Mental Distress
How to Help
Introduction

According to The World Health Organisation, up to one in four people will suffer from a mental health problem at some time in their lives, while other estimates suggest that the figure may be even higher than this. This means that we are all likely either to face such problems ourselves, or to know a friend or family member who does.

This booklet looks at what you can do to support someone who is experiencing mental distress. It contains information about how to recognise the early signs of distress and what to do when faced with a mental health emergency. A further section outlines the kinds of support which are available in the community, and at the end of the leaflet there is a list of organisations that you can go to for further information and support.

What are the first signs of mental distress?

The term ‘mental distress’ is used here to refer to a range of experiences that seriously interferes with an individual’s ability to cope with everyday life. There are many different kinds of mental health problems, some more serious than others, and each of these shows itself in different ways. Amongst the most common signs are the following:

Changes in mood and behaviour

Withdrawing from other people, including friends, is a common sign that someone may be suffering from a depressed mood. Other signs of low mood include feelings of hopelessness, misery or despair; a lack of energy which makes everyday tasks like getting washed and dressed, going out etc, seem just too difficult; feelings of self-hatred; undue feelings of guilt; and insomnia, or sleeping more than usual. Conversely, if someone becomes extremely energetic, is much more outgoing, and
talks about starting totally unrealistic projects, this may mean that they are experiencing mania or a mood ‘high’.

**case study 1**

Mrs A.B. phoned SAMH’s Information Service because she was very concerned about her husband, who, she said, had been depressed off and on for a number of years but had become much worse recently. He was now very withdrawn and spent most of the day lying on top of the bed. At other times he would go out in the morning and not come home till evening, without saying where he’d been or what he’d been doing. She was worried that he might harm himself - for example he’d recently been saying things like he wished he was dead and that she would be better off without him. The GP had prescribed antidepressants, but he’d been taking these for several months now and still didn’t feel any better. The doctor had also referred him to a psychiatrist, but said that an appointment could take up to 6 months. She said she was now at the end of her tether and didn’t know who to turn to for help.

**Information/advice given:** Mrs A.B. was advised to contact the GP again to request an earlier appointment with the psychiatrist. She should explain that her husband was now feeling much worse, was talking about killing himself, and that her own health was also beginning to suffer. She should ask the GP for any additional support that may be available - for example from the community psychiatric nursing or counselling services. She was also given details of a local support group and of a national organisation for people with depression and their carers, and finally was sent an information booklet about depression together with SAMH’s ‘Know Your Rights’ guide No. 6: Help for Families and Carers.
Changes in perception/thinking
Other signs of mental distress may include hearing or seeing things that are not apparent to other people. For example, someone may hear abusive voices or voices telling them to do strange things (although many people hear voices without it causing them distress) or they may see strange creatures or heavenly beings. Thinking disorders may cause someone to have ‘false’ feelings of persecution - for example that their food has been tampered with or their phone has been tapped; or they may believe that external forces are trying to control their thoughts and actions.

How can you help?
When someone close to us is showing signs of mental distress it can often be difficult to know how to respond. You may feel bewildered and frightened by the changes in your friend or loved one, or angry because their behaviour is upsetting and embarrassing, or perhaps guilty because you feel you may have caused their distress. While it is normal to feel such emotions, try to remember that it is not someone’s ‘fault’ if they develop a mental health problem, and that mental suffering is at least as bad as physical suffering. It may also be helpful to remember that the person is probably also feeling very confused and afraid, even if they are not showing it. Some suggestions that you may find helpful when supporting someone who is distressed are given below.

Talking and listening
Encourage your friend or relative to talk about their feelings and try to be patient as they may have to go over things several times. Talking to someone who is sympathetic and supportive can help to relieve the tension and sense of isolation the person feels and may also help them to break out of a negative spiral of thinking. The fact that someone appears to care can also help to boost the person’s self-esteem.
If someone is expressing false beliefs - for example that they are being persecuted, try to distract them from these thoughts by talking instead about other subjects such as their favourite interests or hobbies. Sometimes people who are very distressed may also say things that you find hurtful. Try not to take these personally, but try to remember that when people are in pain they often say things they don’t mean or which are untrue.

There may be times, however, when the person doesn’t want to talk but prefers to be left alone. This may be because they don’t want to cause you distress in turn, or perhaps they may not feel able to confide in relatives, but would find it easier to talk to others who have had similar experiences. Joining a support group can be helpful for such people. (For more information about support groups, see pages 10-11.) Therefore try to be sensitive to the person’s needs, but don’t worry if you sometimes get it wrong.

**Encouragement**

You may want to encourage the person to do one or two small tasks each day and be positive when they achieve these. These tasks could be as simple as taking a bath, mowing the lawn, or going for a walk. This will help the person to feel good about him or herself and increase their motivation to do more. Encouraging them to do any kind of physical exercise is also helpful, as exercise reduces stress and helps to improve mood.

**Practical help**

Someone who is experiencing mental distress may find even small things very hard to do. As the list of things that need to be done builds up and gets on top of them, they will tend to feel even more anxious
and stressed. You can help by doing practical things for the person such as preparing a meal, paying bills, completing benefit forms and so on. However, try to strike a balance between doing things for them and encouraging them to do things for themselves.

**case study 2**

Mr C.P. contacted the Information Service for advice about how to help his son who was behaving very strangely. He had become obsessed with a bizarre plan for ending world hunger, was talking constantly about this to anyone that would listen, and writing letters to people like the Prime Minister and the President of the United States asking for their support. He seemed to be full of energy and optimism and was going out socialising every night, although he slept for only four or five hours a day. His behaviour was very out of character in other ways too - for example he had got into debt and was neglecting his university studies. He had also caused a great deal of disruption and was putting an enormous strain on the rest of the family. They had tried to persuade him to see the family doctor or student counsellor, but he didn’t seem to be aware that there was a problem, and he’d made no effort to do this.

**Information/advice given:** Mr C.P. was advised to try once more to persuade his son to go to the GP. However if he still refused, he should seek help on his behalf by contacting the GP himself. He could also do practical things to help - for example he could contact the University to explain why his son hadn’t been attending classes. In the meantime, he should try to discourage him from taking any major decisions he might later regret. He was also sent some information about bipolar disorder (manic depression) together with the details of a national organisation which offers support to people affected by mood swings, and their carers and families.
Who else can help?

1) The Family Doctor
Encourage the person to go to their GP and, if possible, offer to go with them. The doctor can prescribe medication, if appropriate, to help relieve the symptoms of distress and may also refer the person to other mental health professionals such as psychiatrists, psychologists, and community psychiatric nurses.

2) Social Work Department
If you are unable to contact the person’s GP, or you do not know who their GP is, you can also approach the Social Work department. They have an Emergency Duty Team which is available day and night and at weekends. You should ring them and ask to speak to a Mental Health Officer - a social worker who has taken additional training in the field of mental health. They will assess the situation and decide what action to take. (You will find the number of the Social Work department in the telephone directory - it appears under the list of services provided by your local Council.)

3) NHS Helpline
Details of the services offered by the NHS Helpline are given at the end of the booklet.

4) Self Help and Support Groups
Some people who suffer from a mental health problem find it helpful to join a local support group where they can meet up with others who have the same problems as themselves, share experiences and offer one another support. Self-help groups can also offer practical advice about what other facilities may be available in the area. There are also
groups for the carers and friends of people who are experiencing mental distress. (For details of local support groups, contact one of the organisations listed later.)

case study 3

‘Pam’ called SAMH’s Information Service for advice about who to contact to get help for her next-door neighbour. She explained that her neighbour was behaving very oddly - for example she had accused Pam of trying to poison her and said that other people were ‘plotting’ against her. When Pam met her in the street or at the shops, she tried to be friendly and to make conversation but the woman seemed suspicious of her and on occasion was quite hostile. If she did return conversation, she usually excused herself after a few moments by saying that she had ‘to get home in case someone gets into the house’. Pam had considered approaching one of the woman’s friends or relatives to see if they were aware of the situation, but she lived alone and didn’t appear to have any visitors. She also thought about contacting the woman’s GP, but didn’t know the GP’s name. It was at this point that she decided to contact us.

Information/advice given: Pam was advised to contact her local Social Work department and ask to speak to a Mental Health Officer. It was explained that the MHO should visit her neighbour to see if any action was required. This could be to ask a doctor to examine her to see if she was in need of medical help. If the doctor decided that she did need help, he could either treat her at home or advise her to go into hospital for treatment. If she refused, and there was a serious risk identified, the doctor could decide to have her compulsorily admitted to hospital.
5) Advocacy Services
For a variety of reasons someone with a mental health problem may find it difficult to speak up for him or herself and make their views known. An advocate can help the person to make their own decisions and contributions and, if necessary, speak up on their behalf. This could be about anything that concerns them, e.g. welfare benefits, or about the kind of treatment they are being given. (For details of advocacy services in your area, please contact SAMH’s Information Service.)

What to do in an emergency
If someone is threatening to take their own life, always take such threats seriously. Encourage the person to seek help from their GP, and reassure them that they will get over these feelings with treatment. Tell the person that you care about them and would miss them if they were to take their life. Try not to be judgemental - for example don’t tell the person they should be ashamed for thinking this way, as this may only increase their feelings of worthlessness and guilt. If you have to leave them to go out, try to arrange for someone else to be there till you return. You may also want to leave them the phone number of a support organisation like the Samaritans.

If you believe there’s a serious risk that someone may harm him or herself, or if they are not caring for themselves, or their behaviour is threatening and aggressive, and they are also refusing to seek help, you should contact an outside agency. The first point of contact is usually the person’s GP, but if this is not possible, the Social Work department. You can also call the police who may take the person to hospital for treatment if they seem to be mentally disturbed. Alternatively you could take the person to the accident and emergency department of your local hospital - it need not be a psychiatric hospital.
What happens next?
A doctor will examine the person to decide if they need to be admitted to hospital for assessment. If someone refuses to come into hospital on a voluntary basis, the doctor has the power to make them (this is sometimes called being ‘sectioned’). The doctor may ask you, if you are a relative, to consent to their detention. However, many relatives feel reluctant to do this, in which case the doctor can ask for a Mental Health Officer to consent to the person being detained. (For more information about this, please see our ‘Know your Rights’ guides No. 3: Detention in Hospital, and No. 6: Help for Families and Carers.)

Friends and Family - looking after yourself
Most people find it very hard caring for someone who is experiencing mental distress. Therefore it is important not to neglect your own needs. If possible, ask friends or other family members to share the strain that caring can bring, and try to find someone that, in turn, you can unburden yourself to. A number of organisations provide respite care services to give people a break - for example community psychiatric nurses can arrange for your relative to go into a day hospital. (For details of support groups for carers, contact one of the organisations listed over the page.)
Useful Organisations

**SAMH Information Service**
Cumbrae House, 15 Carlton Court, Glasgow G5 9JP  
**Tel:** 0141 568 7000  
**Email:** enquire@samh.org.uk  
**Website:** www.samh.org.uk

The Information Service is open Monday to Friday between 2.00pm and 4.30pm and is able to provide information and advice to users of mental health services and their carers on what services are available locally.

The national organisations listed below will also put you in touch with local branches which can provide details of the help available in your own area.

**British Association for Counselling and Psychotherapy (BACP)**  
1 Regent Place  
Rugby CV21 2PJ  
**Tel:** 0870 443 5252

Provides information and advice on all matters related to counselling. They can also send you a list of accredited counsellors in your local area.

**Depression Alliance (Scotland)**  
3 Grosvenor Gardens  
Edinburgh EH12 5JU  
**Tel:** 0131 467 3050

Coordinates a national network of self-help groups for people affected by depression. Also provides information and support.

**Carers (Scotland)**  
91 Mitchell Street  
Glasgow G1 3LN  
**Tel:** 0141 221 9141

Offers a range of services for carers such as ‘Carersline’, staffed by experts in carers’ rights.

**Hearing Voices Network**  
The Haven  
213 Hilltown  
Dundee DD3 7A  
**Tel:** 01382 223023

A user-led group which offers support to voice hearers and their carers. Helps voice hearers to develop coping strategies.
Manic Depression Fellowship (Scotland)
Mile End Mill
Studio 1019
Abbey Mill Business Centre
Seedhill Road
Paisley PA1 1TJ
Tel: 0141 560 0366

Coordinates self-help groups for carers and sufferers. Provides information such as leaflets, books, tapes and videos, on request.

Mental Welfare Commission for Scotland
K Floor
Argyle House
3 Lady Lawson Street
Edinburgh EH3 9SH
Tel: 0131 222 6111

An independent body, set up by law. Protects the interests of people with mental health problems.

National Schizophrenia Fellowship (Scotland)
40 Shandwick Place
Edinburgh EH2 4RT
Tel: 0131 557 8969

Dedicated to the needs of people affected by schizophrenia and other severe mental health problems.

NHS Helpline
Tel: 0800 22 44 88
(daily, 8am-10pm)

A national helpline service which deals with enquiries on a wide range of health and social care topics.

Samaritans
Linkline Number: 0345 909090
(calls charged at a local rate)

When you call this number you will be transferred to your nearest available branch. Provides confidential emotional support 24 hours a day to people who need to talk to someone urgently.

Princes Royal Trust for Carers
Campbell House
215 West Campbell Street
Glasgow G2 4TT
Tel: 0141 221 5066

Offers information, support and practical help to carers through its network of local Carers’ Centres.

Stresswatch (Scotland)
23 Campbell Street
Kilmarnock KA1 4HW
Tel: 01667 404204

Provides information, support and advice to those who suffer from stress and stress-related problems including anxiety, panic attacks and OCD.