

Caring for yourself.

Self-help for families and friends supporting people with mental health problems.



Caring for Yourself contents

Caring for Yourself is a self-help workbook for family and friends supporting people with mental health problems.

It is in eight parts. Each covers a different topic:

Booklet 1 Introduction

Booklet 2 Being a carer

Booklet 3 Information

Booklet 4 Communication skills

Booklet 5 Problem solving and goal achievement

Booklet 6 Relapse management and staying well

Booklet 7 Recovery and hope

Booklet 8 Taking care of yourself

Quick guide icons

Throughout *Caring for Yourself*, you will see these picture icons to illustrate different sections.



**Question /
To think about**



**Stories /
case studies**



Exercise



**Action /
things to do**



**Information
and resources**

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Introduction to Caring for Yourself

Rethink Mental Illness and the Meriden Family Programme have created *Caring for Yourself* to help people with mental health problems and carers, family and friends. It is for you if you support someone with any mental health condition. You may have a relative struggling with anxiety, depression or bipolar disorder, a friend with psychosis, schizophrenia or a personality disorder. Whatever the diagnosis, *Caring for Yourself* can help you to develop skills and new ways to cope.

You can use *Caring for Yourself* in two ways:

- Use it yourself independently.
- Use it as part of other training programmes for carers such as the Rethink Mental Illness 'Caring and Coping Programme' or the Meriden Family Programme's 'Caring for Carers' training.

Whichever way is best for you, you can work through it at your own pace, in your own time. Start with Booklet 1, then plan how to use the other booklets and in which order you want to use them.

Everything in *Caring for Yourself* comes from the experiences of others who have cared for people with mental illness or from professionals. There are exercises and activities to help you develop skills to help you cope with your situation, whatever that is.

You will find information about:

- Being in a caring role.
- Taking care of yourself.
- Getting your own life back.
- Finding information about what your relative or friend is going through.
- Dealing with problems.
- Talking about what is going on.
- Supporting your relative or friend.

We hope the exercises and activities will help people who cannot attend training courses or support groups. If it helps you, please get in touch. We want to know how we can help more people who are supporting a relative or friend with a mental health problem.

Gráinne Fadden
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Paul Jenkins
Chief Executive
Rethink Mental Illness

There may have been times when you have felt quite hopeless and helpless, as if nothing will change for you or your friend or relative. This may be especially true when your friend or relative is very unwell. You may well be feeling like that at this very moment. However, there may also have been times when you have had an idea that things might change for both of you. The positive message is that things can get better, and this booklet will provide ideas on how to bring about those positive changes. The ideas of recovery and hope will be covered.

There are two main aspects of recovery relevant to your situation – how you support your friend or relative in their recovery, and how you might look after your own needs and focus on your own recovery. These two are linked, but what is important for you to know is that your own recovery is not dependent on your relative or friend's recovery. You can work towards getting your own life back even if their recovery is slower. This may be the first time you have thought of recovery in relation to yourself, and you may feel more comfortable using other terms to describe the idea of looking after your own needs.

This booklet is designed to get you thinking, so most of the activities will ask you to take a moment to think about how you're seeing things. It may be that you want something more practical that will help you identify things that you can do to help yourself. If this is the case then it may be helpful to look at Booklet 8. However, people sometimes find that first they need to spend a while thinking about changing the balance between their role as a carer and other roles in their life. If this is the case for you, then read on, before going to Booklet 8.

First of all, take a moment and look at the word 'recovery'.

RECOVERY

What do you think of when you see that word?

What pictures come into your mind?

Who are you thinking about when you think about recovery?

What first came to mind? Maybe you thought of your relative or friend, and how they might recover from their mental health issue? What would their recovery look and feel like for them and you? Maybe you thought of the whole family? Maybe you focused on the word itself and reflected – *“What is recovery in mental health? I'm more used to hearing about it in relation to physical health”*. Perhaps you thought about getting something back or finding something that was lost. Different things will spring to mind when thinking about recovery and they are all likely to be good ideas and will be a useful starting point for thinking about the material in this section.

This booklet will now cover both aspects of recovery – first the role that you can play in the recovery of your relative or friend (7.1 and 7.2) and second, your own recovery which is covered from 7.3 onwards.

In the past, people who experienced mental health problems and their families and friends were given a gloomy view about the likely outcomes. People may have been told: *“You'll never be able to get a job” “You will never be symptom free” “You will need to take this medication for the rest of your life”*. These ideas are out-dated and inaccurate. It is clear from research and real life experience that people who have experienced serious mental illness such as severe depression or psychosis can, and do, recover. But what does recovery mean when talking about mental health?

The term 'Recovery' is used in two ways – **clinical recovery** and **personal recovery**. Professionals may think of clinical recovery in terms of being free from symptoms. With personal recovery, the difference is that the person can still have symptoms, but get on with their lives in spite of their difficulties. A person can be on a personal recovery journey and also be acutely unwell. The focus of this booklet is on personal recovery.



Timothy

Timothy was very troubled by voices telling him what to do, and making derogatory comments about him. For three years he was unable to work and had limited social activities. He was given a diagnosis of schizophrenia which he didn't like. In spite of medication helping to some extent, the voices continued. He then received cognitive therapy which was very successful in terms of helping him feel more in control. He still heard voices but was able to manage them, keep them in perspective, and get on with his life in spite of them. He managed to access direct payments and used these resources to help him build his confidence. Eventually he returned to full-time work.

Recovery doesn't mean what services *do for* people. Recovery is about stages that a person goes through so that they are eventually able to deal with their experiences of mental health issues. It's a very individual process, helped or hindered by numerous influences – social, cultural, spiritual, economic and health related.

The first step in personal recovery for people with mental health problems is often beginning to understand their experiences. They begin to feel more powerful in managing their lives and in having a positive focus. It means recognising the impact of what has happened and understanding that things have changed from the way they were before mental health problems started. This can be hard and it is understandable to wish for it not to have happened and to want things to go back to the way they were. **Recovery means moving beyond this, realising that things are not less than they were, but different to how you might have expected them to be.** It might be possible to 'go back' and this may mean picking up jobs, roles or support that went by the wayside in the chaos. However, the person themselves is different, and may not wish to go back to the way they were previously. Recovery may mean taking up new activities or roles now that things have changed.



7.2 How you can support your friend or relative's recovery

Recovery doesn't happen overnight and can be difficult at times. It can take some time and may require support from others. Neither is it always straightforward – it can be one step forward and two steps back at times – but that's OK as long as the person is going in the right general direction overall. For many people it's not really an end point, so it's not really the case that someone recovers and stays recovered. It's more like work in progress, something that is an on-going, continual process. In this way it may be helpful to think about recovery as a journey, rather than a place to get to.

To summarise, recovery is:

- Living a positive, meaningful life.
- Accepting that things have changed.
- Something a person does/takes part in.
- A process that takes time.
- Something your relative may need support in achieving.
- Work in progress.



Aisha

Aisha had been unwell and had to give up work as a full-time legal secretary. Her mother had moved in to help with the children. However, after a while, and with some support from her mental health nurse, she found that she was able to manage her anxiety. This meant that she was able to take her son, Ali, to school in the mornings. After some time, she was able to work as a part-time secretary in a local school. She is keeping an open mind about whether she wants to return to the type of work she did previously as it was more pressured, and meant she had less time with Ali. She feels she now has more of a balance between work and her children's needs. While she has less money, the time she has with her young children is more important to her.



Take a moment to think about your friend or relative.

What do you think recovery means for them?

What do you think your role is in supporting their recovery?

Carers do have a role in the recovery of the person they are caring for. This varies and is individual for each person. Figuring out how to support someone else's recovery can take some negotiating or thinking about. It is likely that you can play a key role in *supporting* your friend or relative's recovery, but as recovery is about the person *themselves* taking control, they have to do it for themselves.

Going back to the idea of recovery as a journey, just as you might support someone to book a train ticket or plan a particular part of the trip, it is only the person taking the trip who can get on the train. In the same way you might support your relative or friend by encouraging them, for example, to attend appointments by themselves, make phone calls about work, college or voluntary jobs or go out with friends or other family members. It may mean supporting them to pick up some of the things that you might have been doing for them while they've been unwell, or enabling them to pick up new things that they would like to do.



When you think about supporting your friend or relative in their recovery like this, what goes through your mind?

What do you feel?

Take a look at some of the feelings below. Which of these did you experience? What others did you feel?

Joy	Hope	Anger	Happiness	Guilt	Pain
Pride	Relief	Sadness	Hopeless	Excitement	

At different times, you may have felt many different feelings. At times, you may have been quite hopeful, excited or happy that recovery is possible and you are keen to support your relative or friend in this. It may be that you have experienced a sense of relief that perhaps you can begin to let go. Perhaps you feel angry, sad or even hopeless because recovery for your friend or relative just seems so impossible at the moment. Or you may feel guilty that by allowing your friend or relative to do some things for themselves you are not taking care of them. You might feel very proud of what they have managed to achieve in spite of their difficulties. All these thoughts and feelings are understandable and very common for carers. After what may have been a long time and some very difficult circumstances, thinking about changing this can lead to a wide range of reactions including some difficult feelings.

For example, guilt is a very common response and something that is discussed more in the next part of this section. However, for now, what would it be like to think that supporting someone in their recovery *is* caring for them? It may be helpful to talk with

7.3 Your own recovery as a carer, relative or friend

your relative or friend about their thoughts on how you can help them. Perhaps you and your friend or relative feel that you play an important role in their recovery. Or it may be that you or they would prefer to keep things more separate. Talking it over with someone in your friend or relative's care team may also help you both think about some things that you can do.

So, some helpful points to keep in mind:

- Recovery is a process that can take time.
- You can play a part in supporting your relative or friend in their recovery, but you can't do it for them.
- Be patient – slow steady progress tends to be sustained.
- There will be setbacks – try not to be despondent
- Focus on small positive changes, and on those that have been sustained in spite of relapses.
- Your relative or friend has been through a difficult time – be proud of what they are achieving in spite of this



Now it's time to think about your own recovery. Taking the idea of recovery as a journey, it's a bit like a carer being on one journey and their relative or friend being on another. At different times they may be in different places or stages. However, there may be times where they join up for support from each other. For example, a family member might help their relative or friend to get back to work or college after a period of being unwell. This in turn frees that family member to have more time to get back to pursuing their own interests or hobbies.

Derek

As a carer Derek found it difficult to make sense of the idea of recovery. He did not see it as something that was relevant for him. He was very focused on caring for his wife, who had experienced psychosis. However, after thinking about the idea of recovery, he realised that he wanted to balance his role as carer with other things in his life. His Carer Support Worker encouraged him to attend the local Carers Support Group. It was at this group that he met another man who was similarly looking after his wife. They shared other interests too and eventually found some time to play dominoes in the local pub once every two weeks.

Some people like the word recovery. They prefer other words with similar meanings such as a journey of hope, moving forwards, or getting your own life back.

Derek's story earlier in this booklet shows that recovery is as possible for carers as it is for people experiencing mental health problems. Up to now the focus of concern may have been on your friend or relative. You, other family members and friends, colleagues as well as mental health professionals will have been focused on your relative or friend's mental health and other needs such as housing, benefits, education and well-being. This is natural, as they have been experiencing difficulties and, as someone close to them, you and others around you, have been doing all you can to make things better. However, it may mean that it has been difficult for you to find the time, space or energy to think about your own needs and well-being. It may be that now is the time to think about your own recovery.

Are you ready to think about your own recovery?

Why think about your own recovery?

What might be the benefits of attending to your own recovery?

Some people describe the following benefits:

- It is positive to have some time and space to oneself – to reflect, plan, laugh, relax – attending to one's own needs, not others.
- Provides space for relative with mental health problem to grow and develop.



7.4 What is involved in recovery for carers?

- It may be that you were able to think about how that might help your physical and/or emotional well-being.
- It would be great to pick up some of the things that you used to do, like socialising, work or hobbies.
- It might help you in your caring role, thereby helping your friend or relative too.
- It is helpful both to you and your friend or relative not to allow mental health problems take over your life.

All these are sound reasons for focusing on your own recovery and may help encourage you to do some things differently. Wanting to care for yourself so that you are better able to care for your friend or relative is understandable and comes from your wish to continue to care for them.

It is likely that you have gone through some major changes in your life and experienced a range of very powerful emotions. Booklet 2 of this workbook looked at this in some detail and, if you have looked at this already you will have seen the figures that show that caring for someone with a physical or mental health problem has an immense impact on carers' well-being. If you haven't had a chance to look at Booklet 2, doing so may help you reflect on the impact that your caring role has had on you. The things that have happened for you or to you, and the challenges you may continue to experience, may make you vulnerable to stress, depression, physical illness and other problems. For this reason alone it will be helpful to consider your own recovery. The benefits to other people – friends, family, and the person you are caring for are extras.

Do you find it easier to think about recovery in relation to your friend or family member and harder to think about what that means for you? There are a number of things that are important in recovery for yourself.

Loss

The first is recognising that a sense of loss, sadness or grief plays a role in your response to your relative or friend experiencing mental health issues. You may have had hopes and expectations for them, for yourself and for how things were going to be. For example, a mother caring for a son might feel sad that he is not able to work at the moment. A partner may feel sad because their relationship has changed. A sense of loss or sadness because of the changes that have happened is natural.

This sense of sadness can, and does change over time. You may find that your expectations adjust to the changed situation. So, for example, the mother caring for a son can feel joy that he is well, and able to see his friends once a week. You will still feel hope, but what you are hoping for may change. So, you may find hope and joy in seeing your relative or friend recover.

Hope

The important message is that recovery is possible and there are many things that can help with recovery. One important part of recovery is having hope. What you are hoping for may change and this change is also part of your recovery. So, for example, you may have started out hoping that your friend or relative just 'gets better' and you can get back to normal. However, over time you may realise that, although this isn't possible, you and they can still live positive, meaningful lives. Hoping for this – a positive, meaningful life – is the thing that will help you move towards the goals you are setting for yourself. Having hope will help you imagine how you would like life to be.

Take a moment to think about:

What are you hoping for, for yourself?

What keeps your hope alive?

What knocks your hope?

The following ideas about detaching with love come from a group called COOL Carers set up in 2000 when a carer realised she needed and wanted to recover her own life – although the person she cared for was not able or willing at that time to recover their own life. She realised that she, too, was stuck and that his mental health problems were the main focus of family life. You can find out more about COOL in the 'Resource' section at the end.



Detaching with love

- Consider your own needs – for sleep, family, friends, socialising, work, leisure activities, spirituality – and ensuring these needs are met.
- Have faith – the person is on their own personal journey.
- Develop trust – they can handle life and its challenges with support. They are not helpless.
- Accept a level of risk – allowing the person to face the consequences of their actions i.e. no longer rescuing. If we keep rescuing, we may inadvertently create dependence thereby helping people to continue with their self-destructive behaviour and not find the help they need to embark on their own journey of self-discovery.
- Setting boundaries – not tolerating abuse from anyone. Mental health difficulties are not an excuse.
- Letting go – of total responsibility for ‘caring’ by developing good relationships with professional staff and trusting them to do their bit. Engaging other family members or friends and trusting them also.



Your Recovery as a Carer

The previous few paragraphs have described recovery and how this relates to carers.

Take a moment to think about the following:

What are your first thoughts on reading the information about recovery and carers?

Does it make sense to you?

Does it seem impossible?

Can you see a point where you might experience your own recovery, even if you're not there now?

Would you say you're recovering?

If you are, or can see the potential, does the word 'recovery' fit for you?

Do you feel that you are at a point where you can start with something new?



April

Throughout their married life, April's husband Brian had experienced episodes of bipolar disorder, with many episodes when he was 'high' and others where he was very low and depressed. Life had been difficult, especially when the children were young. When Brian experienced episodes of hypomania, he frequently started projects that he was unable to finish because he then became depressed. He also spent money that they could not afford and had a number of brief relationships that he then regretted when his mood stabilised.

In many ways, April found his depressive episodes more difficult to handle as he seemed totally unaware of her needs. One of the things she found upsetting was that he could appear well when he went to the GP. She couldn't help resenting that he could make an effort in that situation but then would not talk to her for days on end. She had made many efforts to encourage him to become involved in activities with her, but to no avail.

One day when she was feeling really frustrated, she thought – 'If I lie in bed all day, that will produce a reaction, and he will come to see how I am', but Brian did not check on her all day. In a strange way, this was a turning point for her. She thought – 'If he's not going to change, then I need to change and find things that are fulfilling in my life.' She withdrew a bit from her total immersion in his difficulties, and felt comfortable that the professionals responsible for his care were looking after him. She continued to liaise with them, and Brian's Care Coordinator encouraged her to get involved in outside activities, and reassured her that Brian would be alright.

April had always liked singing, so she joined a Choral Society. She made sure that it was in the family diary so that she got to rehearsals. Their oldest son, Alex, offered to cook the meal on the evening she was out each week. She made new friends, and when she was involved in concerts, friends and family including Brian, came to support her.

She enjoyed swimming also, and arranged a weekly morning swim at an over 50s group which was quiet and calm. She found both activities extremely helpful in ensuring that she could have time for herself and was able to 'switch off'. The atmosphere in the house was also calmer.

You can see from this example how things changed for April. This was an active process and involved feeling, thinking and doing different things at different times. Other people involved – family, friends and professionals were all supportive.

7.5 Blocks to your recovery

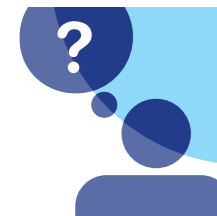
It is natural if you are feeling unsure about all of this. Reading through previous parts of this booklet you may have found yourself thinking ‘Yes, but I can’t because...’ or ‘That’s not possible because...’ It is often the case, when thinking about change, that there are things that can get in the way.



Hilary

Hilary wanted to go and see her daughter and grandchildren for the weekend but found that it was difficult because she was so concerned about leaving her son, who experienced episodes of mania and depression.

Before moving on to helping you further with your own recovery, some of the common blocks that can occur will be mentioned so that it is less likely they will get in your way. Writing down the barriers can be a helpful way of starting to plan around them.



When thinking about recovery, what drawbacks can you think of?

What worries or concerns do you have?

What difficult feelings do you have when thinking about your own recovery?

You may have found that you have thought of several in answer to each of these questions. Barriers or blocks to recovery can fall into a number of different categories – physical and practical barriers, as well as difficult thoughts and feelings. Some examples of each are:

a) Thinking

Thoughts/Ideas

- Ideas that you are being selfish for looking after yourself, or that it’s not worth the effort.
- Predictions about what might happen to your relative or friend if you start looking after yourself.
- Difficulty balancing your needs with those of your relative or friend.
- Concern about your friend or relative.
- Waiting for your relative or friend to get better or work on their own recovery before you start thinking of yours.

All of the above thoughts are understandable. It is natural to think that when your family member or friend is recovering, then you will too. And that may be the case. After all, if things are going well for them, you may find that your caring responsibilities are less. However, it may be a while before your relative or friend comes to their own recovery

and even when they do, as discussed above, their recovery is a separate process to your own. It might be more helpful to think about starting your own journey, planning for it in the way you might a real trip. **Focusing on your own recovery is not selfish. In fact it is the opposite: it is helpful not to allow life to be taken over by the difficulties your relative or friend is experiencing.**

b) Physical

Physical

- Problems sleeping
- Tiredness
- Problems eating
- Ill health

One of the things that might be getting in the way of your recovery might be how you are feeling physically. If you are tired, or feeling unwell, then it is unlikely that you will feel like doing anything extra, so the first priority is to think about looking after your own physical needs. Booklet 8 describes in more detail some ways you could think about looking after yourself. However, you might feel you need more support, for example seeing your GP or a Carers’ Support Worker to discuss your physical health and what you need at the moment.

c) Emotional factors

Feelings

- Sadness at how things are
- Guilt about taking time for self
- Worry
- Stress
- Resentment

Another thing that can get in the way of thinking about recovery are some of the feelings you may have been experiencing. It is important to acknowledge and allow yourself to feel those feelings, difficult though that may be. Talking things through can be a really helpful way of expressing the feelings you may be experiencing. Writing things out in a diary may also be helpful. Learning about stress management by looking through Booklet 8, or accessing support through local adult education or mental health services may also be useful. Finally, ensuring you have a Carer’s Assessment and/or seeing your own GP about your own well-being may address some of the blocks to your recovery.

7.6 What does recovery mean for you?

d) Practical considerations

Practical/behavioural

- Changes in services
- Never being able to have free time for definite plans
- Difficulties planning
- Money worries
- Having other people who rely on you as well, e.g. elderly parents, younger children

You may be able to deal with some of the above barriers to recovery by using the problem-solving method in Booklet 5. It may also be helpful to get what support you can from other friends or family members, particularly in terms of caring for your relative or friend. Concerns about finances may lead to you feeling like you don't have any choices or, if you do, they are very limited. If this is a priority for you then it may be helpful to look at some of the leaflets on the Rethink Mental Illness website (www.rethink.org) that address these issues. Other sources of support in this respect may be your local carers support service or, the Citizen's Advice Bureau.

e) Issues linked with the mental health difficulties of your friend or relative

Family and mental health Issues

- Severity of the mental health difficulties and other problems
- Your relative is very unwell or experiencing a crisis currently
- Your needs conflict with theirs e.g. you want to do things outside the house, but they feel anxious if left on their own
- You want to support them taking their medication but they don't want to
- You need to phone the police or crisis team but know your relative or friend wouldn't want this

What blocks have you identified?

List in order of importance what needs to happen first? Second? Third?

1. _____
2. _____
3. _____

What three action points do you need to take, based on your answers to the above questions?

1. _____
2. _____
3. _____



In thinking of your recovery now, you can draw from experiences you have had in the past in different situations. Take a moment to think about a time when you went through a very stressful time in your life. It may be that you have experienced a significant life event like illness, bereavement, a house move, redundancy or divorce.

How were things when it was first happening?

What was it like several weeks afterwards?

How were you after several months?

What was it like several years after the event happened?

You may have found, reflecting on previous events, that things changed over time. How you felt about what had happened, your thoughts about it, how you felt physically and what you were doing may have changed during the course of those weeks, years and months.

What words would you use to describe the above process?

Has that helped in thinking about what recovery means for you?

How learning from previous experiences can help

Meera

Meera remembers the shock and sadness that she felt when her mother died. The things that helped her were seeing her good friend Sukhi, going to the temple, trying to make sure she ate at least one good meal a day and maintaining a routine by getting up at the same time every day. Meera also found being around her friends who made her laugh, even when she felt sad, really uplifting and helpful.

Remembering the previous difficult time you've identified, take a moment to think about:

What helped you at the time?

What did you do that was helpful?

What did others do that was helpful?

You probably have found that a number of things have been helpful in the past. The passage of time may have been one thing, as well as having time and space to heal, or build up your strength following the challenges that you had been through. Perhaps there were particular people around to support you. What was it about their support that was useful? Did they share the same ways of looking at the world, the same experiences, or did they offer you a different way of looking at things?





What did you do that was helpful? It might have been that you focused on your physical well-being, making sure you ate and slept as well as you could, taking some gentle exercise. Or perhaps you focused on ensuring you did things that gave you some small pleasure, even if it wasn't as enjoyable as it might once have been.

Now think about what you can take from that experience that might help you in dealing with your role as a carer. Make a note of the things that you might be able to use now:

Things I can do:

Support I would like from others:

People who have been supportive in the past:



Mei

In her recovery, whilst caring for her mother who experienced severe depression, Mei found it helpful to talk to her pastor, attend church regularly, visit her aunt for tea, attend a support group for carers in the local Chinese Community Centre and develop a plan for getting back to work. She also found it helpful to develop, with her mother, a plan for what they might do should her mother become unwell again.

What does your recovery look like?

Now, take a moment to think about recovery (or the word you're using to describe it). Imagine life as if you were focusing on your recovery.

What are you doing?

Who is around you?

Recovery is a very personal, individual process and it may be that the word 'recovery' is one that doesn't quite fit for you. Carers have come up with some different ways of describing what recovery means for them including:

- Letting go.
- Changed expectations.
- Finding a new normal (rather than getting back to normal).
- Getting their lives back.
- Moving on.
- Moving forward.
- Getting better.
- Doing well.
- Doing OK.
- Sense of hope.

It may be that 'recovery' fits for you. Or perhaps you would like to take up one of the above phrases or make up your own. Regardless of what you call it, the idea that you are focusing on your own needs, goals and wants is behind the word recovery.

Achieving your own recovery

The examples in this booklet may have given you food for thought. Or perhaps they didn't fit for you. Thinking about recovery may be a new idea for you so it may take some time to figure out what it means for you and how you might get there. The following list comes from COOL carers about what people in similar circumstances to yourself have found helpful.

7.7 Tips about how to achieve recovery for yourself*

1. Keep the focus on your own recovery.
2. Take responsibility.
3. Develop a healthy self-regard.
4. Get the support you need. For example: see friends, join a support group, see a nutritionist or other complementary therapist, counsellor, carers' support worker or find other ways to get the emotional support you need e.g. talking things through with friends, reading self-help books, attending courses on recognised grieving, co-dependency and so on.
5. Professionals develop a healthy regard for carers, and carers for professionals.
6. Be willing to invest in yourself, spend time, money and most of all care for yourself. Do whatever it takes.
7. Be gentle with yourself; allow yourself to make mistakes. Be forgiving. You have been through a lot.
8. Know that it will take time. Personal growth is a life-long process.
9. Let go of obligations and responsibilities that are not yours and over which you have no power or control.
10. Consult yourself daily as to how much you actually want to give.
11. Introduce things you love to do at times when you would have made a sacrifice to meet the needs of the person you care for.
12. Have fun and enjoy yourself sometimes.

*Compiled in August 2003 by Amanda Massey, Gwen Butcher and Claudia Benzies from COOL carers' conversations and correspondence.

7.8 Summary

This booklet has set out the idea of recovery. It has described two sides of recovery. The first part of this booklet explored how you support your friend or relative in their recovery (7.1 and 7.2). The rest of this booklet dealt with how you might concentrate on your own recovery. Recovery for you is equally as important as it is for your relative or friend, so give yourself the space and time to consider what may be helpful for you in your own recovery.

7.9 Key learning points

- Recovery may be a new idea for you, and may not be one that you connect with initially.
- Recovery can refer to your role in helping your friend or relative recover, or your own recovery.
- The word is not as important as the idea – what it means is being able to get on with your own life.
- It is not being selfish to look after your own needs. Doing so will enable you to continue in your caring role.
- Recovery is not straightforward – there will be setbacks. Think of it as a journey, and as long as you're going in the direction you want to, that's fine.
- Recovery can take time. You need to be patient – slow steady recovery can be more sustainable in the long run.



COOL Recovery

✉ info@coolrecovery.org.uk

Rethink Mental Illness

🌐 www.rethink.org

There are a series of publications on recovery including “Recovery Insights”.

Meriden

🌐 www.meridenfamilyprogramme.com

Recovery Research Network

🌐 www.researchintorecovery.com



Producing a resource such as this relies on the support and contribution of a wide range of people. We consulted widely at the various stages of the development of the material in terms of content, layout and presentation, and would like to thank all of those who gave so generously of their time and ideas.

In terms of initial discussions on content, Thurstine Bassett, Alison Faulkner, Michele Gladden, Becky Heelis, Peter Woodhams and Aiesha Wright were particularly helpful. Martin Atchison and Chris Mansell kindly provided materials for some of the case examples and exercises. Thanks also to Claudia Benzies and the ‘COOL’ group of carers for allowing us to share some of their material on recovery.

One of the biggest tasks was reading through the earlier versions of the different sections which was a really time-consuming activity. We wanted to ensure that the material is meaningful, helpful and presented in a way that is easily accessible to carers and family members, so we enlisted the help of family members recruited through Rethink Mental Illness and the Meriden Family Programme. We are so grateful to those helped with this task – June Cooley, George Gladden, Michele Gladden, Edward Haslam, Christine Lewis, Philippa Lewis, Philippa Lowe, Maggie Morgans, Jeanette Partridge and Peter Woodhams. A number of other carers who equally spent hours reading through drafts and providing feedback did not wish to be named in person, so our heartfelt thanks to those ‘anonymous’ family members for all their time, commitment and valuable comments.

Special thanks to Peter Woodhams for his help in preparing the final version of the booklet ‘Being a Carer’, to Paula Conneely for help with the final versions of the sections on Relapse Management, Communication Skills and Problem-Solving, and to Sam Farooq for all her attention to detail in proof-reading the material, and all the other administrative tasks such as liaising with family members and the design and printing team. Finally thanks to Mark Teagles from White Halo Design for design and layout, and for his patience and flexibility in producing the finished product.

Gráinne Fadden is a Consultant Clinical Psychologist based in Birmingham and Solihull Mental Health NHS Trust, Honorary Senior Research Fellow at the University of Birmingham and Director of the Meriden Family Programme. The cascade method of training and system of organisational change for improving services to families developed through the Meriden Programme have been adopted by several organisations within the UK and abroad. The Programme has been the recipient of numerous awards for ‘Modernising Mental Health Services’ and for ‘Mental Health Innovation’. She was awarded the prestigious Marsh Lifetime Achievement Award by Rethink Mental Illness in 2009 for her outstanding contribution to mental health. Gráinne has been involved in family work and research throughout her career, and has written extensively on the effects of mental health problems on families, on how family members can be supported, and the training of mental health professionals. She links with a range of national bodies on issues relating to families and carers and has delivered training around the world.

Carolyn James qualified as a Clinical Psychologist in 2003. Currently she works in clinical health psychology and training, and prior to this she was part of a child and adolescent mental health team in East Birmingham. Before training Carolyn worked as a Research Assistant on a number of projects, including the Meriden Programme. Carolyn is proud to have been part of the Programme since the very beginning. She has maintained her links with the team since that time and returned to talking with families and therapists as part of her doctoral research. Carolyn was interested to find out what helped engagement in family therapy and, as a result of her work, developed a theory about some of the factors that therapists may need to consider when talking with families about Behavioural Family Therapy (BFT).

Vanessa Pinfold is a health services researcher. She joined Rethink Mental Illness in 2003 to establish a research team within the charity. Previously she worked at the Institute of Psychiatry, Kings College London. She is currently working as a part time research fellow at Rethink Mental Illness and is chair of The McPin Foundation – a small family charity that supports mental health research and promotes mental well being through innovative projects.

Vanessa has always had an interest in mental health carers and through research programmes has sought to develop practical tools to assist families and relatives of people with mental illness. She has been involved in the Time to Change campaign to end mental health discrimination and the re-development of Rethink Mental Illness ‘Caring and Coping’ training programme. Vanessa has also led the development of an online package to assist practitioners to work with families through timely and appropriate information sharing in mental health.



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