# HELP FOR YOU

Jan / Feb 2023

# Overcoming a Loved One's Addiction

### 'Mental Health and Addiction'

By Rosemary Brown

Addiction and Mental Health seem to go hand in hand – yet it is surprising how the Traditional System can isolate a person between the two services.

One of my biggest frustrations is when I get calls from parents, partners, or others when this happens, and they have not had help from either. It is like there is a great solid wall between the two and the issues are fenced not only to keep the services apart but also to keep the family on the outside.

My question is "Who is meeting these people's needs?" If you have a loved one in addiction and they also have needs in relation to Mental Health, sometimes we are unsure which is the 'real' issue. A bit like the chicken and the egg scenario – which came first.

As an Addiction Specialist I recognise these two things are intrinsically linked – one impacts the other, regardless of which came first. How do we manage both and is the mental health diagnosis the reason someone uses, or has their using created the Mental Health issue. It's not an argument or discussion that has much benefit in a crisis.

How do you tackle a system that supports a revolving door attitude? Have you ever noticed the 'blocks to gaining support', once your loved one is a 'known' drug or alcohol user, you can sit and wait for hours, only to be told 'sorry we cannot help you'.

The longer I work here in Private Practice the more I recognise how families and those in addiction are sidelined with this message. This leaves you as the only one left standing to support your loved one.

When your loved one is struggling with Psychosis of any kind it is extremely difficult to gain help and support for them, or for yourself. Firstly, so called 'Human Rights' and 'Privacy' seem to get in the way. Frequently quoted is 'Confidentiality', sorry we cannot tell you anything.

### Notice the Symptoms & Similarities

#### Anxiety-Disorders¶

 $\label{eq:second} For \cdot people \cdot with \cdot an \cdot anxiety \cdot disorder, \cdot the \cdot anxiety \cdot does \cdot not \cdot go \cdot away \cdot and \cdot can \cdot get \cdot worse \\ over \cdot time \cdot here \cdot are \cdot several \cdot types \cdot of \cdot anxiety \cdot disorders, \cdot including \cdot generalized \cdot anxiety \cdot disorder, \cdot panic \cdot disorder, \cdot social \cdot anxiety \cdot disorder, \cdot and \cdot various \cdot phobia - related \cdot disorders. \cdot \P$ 

#### Attention-Deficit/Hyperactivity-Disorder (ADHD)

 $Ongoing \cdot pattern \cdot of \cdot in attention \cdot and / or \cdot hyperactivity \cdot impulsivity \cdot that \cdot interferes \cdot with \cdot functioning \cdot or \cdot development. \P$ 

### Bi-Polar¶

 $Characterised \cdot by \cdot extreme \cdot Mood \cdot Swings, \cdot with \cdot episodes \cdot of \cdot Mania, \cdot Hypomania, \cdot Depression \P$ 

#### $Borderline \cdot Personality \cdot Disorder \P$

 $Borderline \cdot personality \cdot disorder \cdot severely \cdot impacts \cdot a \cdot person's \cdot ability \cdot to \cdot regulate \cdot their \cdot emotions. \cdot This \cdot loss \cdot of \cdot emotional \cdot control \cdot can \cdot increase \cdot impulsivity, \cdot affect \cdot how \cdot a \cdot person \cdot feels \cdot about \cdot themselves, \cdot and \cdot negatively \cdot impact \cdot their \cdot relationships \cdot with \cdot others. \P$ 

#### Depression¶

 $\label{eq:control_statistical} Depression \cdot is \cdot a \cdot common \cdot but \cdot serious \cdot mood \cdot disorder . \cdot It \cdot causes \cdot severe \cdot symptoms \cdot that affect \cdot how \cdot you \cdot feel, \cdot think, \cdot and \cdot handle \cdot daily \cdot activities, \cdot such \cdot as \cdot sleeping, \cdot eating, \cdot or working. \P$ 

#### Obsessive-Compulsive-Disorder (OCD) ¶

 $Obsessive-compulsive-disorder\cdot(OCD)\cdot is\cdot a\cdot common, \cdot chronic, \cdot and \cdot long-lasting \cdot disorder \cdot in \cdot which \cdot a \cdot person \cdot has \cdot uncontrollable, \cdot reoccurring \cdot thoughts \cdot ("obsessions") \cdot and / or \cdot behaviours - ("compulsions") \cdot that \cdot he \cdot or \cdot she \cdot feels \cdot the \cdot urge \cdot to \cdot repeat \cdot over \cdot and \cdot over . \P$ 

#### Post-Traumatic Stress Disorder (PTSD)

 $People \cdot who \cdot have \cdot PTSD \cdot may \cdot feel \cdot stressed \cdot or \cdot frightened, \cdot even \cdot when \cdot they \cdot are \cdot not \cdot in \cdot danger, \cdot they \cdot can \cdot experience \cdot symptoms \cdot such \cdot as \cdot Flashbacks, \cdot Bad \cdot Dreams, \cdot Frightening \cdot Thoughts, \cdot and \cdot may \cdot try \cdot and \cdot avoid \cdot things \cdot that \cdot trigger \cdot symptoms \cdot \P$ 

#### Schizophrenia¶

 $\label{eq:serious-mental-illness-that-affects-how-a-person-thinks,-feels,-and-behaves.-Peoplewith-schizophrenia-may-seem-like-they-have-lost-touch-with-reality,-which-can-bedistressing-for-them-and-for-their-family-and-friends.-The-symptoms-of-schizophrenia-can-make-it-difficult-to-participate-in-usual,-everyday-activities. \P$ 

For·more·information,·please·refer·to·the·source¶ https://www.nimh.nih.gov/health/topics¶



Knowing that Confidentiality may be broken if the patient is at 'risk of harm to self or others' may require some exploring, as if a patient has been suicidal or threatened harm to others, there may be a 'duty of care' to inform you of what is happening.

Remember many services do what's easier rather than what is 'right', sometimes you might need to question things, to gain better information.

You also need to get help & support for yourself – I work with many families where Mental Health is an issue.



Substance¤	Withdrawal¤	Long·Term·Use¤
Alcohol¤	Anxiety, shaky hands, headache, nausea, not sleeping, sweating, hallucinations, seizures, delusions, heart racing <sup>n</sup>	Mental Health symptoms Depression & anxiety
Benzodiazepines¤	Nausea, panic attacks, tremors, anxiety, sweating, heart palpitations, muscle pain, seizures¤	Mental·Health·symptoms·· Aggression,·depression,· anxiety,·mood·swings¤
Cannabis¤	Diminished-appetite,·mood- swings,·irritability,·sleep- difficulties,·loss-of·focus,·increased- feelings-of·depression¤	Mental·Health·symptoms· Depression·&·anxiety¤
Methamphetamine¤	Fatigue, agitation, insomnia, or paranoia, or hallucinations, or confusion, or nausea, or or motivation or motivat	Mental·Health·symptoms·· Depression·&·Anxiety,·mood- swings,·confusion,·violent- behaviour,·paranoia,· hallucinations¤
Opiates¤	Anxiety,·sweating,·hallucinations,· insomnia,·seizures,·shaking,· restlessness¤	۵

 $\label{eq:when-intoxicated---a-loss-of-impulse-control-is-common-for-those-who-drink-or-drug,-as-are-mood-swings,-paranoia,-confusion,-anxiety-and-low-mood. \end{tabular}$ 



# Helpful Tips Mental Health & Addiction

Jan / Feb 2023

### 'Being proactive is powerful.'

You are not your loved one's therapist, but you probably are the one who they come to when things are rough for them. Coping strategies in difficult times need to focus on 'yourself', safety & getting appropriate intervention.



# Your loved one won't recognise, they are unwell...

Know this is common for addicts, alcoholics, and those with mental health issues. In the moment your loved one has no idea they are acting irrationally, and this continues to get worse as they become more unwell.

This is NOT the time to try and convince them that their behaviours and their thinking is 'incorrect' – this will only lead to argument and more conflict, which leads to more tension and a higher level of risk.

You will never convince your loved one they are unwell, so keep the focus on 'what needs to be done here'. Doing and saying nothing, just being in a calm space with your loved one may help. If their psychosis is a risk, you probably need to get the ambulance & police involved.

If you take your loved one to hospital, it is easy for them to leave you both sitting, if they go via ambulance, they are in the doors ready to be assessed.

### Safety Planning is a must.

# DO NOT BE AFRAID TO GET THE POLICE INVOLVED IF THERE IS AN IMMINENT RISK.

If your loved one is unpredictable, has in the past been violent or if they demonstrate rapid mood swings – it is always good to have a safety plan.

Include in your safety plan a place you can go in the home or outside the home.

Make sure the neighbours are aware that there may be a risk – and that if they recognise or hear something is not right – that they will call the police

Ensure you have the details of at least two people who you can ring in the event of a high-risk situation, someone who can come & be with you.



Know what questions to ask yourself -



- **Can I be safe** on my own in this situation with my loved one? If you don't feel safe, ensure your safety, through enacting your safety plan or calling police.
- What is happening for my loved one right now? Observe the physical, emotional, and psychological signs, if someone is in psychosis, don't try and get them to understand what they are experiencing is not real, stay quiet, be aware of their safety, and if needed call an ambulance for help.
- What is it my loved one needs right now? Do they need reassurance? Do they need you to be calm? Do they feel they need medical support? Are they okay to 'ride the storm out'?

### 'PSYCHOSIS is scarey - know you don't have to handle this on your own'

# An Addiction Point of View

# A Beautiful Soul - allowing me to see her pain

This was gifted to me by one of the beautiful women that didn't fit anywhere Her mental health and her addiction, meant that nobody seemed to care



### It is hard to imagine that the pain an addict feels can only come out in their creativeness.

Every addict I have worked with has talent – a talent with computers, a talent with making music, a talent with creative dance, a talent in art or song. There is a great talent living within themselves – what is it going to take for an addicts talents and strengths to be the focus – rather than their addiction and mental health.

Never accept there is no hope – accept that you have the power to care deeply, and that it is a long journey to wellness for many – please be sure you are not drowning with your loved one.

# Help for You – Rosemary Brown

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# **Connect with Rosemary today**

Take advantage of a free 45 Discovery Call with Rosemary.....

<u>Click here</u> to book your free 45-minute Discovery Call

## Start 2023 connecting with change...

For many who read this newsletter they will be feeling the pain – the frustration and the sadness within...

You may be desperate, or you may believe nothing can be different. I want you to know that life does not need to be like this, don't abandon yourself and leave your enjoyment of life in the hands of someone else, step up, so you can get well and be their 'rock'.

When you work with Rosemary you are not alone, you instantly become part of a group of people just like you – people who are afraid, people who know the reality, people who no longer have to relive the trauma, or the overwhelming emotions that keep getting in your way, people who have found a way, without abandoning their loved one.

Book your Discovery Call NOW with Rosemary – so you can recognise and live a better pathway moving forward. <u>BOOK NOW</u>

# afterpay

Afterpay is now available via the website <u>www.helpforyou.com.au</u> – you can now purchase Help for You – Rosemary Brown products & services at no additional costs or interest charges – pay in 4 installments over 6 weeks.

# Alcohol, Drugs and Change

Keeping it simple for those who are living with a loved one's alcohol or drug use.



### On sale now as an eBook or Paperback <u>Click Here</u> to buy your copy

What others say about the results they have achieved

<u>Click here</u> to read how others have changed their lives by working with Help for You – Rosemary Brown



**Rosemary is qualified** Post Graduate Diploma Māori Health Graduate Certificate in Supervision Bachelor of Applied Social Sciences (Counselling)

Master Practitioner in Neuro Linguistic Programming Multiple Brain Coach

ACA Level 4 Registered Counsellor Previous registration NZAC Full Membership DAPAANZ Registered Practitioner

Page 4