

# Dealing with unusual thoughts and behaviour

This factsheet is aimed at families, friends and carers of people with a mental illness such as schizophrenia or bipolar disorder. There are suggestions for dealing with common symptoms associated with these conditions such as delusions, withdrawing from other people and risky behaviour.

We use the term 'your relative' for the person you know with unusual thoughts and behaviours, though we do understand that you may not be related.



KEY POINTS

- Unusual thoughts and behaviour are often two of the hardest aspects of mental illness for many friends, families and carers to understand, accept and cope with.
- Common problems you may encounter include unusual or paranoid beliefs, hearing voices, problems with thinking and speech, loss of motivation, withdrawing from other people, aggression, risky behaviour or becoming over-dependent
- The following pages deal with each of these behaviours and attempts to explain them, how you can cope with them and how you can help a person with a mental illness to cope with them.
- Examples are informed by professional advice, from people with mental illness, and from friends, family and carers.

## This fact sheet covers:

1. [Delusions and paranoia](#)
2. [Lack of motivation and loss of interest and/or pleasure in things](#)
3. [Withdrawing from other people](#)
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## 1. Delusions and paranoia

Delusions are false beliefs or thoughts with no basis in reality. For example, some individuals may believe that they are being targeted by law enforcement agencies or that their thoughts are being influenced by external forces. Delusions are a psychotic symptom which can be experienced as part of a number of mental illnesses. You can find more information about psychosis and psychotic symptoms in our factsheet '**Psychosis**'.

If your relative is experiencing delusions for the first time you should encourage them to seek medical advice as early as possible. Understanding how to communicate effectively with them about their delusions may help you to do this. You can find more information about how to access help for someone who may be experiencing mental illness in our factsheet '**Are you worried about someone's mental health?**'.

Even if your relative is receiving treatment, they can still experience delusions. However, if they are experiencing a severe psychotic episode there is often little you can do to alter their beliefs and they may need urgent help or treatment. If you are in this situation our factsheet '**Getting help in a crisis**' may be useful to you.

### ***How to help someone with delusions and paranoid beliefs***

The key to helping your relative deal with their delusions is being able to communicate with them and listen empathetically<sup>1</sup>.

- Avoid laughing at them, ignoring them or telling them their thoughts are stupid.
- Remember that to your loved one the delusions seem totally real and are also likely to be make them feel very anxious.
- You can acknowledge your relative's feelings without reinforcing the actual belief. You can communicate that you are on their side and want to help. This may give you a chance to discuss the delusions and how to try and deal with them. For example -

*"....this must be very frightening for you, maybe if we talk about it you may feel less anxious...."*

- Try to avoid agreeing with the beliefs as this may reinforce them.
- It is also unhelpful to challenge the delusions too directly as this can backfire. Research shows that if a person is confronted about their belief, they may end up believing in it more<sup>2</sup>.
- It can help to reassure them clearly and calmly. You can let them know that you understand they may see things in a particular way but you believe there is no problem or threat in the situation. This draws a line between his/her reality and your own<sup>3</sup>. For example -

*"I know you think the police are following you, but I don't think this is true...."*

- If their belief causes certain emotions, try to respond to these emotions with a rational explanation about why they should not worry. For example-

*"....you have no need to worry, you have done nothing wrong, so the police would not be interested in you"*

- Sometimes you can try to explore the evidence for a particular belief. This is not the same as challenging it. You could encourage your relative to consider the evidence for their belief by asking questions and being non judgmental. Try to highlight the difference between a guess and a fact and try to work with them to provide alternative explanations for what they believe. It is important that discussing the evidence is done sympathetically and carefully to avoid challenging their beliefs too strongly<sup>4</sup>.

*"You say that man was following you but can you be sure? How many times have you seen him? Did you see where he walked to? He could have just been walking in the same direction a few times because he lives nearby. "*

If your relative is hearing voices you may be able to help them develop ways of dealing with them. You can find more information about how to do this in our factsheet '**Coping with hearing voices**'.

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## **2. Lack of motivation and loss of interest and/or pleasure in things**

Lack of motivation and a loss of interest in pleasurable activities can be symptoms of mental illness. Many people are a lot less active than they were before they became unwell. This can be very upsetting for those around them and can be some of the most frustrating behaviour to deal with.

### ***How can I help someone with a loss of motivation and interest?***

- You could first explore whether this is a part of the illness. Sometimes what can appear to be symptoms of mental illness may be side effects of medication<sup>5</sup>. You can find more information about dealing with the problematic side effects of medications in our factsheet '**Medication – choice and managing problems**'.
- The next important step is to accept that this may be a part of your relative's illness, at least for now, and not to put too much pressure on your relative.

- Include your relative in daily activities such as shopping or housework as well as fun activities. Do not put any expectations on them and simply invite them to take part however they feel comfortable. This may increase the chances of them joining you again.
- Organise specific fun activities each week. If your relative gets into a habit of taking part in a certain activity regularly, their enjoyment of this activity may eventually grow. You could explore activities your relative used to enjoy doing or suggest new activities.
- Try to focus on the future and not the past. Your relative may have lost interest in life because they are aware of how things have changed. Reminding your relative of how they used to be may add to this feeling. Instead talk about the range of opportunities available to your relative now.
- Your relative may want their life to improve but may not feel it is possible. Work with your relative to break down goals into small steps. Progress may be slow but reassure and encourage them by noting and praising each small success made.<sup>6</sup>
- It may be important for your relative to think about their life goals and what motivates and interests them. This can be important for their person recovery. They may also find it helpful to see examples of what helped other people recover from mental illness. You can find more information about recovery in our factsheet '**Recovery**' .

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### **3. Withdrawing from other people**

Withdrawing from other people can be another symptom of mental illness. You might hear this called 'social withdrawal'. It can also be caused by other symptoms that your relative is experiencing. For example, your relative may start to see themselves as different, feeling unable to 'fit in' with friends and family and so they may withdraw. It can start with staying at home and not socialising, not speaking or even not showing emotions.

It is important to remember that someone with mental illness can experience a blow to their self-confidence and sense of who they are. They may not feel confident enough to manage even ordinary day-to-day social situations. To cope with this, they may cut themselves off from these sorts of situations. Contact with people inside and outside the family is likely to decrease.

#### ***How can I help someone who is becoming socially isolated?***

- To deal with your relative withdrawing from other people you may need to accept it. Lower your expectation to a realistic level and do not put too much pressure on them.

- Provide uncomplicated and undemanding social activity to help rebuild their confidence. Keep the number of people to a minimum and keep conversations short and avoid issues that can become too emotional.
- Understand that your relative might feel vulnerable in social situations. Simply invite them along and allow them to take part however they feel comfortable
- Ask your relative where they would feel most comfortable. Often people with mental illness feel isolated by society because of stigma they may have experienced or think they will experience. If your relative is concerned about this, you could encourage them to socialise with other people who have mental illness. They could attend a day centre or a support group. This can be helpful in the short term.<sup>7</sup>

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## 5. Problems with thinking and speech

Problems with thinking and speech can be seen in a number of mental illnesses. They are most commonly associated with schizophrenia. When we think and communicate, we usually put one related idea after another in a logical order. If your relative has problems with this, it is known as 'disordered thinking'.

People with disordered thinking find it difficult to keep a logical order to their ideas. Their thoughts and speech may be jumbled and disconnected. In disordered thinking, thoughts jump between completely unrelated topics or may be blocked altogether. The person may appear to talk nonsense, make up words or replace words with sounds or rhymes.

### ***How can I help someone with disordered thought and speech?***

- Try to be patient and listen to your relative.
- If they start drifting off onto unrelated subjects try to steer them back onto the subject.
- If you don't understand something that you think is important to the conversation, ask them to explain it.<sup>8</sup>

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## 6. Aggression

Most people with mental illness are no more aggressive or violent than anyone else. However, there is a small group of people who experience problems with controlling their impulses, aggression and paranoia. This can make them more likely to strike out violently if they are not receiving adequate treatment<sup>9</sup>. Remember that most of the anger and aggression directed against you is likely to be because you are the closest person to them and it is not necessarily a personal attack.

### ***How can I minimise or stop aggressive behaviour?<sup>10</sup>***

- If you can figure out which situations make your relative aggressive (perhaps by keeping a diary), you may be able to work out ways of

avoiding these situations. For example, there may be certain topics of conversation you wish to avoid. Changing arrangements at short notice might make your relative frustrated which then turns into anger, so you may want to avoid this if possible.

- Listen to your relative and try to work out why they are angry or upset by putting yourself in their shoes. Try to understand what they are saying. You could ask them to explain or you could summarise what you think they mean and ask them if this is correct. Be prepared to repeat yourself and be patient.
- Use your relative's name, speak to them like an adult, respect their feelings and don't be dismissive.
- Try not to get upset or angry yourself. Use a calm voice and keep a neutral facial expression. If you give the impression you are not going to respond angrily, your relative may feel the situation is under control.
- If all your efforts to listen or communicate have failed and/or the situation is escalating, remove yourself and other people from the situation.
- Do not put your own safety at risk. If you feel under immediate threat of violence call the police.
- If you have regular contact with your relative and they are showing more aggressive behaviour, you should inform their care team (if they have one) and discuss the situation. If you live with your relative and they are being regularly aggressive towards you, you may wish to review the living arrangements.
- Aggressive behaviour can be a sign that your relative is becoming very unwell and needs treatment.<sup>11</sup> You may want to consider your options to try and arrange this. Our factsheet '**Getting help in a crisis**' may help.

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## 7. Risky behaviour

A number of mental illnesses can cause people to engage in risky behaviour.

Risky behaviour can vary. Someone who is behaving riskily usually cannot see the consequences of their actions, has reduced boundaries and is more uninhibited and impulsive. They increase the risks they will take.

Risky behaviour can include -

- Spending beyond means.
- Increased drinking and drug taking.
- Increased sexual activity and sexual practices.

### **How can I help someone who is engaging in risky behaviour?**

It can be difficult to get a balance between protecting someone who is showing risky behaviour and taking control.

- Try to help your relative see the consequences of what they are doing.
- Reassure them so that your relative knows that you will support them until they regain control over the situation.
- Urge your relative to seek help. Engaging in risky behaviour is often a sign of deteriorating mental health in someone with mental illness.
- Try to understand why your relative is showing a particular risky behaviour.
- If your relative has little control over their behaviour, suggest ways in which they could be more safe. For instance, if their sex drive is greatly increased, suggest they practise safe sex. Sexually transmitted diseases are higher in people with mental illness and it is important to make your relative aware of the risks<sup>12</sup>.
- If your relative finds it difficult to manage their money sensibly when they become unwell, you may wish to consider options for taking control of the situation. For example, if your relative has capacity they can authorise you to have Lasting Power Of Attorney over their financial affairs. You may want to contact the Court of Protection if you feel your relative lacks capacity and is putting their assets at risk. You can find more information on this in our factsheet '**Options for dealing with someone else's financial affairs**'.
- If your relative's behaviour is putting either you or them in any danger it is important that you consider seeking help. You may want to contact their GP or their mental health team. You can find more information on possible options in our factsheets '**Getting help in a crisis**' and '**Are you worried about someone's mental health?**'.

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## **8. Becoming over-dependent**

When someone you care about has mental illness, you often want or need to help them through difficult periods. This could be by listening, encouraging and supporting them, taking them to appointments or making sure they take their medication, pay their bills and eat properly. However, you may start out helping with small tasks and end up doing a lot more.

If your relative has been unable to cope alone, they may not feel confident enough to go back to coping the way they did before they became unwell. It is important for both yourself and your relative that your relative does not become over-dependent on you.

Over-dependence can affect self-esteem and confidence in a person with mental illness. In addition, it can lead you to being less able to support your relative if you are tired and cannot make time for yourself.

### ***How can I stop someone becoming over-dependent?***

- Decide early on how much you can do and how much you want to do and set boundaries. Make sure you let your relative know these boundaries as diplomatically as possible and explain the reasons why they are needed.
- Work with your relative to gradually build up their independence. Discuss the skills they need to focus on and agree goals. If necessary show them how to do the skill first and agree to practice it with them until they feel confident to do it on their own<sup>13</sup>.
- If you find yourself having to do more than you want to do because your relative is particularly unwell, contact your local social care team for a carer's assessment. They may be able to arrange additional help or a respite break for you and your relative. You can find more information in our factsheet '**Carers Assessments**'.
- If your relative is under the Community Mental Health Team, you could talk to your relative's care coordinator about how their care plan helps them develop independent living skills. Possible options could include a referral to an occupational therapist or considering supported living options if they are needed.

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**Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life** ~ Kim T. Mueser PhD and Susan Gingerich MSW (2006).

Based on of research and therapeutic experience, this book offers pragmatic suggestions for dealing with depression, psychosis, and other symptoms. They show the reader how to prioritise needs, resolve everyday problems, and encourage your relative to set life goals.

**Living with Mental Illness: A Book for Relatives and Friends: A Book for Relatives and Friends** - Liz Kuipers and Paul Bebbington (Human Horizons 2005).

This book provides advice for families on how to cope day-to-day with different mental illness.

**Back to Life, Back to Normality: Cognitive Therapy, Recovery and Psychosis** by Douglas Turkington et al. (Cambridge University Press, 2009)

An informational self-help guide designed for people who have psychotic symptoms and their carers. It helps the reader use Cognitive Therapy techniques to control their symptoms and delay or prevent relapse.

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- <sup>1</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 259
- <sup>2</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 261
- <sup>3</sup> Kuipers L, Bebbington P. *Living with Mental Illness: A Book for Relatives and Friends*, Souvenir Press Ltd; 1987. Page 38
- <sup>4</sup> Kuipers L, Bebbington P. *Living with Mental Illness: A Book for Relatives and Friends*, Souvenir Press Ltd; 1987. Page 39
- <sup>5</sup> Holloway, F and Tracy D. *Being positive about negative symptoms.* Your Voice, Rethink Mental Illness 2007.
- <sup>6</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 411
- <sup>7</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 414 - 415
- <sup>8</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 414 - 415
- <sup>9</sup> Mullen PE. A Reassessment of the Link between Mental Disorder and Violent Behaviour, and its Implications for Clinical Practice. *Aust N Z J Psychiatry* 1997; 31(1):3-11
- <sup>10</sup> Queensland Health. *Preventing and managing anger.* [http://www.health.qld.gov.au/abios/behaviour/family\\_sup\\_worker/defusing\\_anger\\_fsw.pdf](http://www.health.qld.gov.au/abios/behaviour/family_sup_worker/defusing_anger_fsw.pdf)[Accessed November 2012]
- <sup>11</sup> Kuipers L, Bebbington P. *Living with Mental Illness: A Book for Relatives and Friends*, Souvenir Press Ltd; 1987. Page 52 - 56
- <sup>12</sup> Senn TE, Carey MP. HIV testing among individuals with a severe mental illness: review, suggestions for research, and clinical implications; *Psychological Medicine* 2009; 39:355-363
- <sup>13</sup> Mueser KT, Gingerich S. *Complete Family Guide to Schizophrenia. Helping Your Loved One Get the Most Out of Life.* Guildford Press; 2006 Page 414 - 415

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