

**IMPORTANT
INFORMATION THAT
WE SHOULD ALL
KNOW BEYOND
MENTAL HEALTH
AWARENESS**

*synthesized by
project lets*

National Guidelines & Ethics For Peer Supporters

- 1.** Peer support is voluntary
- 2.** Peer supporters are hopeful
- 3.** Peer supports are open minded
- 4.** Peer supporters are empathetic
- 5.** Peer supports are respectful
- 6.** Peer supporters facilitate change
- 7.** Peer supporters are honest and direct
- 8.** Peer support is mutual and reciprocal
- 9.** Peer support is equally shared power
- 10.** Peer support is strengths-focused
- 11.** Peer support is transparent
- 12.** Peer support is person-driven

RED FLAGS IN PSYCHIATRISTS



- They do not like that you research your disorder/s and treatment/s
- They do not explain the reason/s behind certain treatment/medication that they are prescribing you
- They are reluctant/refuse to let you access your medical records
- Their first response to symptoms is medication without any talk therapy
- They say they “don’t believe in therapy/medication”
- They give you over a month's worth of pills for addictive medications
- They insist on seeing your parent/legal guardian without you being present
- They tell you that there are no other treatment available if you complain about your current treatment/medication not working/having unmanageable side effects
- They diagnose you without explaining how they came to that diagnosis, what it entails, and which treatments you have at your disposal
- They fall asleep during a session
- They assure you that you cannot have [insert disorder here] because you are too young/wealthy/poor/fat/skinny/smiling/old/
- They tell you that you obviously do not want/are not ready to get help
- They insist on you continuing to take a medication despite the side effects very negatively affecting you (For example: If you are recovering from an ED and you get the “gaining weight” side effect and that is very triggering to you)
- They are flippant about/disregard your feelings
- They insist on you taking a medication you don’t want to take, ever
- If they say things that demonstrate a clear misunderstanding of basic mental illness (“you seem too cheery right now to be depressed”, “personality disorders are for serial killers”, etc)
- They are quick to involuntarily hospitalize
- They blame your low points on your “behavior” or “attitude” and attribute your high points to medications
- They share “funny” anecdotes with you about their other “crazy” patients
- The meds they give you leave you feeling drugged and out of contact with reality and they don’t seem concerned or, worse, consider this a good thing
- They are avid supporters of hospitalization
- They start you on a high dose of a medication or let you choose your dosage

ABLEISM

Ableism is a form of systemic discrimination and oppression; The false idea that disabled people are by default, inferior. When in truth, disability is just another way for a mind and/or body to be.

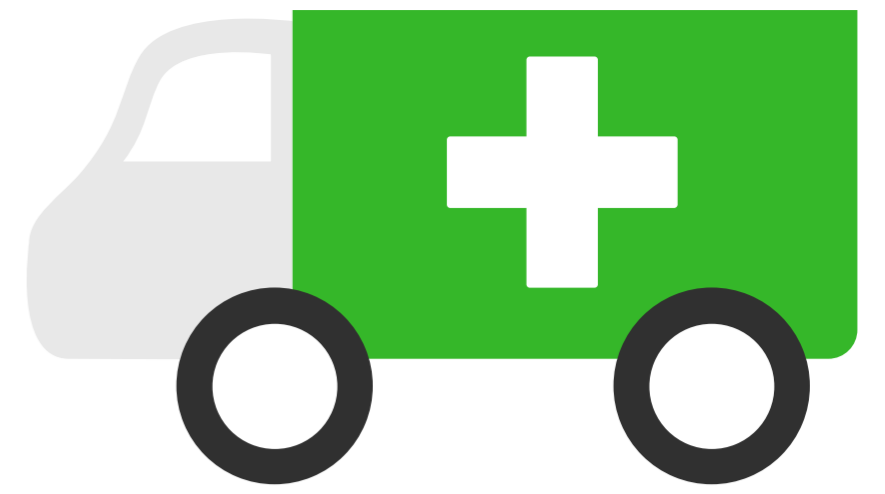
SOCIAL MODEL OF DISABILITY

The social model views disability as caused by the society in which we live and is not the 'fault' of an individual disabled person, or an inevitable consequence of their limitations. Disability is the product of the physical, organizational and attitudinal barriers present within society, which lead to discrimination. The removal of discrimination requires a change of approach and thinking in the way in which society is organized.

MEDICAL MODEL OF DISABILITY

The medical model holds that disability results from an individual person's physical or mental limitations, and is largely unconnected to the social or geographical environments. The medical model places the source of the problem within a single impaired person, and concludes that solutions are found by focusing on the individual. In simplest terms, the medical model assumes that the first step solution is to find a cure.

NAVIGATING CRISES



1. Work in Teams

If you're trying to help someone in crisis, coordinate with other friends and PMHAs to share responsibility and stress. If you're the one going through crisis, you may want to reach out to multiple people whom you trust. Human connection can be very healing for a crisis. The more people you have to support you, the easier the process will be and the less you will exhaust your support system.

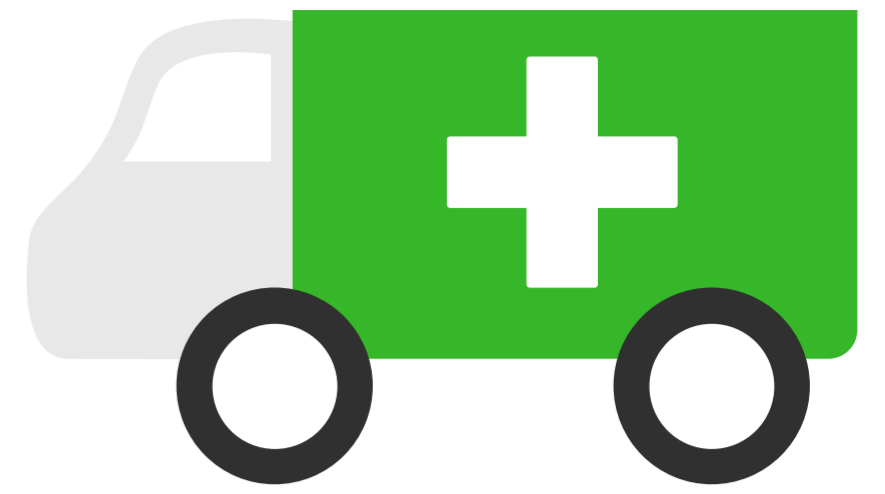
2. Try Not to Panic

Crisis can be made a lot worse if people start reacting with fear, control, and anger. **Study after study has shown that if you react to someone in crisis with caring, openness, patience, and a relaxed and unhurried attitude, it can really help settle things down.** Keep breathing, take time to do things that help you stay in your body like yoga and taking walks, be sure to eat, drink water, and try to get sleep.

3. Be Real About What's Going On

When people act weird or lose their minds, it is easy to overreact. It's also easy to underreact. If someone is actually seriously attempting suicide or doing something extremely dangerous like lying down on a busy freeway, getting the police involved might save their life. But if someone picks up a knife and is walking around the kitchen talking about UFOs, don't assume the worst and call the cops. Likewise, if someone is cutting themselves, it doesn't always mean they're suicidal. People cut for a variety of reasons, most of which are deeply personal and incapable of being understood through diagnosis. Sometimes people who are talking about the ideas of death and suicide are in a very dangerous place, but sometimes they may just need to talk about dark, painful feelings that are buried. **Use your judgment, and ask others for advice.** Sometimes you just need to wait out crisis. Sometimes you do need to make the difficult decision to take action to try to interrupt a pattern or cycle.

NAVIGATING CRISES



4. Listen to the person without judgment.

What do they need? What are their feelings? What's going on? What can help? Sometimes we are so scared of someone else's suffering that we forget to ask them how we can help. Beware of arguing with someone in crisis: their point of view might be off, but their feelings are real and need to be listened to. (Once they're out of crisis, they'll be able to hear you better). If you are in crisis, tell people what you're feeling and what you need. It is so hard to help people who aren't communicating.

Mental illness is not equal to crisis is not equal to suicide.

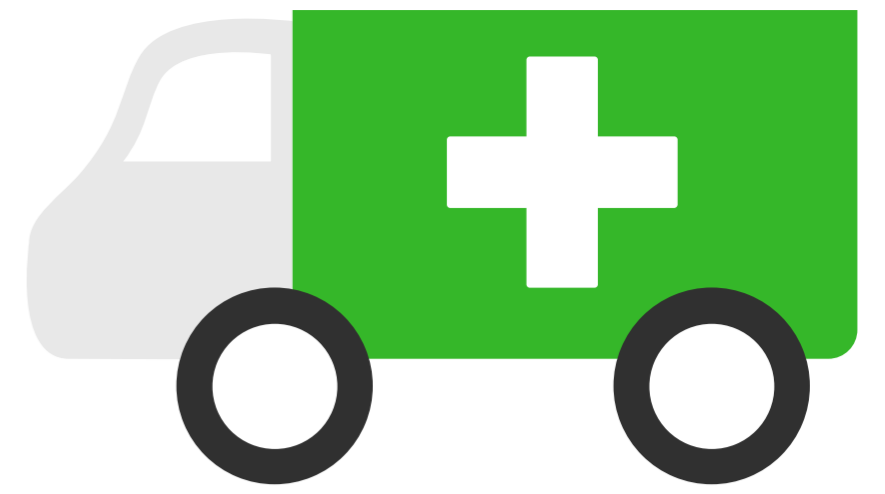
5. Lack of sleep is a major contributor to crisis.

Many people come right out of crisis if they get some sleep, and any hospital will first get them to sleep if they are sleep deprived. If the person hasn't tried Benadryl, herbal or homeopathic remedies from a health food store, hot baths, rich food, exercise, or acupuncture, these can be extremely helpful. If someone is really manic and hasn't been sleeping for months, though, none of these may work and you may have to seek out psychiatric drugs to break the cycle

6. Drugs may also be a big factor in crisis.

Did someone who regularly takes psych meds suddenly stop? Withdrawal can cause a crisis. Ideally, someone quitting meds has a plan in place for their support system, but in the absence of that plan, try to respect their wish to go through withdrawal. The crisis may be physically necessary and may pass. If they are not deliberately trying to come off of their meds, try to get the person back on them. (If they want to transition off meds, they should do it carefully and slowly, not suddenly.

NAVIGATING CRISES



7. Create a sanctuary and meet basic needs.

Try to de-dramatize and de-stress the situation as much as possible. Crashing in a different home for a few days can give a person some breathing space and perspective. Perhaps caring friends could come by in shifts to spend time with the person, make good food, play nice music, drag them outside for exercise, and spend time listening. Often people feel alone and uncared for in crisis, and if you make an effort to offer them a sanctuary it can mean a lot. Make sure basic needs are met: food, water, sleep, shelter, exercise, and if appropriate, professional (alternative or psychiatric) attention.

Police and hospitals are not saviors. They can even make things worse.

8. Calling the police or hospital shouldn't be the automatic response.

Police and hospitals are not saviors. They can even make things worse. When you're out of other options, though, you shouldn't rule them out. Faced with a decision like this, get input from people who are thinking clearly and know about the person. Have other options been tried? Did the hospital help in the past? Were police and hospitals traumatizing? Are people overreacting? Don't assume that it's always the right thing to do just because it puts everything in the hands of the "authorities." Be realistic, however, when your community has exhausted its capacity to help and there is a risk of real danger. The alternative support networks we need do not exist everywhere people are in crisis. If someone does get hospital or doctor care, be cautious about any diagnosis they receive. Sometimes labels can be helpful, but madness is ultimately mysterious and diagnoses aren't scientific or objective. Labels can confine us to a narrow medical perspective of our experience and needs and limit our sense of possibility. Having a disease label is not the only way to take someone's pain seriously and get help.

SAMPLE ADVANCE DIRECTIVE

from Mary Ellen Copeland (www.mentalhealthrecovery.com)

When I am feeling well, I am (describe yourself when you are feeling well):

The following symptoms indicate that I am no longer able to make decisions for myself, that I am no longer able to be responsible for myself or to make appropriate decisions:

When I clearly have some of the above symptoms, I want the following people to make decisions for me, see that I get appropriate treatment and to give me care and support:

I do not want the following people involved in any way in my care or treatment. List names and (optionally) why you do not want them involved:

Preferred medications and why:

Acceptable medications and why:

Unacceptable medications and why:

Acceptable treatments and why:

Unacceptable treatments and why:

Home/Community Care/Respite Options:

Preferred treatment facilities and why:

Unacceptable treatment facilities and why:

What I want from my supporters when I am experiencing these symptoms:

What I don't want from my supporters when I am experiencing these symptoms:

What I want my supporters to do if I'm a danger to myself or others:

Things I need others to do for me and who I want to do it:

How I want disagreements between my supporters settled:

Things I can do for myself: I (give, do not give) permission for my supporters to talk with each other about my symptoms and to make plans on how to assist me

Indicators that supporters no longer need to use this plan: I developed this document myself with the help and support of: