

Carers Information Sheet 19A

Mental Health Problems—Additional Information

Section 117 After care

All 'service users' receiving care and support from specialist mental health services (e.g. psychiatrists, community psychiatric nurses (CPNs), social workers, etc) are covered by Section 117 After Care, and subject to CPA. This means that they are entitled to a thorough assessment of their health and social needs with particular priority given to patients with severe and enduring mental illness. A Care Plan should be produced with members of the multi – disciplinary team, including the GP, the service user and carer.

Pharmacotherapy/psychological intervention

Psychiatric drugs make up a quarter of all the medication prescribed through the NHS. These are drugs that aim to treat mental health problems. They work by altering the chemistry of the brain, and affect people's mood and behaviour. There are a wide variety of psychiatric drugs available, with different types used to treat different forms of mental health problems.

The law says that people have the right to make an informed decision about which treatment to have, and whether or not to accept the treatment a doctor suggests. To consent properly to treatment, people need to have enough information to understand the nature of any treatment and its risks and effects, including its chances of success and any alternatives available.



Treatment can only be given without consent if a person is detained in hospital under the Mental Health Act 1983. Psychiatric drugs can be given for three months, but then an independent doctor must consider whether this treatment should continue or not. This doctor is sent by the Mental Health Act Commission (MHAC) and is called a Second Opinion Appointed Doctor (SOAD).

Antidepressants

If your depression is severe or goes for long time, your doctor may suggest the taking of antidepressants. These are not tranquillizers, although they may help you to feel less anxious and agitated. They can help people with depression to feel and cope better, so that they can start to enjoy life and deal with their problems effectively.

Anxiolytics (Minor Tranquillisers)

These drugs are used in the treatment of anxiety; but are sometimes also used to treat other conditions such as panic attacks, insomnia, and acute alcohol withdrawal.

Benzodiazepines work by calming the activity of the brain. They act on all parts of the brain, including areas responsible for rational thought, memory, emotions, and essential functions such as breathing. They can be very effective in alleviating the psychological symptoms of anxiety; however, long-term use should be avoided as there is a high risk of developing dependence.

Beta-blockers can be effective in treating the physical symptoms of anxiety such as palpitations and tremor. They may, however, be of no benefit in treating people experiencing predominantly psychological symptoms of anxiety. Beta-blockers are frequently prescribed together with short-term benzodiazepine treatment

Antipsychotics (Neuroleptics / Major Tranquillisers)

Antipsychotic drugs are used primarily in the treatment of schizophrenia and psychosis; but are also used in the treatment of mania. Occasionally antipsychotic drugs are prescribed as a short-term treatment of extreme anxiety or dangerously impulsive behaviour. Antipsychotic drugs can be effective in controlling the symptoms of psychosis - they can lessen delusions, hallucinations, incoherent speech and thinking, and reduce anxiety, confusion and extreme agitation. The drugs can be useful in treating paranoia by making the person feel less threatened, and can help reduce violent, disruptive and manic behaviour.

Most antipsychotic drugs have a sedative effect, meaning they can be used to tranquillise a person, without impairing consciousness. It is believed that they affect a chemical in the brain called dopamine. Dopamine is a neurotransmitter that carries signals between brain cells. The drugs slow down the signals between brain cells, which are believed to be too frequent when people are experiencing psychotic or manic states.

Mood Stabilisers (Antimanic drugs)

Mood stabilising drugs are used primarily in the treatment of manic depression, also known as bipolar disorder. These drugs aim to control acute attacks of mania and also prevent their recurrence. They can prevent the extreme swings of mood from high to low that are characteristic of manic depression. It is not really known how mood-stabilising drugs work. It is thought that they may alter the way that nerve cells respond to some of the chemicals that pass messages between them. New data suggests that lithium may calm overexcited areas of the brain and preserve the life of brain cells whose presence guards against manic depression. Research has also found that lithium protects brain cells from being over-stimulated by glutamate, one of the many chemicals that transmit messages in the brain.

MEDICATION SIDE EFFECTS

All drugs have the potential to cause unwanted side-effects. Some people who are prescribed these drugs stop taking them because of distressing side-effects. People who are already experiencing the distressing symptoms can find it hard to tolerate the adverse effects of medication.

Although there are many potential side-effects from the various drug therapies listed above not everyone will experience adverse effects and some people may find these to be a minor inconvenience when weighed against the benefits drug treatment can bring. If your cared for person experiences significant side-effects, it is important that they discuss their concerns with their doctor. Drugs may affect people differently, what works well for one person may not for another. It may be that the doctor could try a different drug that may not have adverse effects. Alcohol and recreational drugs should be avoided as they can interact with the medication or cause it to be less effective.

When someone is prescribed medication, the pack should contain a patient information leaflet. It is important to read this leaflet as it contains essential advice about the ingredients of the drug, the correct dosage levels, how and when to take it, possible unwanted

side-effects from the drug, potential interactions with other drugs, and whether there may be any risk of developing dependence or any withdrawal symptoms. If you are unclear about any of the information contained within the leaflet, you can ask your pharmacist. Pharmacists have specialist knowledge about drugs, and are usually happy to take some time to discuss any concerns.

OTHER TREATMENTS

ECT (electro-convulsive therapy)

ECT is used primarily in the treatment of longstanding severe depression, but it is also occasionally used to treat mania, schizophrenia and post-natal depression. ECT is not effective in all cases, but when it does work it tends to work very quickly. In ECT a series of brief, high-voltage electric pulses are passed through the brain triggering a form of seizure or fit. The procedure is carried out under a general anaesthetic, and muscle relaxants are administered. It is unclear how ECT actually works, but it is thought that it changes the way in which brain cells respond to chemical messengers in the brain, possibly by actually causing minor brain damage. Most people are treated with a course of between four and eight sessions of ECT.

If there has been no significant improvement after eight sessions the treatment is usually discontinued.

TALKING THERAPIES

Talking therapies (TTs) are a psychological method of relieving emotional distress and helping people to change their attitudes or behaviour patterns. They work by providing you with an opportunity to explore issues with a trained professional, gain a better understanding of yourself, and develop coping strategies in order that you can lead a more positive lifestyle.

TTs alone can be effective in treating mental health problems for some people, for others a combination of talking treatments and drug treatment may be the most effective treatment. Drug therapy tends to work by treating the symptoms of a mental health problem, whereas TTs aim to address the underlying causes of

the problem.

When are TTs suitable?

Psychological treatments can help if you are experiencing anxiety, panic attacks, obsessions, phobias, depression and also other less serious illnesses, where you do not lose touch with reality. The aim is to examine, with the therapist's help, possible origins of your problems and to gain understanding which may help you to overcome your illness.

In treating schizophrenia, manic depression or other major mental health problems, TTs can have a very valuable role in association with antipsychotic drug treatment by helping to overcome some of the consequences of the illness, for example by improving social skills, or by coming to terms with things that cannot be changed. However the person in need of help must be at the right stage in their illness for the talking therapy to be effective. They must be aware that they are ill and be able to be involved in their own treatment.

Counselling

Counselling can help someone make sense of their life and resolve specific problems. It can also help people make decisions, deal with mental health problems and many other issues affecting emotional and mental well-being. Counselling is provided in a safe environment and the content of what you talk about should be kept confidential. The aim of the counsellor is to help you, and they can do this in many different ways. They may just listen, as you speak about your problems and help you put your thoughts in order. The counsellor will not tell you what to do, and you will be left to make your own choices. Some counsellors, however, may go through a whole list of options, and examine the pros and cons of each option, so that you can make informed decisions. Counselling is generally face-to-face, but can also take place over the telephone or via e-mail. Counselling may be offered as a one-off session, for a limited period of weeks, or on an ongoing basis for several months or years. There are many different sorts of psychotherapy available, some of which are very effective.

tive for people with mild to moderate depression. Cognitive therapy helps people overcome the negative thoughts that can sometimes be the cause of depression. Interpersonal and dynamic therapies can be helpful if you find it difficult to get on with other people.

HOW DO TALKING THERAPIES WORK?

Cognitive behaviour therapy (CBT)

CBT combines two very effective kinds of psychotherapy — cognitive therapy and behaviour therapy. Behaviour therapy helps you weaken the connections between troublesome situations and your usual reactions to them, such as fear, depression or rage, and self-defeating or self-damaging behaviour. It also teaches you how to calm your mind and body, so you can feel better, think more clearly, and make better decisions. Cognitive therapy teaches you how certain thinking patterns are causing your symptoms — by giving you a distorted picture of what's going on in your life, and making you feel anxious, depressed or angry for no good reason, or provoking you into ill-chosen actions. When combined into CBT, behaviour therapy and cognitive therapy can provide you with very powerful tools for stopping your symptoms and getting your life on a more satisfying track. CBT is normally practiced by psychologists, and is most often offered in the form of a series of weekly sessions for a period of 8 – 12 weeks.

Psychotherapy and psychoanalysis

Psychotherapy and psychoanalysis are processes of discovery that aim to eliminate or control mental or emotional distress. They also can be used to help a person overcome a specific problem or to stimulate overall emotional growth and healing. In regularly scheduled sessions - usually 45-50 minutes in length - a person works with a therapist to identify, learn to manage and, ultimately, overcome emotional and mental problems. Psychotherapy and psychoanalysis are active processes requiring concentration, energy, and commitment by both parties. You may agree a particular timescale for therapy with your therapist, for example 8 weeks, or the therapy may be open-ended and continue for several years.

Group therapy

In group therapy approximately 6-10 individuals meet face-to-face with a trained group therapist. Interaction between group members is highly encouraged and provides each person with an opportunity to try out new ways of behaving; it also provides members with an opportunity for learning more about the way they interact with others. It is a safe environment in which members work to establish a level of trust that allows them to talk personally and honestly. Group members make a commitment to the group and are instructed that the content of the group sessions are confidential. It is not appropriate for group members to disclose events of the group to an outside person. When people come into a group and interact freely with other group members, they usually recreate those difficulties that brought them to group therapy in the first place. Under the direction of the group therapist, the group is able to give support, offer alternatives, and comfort members in such a way that these difficulties become resolved. During group therapy, people may begin to see that they are not alone and that there is hope and help. It can be comforting to hear that other people have a similar difficulty, or have already worked through a problem that deeply disturbs another group member.

Relationship counselling and family therapy

During a lasting relationship, a couple can face a series of important decisions and turning points. For example, whether to get married, how to adjust to pregnancy and the birth of a baby, problems with health, sexual issues, work-related issues and problems as the couple grow older. Relationship counselling enables the couple to examine and decide how best to cope with these difficulties in a private and safe environment with the help of professional counsellor. The ending of a marriage or a long relationship is generally a slow and painful process. Counselling can help people going through this to overcome emotional difficulties and develop the confidence to rebuild their lives. Particular emphasis is placed on helping parents achieve stable and

workable arrangements for their children. Family therapy works in the same way, only with the entire family attending.

Support Groups

Support groups are a way of empowering people to help themselves, and others, on the path to recovery. Participation in a support group can end the painful isolation of suffering alone with a mental health problem that is disruptive and debilitating for the individual and those people around him/her. An effective group will help members achieve recovery through mutual support as well as provide them with updated information about causes and treatment, eliminating some of the myths and stigma about mental illness.

Self-help groups

Many people find it helpful to meet other people in a similar position. It can be very useful to share experiences with other people who may be going through the same thing you are. There are opportunities for mutual support, and you may get ideas of what things other people have found helpful to them. Above all, it is an opportunity to help you realise that you are not alone in how you are feeling.

How to access such help

If you feel you as the carer or your cared-for person may benefit from a TT, speak to the Care Co-ordinator or to your GP, who should be able to refer you to an appropriate service. If not, Carers Lewisham offers 1-to-1 counselling for [carers](#). Contact a member of Carers Lewisham staff that you know, or the counselling co-ordinator, on 020 8699 8686 (or e-mail info@carerslewisham.org.uk).

SOME USEFUL DEFINITIONS EXPLAINED

CONFIDENTIALITY

The *Royal College of Psychiatrists* say that the sharing by professionals of an appropriate level of information with carers is often crucial for the well-being of the carer and the cared for person. Failure to do so may have serious practical, financial and personal effects on both

the carer and cared for person.

Good practice from professionals means that they should ask the cared for person and you the carer whether or not you would like information shared with the other person/s. With the cared for person this should be done whilst they are well. If the cared for person is adamant that information must not be shared with their carer, the professional must listen to what they say. However this does not stop the professional from sharing basic information with the carer, particularly regarding any matters which may have an impact on the carer or cared for person's safety; or when the latter's refusal to agree to sharing is a symptom of their illness AND clearly contrary to their wellbeing.

Department of Health guidance says that issues of confidentiality must not be used as a reason not to talk to the carer or encourage the cared for person to share information with their carer. Carers must be given sufficient information to support them to care. As a carer **YOU** also have the right to have your information dealt with by the professionals in a confidential manner.

Complaints.

If you have any problems with confidentiality, or are unhappy about the way you or your cared for person have been treated by mental health services, you have the right to make a complaint. Try firstly discussing the problem with your care co-ordinator or their manager. Failing that, you can contact the SLAM Patient Advice & Liaison Service (PALS) on tel. **0800 7312864** e-mail pals@slam.nhs.uk Or phone Carers Lewisham Help Line.

ASSESSMENT & DETENTION

The Mental Health Act (1983) is intended to help doctors assess & treat patients who may have a psychiatric disorder. Under the Act, patients can be "sectioned", or detained against their will, and sometimes given treatment—but only if necessary, and after reasonable attempts to treat them at home, or agree a "voluntary" admission to hospital have failed.

Who can be detained ?

People with different types of defined "mental disorder" can be admitted to hospital against their will under the Act. These include those with "severe mental impairment", "psychopathic disorder" or "mental illness".

What happens during the sectioning process?

A patient can be sectioned if they are perceived to be a danger to themselves or other people. Generally, a patient can only be sectioned if two doctors and a social worker or a close relative of the patient believe it is necessary. One of these doctors is usually a psychiatrist. The other is often a doctor who knows the patient well. However, in an emergency one doctor's recommendation may be sufficient. An approved social worker also has to be involved in the assessment, and has to agree that being sectioned is the best course of action for that patient. The social worker then makes the application for a place in psychiatric hospital for the patient. Sectioning a patient enables doctors to assess the extent of the patient's mental disorder and, if necessary, to administer treatment.

How long can patients be detained?

If a patient is sectioned as an emergency case, then they are said to be detained under section 4 of the Mental Health Act. This enables doctors to detain them for up to 72 hours. If doctors believe that further assessment or treatment is necessary, then the patient can be detained under section 2 of the Act. This means that they can be admitted to hospital and detained for up to 28 days to undergo a full psychiatric assessment. At the end of the 28-day period, if the medical recommendation is for the patient's stay in hospital to be extended, a further six months can be given under section 3 of the Act.

A patient can be discharged from hospital at any time if doctors believe they are no longer a risk to themselves or anyone else.

What rights does the patient have ?

Some treatments can be given to people detained un-

der various sections of the Act, even without their consent. This is possible if the treatment is believed absolutely necessary to prevent the patient's condition deteriorating while they are in hospital. Some more powerful treatments and operations, however, require an additional court order under the Act. These include any operations which destroy brain tissue or aim to stop parts of the brain functioning - such as a lobotomy - and the surgical implantation of sex hormones in order to reduce the male sex drive.

Can a patient or his or her relative appeal against detention?

Every patient should have a named "responsible medical officer" who has a duty to keep an eye on progress. In addition, the patient themselves can appeal for release to the NHS trust which is detaining them. The "nearest relative" also has a right to "order the discharge" of a patient. However, doctors can block this by producing evidence that the patient still represents a risk to the public or him/ herself. If this happens, the relative cannot try again for another six months. Finally, there is a right of appeal to the Mental Health Review Tribunal, which can order discharge after a formal tribunal hearing. However, there have been frequent complaints that this process is extremely slow-moving.

Nearest Relative/next of kin

The rights of a carer can be quite different to those of a 'nearest relative' or next of kin'. A carer may be the next of kin nearest relative, but they could be someone else entirely and legally have quite different meaning, see below:

Nearest relative and next of kin are often confused. In the Mental Health Act 1983 'nearest relative' has clearly defined criteria and a legally defined role. Below is the listing of blood relatives defined in the Act in their hierarchical order as follows:

- Husband or Wife
- Son or daughter
- Father or mother
- Brother or sister
- Grandparent
- Grandchild

Uncle or aunt

Nephew or niece

Nearest relative is an important concept within the mental health act and can be a 'safety net' for a patient in respect of various legal powers. This definition particularly comes into play when someone is being compulsorily admitted to psychiatric hospital without their agreement (sectioned).

'Next of Kin' is normally someone the patient may regard as his/her nearest relative. However this may be someone who would not come under the legal classification as defined in the mental health act.

Other Support Services for Carers

Monthly Drop in/Advice sessions

Carers Lewisham runs a monthly drop in /advice session for carers of people with mental health problems. This takes place on the 1st Wednesday of the month 10:30—12:30 at the Carers Centre. For more information ring Jey at Carers Lewisham.

Mental Health & Families Support Group

The group takes place every last Tuesday of the month, 5:30pm to 7:30 pm at the Compass Centre, Watsons St, Deptford. SE6 4AU

Useful Organisations:

Building Bridges Project— Family Action

Support for families with mental health issues. Provide activities and practical support for the whole family. They also run support groups and a women's drop—in, counselling.

219 Stanstead Road. Forest Hill, SE23 1HU

Tel 020 860 4422

Cassel Centre

Counselling service for those who live and working Lewisham. It offers counselling, family therapy and psychotherapy.

Tel: 020 8291 3436

4 Waldram Park Rd, Forest Hill, SE23 2PN

Isis

Advice and information on mental health services for African and Caribbean people. Welfare rights and benefits advice. Self-help group for users and carers. Tel 8695 1955

183–185 Rushey Green, Catford, SE6 4BD

Rethink

Information & advice for anyone dealing with severe mental illness. Tel 0845 456 0455



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