussing on the world around you, this will help you become more in tune with others around.

Then, try to put yourself in the other person’s place. What is the environment you are in like for them? How about other aspects of their life, how do they experience them?



Withhold judgements

It is difficult to see things from someone else’s point of view if you have pre-conceived ideas in mind. Even if you are sure your judgements are right, put them aside so you can really connect with the other person.

Also, if your judgements come across in what you say, it’s likely to create a barrier between you and the other person.

Coaching skills

A rough guide

What is coaching?

Coaching is a way to empower people to achieve their goals and to be accountable for them. By helping someone to 'grapple and deal with their reactions to obstacles' rather than providing immediate solutions, it enables someone to find their own answers to problems and in turn, learn and develop.

When to use coaching

- Try to set boundaries around when you use this to avoid over doing it.
- During daily conversations regarding problems, challenges, 'obstacles'
- When someone wishes to discuss a problem they are facing

How to coach

- Resist the temptation to give someone a solution or answer to their situation or problem. Although it might provide a quick fix, it is not likely to help someone 'help themselves'
- Use open questions to encourage the person to think about their situation, what they want to achieve and how they might go about it (again, you may have some perfectly good suggestions but the power of coaching is to help someone develop their own solutions and learn from them)
- Summarise and clarify responses from the person to show you have heard and understood what they have said. This also helps the person 'see' what they are saying and make their own judgements based on this.
- Use further questions to help someone conclude their own concrete action which will help them meet their goal (this may be a step towards achieving their goal or the goal itself and up to the person to decide).

Key skills: Questions

1. Keep them open - questions that encourage a full, meaningful answer rather than closed questions which lead to short or single word answers.
e.g. 'What do you find challenging about this?' instead of 'Do you find this challenging?'
2. Keep them advice free
3. Keep them short and simple
4. Keep them thought provoking
5. Keep them forward focused

Key skills: Summarising

1. It does not contain judgement of your own
2. It does not interpret
3. It uses the coachee's words
4. It selects the key things the person has said
5. It ends with "Have I got that right?"

Some coaching tips

- Follow the interest and train of thought of the coachee
- Using leading questions may indicate that you do not believe in what you are attempting to do
- Be attentive to answers - do not use the time working out the next question
- Clarify and check assumptions
- Tone of voice and body language - reflect back your observations
- Reflect back key points
- If the conversation is becoming 'stuck' ask 'What's the next question you would like me to ask you?'
- Spend time building rapport
- Highlight their strengths and explore how they could use them
- Ask if they know somebody else who has done what they are trying to achieve
- Ask who can support them in their goals
- Teach them relaxation techniques so that they have a greater ability to observe their thoughts and feelings rather than get caught up in them.

Communication skills

Non-verbal listening skills

Most of us use these all the time. It can be useful to remind ourselves of the basics from time to time, especially when we're in situations that are stressful or emotionally charged.

- Eye contact
- Non-verbal prompts
 - Nodding
 - Facial expression
 - Beware laughter
 - Use of silence
- Body posture
- Face them
- Uncross your arms/legs
- Lean forward slightly



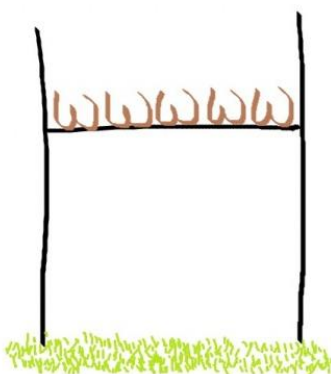
Open and closed questions

Closed questions can be answered with one word (or very few words) - usually 'yes' or 'no'. These can help clarify information but risk the questioner leading the conversation where they think it should go.

Open questions encourage a longer answer. They will help the person being asked to talk about what is on their mind and to feel valued in the conversation. They can start with:

5 bums on a rugby post

Imagine a rugby goal post which has the bottoms of 5 Rugby players sitting along the cross bar!



The rugby post represents the **H** of **How** and the 5 bottoms represent **Who?**, **Where?**, **What?**, **Why?** and **When?**.

Other helpful open questioning phrases include:

- "Tell Me About...."
- "Describe...."
- "And what else....?"
- "Why?" (but be careful of why, it can be difficult to answer or seem accusatory)

Active listening / coaching activity

Activity

Think of a change you would like to make (*nothing too emotive or stressful*).

With someone you know, not the person you support, take it in turns to coach each other on making a change...

Remember - helping people find their own answers involves...

- Active listening
- Simple open questions
- Resist the urge to give solutions
- Summarise and clarify using their words
- No pressure
- No judgements



Further information / recommended resources

'Brene Brown on Empathy' - What is the best way to ease someone's pain and suffering? (animation)
Dr Brené Brown reminds us that we can only create a genuine empathic connection if we are brave enough to really get in touch with our own fragilities.

<https://youtu.be/1Evwgu369Jw>

Notes

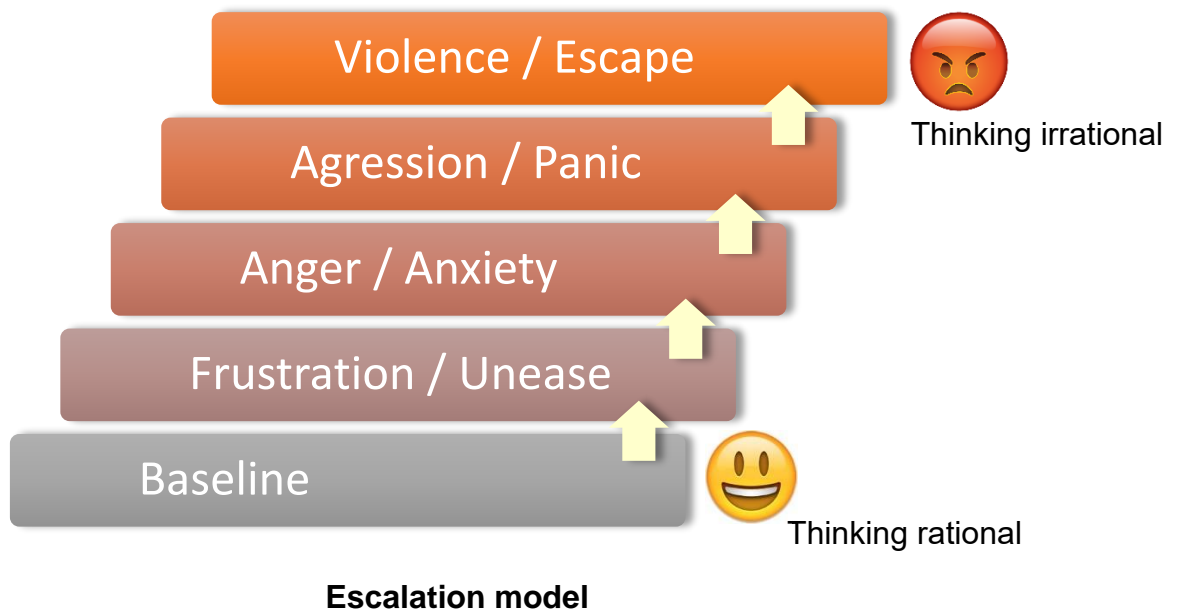
Conflict and crisis



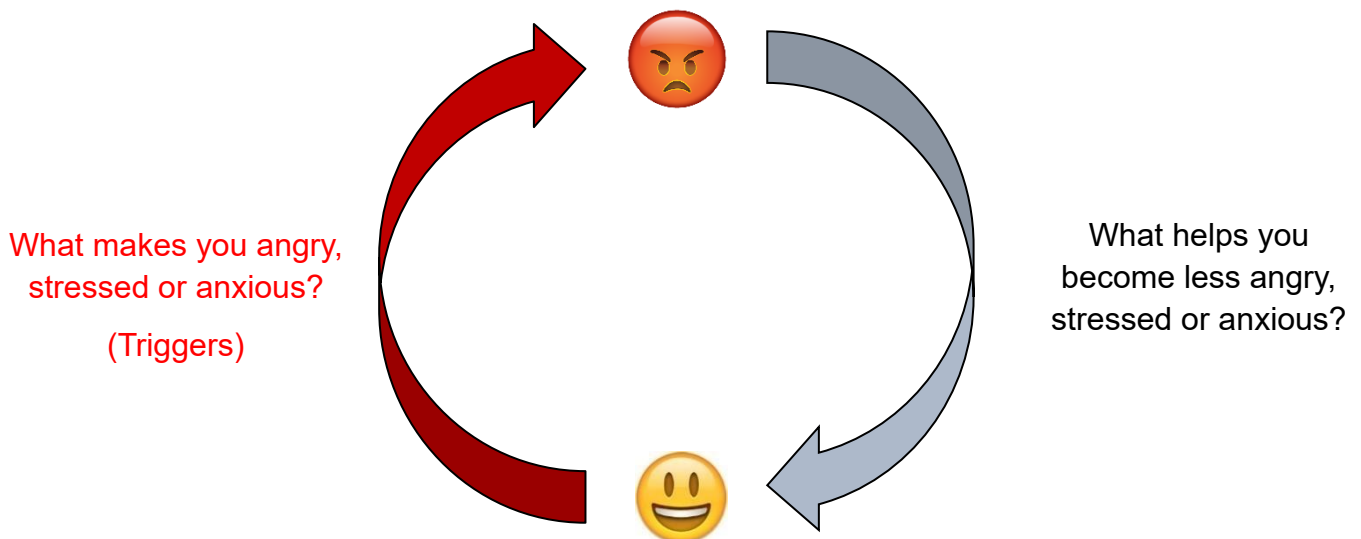
Session 3

Understanding challenging behaviour

Escalation Model



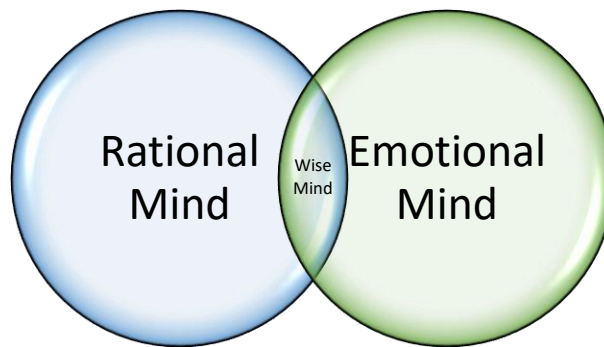
Winding Up and calming down



Good communication can help prevent challenging situations from developing.

Rational Mind vs Emotional Mind

Thoughts, decisions and judgments based entirely on facts and rational thinking



Decision making and judging based entirely on our emotions (how we feel).

Logical thinking and planning are difficult, facts may be distorted or made larger or more important.

Impulsively with little thought for consequences.

Examples of rational mind:

- Planning for a trip a few days before
- Budgeting
- Revising before an exam
- Checking bus times before leaving the house

Examples of emotion mind:

- Fighting with someone you disagree with
- Taking an impulse trip without planning
- Displays of road rage
- Purchasing something you can't afford
- Excessive gambling

The fight-or-flight response

The fight-or-flight response, also known as the acute stress response, refers to a physiological reaction that occurs in the presence of something that is terrifying, either mentally or physically.

The response is triggered by the release of hormones that prepare your body to either stay and deal with a threat (fight) or to run away to safety (flight).

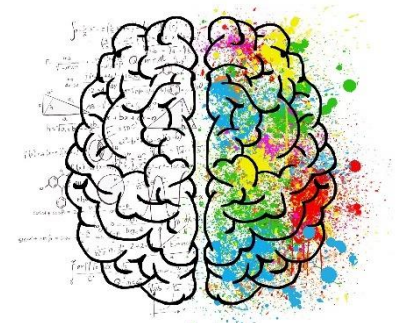
These responses are evolutionary adaptations. They help us to react to the danger/threatening situations and increase our chances of survival.

Physiological reactions

- Sympathetic nervous systems stimulate the adrenal glands.
- Release of hormones, which include adrenaline and noradrenaline.
- Increase in heart rate, blood pressure, and breathing rate.

Psychological responses

- Automatic quickening of thought.
- Attentional focus (i.e., focus on threat, escape options).
- Reduced capacity to be rational.
- It can be very difficult to remember details, problem solve, or prevent ourselves from reacting to our surroundings because these areas of the brain are not as activated.



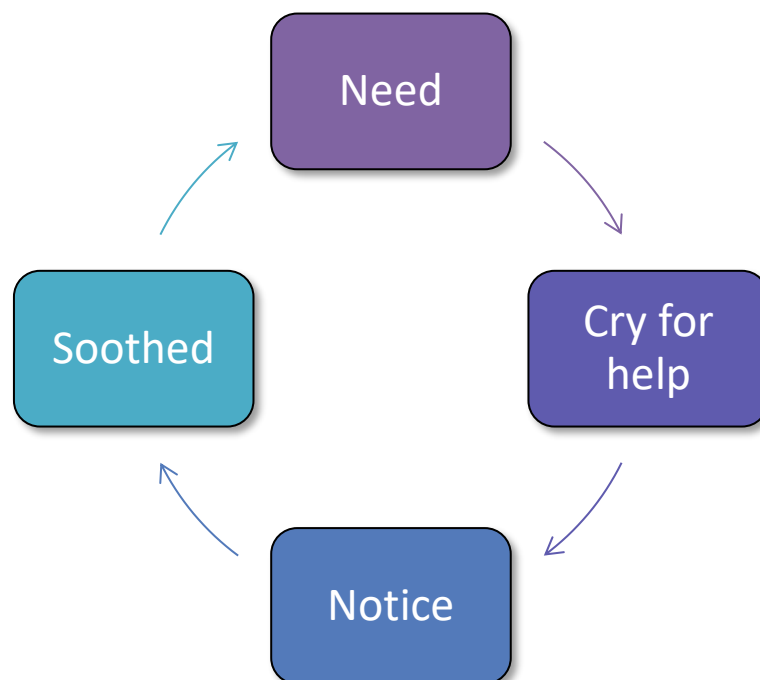
- Appraisals about the meaning of the body reactions, i.e., misinterpreting fight or flight responses as signs of impending catastrophe (“I’m having a heart attack”, “If this carries on, I’ll go crazy”).

When we are really afraid, we spend our emotional and mental energy on self-protection, such as lashing out in “fight” response, retreating in “flight” response, or becoming passive in “freeze” response.

When we are reacting with survival responses, we are not capable of being caring or empathic - even toward ourselves.

What’s going on?

Noticing what’s going on with the person you care for, and your own thoughts/feelings is really important.



What is a mental health crisis?



“A mental health crisis is when you feel your mental health is at breaking point”

Mind

An individual in crisis may be experiencing symptoms such as panic attacks or extreme anxiety, psychotic experiences (delusions, hallucinations, paranoia or hearing voices), mania or hypermania, or relapse of other serious mental illness. They may also be experiencing self-harm behaviours or suicidal feelings.

Examples of individual crisis:

- Feeling overwhelmed or isolating themselves
- Behaving bizarrely and different to normal in a way that puts them at risk
- Behaviour that feels out of control, and is likely to endanger yourself or others.
- Threatening to or has harmed things, themselves or someone else.

Responding to incidents / crisis:

- Look after yourself first
- Let someone know if you don't feel safe
- Offer support whilst keeping yourself safe

Seeking Urgent Help

If additional support is needed for the person:

- Mental Health Crisis Service (24 hour) - Local Mental Health Trust
- Alternative emergency support, 999
- Emergency GP appointment
- A&E - ask for Psychiatric Liaison
- NHS 111
- Non-Emergency Police contact - 101
- Breathing Space - Bath Mind
- Crisis Safe Space - Somerset Mind

If you are concerned for someone's immediate safety, call the Emergency Services 999

There are also a range of supportive national helplines, see Appendix.

Wellness Recovery Action Plans (WRAP)

Developed by Mary Ellen Copeland with a group of people with lived experience, 1997

“WRAP is a tool that can aid an individual’s recovery and its underpinning principles support the recovery approach. WRAP is a way of monitoring wellness, times of being less well and times when experiences are uncomfortable and distressing. It also includes details of how an individual would like others to support them at these different times.”

Wellness Recovery Action Plan	Wellness Recovery Action Plan (WRAP) The Wellness Recovery Action Plan is a framework with which you can develop an effective approach to overcoming distressing symptoms and unhelpful behaviour patterns. It is a tool with which you can get more control over your problems. WRAP was originally developed by Mary Ellen Copeland and a group of mental health service users who wanted to work on their own recovery - this is what they found worked for them. Developing your own WRAP will take time, it can be done alone, and may find it very valuable to have a supporter - someone they trust, and work on it together. As you develop your WRAP it can become a practical support for your recovery, which you refer to daily as a reminder and guide, and also turn to at times of difficulty. It is designed as an aid for learning about yourself, what helps and what doesn't, and how to get progressively more in control of your life and your experience. It also includes instructions on developing a crisis plan, as a means of guiding others on how best to make decisions for you and to take care of you, for those times when your problems and symptoms have made it very difficult for you to do this for yourself.
WRAP	
Personal Workbook	

The WRAP as a tool aids individuals to identify what helps maintain their mental health and wellness and what doesn't. It includes identifying early warning signs to becoming unwell, triggers, and how it feels when things start breaking down. It supports the individual to create personalised action plans aimed at preventing things getting worse. It also includes a helpful crisis plan and post crisis plan.

The WRAP can guide others (carers, supporters professionals, etc) on how best to support and make decisions in times of crisis.

“I completed a WRAP plan for the first time when I was an inpatient on an acute mental health ward. It was a really helpful tool on discharge into the community, as it helped me think about the daily activities that supported my mental health (i.e., getting up at a regular time, doing artwork, volunteering, medication, being in nature), helped identify my support network and allowed me to make a reassuring crisis plan in advance.

My WRAP gave me confidence to better manage my own mental health, at a time when I was really struggling.

Lived experience of Anorexia Nervosa and Generalised Anxiety Disorder

Drama triangle

The drama triangle, or the '**Karpman drama triangle**,' was first published in 1968 by Dr. Stephen Karpman.

The drama triangle identifies what is going on during a situation of conflict; the roles we play, and how these roles might change.

"It's all your fault."

Persecutor (Bully)

- Tend to blame others and criticize others without providing guidance, assistance or offering a solution to the underlying problem.
- Tend to blame and criticize others.
- Can be patronizing.
- Deny their own weakness, and focus on the weaknesses and problems of others.
- Lecturing, preaching, and criticizing with offensive, demeaning or sarcastic comments is how they communicate.

"Let me help you."

Rescuer (Saviour)

- Love to help.
- Can sometimes enable and disable others by doing things for them that they could, and should do for themselves.
- Make themselves indispensable to others.
- Put other's needs before their own.
- Feel guilty about saying 'no'.
- Might even say things like *"They won't get it right away, I might as well do it myself."*
- Sometimes have the belief that they can 'fix' others.

Drama
(All types of conflict
can be called
drama)

"Poor me!!"

Victim (Helpless)

- Victims to the drama.
- Tend to think they are powerless, incapable, helpless.
- Might feel hopeless.
- Deny their own ability.
- Feel intrinsically defective and want kid glove treatment.
- When confronted with drama they might feel picked on, and not good enough.
- Sometimes sabotage others efforts to help.
- Can act like a martyr.

The Drama Triangle model Dr Stephen Karpman (1968)

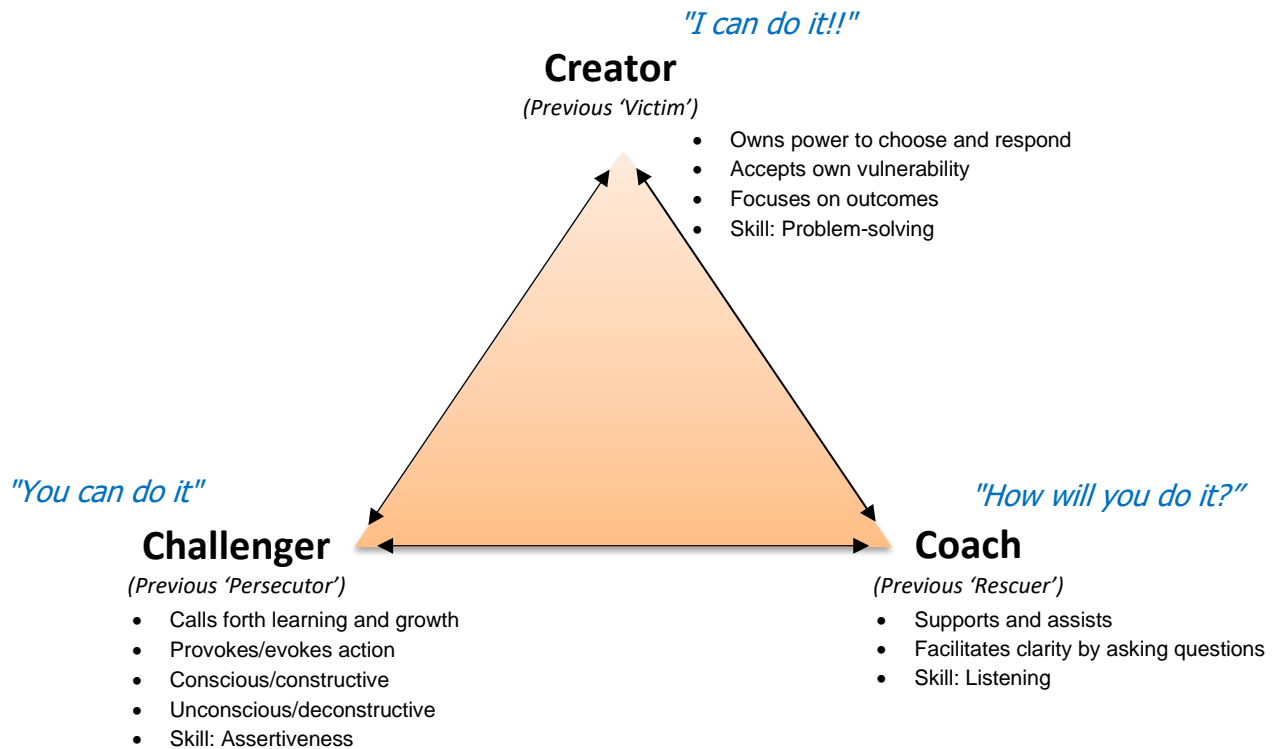
Each person in the drama will start off in a natural role (a starting gate role) - either persecutor, rescuer or victim. Depending on your relationship and your history, this starting gate role might differ. You may also change roles in the middle of a conflict.

"If you play these roles in any drama you will end up feeling hopeless and helpless!"

The aim is to learn to understand why you are in them, and how to change them to limit drama.

Empowerment triangle

Moving from the Drama Triangle to the Empowerment Triangle is the desired outcome for more effective relationships.



The Empowerment Dynamic (TED) model

David Emerald

"I found the models drama triangle relevant and useful, and I put it into practice in a difficult situation".

Carer

Keeping everyone safe - managing a crisis

Listening skills



Useful things to say & do:

- “What do you need?” “How can I help?”
- Reassure the person you are here to keep them safe & that they have your attention & are valued
- Acknowledge the person’s experience and feelings.
- Help them feel listened to and valued
- Offer support so they can keep themselves safe
- Keep the person safe

PACE

This approach focuses on building trusting relationships, emotional connections, containment of emotions and a sense of security.

Playfulness Creating a space that everyone wants to be in
Not at time of crises

Acceptance That emotions are at that point over whelming and therefore so is behaviour

Curiosity Open questions - How can.....

Empathy I can see that....

PACE

Dr Dan Hughes (2012)

I'm OK, you're OK

In adulthood we arrive at a script based on one of four life positions. Whilst we normally favour one position, we don't stay in that position all the time. We shift between different positions.

Each social interaction is resolved by one of four dynamic social operations - get away from, get on with, get rid of or get nowhere.



The aspiration is to be in the 'I am OK, You are OK' category, whereby there is effective communication and the formation of a health relationship.

OK Corral model
Franklin Ernst (1971)

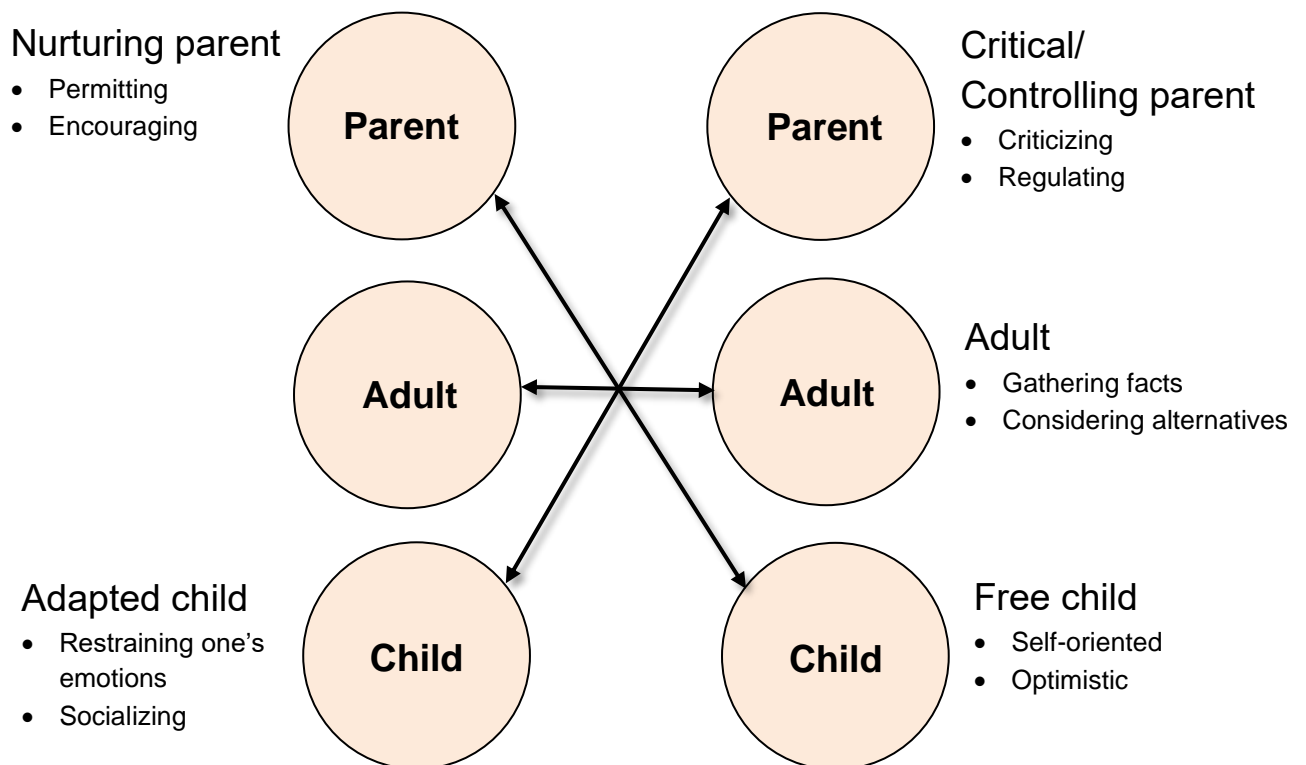
The Three Ego states

How we communicate with each other

Parent ego state - Behaviours, thoughts and feelings copied from parents and parent figures.

Adult ego state - Behaviours, thoughts and feelings are direct responses to here and now.

Child ego state - Behaviours, thoughts and feelings are replayed from childhood.



The Three Ego States

Transactional Analysis theory, Eric Berne (1957)

Transactional Analysis (TA) believes that we have three different states or ways of being during interactions, which are; the child ego state, the parent ego state, and the state of adult (Berne, 1957).

"I do know now that I can change my responses. Parent, Adult, Child (Transactional Analysis model) influenced my reactions".

Carer

Further information / recommended resources

How to support someone you are worried about, Samaritans

<https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/how-support-someone-youre-worried-about/>

Suicidal thoughts - how to support someone, Rethink

www.rethink.org/advice-and-information/carers-hub/suicidal-thoughts-how-to-support-someone/

Conversation guide: talking about suicide, Mental Health UK

<https://mhukcdn.s3.eu-west-2.amazonaws.com/wp-content/uploads/2021/09/09112308/Mental-Health-UK-Conversation-Guide-Talking-About-Suicide.pdf>

Suicide awareness training (free), Zero Suicide Alliance

www.zerosuicidealliance.com/suicide-awareness-training

Use the Karpman Drama Triangle to Solve Conflicts, The Mind Fool

<https://themindefool.com/use-the-karpman-drama-triangle-to-solve-conflicts/>

Coping when caring for someone else, Mind

<https://www.mind.org.uk/information-support/helping-someone-else/carers-friends-family-coping-support/>

Wellness Recovery Action Plan (WRAP) personal workbook

https://ghc.nhs.uk/files/WRAP_personalworkbook.pdf

Carer Assessments

If you are a carer for someone with a mental illness, you can refer yourself and request a carers assessment, which is your right under the section 10 of the Care Act 2014 (if the person you care for is an adult aged 18 or over). A carers assessment is an assessment of 'your needs and support', not an assessment of your ability to provide care.

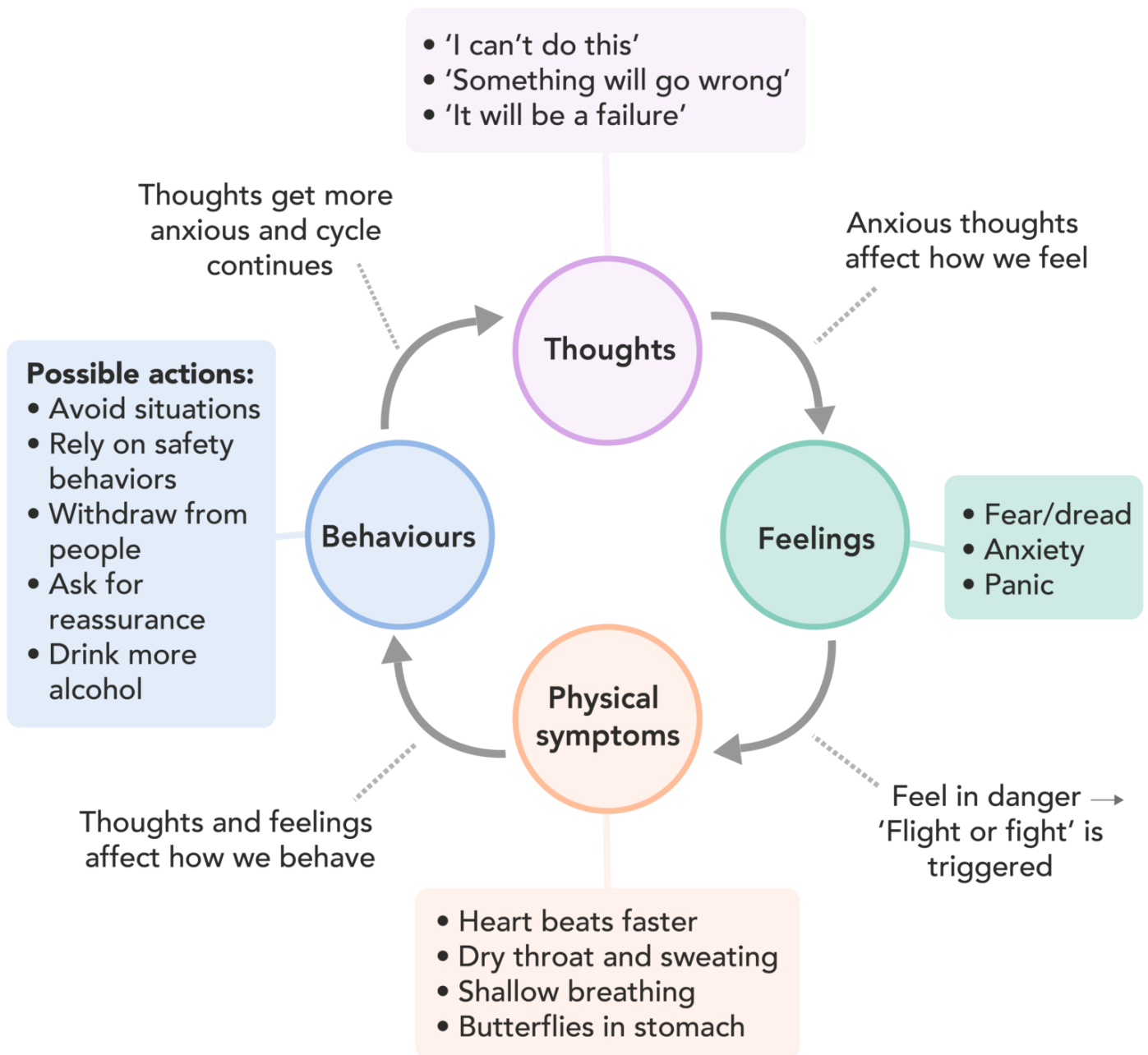
Notes

Learning, reflecting and supporting



Session 4

Understanding the vicious cycle



Vicious Cycle

Image source: www.mindwell-leeds.org.uk

The Vicious Cycle is based on the Cognitive Behavioural Therapy (CBT) model.

The cycle is the response to a situation (internal or external) and can sustain the situation.

Changing just one element can help to break the vicious cycles of negative thinking, feelings and behaviour. When you identify the different parts of the vicious cycle clearly, you can start to change them. Changing something in one part of the vicious cycle, will have a positive impact on the three other parts of the cycle and thereby start to create positive change.

Wellness Action Plan (WAP)

Inspired by Mary Ellen Copeland's
Wellness Recovery Action Plan (WRAP®)

Your mental wellbeing is extremely important. What support do you need to stay mentally healthy whilst supporting someone? These six questions are designed to act as a framework to help you & the people who support you best understand your needs as a supporter.

1. What helps you stay mentally healthy in a supporting environment?

2. What situations or mental health issues related to the person you support could upset or be a trigger for you?

3. What positive steps or support could be put in place to minimise your triggers or the negative impact on you, as a supporter?

4. What support might you need and who from to support your wellbeing whilst supporting someone?

5. Are there any early warning signs that others might notice when you are starting to feel stressed or mentally unwell?

6. How might stress / poor mental health impact on your ability to be a supporter?

Stress bucket

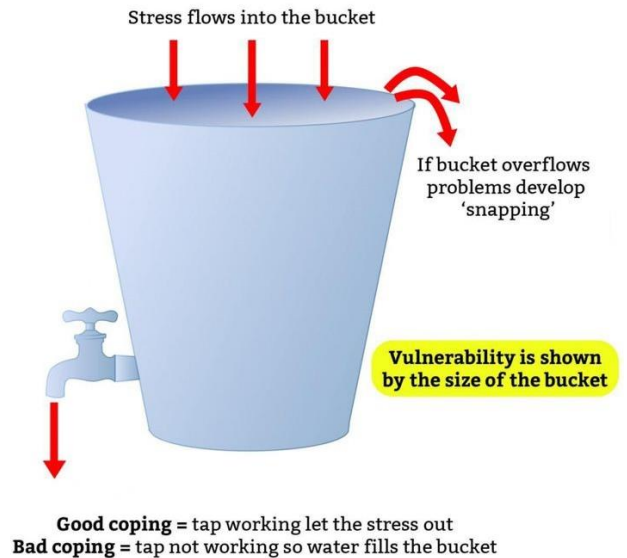
Everyone experiences stress to some degree. Some stress can be good, as it can motivate us to work hard. But too much stress can make us feel overwhelmed, and prolonged stress can eventually lead to problems. The stress bucket is a way to visualise this.

The tap is a metaphor for ways of coping.

By using coping strategies, you can let some of the stress flow out of the bucket, leaving you with a lighter load.

Think about...

- What can I change?
- What can't I change and need to accept?
- What needs my urgent attention?
- Who can help me?



Stress & Vulnerability Bucket

Brabban and Turkington (2002)

"It's made me think about my situation more and how to I need to prioritise myself more. It's given me confidence to try new things. It's been good to meet others in my situation. The course gave me the confidence to get in touch with people I've not seen for years and we are going out to the cinema and food together".

Carer

"Made me look at my situation and I need to prioritise myself and that's OK".

Carer

5 ways to wellbeing

The 'Five ways to wellbeing' have been identified through extensive reviews of research and expert opinion as simple actions that anyone can take that will have a positive impact on their day-to-day wellbeing.



5 Ways to Wellbeing

Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.

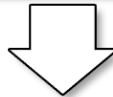
Containment

How to respond in an emotionally considered way to expressions of distress. Containment can happen between two people, or between a person and an organisation.

Reaching Out

The person projects feelings and experiences which are difficult to put into words onto the container

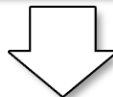
Example: Shouting in distress after an event.



Taking Space

The container takes the projected feeling or experience, and does not react immediately.

Example: Not taking a step back in fear or recoiling.



Observing the situation

The container (people) notice details of what has happened and tries to make sense of it.

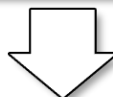
Example: Taking some time to process what's been happening and consider the person's feelings.



Responding appropriately

Once the feelings or experiences have been processed, the container then figures out how to respond.

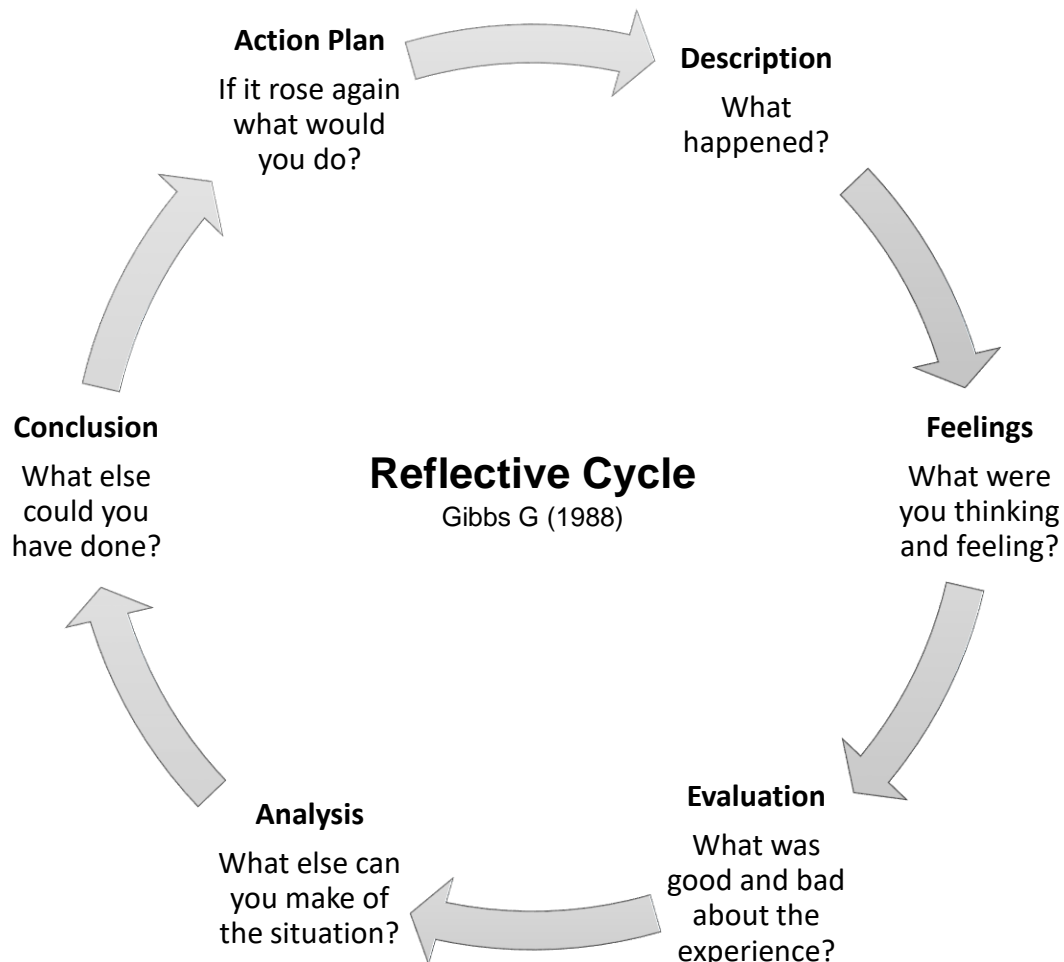
Example: 'I can see that you're feeling distressed about this. Would you like to talk about it?'



Result

The person feels supported and valued, and has space to feel calmer. They are more likely to talk to the container again in future.

Reflective cycle



Gibb's reflective cycle is a useful tool for learning from experience. It helps make sense of situations, allowing you to learn and plan from things that either went well or didn't go well.

Using the model

Chose a situation to analyse and then work through the steps.

		Notes
Description	<ul style="list-style-type: none"> • When and where did this happen? • Why were you there? • Who else was there? • What happened? • What did you do? • What did other people do? • What was the result of this situation? 	

		Notes
Feelings	<ul style="list-style-type: none"> • What did you feel before this situation took place? • What did you feel while this situation took place? • What do you think other people felt during this situation? • What did you feel after the situation? • What do you think about the situation now? • What do you think other people feel about the situation now? 	
Evaluation	<ul style="list-style-type: none"> • What was good and bad about the experience? • What went well? • What didn't go so well? • What did you and other people contribute to the situation (positively or negatively)? 	
Analysis	<ul style="list-style-type: none"> • Why did things go well? • Why didn't it go well? • What sense can I make of the situation? • What knowledge (my own or others) can help me understand the situation? 	
Conclusions	<ul style="list-style-type: none"> • How could this have been a more positive experience for everyone involved? • If you were faced with the same situation again, what would you do differently? • What skills do you need to develop, so that you can handle this type of situation better? 	

		Notes
Action Plan	<p>You should now have identified some possible actions that you can take to deal with similar situations more effectively in the future.</p> <p>Commit to taking action, and agree a date on which you will review progress.</p>	

Further information / recommended resources

'AWP's Family, Friends and Carers Charter' - A4 poster

<https://drive.google.com/file/d/1Azl7iE7Awibpj0hv2UseMoQ6rotRBCRk/view>

'AWP's Family, Friends and Carers Charter' explained - booklet

<https://drive.google.com/file/d/1QU0bzqj4QVCZmvFHB44qRAugwKlvPI7S/view>

'Taking steps towards living well - a personal guide to Five Ways to Wellbeing',
Devon Partnership NHS Trust

www.dpt.nhs.uk/download/gORnpMG8ys

Notes

Appendix I - National helplines

24 hours a day, 365 days a year

Life threatening medical emergency	999
NHS 111 Non-emergency medical help and info on local services	111
Alcoholics Anonymous	0800 917 7650
Combat Stress (veterans)	0800 138 1619
FRANK (national drugs helpline)	0300 123 6600
National Domestic Abuse Helpline	0808 200 0247
Suicide Prevention UK	0800 689 5652
Samaritans	Call 116 123 or text 07725 909 090

Additional Support, times vary

Anxiety UK	03444 775 774
Autism (National Autistic Society)	0808 800 4104
Beat (eating disorders)	0808 801 0677
CALM (men aged 15-35)	0800 58 58 58
Family Lives (formerly Parentline)	0808 800 2222
Mencap (learning disabilities)	0808 808 1111
Mind Infoline	0300 123 3393
National Gambling Helpline	0808 802 0133
No Panic (panic attacks, OCD and phobias)	0844 967 4848
OCD UK	0333 212 7890
Papyrus Hopeline (under 35)	0800 068 4141
Rape Crisis	0808 802 9999
Rethink	0300 5000 927
Self Injury Helpline	0808 800 8088
Womankind Bristol (in distress, domestic abuse)	0117 916 6461



Appendix II - Local support and helplines in BSW

NHS
Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

**Are you not feeling yourself?
Feeling low or sad?**

	Bath	Breathing Space 01225 983130
	Swindon	The Junction 01793 286506
	Salisbury	Riverside Sanctuary 01793 286506

Bath & North East Somerset

Accident & Emergency Department, RUH 01225 824 391 or 01225 824 007

Adult Social Care - Emergency Duty Team 01454 615 165

AWP 24/7 Response Line 0800 9531 919
(Avon & Wiltshire Mental Health Partnership NHS Trust)

Adult Social Care - First Response 0300 247 0201
(Social care and social services - Office hours)

Breathing Space 01225 983 130

BANES Carers Centre 0800 0388 885

Community Wellbeing Hub (local support) 0300 247 0050

Hope Guide www.bridges2wellbeing.co.uk/hope-guide

The Hope Guide provides information on groups, activities and services run by volunteers and not for profit organisations. These groups are aimed at people who are socially isolated, are affected by mental health issues, substance misuse or homelessness. The Guide includes first response community support, health and wellbeing group/activities, organisations supporting people in B&NES, free volunteer training and local and national helplines.

Healthwatch BANES 01225 232 401 info@healthwatchbanesnes.co.uk

Appendix II - Local support and helplines in BSW

Swindon

AWP 24/7 Response Line (Avon & Wiltshire Mental Health Partnership NHS Trust)	0800 953 1919	
Healthwatch Swindon	01793 497 777	info@healthwatchswindon.org.uk
IPSUM	01793 695 405	admin@ipsum.care
Swindon Carers Centre	01793 531 133	info@swindoncarers.org.uk
Swindon & Gloucester Mind	01793 432 031	admin@sgmind.org.uk
The Junction	01793 286 506	

Wiltshire

AWP 24/7 Response Line (Avon & Wiltshire Mental Health Partnership NHS Trust)	0800 953 1919	
Age UK Wiltshire	0808 196 2424	enquiries@ageukwiltshire.org.uk
Alabare	01722 322 882	enquiries@alabare.co.uk
Carer Support Wiltshire	0800 181 4118	admin@carersupportwiltshire.co.uk
Healthwatch Wiltshire	01225 434 218	info@healthwatchwiltshire.co.uk
Response	01865 397 940	info@response.org.uk
Riverside Sanctuary	01793 286 506	
Safer Salisbury	07484 157 768	sassalisbury5@gmail.com
Wiltshire Hearing Voices Group	07393 762 090	WiltshireRSI@richmondfellowship.org.uk
Wiltshire Mind	01225 706 532	Office@wiltshiremind.co.uk

Produced by:

KS2 Bath (A Bath based support group for carers of people with mental health difficulties)

Email: hello@ks2bath.org | Website: ks2bath.org

Ralph Lillywhite & Carolyn Trippick

St Mungo's - Building Bridges to Wellbeing, Mulberry House, Weston Park, Bath, BA1 4AN

Email: ralph.lillywhite@mungos.org | Mobile: 07825 115 775

Website: www.bridges2wellbeing.co.uk

*If you require this information in a more accessible format or in another language please contact Ralph Lillywhite
- Tel: 07825 115 775 or Email ralph.lillywhite@mungos.org*

