



Your Choice: Lifestyle, Medication and Recovery

Useful information for people with self-experience of schizophrenia, their caring relatives, the general public and healthcare professionals



Schizophrenia Ireland

Lucia Foundation

Schizophrenia Ireland is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness including, but not exclusively, schizophrenia, schizo-affective disorder and bi-polar disorder, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.

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1. Foreword

By John Saunders
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I am pleased to present occasional paper no. 4 'Your Choice: Lifestyle, Medication and Recovery'. The occasional paper series is a way of highlighting issues which Schizophrenia Ireland feels are pertinent to both service users and relatives. Previous editions have concerned themselves with issues of poverty and public policy, suicide prevention and service users' experiences.

Over the last fifteen to twenty years, the way in which mental healthcare services are delivered to people has changed significantly. Modern mental healthcare services should have a number of specific characteristics. There is a greater expectation now that mental healthcare services will be delivered in local communities and should not involve frequent or long-term residence within a hospital environment. Anecdotal and research evidence suggests that recovery is far more effective if it takes place within the context of one's own community rather than the detached environment of residential care.

Similarly, there are greater expectations about the types of intervention that people require. We hope that mental healthcare services of the future will present options beyond the simple prescription of medication. Furthermore, we hope that medication can be seen as just one option in a range of therapies available to people.

A further element of modern mental healthcare services is the concept of partnership, whereby service users and their families are able to engage with mental healthcare professionals to discuss and negotiate the best options in their particular case. This means that the relationship between all three participants is based on equality and a shared vision of recovery, rather than the traditional doctor-patient relationship.

This occasional paper is produced to aid both service users and their families in negotiating the best arrangement within the mental healthcare services. It considers a number of important elements. These are:

- An understanding and awareness of the effects of medication, and specifically how to engage with the prescriber, to ensure that one has full knowledge and understanding of not only the effects, but the side effects and consequences of taking medication.
- The very significant issue of lifestyle. We know that many people with severe and enduring mental health problems may have many physical conditions, which are worrying to the individual and their family, and which can take their toll on one's physical and mental health. Many of these physical conditions can be alleviated by proper medical care, in combination with lifestyle changes and good self-management.
- The paper also outlines the service user's perspective and includes some useful hints to assist users when dealing with their mental healthcare services.

It is important to note that the occasional paper is only an introductory document and interested readers may need to read more deeply into any subject raised here in order to gain a comprehensive understanding of the issues. We hope readers will find this document a useful, enjoyable and worthwhile read. Copies are available from any of our offices on request.



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2. Introduction

Schizophrenia is a serious mental illness characterised by disturbances in a person's thoughts, perceptions, emotions and behaviour. It affects approximately one in every hundred people worldwide and first onset commonly occurs in adolescence or early adulthood, although it can also occur later in life.

A person who has schizophrenia is, first and foremost, a person with a range of needs. The methods used to assist recovery should therefore allow a way forward that is tailored to individual needs and choices. The emotional, psychological, social and physical aspects should all be considered - the focus should not be exclusively on the illness.

Although medication is the primary intervention offered in the treatment of schizophrenia, often it is not enough by itself to manage or reduce the impact of the illness. Social, psychological, educational and vocational interventions may be helpful at various stages of recovery. Recovery can mean different things to different people. For some it is an end to an experience of mental illness and distress, and for others recovery means achieving a good quality of life with formal and informal support.

There is no cure for schizophrenia, but people can and do recover. The experience of schizophrenia is particular to each person and as a result, each person's experience of recovery is unique - what might work well for one person may not work as well for another. It is vital, therefore to learn about all the different treatments, therapies and supports available to you, as well as personal strategies so that you navigate your own, individual recovery process.

3. Finding the right medication

Identifying a suitable medication can sometimes be a difficult task given the large number of treatments that are now available. Today, not only do we have to decide which medicine suits us best but also how we will take it. The options that are available include tablets, syrups or injections. It is important that we receive the method most suited to us and our lifestyle.

So what should we consider when deciding on a medication? Most people are aware that all drugs carry risks and have the potential for side effects. It is good sense to be knowledgeable about your medicine and be aware of any potential side effects. If you do experience problems, having this information available will give you a better chance of knowing the cause. You will then be able to approach your psychiatrist or GP to help find a solution. This may involve changing the medication's dose, adding additional medication or beginning a new treatment which agrees with you better and can help meet your needs.

How does medication work?

Sometimes we can find it useful in understanding how our medication works if we know a little about how our brains operate.

Neurotransmitters

The brain is made up of several million nerves which communicate to each other through neurotransmitters. However, this system sometimes breaks down for people suffering from a mental illness. They need the assistance of antipsychotic drugs and mood stabilisers to help ensure the transportation of messages around the brain. These medications work both by increasing or decreasing the output of neurotransmitters to assist in the brain's everyday activity.

Serotonin

Serotonin is the biochemical messenger that regulates your mood in the brain. It is also associated with the sleep and wake cycle. Medicines are available that can reduce the level of serotonin and assist those who are 'over excited' whilst other treatments work on the other side of the scale and tackle depression by elevating serotonin and improving a person's mood.

Dopamine

Dopamine is a chemical produced in the brain by amphetamines. Sometimes they cause the brain to produce more dopamine than is necessary which can cause psychotic-like symptoms. Antipsychotic drugs work to block dopamine receptors in the brain and reduce these symptoms.

Inositol

Inositol is a chemical believed to be affected in the brain of people with manic depression when its production is in excess. This chemical is thought to be responsible for mood fluctuation.

Glutamate

Anticonvulsant drugs have been successful in the stabilisation of mood disorders. They are responsible for activating nerves using the neurotransmitter "glutamate" resulting in fewer mood swings.

Which treatment is best?

Choosing a suitable medication is not always as straight forward as it may appear. Everyone reacts to medications in different ways. One medication may work well for one person but produce unwanted side-effects in another. It is therefore very important that those with schizophrenia take time to talk to their doctor. Together, the service user and doctor can make a joint decision on a prescription that is likely to be most appropriate to the individual's needs.

At the outset, when a diagnosis of schizophrenia has been made, the individual concerned should ensure they see their doctor regularly. This enables the doctor to assess and monitor any side effects that someone may experience. It is important that the doctor gets the chance to assess the person's mood and overall wellbeing. This ensures that, should the medication have a negative impact, this can quickly be addressed. The doctor might suggest reducing the dose or finding an alternative medicine better suited to the individual's needs.

Side effects

All drugs can produce unwanted side effects in various degrees. These may vary from person to person. Sometimes, but not always, they can disappear completely with a lower dose or by switching to another medication.

Minor side effects could include feeling drowsy, dry mouth or a feeling of restlessness. However severe effects can be life threatening and include irreversible kidney damage, depression or unusual body movements, similar to those experienced by people with Parkinson's disease.

If you believe the medication you are taking is bringing about side effects, no matter how minor, you should bring it to the attention of your doctor. If the effects are severe, waste no time and make an appointment for the immediate future so you can find a more suitable dose or treatment.

People can be prescribed a combination of drugs. For example, an antidepressant could be prescribed in conjunction with an antipsychotic or mood stabiliser. These regularly complement each other. As a general rule, a variety of drugs under the same category are not prescribed except in special circumstances.

It is important to note that if you believe you may be pregnant, you should consult your doctor as some medications may have the potential to harm your baby.

Also, if you are on other medications you should make sure your doctor knows about all the drugs you are taking; problems with taking more than one medication at the same time are uncommon, but sometimes certain drugs do not mix together well.

Comparison of the effectiveness and side effects of medication

Antipsychotics

Antipsychotics work by correcting the chemical imbalance in the brain brought about by schizophrenia. There are two types - 'typical antipsychotics' which have been on the market for more than fifty years and 'atypical antipsychotics' which have only recently been developed.

The side effects of typical antipsychotics include stiffness, shakiness, restlessness and sexual problems due to hormonal change. Atypical side effects include sleepiness, slowness and weight gain. Nowadays, people are more often prescribed atypical antipsychotics, as they are very effective and have fewer and more manageable side effects. However, remember that all atypical antipsychotic medications are different, so if you experience problems please discuss them with your doctor.

Antipsychotic medication can be administered by tablet, syrup or injection. Injections are beneficial for those who forget to take medication or those with severe symptoms.

Other possible side effects linked with antipsychotic drugs may include blurred vision, heart problems, fits, extreme tiredness and diabetes.

Mood Stabilisers

These are used to treat mood disorders that are rapid and unstable. Disorders include 'bipolar disorder' where the stabilizers suppress swings between mania and depression, and borderline personality disorder. Most mood stabilizers are anticonvulsants, with the exception of lithium.

It is difficult to assess the side effects mood stabilisers have. This is because the make up of these drugs is quite different. Side effects vary from thyroid problems, nausea and excessive urination to depression.

How long does it take to work?

Antipsychotics can take up to six weeks before there is any noticeable effect.

• Reducing or stopping medication

While it can sometimes be a temptation to reduce or stop taking medication, especially during the recovery phase or when side effects are distressing, it is important to understand the real risks involved in doing so. Studies have concluded that four out of five people who stop taking their medications after a first episode of schizophrenia will re-experience symptoms.

Any decisions, therefore, to stop, change or alter the dosage of your medication should always involve your doctor. The type and dosage of medication needs to be determined individually for each person and may need to be altered several times until the right combination is achieved. A general rule of thumb is to find the lowest possible dose of medication that effectively reduces the symptoms and prevents recurrence. Although medication is the primary intervention offered, it should not be considered the sole treatment for schizophrenia. Rather, it should be used in combination with other therapies, such as talking therapies. Further details on such therapies can be found at www.recover.ie or requested from Schizophrenia Ireland.

4. How to get the best from your Psychiatrist

Medication forms a critical part of treatment for many people. It is important that you are aware of the name of your medication, the dose and why it has been prescribed. While medications are generally given in the form of tablets, they may also be given as liquids or injections.

Various medications can be prescribed for different reasons in different people. It is important to discuss the reasons for prescription with your doctor and nurse. Asking about your medication will help the doctor and nurse to understand your concerns about your treatment.

If you have questions to ask at the clinic, it is helpful to bring along your tablets and prescription to show to the doctor and nurse. It is also helpful to write your questions down and maybe ask a friend or family-member to come with you, as it can be difficult to remember all the answers to your questions. If your questions arise from specific books, leaflets or information from the Internet, it is helpful to bring these along to show to your doctor or nurse. This will help them answer your questions as best they can.

If you do not understand anything that is said, be sure to ask for more explanation. You can also ask for written information about your medication or diagnosis. This may not be available immediately, but can be sent on to you later.

It is important to remember that medications affect people differently: if you hear about a side-effect experienced by someone else who took the same medication, it does not mean you will get this side-effect. Similarly, if you hear that someone else with your condition benefited from a specific medication, this does not mean it is necessarily suitable for you. You should, however, feel free to discuss these concerns with your doctor or nurse.

After discussing their medication with a psychiatrist or community nurse, some people like to have a further discussion with their general practitioner (GP) or family doctor. Again, be sure to bring along your medication and prescription, and any information that has prompted your questions (e.g. printouts from the Internet). If necessary, your GP can get in touch with the psychiatrist for further information or support.

• Best ways to approach changing and reducing medication

A person's need for medication may change over time. When thinking about reducing or changing medication it is important to have a discussion with the doctor or nurse. Some medications can have withdrawal effects if they are stopped suddenly. These can generally be avoided if medication is reduced in a gradual fashion, in consultation with your doctor. If you experience withdrawal symptoms (e.g. anxiety) it is important to let your doctor or nurse know.

These symptoms may go away after a few days or it may be necessary to slow down the reduction or review the plan. Your doctor or nurse can help with this.

Similar symptoms can occur during changes of medication. Changes of medication are generally gradual and may involve slowly reducing your old medication and slowly increasing your new medication. There may be a 'wash out' period between the two medications (e.g. a period when you receive no medication) or the old medication may be reduced at the same time that the new medication is being introduced. This varies between different medications and your doctor or nurse will outline how this works for you.

If your medication is being changed at a psychiatry clinic, it is important that your GP knows about the change. You can ask your doctor or nurse to let your GP know or, if you are visiting your GP, you can let your GP know yourself. It is useful to bring along your new tablets and prescription to show the GP, who can also get in touch with the psychiatrist for further information or support, if needed.

• Getting a second opinion about diagnosis/treatment

If you want to seek a second opinion about your diagnosis or treatment, let your doctor or nurse know how you feel and your reasons for seeking a second opinion. If they cannot resolve your concerns, it may be helpful to discuss them with your GP. If you still seek a second opinion, you can request one through your psychiatrist, nurse or GP.

5. Negotiating Your Recovery

• Service user experiences that may have a positive impact

One of the most common issues for people who experience poor mental health is the absence of treatment options. Generally speaking, medication is the preferred option of most Irish psychiatrists, and in many areas is the only real choice available to users of the public health services.

Treatment choice is typically made by the psychiatrist and not by the service user. In a majority of cases this is entirely appropriate, given the low levels of information and knowledge possessed by most service users initially, and the accepted expertise of the prescribing physician.

Over a period of time, however, individuals who are using the mental health services may become more knowledgeable about their diagnosis and treatment. Many people will remain secure and satisfied with their ongoing prescriptions. For example, one service user recently described how he felt he would have been unable to manage his life without his medication. He discusses this at regular intervals with his psychiatrist and feels that he is in control of his medication. This is a completely satisfactory therapeutic alliance and developing such a relationship is positively beneficial to the individual service user.

Issues arise for a significant minority of mental health service users who may be dissatisfied with their continuing medication or, indeed, any aspect of their treatment. Some service users complain that in their experience, their psychiatrists assume a position of superiority, and that they are expected to be passive and compliant participants in their own treatment and care.

The national mental health policy, "A Vision for Change", calls for all mental health service users to be accepted as active participants in their care and recovery planning. For those with the type of positive relationship described in the first example, this is already occurring, but those with issues about their treatment may wish to seek changes in their contacts with their psychiatrist.

— Here are some strategies which other service users have found to be of assistance:

Become as knowledgeable as you can about your diagnosis and the medication that is being prescribed for you

This can be achieved in a variety of ways:

- You can simply ask your psychiatrist for more information. You could also ask your pharmacist. Information leaflets should accompany all prescriptions, and these should be carefully scrutinised.
- If there are words or technical jargon that you are not familiar with, look for a medical dictionary in your library. Try looking there for other appropriate books, or search for information on the internet.
- Find out if there are any voluntary organisations connected with mental health in your locality, and ask them for any relevant information that they may have. Your nearest Citizens' Information Centre should be able to pass on the details.
- Find out if your own mental health service has a local directory of all services that are available to you. There may be support groups nearby for people who have a similar diagnosis, and you will nearly always find someone there who has similar experiences to your own, and will be able to share any strategies that they found useful with you.
- Indeed you may discover someone who has used the same medication that is currently being prescribed for you. They may help with describing some of the "coping" strategies that they have tried, which can often help minimise the amounts of medication that is needed. Remember, medication is only one tool for addressing poor mental health.

Use the information that you gather responsibly

If you feel, after your research, that there are other types of treatment, or other medications that you would like to try, always discuss this with your psychiatrist before attempting any change. If you are planning to negotiate change with your psychiatrist, then it is important to prepare thoroughly for your meeting.

Take full responsibility for your own actions

Recovery is hard work, so don't make things more difficult by taking unilateral action. If you intend to reduce or stop taking your medication, tell your psychiatrist. Listen to the reaction and examine your options again. Negotiated change is nearly always better. If you feel you're up against a brick wall, ask for a second opinion.

Prepare for a meeting with your psychiatrist

- Set out your agenda for the meeting. Define your goals and how you intend to reach them.
- If side-effects of any medication are a problem, make a list of them, how often they occur, and with what degree of severity.
- Make a written schedule of how you intend to progress the meeting. This will ensure that you don't forget to say or mention something important to you.
- Be as specific as you possibly can. Keep a diary of events that you believe are associated with your condition or prescription.
- Write down a list of all your questions.
- Ask a friend or family member to run through a "mock" meeting. This will make you more comfortable and confident on the actual occasion.
- Take notepaper and a pen to the meeting and make notes of what is said. If you do not get the desired result, examining this afterwards may help you identify things that you might do differently the next time.
- Give a written copy of your questions to your psychiatrist, and a description of your preferred outcome.
- Ask a friend, family member or an advocate to accompany you to the meeting. They will prove a great support just by being there, though they may also talk on your behalf if you want them to.
- Be realistic in your aspirations. It is no good asking for an alternative treatment or therapy if it is not available in your area, for example.

Don't be afraid to admit to yourself that you may have made the wrong choice

Making mistakes is part of the normal learning process. If you start to feel unwell after an alteration in your treatment, go back immediately to your psychiatrist and tell them. Be prepared for a period of trial and error if you are attempting something different. Recovery is not a straightforward process, be prepared to settle for small gains, and periods where progress is slow or seems to have halted.

Be positive

If you employ these or other strategies in your relationship with your psychiatrist, you will inevitably be progressing.

— **These are only a sample of suggested ways of getting the best from your psychiatrist. You may think of others yourself, or may find suggestions in some of the materials that you research as you progress. Friends and other people who are willing to share their experiences with you will provide more avenues for action and sources of support.**

— **Medication and Psychiatry**

Service users are not unified in their approach and attitude towards medication and psychiatry. There are alternative viewpoints that are worth mentioning. Again, responsibility is the keyword. If you wish to find out more about the alternatives mentioned here, then make sure your source is a reputable one, and don't be afraid to discuss conflicting viewpoints with your psychiatrist.

Always discuss your treatment options with your physician

It cannot be stressed highly enough the fact that whatever you choose to think or believe, and no matter what treatment options you choose, you should always discuss them with your treating physician. Any reduction or discontinuation of medicine and drugs should always be done in collaboration with a competent physician, as severe withdrawal symptoms can occur.

There are different ways of thinking about medication

No tablet or capsule can be expected to do all the work. If we rely solely on our medication, we may end up in a position approaching "learned helplessness" where we leave all the effort to the drugs we use. Lethargy and inactivity can result, and recovery requires that we strive to improve our mental health through a variety of means.

Take control of your medication

You may feel there are times when you need to use it, and times when you don't. Again, discuss this with your doctor before taking action.

Psychiatrists are only one professional group dealing with mental health

They are a necessary first port of call, but you may wish to try alternative methods of treatment, for example counselling, cognitive behaviour therapy or other psychological treatments. Some people find that massage or aromatherapy is of great benefit. You may wish to try alternate treatments in conjunction with medication or instead of. Don't forget to talk about these options with your psychiatrist if you wish to try them.

Psychiatrists are not always right

There are many examples of people who have been misdiagnosed. Psychiatrists can be very busy, and sometimes have limited time available for consultation. Remember that they are not experts on everything, so if you wish to choose to try an alternative treatment, take some information about it with you to a meeting.

Your consent must be sought for any treatment that is offered to you

If you have any doubts about the medication or its side effects, you may wish to decline treatment. Ask what alternatives there are.

There are highly regarded people who challenge the entire concept of medicalising mental illness.

They also believe that poor mental health is not genetic or biological in origin, and consequently feel that medication is of little value.

— **Finally, perhaps the most positive messages that service users continually mention is how important it is to have a good relationship with your treating doctor. Like all other aspects of recovery, this can be hard work, and can take time to develop.**

6. Physical health and schizophrenia

Lifestyle and physical health advice

There is clear evidence to show that people with schizophrenia carry a greater risk of physical health problems than the general population. However given the proper advice and approach there is no reason why people with schizophrenia cannot live healthy lives.

There is an increasing level of awareness amongst psychiatrists that people with schizophrenia have a higher risk of physical health problems than the general population. Unaddressed, such physical health problems can lead to a reduced life expectancy. People with schizophrenia are less likely on average to seek out medical help and therefore a higher proportion of their illnesses can go undiagnosed and untreated, often for many years.

Medical problems in schizophrenia can be related to a variety of sources. As stated the illness itself can prevent people from going to their local doctor due to poor motivation, paranoia or other symptoms. Recent research has also examined the possibility of a link between schizophrenia itself and an increased risk of developing diabetes. People with schizophrenia can be more likely to lead unhealthy lifestyles with increased rates of smoking, alcohol and drug use. Poor diet and lack of exercise can also increase the risk of obesity and associated heart problems.

There is now a greater choice of medication for people with schizophrenia. The atypicals, or second generation of anti-psychotics, provide a better treatment option in terms of overall effectiveness with a reduction in movement disorders, but have the potential for other adverse effects. These can include weight gain, an increased risk of a late onset diabetes (named Type 2 Diabetes Mellitus), increased prolactin levels which can cause sexual problems and lipid abnormalities leading to an overall risk of what is described as metabolic syndrome. Metabolic syndrome, otherwise known as syndrome X, is a syndrome identified by a cluster of risk factors for heart disease and has been associated with an increased risk of diabetes. If you experience any of these side-effects you should discuss them with your doctor.

Psychiatrists have a central role in initiating antipsychotic medication, monitoring the potential adverse effects and offering advice on the need for switching to a different medication where necessary. It is important that psychiatrists work in collaboration with the person and their carers/relatives in order to improve understanding of the prescribed medication and how potential adverse effects can be minimised. By providing clear information we can help to ensure that people with schizophrenia and their carers feel better equipped to confidently manage potential difficulties and to seek out professional help if and when required.

It is important to intervene as early on as possible in the treatment of schizophrenia in order that people receive appropriate advice on diet and lifestyle and are aware of the potential adverse effects of medication which can impact on their physical health. It is also important that people with schizophrenia can easily access health checks and engage in healthy lifestyle programmes in order to address any unhealthy lifestyle habits. Carers/relatives should be involved where possible in order to ensure that they understand the importance of improving lifestyle habits and the need for ongoing physical health checks.

There is now an increasing recognition that it is no longer sufficient to simply manage the mental health problems of people with schizophrenia – it is also necessary to engage them in health screening and offer advice on diet and exercise. A more holistic approach needs to be adopted, and healthcare professionals must work alongside service users, carers and relatives to address both the physical and mental health needs, and in doing so offer people with schizophrenia a longer life expectancy and a better quality of life.

As stated from the outset, given the appropriate advice and approach there is no reason why individuals with schizophrenia cannot lead long and healthy lives.

7. Lifestyle choices and positive mental health

Actions and choices that have been effective for others

There is a growing body of opinion that mental health is not solely an internal matter. That is to say, it is not necessarily an internal imbalance in the individual, but also depends upon external factors in their environment. People who experience poor mental health can adapt to stressful environments by establishing strategies for coping with events and situations in their daily lives that otherwise might increase the likelihood of poor mental and physical health.

As the World Health Organization says (*WHO Resource book on mental health 2005*), “mental health for each person is affected by individual factors and experience”. If we accept this, then improving each individual’s experiences is likely to have a positive impact on their mental health and well-being.

Many people have developed their own strategies for coping with poor mental health, and perhaps the most important part of developing these is accepting that we are all different and need to find out exactly what suits us best as unique individuals. Engaging in this process is itself likely to bring positive benefits in terms of feelings of empowerment, of being in control of our own lives, and in accepting responsibility for our own mental health. For many people, these are the ways in which they find meaning and hope in their lives, both essential prerequisites for recovery.

Some people have found it useful to have a ‘daily checklist’ to help them identify their needs, especially their emotional needs in order to avoid becoming unwell or distressed. This may include actions that have a positive component, things that you ought to be doing, for example:

- Talking to people you can trust about the way that you feel.
- Making sure you engage in at least one daily physical activity, perhaps going for a walk, or just doing something active that you enjoy, painting or writing for instance.
- Eating and drinking sensibly, and if possible get advice on nutrition.
- Keeping in touch with your friends.
- Asking for help and support if you think that you need it.
- Taking a break and relaxing at regular intervals in your day.
- Recognising your own limitations, and striving to improve your own patience and understanding.
- In short, doing things that will help you to feel good about yourself and who you are.

There will also be things that you will want to avoid. Different people find different situations stressful. Find out what causes you to suffer anxiety and unease and try to avoid these situations. Be aware that there will be times in your life when you are likely to be especially vulnerable, when a close friend or relative dies, for example, or if you are in a relationship that is going through a bad patch, or if you have recently moved home or are starting a new job.

If you find that you are feeling insecure and afraid that you may be especially vulnerable, try to engage natural resources like family and friends to help by providing support, understanding and common sense suggestions. Take care of your physical health. Be aware that there are often long-term physical health problems associated with certain medications. Have a regular physical check-up.

Join mental health support groups in your area and ask what other people have found useful. There is a wealth of practical knowledge that can be gained from other people’s experiences of struggling with their own mental health issues. They may have ideas and strategies that you can use or adapt.

If you do even a few of these things you will find that you are building your own inner resources that you can call on in times of possible crisis. You will also build valuable external resources and supports, people who will be there when you need them, and services that you can choose when to use. You will, in fact, be building towards recovery, which can be defined not so much as a process whereby you try to become “normal”, but more as a journey towards finding yourself and becoming comfortable with the person that you are.



When and where can you start?

Start **now**. Start **anywhere**.
Only **you** can make it happen.



About the Authors

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John Redican is the Chief Executive of the Irish Advocacy Network, which provides peer advocacy services to people with mental health issues. He believes that a loss of citizenship rights often accompanies a diagnosis of mental illness, and that people should be supported in speaking out for themselves to reclaim their rights.

Dr Helen L Millar

Dr Helen Millar is a consultant psychiatrist who has trained in both General Adult and Forensic Psychiatry across the UK. Dr Millar is currently the Lead Clinician of an Intensive Psychiatric Care Unit in the Carseview Centre, Dundee and covers inpatient care of a deprived catchment of 45 000 linked to a community mental health team. With a keen interest in clinically based research, Dr Millar is involved in clinical trials focusing on patient preference and effectiveness of antipsychotic medication. Dr Millar's area of interest is the physical wellbeing of psychiatric patients and the adoption of a more holistic approach to the care of patients with severe and enduring mental illness. To reflect her commitment to the wellbeing of these patients, Dr Millar has developed a health screen clinic over the last 5 years to monitor the cardiovascular and metabolic risk factors associated with people suffering from Schizophrenia and prescribed antipsychotic medication. The Health Screen Programme also offers a range of healthy lifestyle interventions, including a football team with its own coach and league across Scotland. Dr Helen Millar also acts as an advisor and speaker for the World Federation for Mental Health.

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