

# **Do I need help?**

## **The Mental Health Diagnostic & Relapse Prevention Planner**

By Andrew Welcome

A practical guide to Relapse Signatures and Relapse Prevention Planning.



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## **Gratitude and Thanks**

With thanks to the hospital staff who have helped me in my darkest times and the staff of support organisations, in particular Jackie Fairlie and Madlin Bee of Shepway Mental Health Forum, now Take Off Folkestone.

With further thanks to my children and their mother, who impress me greatly.

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## **About the Author**

Andrew suffered bereavements of his mother and grandfather whilst aged 3 and 4 years of age and it is thought childhood bereavements are often a precursor to mental ill health later in life.

Andrew did very well at school and in the army cadets also holding down 3 paper rounds. He left school in 1984 and held down various jobs until contracting M.E., the Glandular Fever virus in 1988. In 1995 he was diagnosed Bipolar II according to the DSMV manual (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition).

Later in 1995 he attempted suicide by jumping off the roof of the hospital 4 floors up on to concrete in the belief that (in his own words) he “would not remain well”, and he suffered a fractured skull and internal bleeding.

Since then Andrew has been hospitalised 7 times due to recurring bouts of Bipolar Disorder and Schizophrenia (hallucinations) also suffering suicidal thoughts and plans, during which time he almost managed to complete a degree in Business and Marketing. The last time he was sectioned he was kindly given a run-through of the Relapse Signature and Relapse Prevention Plan by a student nurse, which has worked wonders towards his well-being and has so far prevented relapse.

Andrew is currently well and stable on a course of medication which is working well as an aid to well-being, and is in the process of launching several business orientated websites as well as hoping to complete his degree: Relapse Prevention Planning together with what he has learned has been the source of his current well-being.

## **Mental Health**

It has been said that life is a journey, and that seems true. Along the journey complications may arise. Complications of a medical nature are common, sometimes arising with death, but usually not. Sometimes these complications are of a mental health nature rather than physical health.

Disease, sometimes referred to as dis-ease, can be of the mind with no physical attributes visible even with the latest technology of MRI Brain Scanning. Diseases such as Bipolar Disorder, Schizophrenia, Schizo-Affective Disorder, Depression and anxiety disorders also account for some. Sometimes these disorders can become so acute that they do actually result in death, from suicide, since the symptoms or resultant perceptions become so unbearable.

Once a person has suffered a mental health problem the likelihood of recurrence is extremely high, hence the need for medication and other treatments in order to reduce the risks. Most mental health conditions are “lifetime” illnesses; this is especially true of Bipolar Disorder and Schizophrenia. There is a high prevalence of repeat incidence of mental health admissions to hospital when a person has been admitted once. It may be years later, nevertheless, readmission is almost guaranteed, especially if a person suddenly stops taking medication, which is common.

There are many different reasons why people stop taking their medication, including experiencing unwanted side-effects, feeling better and thinking medication was no longer needed, thinking that it was not working, being upset about having to take it, forgetting to take it and dislike of stigma around taking medication.

It is rarely diagnosed whether the cause of the illness was nature versus nurture, whether DNA inherited or by life experiences. It is more common that a person has a predisposition which is then triggered by life events. No matter the cause, the set of indicators used by the professionals remains the same as contained in this guide.

Not all cases of mental ill health result in hospital admission, no matter how strange or suicidal the behaviour of the affected. It is more by chance that a person needing hospitalisation will in fact get it. A large proportion of suicide victims are completely unknown to mental health services. Incidentally, a higher proportion tends to be male as men are less likely to ask for help from friends, family or professionals.

This book is intended for people who already have a diagnosis and are probably taking medication as a means of preventing relapse. If this is your first experience with mental health issues it is strongly advised that you see your General Practitioner if you suffer one or more of the symptoms shown in the flash cards. Receiving a diagnosis of a mental health disorder may be difficult to take on board along with having to cope with the symptoms (of a mental disorder).

Nevertheless, if the symptoms are present, it is best to have a diagnosis; It makes it simpler if you have to claim benefits and it gives you something clearer to work on, although not all people suffering mental health symptoms can be categorised as having one or other mental illness, therefore they do not always fit the diagnostic criteria. Not having a diagnosis of a specific illness does not preclude a person from receiving benefits and symptoms and triggers can always be worked upon.

It can take a long time to accurately diagnose a mental health condition and some of the early attempts at treatment may be trial and error and they must ensure not to rule out a physical cause of mental health symptoms. Being diagnosed with more than one mental health disorder is quite common and you are not alone if this is the case.

Remember that everyone has a few down days once in a while where feelings of low mood or anxiety are apparent, so experiencing this is not necessarily a bad thing; it simply proves that you're human!

## Relapse

Early signs of mental health disorder relapse are always apparent, even if not recognised or acted upon.

The purpose of this guide is to provide methods by which early signs of relapse can be identified and recognised by the user, General Practitioner, key worker and friends or family, in the case of having no support worker, and easily be able to identify solutions, where possible.

By addressing relapse indicators early it is possible that appropriate intervention and reaction, after careful planning, can improve (full wellness of) mental health speedily, thus avoiding major episodes, or suicidal tendencies, or psychosis, or hospitalisation or other embarrassing behaviour.

The purpose of this manual is to summarise early warning indicators and help provide a solid plan to avoid episodes of acute mental ill-health.

This guide will be especially poignant for people who have experienced psychosis before; but nevertheless, will apply to first timers.

Medication alone is rarely the long-term cure, provided (that is, assuming) the patient still takes it (that is). Some medications wear off over a long period of continual use such as Risperidone and some patients discontinue use un-prescribed either because they believe they don't need the medication or because it doesn't appear to be working.

You need to take your prescribed medication for at least 6-8 weeks to see if it is working or needs to be increased or changed and you need to keep taking it for at least 6 months after you have felt well again. **Always speak with your Doctor before reducing or stopping medication.**

There are a number of reasons for wrongly stopping medication which include side-effects, feeling well and thinking medication was not needed, thinking that medication was not working, being upset about having to take medication, forgetting to take the medication and dislike of stigma around taking medication.

Sometimes an illness changes course and becomes another mental illness. For example, untreated depression can become Bipolar Disorder and untreated Bipolar can become Schizo-Affective disorder or Schizophrenia.

There are other disorders which this guide may be able to help with:

Agoraphobia  
Generalised Anxiety Disorder (GAD)  
Body Dysmorphic Disorder (BDD)



Obsessive Compulsive Disorder (OCD) and associated conditions  
Post Traumatic Stress Disorder (PTSD)  
Panic Attacks and Panic Disorder  
Social Phobia/ Social Anxiety Disorder  
Specific Phobias  
Other anxiety related conditions eg Irritable Bowel Syndrome (IBS)

An illness may change over time, as may any diagnosis; therefore, it is well to be aware of all of the relapse indicators in case new ones arise so be sure to work through your indicators and review your Relapse Prevention Plan periodically: Once per year should not be exhaustive, weekly if necessary.

When I was first in hospital I was being treated for depression yet as I had Bipolar Disorder the anti-depressants were making me worse.

The abuse of drugs or alcohol can also have a significant bearing upon mental health outcomes. It may be that dual diagnosis includes alcohol or drug abuse.

LSD abuse causes the person's values to become "locked in" and therefore difficult to change habits or take on new beneficial ideas. Heroin, Speed and Cocaine bring about highs that are difficult to replicate in "real" life except by the attainment of goals. More on the subject of goals is covered in the very important chapter on goals, Chapter 12. Legal highs can be just as dangerous, not only physically but mentally as well.

Relapse symptoms include going to places where you used to drink or use drugs, hanging out with people you used to drink or use drugs with, cravings, decreased need for sleep, becoming more isolated. Working through the relapse indicators and coming up with a plan can improve your coping skills.

The Care Plan, if there is one, rarely goes into the kind of detail of symptoms that a Relapse Signature does. Relapse signatures, coupled with Relapse Prevention Plans, work especially well for complex illnesses, dual-diagnosis & multiple diagnosis illnesses (co-morbidity) improving coping skills and self confidence and self-awareness. Whilst they may not always prevent a relapse, it is believed that a shorter or less severe relapse will occur.

A relapse can be prevented if early warning indicators are noticed and acted upon. It gives you the chance to take control of your illness, and you don't have to think when symptoms occur.

One in four people will be affected by a mental disorder at some point in their lives and most mental disorders are lifetime illnesses and it is hoped by reading this guide you will be better able to care for yourself and take care of your self or someone else, minimising the impact of any (mental health) disorder.

## **Attitudes to Relapse & Risks**

After an episode, the natural tendency is to try and forget and ‘move on’, a person thinks “I will be well and not relapse”, and “I am over it, it’s in the past”.

Traditionally, hospitals did not bother with relapse prevention treatments, only limited to treating the acute phase of an illness. More so now hospitals are including relapse prevention treatments as part of treating the acute phase during discharge planning, employing the use of relapse signatures and relapse prevention planning.

You may have a predisposition towards a particular mental illness or illnesses, which doesn’t mean you are a bad person. Predisposing factors include biological factors (inherited genes, medical illness, brain pathology, drugs, alcohol, and nicotine) Psychosocial, personality factors (eg anxiety, worrying, low self-esteem, irritability, interpersonal difficulties, childhood experiences, etc)

Excessive fears of relapse may in fact increase the chances of relapse, so it is important to remain calm. Equally having a poor attitude can lead to relapse.

It is best to consider the possibility of further episodes. What you have learned about signs you aren’t feeling well may help you manage any recurrence and will give you a greater sense of control as well as helping your family, friends and doctor.

You may well have recovered to a very well state and have a set of resilience maintaining habits, yet still misfortune can occur as, but not limited to, the list set out below:

### **Stressful Life Events**

Pregnancy	Getting Married
Getting Divorced	Becoming Homeless
Moving House	Bereavement
Losing a Job	Changing Job
Receiving Bad News	Conflicts and Arguments
Disputes	Bullying
Loneliness	Paying Bills and Debt
Not Having Enough Money	Having Too Much Money
Stopping Medication	Medication stopped working
Change of Medication	Time of Year
Alcohol or Drug Abuse	Reduction or termination of Services
Talking Therapy Discontinued	Failing relationship/s
Failing health	Failing business
Fear of relapse or other fears	Phobias
Negative habits	Other causes and triggers

Using this guide and developing new habits should help ensure that recovery is lasting, especially if you set and work on some big goals, please refer to Chapter 12.

Recovery using this guide often means doing the opposite of what you feel like doing or thinking.

## **What to do**

Get a pen and sheet of A4 paper ready. This will form the basis of your relapse signature before working through the cards.

You may print them and cut out the 55 cards contained in the next chapter and spread them on the floor or table and pick out which are the most appropriate to you or just work through the pages of this book.

The cards fall in to three groups: Behaviours; Feelings; Thoughts and Perceptions. You may have relapse indicators not shown on the cards and you may of course include these in your list, the cards show the most common indicators.

Excessive fear of relapse may in fact increase the chances of relapse, so it is important to remain calm and breathe! If you have a set of goals to achieve, this will help to stabilise you.

**It is important not to feel embarrassed admitting any of the symptoms as they are simply a result of poor brain chemistry. You may feel frightened, confused, worried, angry or upset about what was or is going on. If you can, have someone with you who knows you well who may have noticed things which you did not, or which you forgot or chose to forget. Also, keep a note of any indicators personal to you which are not on the cards.**

*It's no use denying any symptoms; all symptoms recognised will be of benefit to recovery and staying well.*

**If you find doing this too distressing it is wise to wait until you are feeling stronger and focus on developing your support network. Supportive agencies are listed at the end of this book.**

**No matter how bad things have been, the situation is not hopeless and you are not completely helpless.**

The occurrence of mental illness means that things have changed, therefore you will have to change to adapt to dealing with the causes and symptoms. Psychosis can, for example, be caused by depression and anxiety together with a lack of sleep and food: Therefore, to avoid psychosis it is necessary to find techniques to deal with depression and anxiety and have enough sleep and food, regularly. Personally, I have trouble eating, either not feeling like it or not feeling entitled, I have to discipline myself to eat regularly to avoid psychosis.

Chapter 5.

## **The Flash Cards**

These are the flash cards which will form the basis of your Relapse Signature, you can of course add your own indicators. They are shown at the rate of two per page:

# **Behaviours**

**Movements are slow**

**Behaving aggressively**

**Smoking more**

**Unable to sit down for  
long**



**Behaving like a child**

**Refusing to do simple  
requests**

**Drinking more**

**Acting like you are  
someone else**

**Not seeing people**

**Talking or smiling to  
yourself**

**Difficulty in sleeping**

**Neglecting your  
appearance**

**Spending time alone**

**Acting suspiciously as  
if being watched**

**Not eating**

**Behaving oddly for no  
reason**

**Not leaving the house**

**Speech comes out  
jumbled and filled  
with odd words**

## **Feelings**



**Feeling unable to  
cope with everyday  
tasks**

**Feeling like you  
cannot trust other  
people**

**Feeling like you are  
being punished**

**Feeling sad or low**

**Feeling like you do  
not need sleep**

**Feeling strong or  
powerful**

**Feeling isolated**

**Feeling forgetful or  
far away**

**Feeling in another  
world**

**Feeling like you're  
being watched**

**Feeling increasingly  
religious**

**Feeling guilty**

**Feeling confused or  
puzzled**

**Feeling afraid of  
going crazy**

**Feeling irritable**

**Feeling anxious or  
restless**



**Feeling helpless or  
useless**

**Feeling tired or  
lacking energy**

# **Thoughts & Perceptions**

**Preoccupied about  
one or two things**

**Thinking that a part  
of you has changed  
shape**

**Receiving personal  
messages from TV or  
radio**

**Thoughts are racing**

**Having more  
nightmares**

**Thinking you can  
read minds**

**Thinking your  
thoughts are  
controlled**

**Hearing voices**

**Thinking you have  
special powers**

**Thinking bizarre  
things**

**Thinking people are  
talking about you**

**Having difficulty  
making decisions**



**Experiencing strange  
sensations**

**Thinking that other  
people can read your  
mind**

**Thinking you might  
be somebody else**

**Senses seem sharper**

**Thinking people are  
against you**

**Seeing visions or  
things other people  
cannot see**

# **Having difficulty concentrating**

It may be useful to consider what precipitated or came before the symptom to trigger it; more of this is covered in Chapter 3: “Stressful Life Events”. It may also be useful to make a timeline of triggers and symptoms. Some symptoms may be a result of negative habits, such habits can be changed, try using the suggestions in Chapter 7: “Suggestions for Relapse Prevention” or try coming up with your own.

N.B. If, which is unlikely, you feel dissatisfied with the test, you could try the alternative Dr Robert Epstein test at [www.doyouneedtherapy.com](http://www.doyouneedtherapy.com)

## Example Relapse Signature

Your relapse signature should look something like this:

Andrew

Relapse Signature

Thoughts + Perceptions

- ① Thinking I have to save the world + save people
- ② Racing thoughts.
- ③ Thinking about things I can't change.
- ④ Receiving ~~personal~~ messages from TV / radio - Disturbing information
- ⑤ Senses seem sharper
- ⑥ See things other people can't see.
- ⑦ Pre-occupied about 1 or 2 things
- ⑧ Difficulty making decisions + Concentrating on basic living
- ⑨ Self-esteem problems.

Feelings

- ⑩ Lack of motivation
- ⑪ Feeling that I have to save the world
- ⑫ Feeling like I don't need to sleep.
- ⑬ Feeling I can't be bothered with everyday tasks
- ⑭ Feeling tired / lacking energy.
- ⑮ Feeling helpless / useless
- ⑯ Feeling isolated
- ⑰ Feeling anxious / restless
- ⑱ Feeling I can't cope with everyday tasks
- ⑲ ~~Not~~ feeling like eating regularly.  
not

Behaviours

- ⑲ Not eating
- ⑲ Neglecting appearance, neglecting hygiene + eg dentist
- ⑲ Neglecting responsibilities
- ⑲ Difficulty in sleeping
- ⑲ Unable to sit down for long
- ⑲ Smoking + drinking more (tea + coffee)
- ⑲ Spending time alone

## **Suggestions for Relapse Prevention**

On the reverse side of your Relapse Signature write down some of these suggestions, you may of course use these suggestions and add suggestions of your own:

“This is a sign I am becoming unwell.”

“This is a sign I am becoming unwell and I need to ...”

- |                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| Have something (healthy) to eat                                  | Have something (healthy) to drink     |
| Watch a particular video                                         | Listen to a particular piece of music |
| Switch on the TV or radio                                        | Switch off the TV or radio            |
| Listen to a particular recording                                 | Listen to a guided meditation         |
| Slow down breathing and breathe deeply                           | Call a friend                         |
| Call a relative                                                  | Call a key-worker                     |
| Call your General Practitioner                                   | Call your Psychiatrist                |
| Contact a support organisation                                   | Have a rest                           |
| Have a sleep                                                     | Have a power nap                      |
| Do some cleaning but don't get OCD                               | Have a wash                           |
| Have a shower                                                    | Have a bath                           |
| Listen to some music                                             | Play a musical instrument             |
| Sing or whistle                                                  | Paint or draw a picture               |
| Look at some art                                                 | Read a book                           |
| Write a book                                                     | Keep a journal                        |
| Get some information                                             | Start a project                       |
| Work on a project                                                | Finish a project                      |
| Get your bills in order                                          | Manage debts                          |
| Get into a credit balance                                        | Do some financial planning            |
| Do some goal setting                                             | Go for a walk                         |
| Go for a run or jog                                              | Go for a bike ride                    |
| Go for a drive                                                   | Go for a swim                         |
| Go to the park/beach/fields/woods                                | Visit an art gallery                  |
| Visit a museum                                                   | Visit a library                       |
| Visit a church                                                   | Visit a friend or family              |
| Book a trip                                                      | Go on a trip                          |
| Dance or jog on the spot                                         | Practice meditation                   |
| Practice some stretches                                          | Practice Yoga                         |
| Practice Ti Chi                                                  | Join a Yoga class                     |
| Join a Tai Chi class                                             | Join any class                        |
| Join a social group                                              | Meditate                              |
| Pray                                                             | Book a holiday                        |
| Go on a break                                                    | Go to the cinema                      |
| Start a business or get involved with online affiliate marketing |                                       |
| Learn something new, words, languages or skills                  |                                       |
| Dream                                                            | Get a voluntary job                   |
| Get a part time job                                              | Get a full-time job                   |
| Go to work                                                       | Take up a new hobby                   |
| Carry on with a hobby                                            | Other helpful activities...           |

**Affirmations:** Affirmations are a powerful way to counteract symptoms and unwanted thoughts, feelings and behaviours although ineffective as a form of denial it is important to make clear a differentiation. Affirmations should occur at the time the unwanted thought, feeling or behaviour occurs, not when being questioned about it.

They should be used to nip the symptom in the bud and become an ingrained habit so that habitual use outweighs the habit of the symptom. They should not be used to deny a symptom exists when being questioned by a psychiatrist, General Practitioner or other medical professional or carer etc.,

If an affirmation proves ineffective it is time to seek an alternative method or see a qualified medical practitioner. The list of affirmations is for example purposes, you may of course come up with your own affirmations. It is still worth persisting with the affirmation/s even if at the time it seemed like a lie: A lie told once is still a lie, a lie told a thousand times becomes the truth. Fake it till you make it psychology.

You may, for example, have to learn to like yourself, so the first suggested affirmation “I like myself” may well be appropriate.

Affirmation: I like myself

Affirmation: I move freely

Affirmation: I am a peaceful person

Affirmation: I can stay sat down calmly

Affirmation: I am not anyone else but myself

Affirmation: I am warm and friendly

Affirmation: I fall asleep easily at the right time

Affirmation: I deserve to eat nutritious food

Affirmation: I am clean and tidy at all times

Affirmation: I am a social person

Affirmation: No one is watching me

Affirmation: I am free to live my life the way I want to

Affirmation: I eat healthily and regularly

Affirmation: I enjoy going out

Affirmation: I can cope

Affirmation: There are people who are trustworthy

Affirmation: No one is punishing me

Affirmation: Life is not punishing me

Affirmation: I'm living my life right for me

Affirmation: I am a happy person

Affirmation: I choose to be happy

Affirmation: I need regular sleep

Affirmation: I live in the present

Affirmation: I live in the real world

Affirmation: I am innocent

Affirmation: I am cool, calm, confident and collected

Affirmation: I am a useful person

Affirmation: I have full energy

Affirmation: I can concentrate on more than a couple of subjects

Affirmation: No part of me has changed shape



Affirmation: I am free to watch TV or Radio without receiving personal messages  
Affirmation: I am calm  
Affirmation: My sleep is peaceful and natural  
Affirmation: Whilst I cannot read minds, I may be able to read body language, but am I doing so accurately?  
Affirmation: My thoughts are my own  
Affirmation: Voices are my imagination or my inner critic becoming unruly  
Affirmation: I am without special powers  
Affirmation: Bizarre thoughts are my imagination being unruly  
Affirmation: No one is talking about me  
Affirmation: I make clear concise decisions easily  
Affirmation: My body feels normal, strange sensations are my imagination being unruly  
Affirmation: No one can read my mind, although they may be able to read my body language  
Affirmation: I am me and nobody else  
Affirmation: People are for me  
Affirmation: Seeing things other people cannot see is my imagination being unruly  
Affirmation: I can easily concentrate with laser focus  
Affirmation: I set goals and achieve them easily, although some require more effort than others  
Other helpful affirmations...

This is now “your” plan! Congratulations!

Review your plan regularly, as is necessary in line with your needs and desires and keep it handy, even get it laminated. Discuss your plan with trusted friends, family, loved ones and health care providers, if necessary supplying them with a copy.

It can be a good idea to use “post-it notes” around the home and work to remind you of key parts or difficult to remember parts of your plan and affirmations.

## **Further Suggestions For Relapse Prevention**

### **Healthy Foods, Super Foods!**

Good mood food is of massive benefit to the mental well-being of a person for it aids the biochemistry of the brain, the house of the mind. In a nutshell, without going in to the biochemistry of it, there are numerous healthy foods for the brain and body, yet the super foods for mood and brain chemistry are:

Seeds .....	Sunflower Seeds
Nuts .....	Walnuts
Bread .....	Wholemeal or Rye
Cereals .....	Porridge Oats
Fruit .....	Pineapple
Cheese .....	Fresh
Vegetable .....	Beetroot
Fish .....	Sardines
Meat .....	*Turkey
Sweets .....	Dark Chocolate
Drink .....	Water, Milk

*\*Contains Tryptophan, a natural antidepressant not known to conflict with other medications.*

Sardines and other oily fish are being used in studies to treat Schizophrenia and Beetroot is being used to treat Alzheimer's disease and Dementia. The one food found to stand out as providing for a long life is a handful of nuts everyday!

If you feel stuck what to choose, choose foods that have the same colours as found in a Rainbow, "Rainbow foods".

### **Foods to avoid**

Not all food is food if it has been tampered with. (So called) "Foods" are to be avoided if they fall in to the following categories: biscuits, milk chocolate, crisps, fried food, processed food, pastries, cakes, white flour products in general, sweets and sugary drinks. All these products do is give you a temporary feeling of being full together with a blood sugar level spike yet being of zero nutritional value.

Drinks with artificial sweeteners, and foodstuffs containing anything "hydrogenated" should be avoided, as they deplete the body's natural systems of health; although the foods to be avoided can be used as an occasional treat, they should be consumed in moderation.

N.B. Grapefruit should be avoided as it conflicts with older style medications.

## **Cooking and Eating**

Cooking can be a very enjoyable and great hobby, not only cooking for you but also for friends and family. If you can't be bothered to cook there are a variety of ready-made meals on offer in the supermarkets low in salt and sugar, just bung them into the microwave oven and away you go.

It is important to have nutrition three times per day for full healthy functioning of the brain and body. Soldiers, during their training, go for extended periods without sleep and food and many hallucinate as a result (the symptoms of Schizophrenia). The reason they don't become mentally ill, although suffering the symptoms of mental illness, is that they are soon resumed back into a routine of regular sleeping and eating and thus make a full recovery. The only exception to this is when they have endured severe combat stress.

Remember to include super foods in our diet and avoid the foods to be avoided, although the foods to be avoided can be used as an occasional treat.

## **Alarms**

If your body clock is out of sync or you have trouble remembering appointments, medication and meals you can set up an alarm clock on your PC or phone or both. I use Free Alarm Clock for my PC and the Calendar function on my Windows Phone.

You can set alarms for all sorts of things, not only when to wake up but when to have breakfast and other meals, when to take medication and when to go to sleep as well as other appointments. Personally, I keep my routine alarms on my PC at home and my appointments on my phone, in case I am out and about.

## **Smoking and Drinking**

Smoking excessively has a negative impact on health generally, moderate smoking, well you never know which cigarette is going to trigger cancer or other life-threatening disease. Furthermore, whilst smoking does not conflict with most medications it does cause some medications to be less effective, thus requiring more of the medication.

Whilst it is a great idea in principle to give up smoking, it is probably not a good idea to try giving up whilst suffering from a mental health condition. Whilst we know that smoking kills, so does stress. If you are a long term smoker, as many mental health patients are (higher than the national average of non-mental health patients), you are probably going to need some therapeutic conversations in the process of successfully stopping.

There are stop smoking schemes of support available as well as patches, inhalers, gum and now vaporisers, which have been found by the Royal College of Physicians to be 95% safer than smoking. Most hospitals are now "smoke free" zones.

If you drink alcohol, the new advice says men and women who drink regularly should consume no more than 14 units a week - equivalent to six pints of beer or seven glasses of wine. Pregnant women should not drink at all. It also says if people drink, it should be moderately over three or more days and that some days should be alcohol-free. Remember that alcohol conflicts with many medications, so try a shandy or Spritzer so you can still be part of the party.

If you drink more than the above stated limits it most likely means that you have an alcohol issue and if you have an alcohol issue it more than likely means that there are other issues, complexes and unhelpful beliefs bubbling just below the surface which need addressing through therapy or counselling. Perhaps you are an abuse victim or a witness to abuse in childhood or an army veteran or whatever, giving rise to troublesome experiences which have previously been “handled” via the use of alcohol.

Joining Alcoholics Anonymous is a great idea, once an alcoholic, always an alcoholic as the saying goes: They are the experts and will help you greatly. They can save your life and if you think your life isn't worth much it just goes to prove you have issues to address, because you are a worthwhile human being.

### **Complexes and Counsellors**

It is highly likely that you will have accumulated underlying and undermining issues, complexes and unhelpful beliefs to resolve in order to prevent a relapse: It's nothing to be embarrassed about; we are all subject to life's unfortunate circumstances which can have a negative impact upon our experiences or the way we interpret them or come to understand them. For example I had a guilt complex that I was in some way responsible for my mother's death, which is impossible as I was only three years old at the time. I was only able to resolve this complex through bereavement counselling.

Correct medication alone is unlikely to prevent a relapse, even if it is an inherited illness, issues, complexes and unhelpful beliefs are likely to have arisen and so some psychotherapeutic intervention will be beneficial. If you require spiritual counselling see a spiritual counsellor, like a priest or vicar, if you require Cognitive Behaviour Therapy, see a CBT specialist, if you require bereavement counselling see a bereavement counsellor and so on.

You should be able to find a good therapist or counsellor within a few tries, if not, then the problem is probably you and not them!

### **Guided Meditations, Hypnosis Recordings, Mindfulness & Prayer**

Guided meditations can be of considerable value, depending upon the recording, for assisting rewire the brain. The brain can be rewired do to an effect known as neuro-plasticity. For example, a shy person can become a confident person, especially as shyness is learned behaviour.

Guided meditations can at least provide a half hour or an hour of respite from troubles and hypnosis recordings can assist a person become accustomed to new behaviours or ways of thinking. Contrary to popular belief, hypnosis can't make a person act against their will but it can allow negative thoughts to persist. It is a good idea to play any recording once whilst seated or standing in the cold light of day just to be sure it is going to be a helpful or beneficial recording.

Mindfulness can be a great way to keep track of the brain's thoughts and ways to correct them. If you can, join a mindfulness group or see a practitioner.

Prayer can be very therapeutic, making one aware of truths and releasing sins to God, the Saviour. God can do anything, He is God.

### **Good Sleep Hygiene**

For a good night's sleep, it's important to have a warm and comfy bed in a clean and tidy room which is very dark and quiet when the curtains are drawn and the lights are off. There is another school of thought which says we need sounds for a good night's sleep because we have evolved with sharing sleeping accommodation.

If you have trouble getting off to sleep you may need to eliminate stimulants 1 hour, 4 hours, or even 8 hours, if necessary, before going to bed. Stimulants include tobacco, alcohol, chocolate, coffee, television and computers.

Keep a notebook, or journal, and pen by your bedside to write down any troubling thoughts, worries or ideas and concepts. If you can't sleep, get up and read a book until you feel tired, it's no use churning in bed unable to get to sleep. Getting a good night's sleep should reinforce your well-being and support your resistance to relapse.

Try resting in God. The Lord is near. Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus. PHILIPPIANS 4.4-7

### **Exercise**

Exercising during the day helps you sleep better at night time, becoming naturally physically tired. The most I could manage some days was dragging myself out of bed at midday to bask in the weather of the day at a local coffee shop; at least it got me out and was the start of a routine. I found I was better able to sleep on days that I got out for coffee than days when I didn't. I am working myself up to running for half an hour everyday.

What ever you can manage exercise wise is great, whether it's an aerobics DVD, Tai Chi at home, or even build up to an hour in the gym or hitting the road everyday with running shoes or a bike; anything is great and will pay off with feel good endorphins and better sleep. Do whatever you can do, without overdoing it and remember to consult your GP before embarking on a new exercise regime, just to make sure it is safe for you.

## **Pets**

Pets can either be therapeutic or stressful, stressful if you have difficulty coping. Cats and dogs can be great companionship, company and a comfort stroking them. People tend to be calmer and live longer with something to stroke.

Dogs are great for getting you out and about and meeting new people, whilst cats tend to be more independent and require minimal looking after. Tropical fish and other caged creatures can be very rewarding and require minimal looking after yet hours of entertainment and joy, just be certain you have someone who can, and is willing, to take care of them should you fall ill again or want to go on holiday.

Owning a pet should increase your sense of responsibility and thereby support your resistance to relapse.

## **TV, Radio and the Media**

News on the TV, radio and media tends to focus on the negative or “bad news” since most people’s attention is grabbed more by bad news than good news; it’s because the brain is wired for survival and more attention is paid to anything which might be a threat to it. Too much bad news can cause depression and relapse.

The media has been criticised for many things, especially lack of educational value. The media should be regarded for what it is, an entertainment medium, albeit generally aimed at a mental age of 12!

The advance of the internet hasn’t just meant for media channels for ie social networking but a host of channels for learning, learning anything you can think of in fact! It is also a medium through which you can express yourself, not only on social media channels, but in blogs, videos, E-books (such as this one) and even start a website or business, all for minimal cost. The possibilities are endless!

## **Money and Debt**

Debt should be avoided at all costs, especially if you would like to become wealthy one day, or at least financially independent. Keep a tight rein on spending, especially if in crisis. Spending money and debt only provide temporary relief then there is the long drawn out process of having to pay it all back.

Financial worries and debt cause stress, worry and depression. Gambling is a definite no-no as no one ever got rich by gambling. If you have a gambling addiction, get therapy. If you save 10% of all your income, in ten years time you will have a whole year’s income. Part of your well-being is your financial health.

## **What Do I Want?**

*Just what do I want? And just what do I want to give back?* These are two very important questions which will provide very worthwhile results if they can be answered, an action plan made on what to do about them and acted upon.

Figuring out what you want is your biggest job in life, getting on with it comes a close second. “What is the meaning of life” you may ask, well, life has the meaning you give to it, it’s that simple.

Giving and receiving just what you want to is very fulfilling. Billionaires have got what they want and are in their droves donating vast sums to charity in order to give what they want to give back. If you investigate further you will find ways of earning while you learn and earning whilst you give to the world.

You may well have unfulfilled childhood dreams or you may have derived ideas or concepts as an adult. Whatever they are, no matter how outlandish, they are probably worthy of working towards. It’s no use waiting around for “luck” to happen to you, you have to get out there and create the opportunities for it to “happen”.

Having outlets and projects to work on will reinforce your well-being and automatically helps to prevent relapse, regardless of what has happened in the past. See failure as opportunities for learning and see obstacles as challenges.

You only get one life, make the most of it and make sure it is meaningful and fulfilling.

## Example Relapse Prevention Plan

The Relapse Prevention Plan, sometimes referred to as a "Drill", should look something like this:

Relapse Prevention Plan.

Thoughts + Perceptions

- ① "It's not my job"
- ② Glass of Warm Milk. Have a warm bath.
- ③ "Think about how I can improve my responsibilities instead"
- ④ "This is a sign that I'm becoming ill"
- ⑤ Glass of Warm milk. Have a warm bath.
- ⑥ "This is a sign that I'm becoming ill"
- ⑦ If they're things I can't change - watch a movie  
If they're things I can change - Get on with it - Don't dilly dally.
- ⑧ "This is a sign that I'm becoming unwell"  
Eat + sleep regularly
- ⑨ "I am kind and compassionate"

Feelings

- ⑩ Listen to Joel Osteen.
- ⑪ "It's not my job"
- ⑫ "This is a sign that I'm becoming unwell" Get back into a routine
- ⑬ Listen to Joel Osteen and get priorities sorted
- ⑭ Get some fresh air - Splash cold water on face.
- ⑮ Listen to Joel Osteen
- ⑯ Call Mental Health Matters - 0800 107 0160 or  
The Samaritans - 0845 790 9090
- ⑰ Glass of Warm milk. Have a warm bath. Lay down. Have a Cigarette.  
Ten deep breaths.
- ⑱ Listen to Joel Osteen. Eat + sleep regularly. Prioritise tasks.
- ⑲ "This is a sign that I'm becoming unwell". Have some porridge.

Behaviours

- ⑳ Have some porridge or other cereal.
- ㉑ Have a bath/shower. Shower. Make dentist/hairdresser appointment
- ㉒ Sort priorities. Make a list.
- ㉓ Stop sleeping during the day. Mug of Warm milk. Eat some nuts.  
Warm bath. Listen to some relaxing music. Pray.
- ㉔ Go for a walk if possible. Try stretches and exercises.  
Have a Cigarette. Warm milk. Warm bath.
- ㉕ Swap some tea/coffee for water/milk. Eat nuts. 3 filters
- ㉖ Call mental Health Matters - 0800 107 0160 or  
The Samaritans - 0845 790 9090



As a side note, I rely on Joel Osteen recordings on YouTube.com, “You are not damaged goods” for inspiration. You Tube is a powerful resource not to be underestimated.

**KEEP YOUR RELAPSE PREVENTION PLAN IN A SAFE PLACE, SHARE IT WITH YOUR CARERS AND REFER TO IT, UPDATING IT AS NECESSARY.**

## **Feeling and Doing Well**

It is worth rehearsing the Drill/Relapse Prevention Plan in order to ingrain into the subconscious good habits for staying well. Recovery and wellness might be an ongoing process so you may need to review your Relapse Signature and Relapse Prevention Plan regularly.

It is a good idea to have a written description of how you are when you are feeling well. You will recognise when support is no longer needed and you will gain control of your life much sooner.

### **What I am like when I am feeling and doing well:**

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### **Top 10 ways to know that I am feeling and doing well:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Now you can recognise when you are doing well.

## **Stage 2 Symptoms, Indicators & Management**

If following this guide is failing to help you cope with normal day to day activities you should consult your doctor or Psychiatrist. It doesn't mean you have failed; just learn what you can do for future reference, especially remembering the positive and helpful things.

Stage 2 symptoms include:

- Suicidal thoughts or plans or disclosures
- Having nightmares about the devil
- Preoccupied about sin
- Self-harming activities
- Worsening of symptoms
- Symptoms becoming unmanageable

A Crisis Plan is important for the point at which you can no longer cope or manage your symptoms on your own and want outside help. It should include where to go for help and who to contact, preferable treatments and treatments to avoid and various contact information: Please see overleaf for a draft Crisis Plan.

## **CRISIS PLAN**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Care Co-ordinator Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

The signs that I am in crisis: \_\_\_\_\_

\_\_\_\_\_

Current medication: \_\_\_\_\_

Helpful treatments: \_\_\_\_\_

Treatments to Avoid: \_\_\_\_\_

The following are individuals who may assist me when crisis symptoms are present:

1. Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

3. Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Individuals who should not be involved with my care: \_\_\_\_\_

Healthy signs that indicate I am recovering:

\_\_\_\_\_

\_\_\_\_\_

If I have concerns about my illness, I will contact \_\_\_\_\_ immediately.

Things which can't wait until I am feeling well: \_\_\_\_\_

\_\_\_\_\_

Things that can wait until I am well: \_\_\_\_\_

\_\_\_\_\_

Example important telephone numbers:

Friends  
The Samaritans  
MIND

Family  
Medical Practitioners  
RETHINK

Peer support  
Healthcare workers  
Etc.,

## **In An Emergency**

If your relative's mental health deteriorates rapidly, you may need to get help and support urgently.

If your relative has previously experienced a psychotic episode, it is helpful to plan what to do in an emergency and keep relevant phone numbers in your mobile phone, or by your landline, in case you need them quickly. You can seek advice from your GP or any of the mental health professionals who have offered support to your relative.

If your relative has a care coordinator, ask them what number you should ring for urgent advice and help during office hours, and ask them what to do at other times (they may suggest you contact a crisis resolution/home treatment team, for example). Your relative's care plan should include written information about getting help during a crisis.

### **In an emergency, during office hours:**

- contact your relative's GP;
- or take your relative to an accident and emergency department where you can see a duty psychiatrist;
- or contact your relative's care coordinator (if they have one), or do as they have advised you;
- or contact your relative's psychiatrist (if they have one), if you have a good relationship with them.

### **In an emergency, outside office hours:**

- take your relative to an accident and emergency department where you can see a duty psychiatrist;
- or phone the local social services emergency duty team (you can find this number in advance by searching for 'social services emergency team' on your local council's website);
- or phone the number given by your relative's care coordinator (if they have one).

### **If your relative tries to take his or her own life:**

seek medical help immediately. Take him or her to an accident and emergency department, or call 999 and ask for an ambulance.

### **If you are seriously worried about your own safety:**

call 999 and ask for the police.

Taken from [http://www.mentalhealthcare.org.uk/in\\_an\\_emergency](http://www.mentalhealthcare.org.uk/in_an_emergency)

## Goals

Having goals is especially important, most people don't have big goals, or if they do, they don't go for them because they can't be bothered to make the efforts necessary to attain the goal or they are fearful of taking necessary risks, but usually because they can't be bothered, they have "settled" for less. Being "stuck" or trapped is only a state of mind, get the mind moving and the body will follow.

The goal is to be mentally well, but that is only a general goal because having more goals, long-term goals and dreams will help you to remain especially well: This is because a person with goals will be automatically directed by their mind in the attainment of those goals and a person without goals can be blown about by the wind.

It is the healthy or helpful habits which will help to reduce your symptoms and stabilise the ship, having goals will give the ship direction and lead to safe harbours instead of being dashed to pieces on the rocks.

Writing down your goals in an easy to remember place, eg in the front of your journal, is imperative, you can't just rely on memory to retain your goals. A satisfying activity is checking your goals off your list, it's very rewarding. You can feel satisfied and celebrating will reinforce your momentum and progress, a great source of happiness, self-esteem and self-confidence.

It is not only the attaining of the goal but it is the person you become in the process which is important to note. Goals will stretch you to grow, improve your skills and knowledge and this, in turn, will benefit your self-confidence, self-esteem and mental health.

Always keep your goals in mind and this will automatically help you to remain well and will reinforce your well-being.

I, for example, would like to own my very own farm one day and it's a goal that I keep in mind, it's something to aim for and having that dream reinforces my well-being because I have to remain well in order to attain it. My mind automatically helps me.

Not having goals makes your resolve and will power weak and more susceptible to relapse. Having goals gives you direction, purpose, satisfaction and natural "highs" plus God Himself will help you.

YouTube.com is a useful and powerful website for videos on goals & success amongst a limitless supply of other subjects.

## **Conclusion**

Relapse Signatures coupled with Relapse Prevention Plans can be a great aid to recovery and staying well in conjunction with medication and goals. Adding to self knowledge, knowing one's limits and symptoms, should add to self confidence and long term wellness. Recovery and wellness are an ongoing process so you may need to review your Relapse Signature and Relapse Prevention Plan in order to remain on top of things.

In all probability you will become a more extraordinary person for overcoming your illness and the stigma that comes with it. Here's to your success and wellness!

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Feel free to contact the author with any suggestions and feedback  
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## **Help and Information**

Carers UK Tel: 0808 808 7777 (open 10am-12pm and 2pm-4pm Wednesday and Thursday) [www.carersonline.org.uk](http://www.carersonline.org.uk)

Depression Alliance 020 7633 9929 [www.depressionalliance.org](http://www.depressionalliance.org)

Manic Depression Fellowship 020 8974 6550 [www.mdf.org.uk](http://www.mdf.org.uk)

MDF – The Bipolar Organisation Tel: 08456 340 540 (open 9am-5pm from Monday to Thursday and 9am-4pm on Friday) [www.mdf.org.uk](http://www.mdf.org.uk)

Mental Health Foundation 020 7535 7400 [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Mental Health Matters (0191) 516 3500 <http://www.mentalhealthmatters.com>

MIND Info Line 0845 660 163 [www.mind.org.uk](http://www.mind.org.uk)

National Phobics Society 0870 7700 456 [www.phobics-society.org.uk](http://www.phobics-society.org.uk)

No Panic 01952 590545 [www.nopanic.org.uk](http://www.nopanic.org.uk)

Obsessive Action 020 7226 4000 [www.obsessive-action.demon.co.uk](http://www.obsessive-action.demon.co.uk)

Rethink Tel: 020 8974 6814 (open 10am-3pm, Monday to Friday) E-mail: [advice@rethink.org](mailto:advice@rethink.org) [www.rethink.org](http://www.rethink.org)

Samaritans Tel: 116 123 Free number for mobiles (open 24 hours every day) [www.samaritans.org](http://www.samaritans.org)

SANELINE on 0845 767 8000 (calls are charged at the local rate). SANELINE also offers emotional support, crisis care and detailed information to those experiencing mental health problems, their families and carers and is open from 1pm – 11pm every day of the year. [www.sane.org.uk](http://www.sane.org.uk)

Social Anxiety Organisation [www.social-anxiety.org](http://www.social-anxiety.org)

The Anxiety Panic Internet Resource (TAPIR) [www.algy.com/anxiety](http://www.algy.com/anxiety)

UK Trauma Group [www.traumatic-stress.com](http://www.traumatic-stress.com)



## **Useful Websites**

<http://www.foodforthebrain.org/>

<http://www.getselfhelp.co.uk>

<http://www.heretohelp.bc.ca>

<http://www.liveitwell.org.uk>

<http://www.doyouneedtherapy.com>

<http://www.youtube.com>

## **Further Reading**

<http://healthycanadians.gc.ca/eating-nutrition/index-eng.php>

<http://mhtu.co.uk/rpp%20handbook%202008.pdf>

Staying Well & Minimising the Risk of Relapse

<http://www.heretohelp.bc.ca/factsheet/preventing-relapse-of-mental-illnesses>

<https://www.anxietyuk.org.uk/docs/Relapse%20prevention%20kit.pdf>

[https://www.rethink.org/media/529030/CFY\\_7\\_Recovery\\_and\\_Hope.pdf](https://www.rethink.org/media/529030/CFY_7_Recovery_and_Hope.pdf)

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“I read this book and I found that I could really relate to it: It’s helped me get off of Venlafaxine, which I have been taking for years, to help me cope with having Social Phobia.”

**John W., United Kingdom**

"Do I need help" is a from the heart and personal experience practical book written by a recurring mental health patient. Andrew Welcome has tackled this very emotional subject in great depth giving the patient and/or carer invaluable information on recognising and dealing with signs of relapse. I would love to see this extremely useful informative book given to all carers and sufferers of mental health conditions as part of the care package which in itself would prevent the breakdown of many families."

**Jane S., United Kingdom**

**£7.95**

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