## **Keeping Mentally Well**







#### **Positive Mental Health**

Mental health is feeling good about yourself.

It's about being able to cope with everyday life and cope when things go wrong.

Having people to talk to.

Exercise can make your mental health better.

(This image is supposed to be about having friends and family around you not about being lazy or people talking behind your back).

#### Do you have

Contact with friends and families?

The chance to make choices about your life?

A voice in the plans for your future?

Access to good information about your choices and plans?

As much independence as you want?

The respect of those who support you?

Good physical health (or support with your health and a health action plan)?

Support with any medication you take?

Enough sleep?

A good balanced diet?

## **Keeping Mentally Well**



Access to good housing?

Access to education or work?

Access to leisure and social activities?

Money (and maybe a budget of your own)?

#### Can you

Talk to people about your feelings?

Ask for help when you need it?

#### Do you make sure you

Do not drink or smoke too much?

#### What can others do to help?

Know the person.

Be there.

Listen.

Talk.

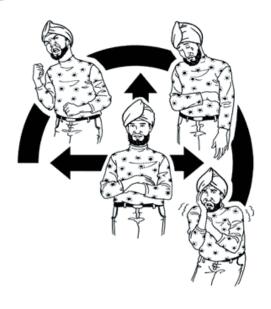
Ask open questions (not ones with yes/no answers).

Be aware of other cultures and communities.

Be aware of roles and boundaries.

# Possible Signs, Symptoms and Changes of Mental III Health





#### **Potential Changes**

When things go wrong.

Some signs that things are changing.

New things happening to a person.

Getting better and feeling well again.

#### **Changes**

In appearance (unclean or same clothes every day).

To their 'normal' behaviour.

To the persons body and daily routine.

To their thinking and feelings.

To the persons actions.

#### **Problems with**

Sleep.

Fixations with people or objects.

Feelings of being threatened (without a cause).

## Have you considered?







#### **Challenging Behaviour**

Noisy, loud, shouting, swearing, pushing, hitting, frightening.

People find the behaviour hard to deal with.

Might be lots of reasons people behave like this.

#### Have you considered:

That the individual may be autistic?

The possible causes of challenging behaviour that may not indicate a mental health issue?

That the individual may have epilepsy?

Have you considered the person's ethnicity and how their cultural needs are being met?

Does the individual have good physical health?

The possible causes of the individuals attempts to self harm?

Any possible issues with hearing/vision or other impairments?

Any issues with change/transition? (These may be previous changes or transitions.)

## Are you concerned about someone?







#### **Information for Individuals**

Sometimes information is hard to understand.

Sometimes doctors do not tell you what you want to know.

Information needs to be clear for us.

#### Have you:

Seen possible signs of mental ill health?

Considered that it might be another related issue?

Talked to others about your concerns?

Made a referral to a medical professional?

Gathered all the information a medical professional may need for any appointment?

Kept the individual informed and supported throughout the process?

#### Are you:

Helping them to keep mentally well?

Keeping a written record of your concerns (and times and dates)?

## What information can you give a medical professional that will help?







### **Overshadowing**

Professionals miss things because of learning disability.

Professionals not thinking about things because of learning disability.

Symptoms are thought to be part of a learning disability not something else.

Helps if you make a list before an appointment.

Current circumstances (where they live, who with, work/college, support around them).

Current health and medical history (physical ill health, any disease, sleep patterns, weight loss or gains).

Life events (any history of abuse/institutionalisation).

Age of diagnosis of learning disability (and how the diagnosis was given and received).

Childhood milestones (when the individual sat/walked/talked).

Family history (of learning disability, mental ill health, epilepsy, autism).

The highest point of their functioning (when they were at their most able).

## **Appointments**







(This image is not supposed to be a man being rude – putting his hand up and ignoring the lady)

#### **Talking therapies or Counselling**

Counselling.

Talking to somebody.

Can be doctor or psychiatrist.

Someone who talks to help you.

These are therapies that can help people with mental health problems.

The person meets with a therapist to discuss their problems.

The therapist helps the person understand and solve their problems.

People knew the term counselling but not the term talking therapy.

#### **Before any appointment**

#### Check:

Is it possible to have a home visit?

If not is it possible to have a pre assessment visit to the hospital?

Is it possible to have a specific appointment time that would suit the individual?

Is it possible to discuss the individual's communication needs before the appointment?

Write down the questions you want to ask and the information you or the medical professionals may need?

# Checklist: **Appointments**



#### **During any appointment**

Ask questions.

Check the individuals and your understanding.

Ask what are the best treatments available.

Do not expect a mental health 'cure' from professionals.

#### After any appointment

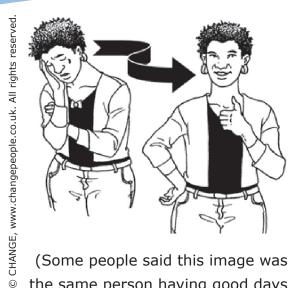
When will any results be available.

Are there any further tests or appointments.

Are there any local or national sources of support.

### Is there a crisis?





(Some people said this image was the same person having good days and bad days rather than 'recovery')

#### Recovery

Getting better.

Feeling well again.

Getting over it – back to your normal self.

Feeling good about yourself.

Going from sad to OK.

Mood change.

Long time to recover.

'On the road to recovery'.

Look for warning signs.

Assess the risk of harm.

Listen.

Re-assure and give information to the individual.

Get professional help.

Provide self-help stategies.

Find out who can help - Find information - local and national.

Acknowledge the crisis (don't try and hide it).

React – do not assume someone else will deal with it.

#### BE POSITIVE – people will recover

## Making a referral







(The image is not supposed to be of a homeless person)

#### **Mental Illness**

Difficulty in coping with everyday life.

Person will be different from what they are normally like.

Confused, lonely, sad, unhappy, worried, depressed.

Sometimes other people can be unkind because they do not understand.

Lots of professionals will be able to help

Mental health services across the country have different ways to access them. These are some suggestions.

#### Via:

The persons GP.

The persons health practice/surgery.

Local hospital/mental health service.

The local Community Learning Disability Team.

Direct referral.

A drop-in or outreach centre.