Recognizing Symptoms of Schizophrenia

This is a list of symptoms commonly associated with schizophrenia. Not all of these symptoms will apply to you, or you may have other symptoms not listed here. Place a check next to the statement if you’ve ever had that symptom.

POSITIVE SYMPTOMS

Trouble Concentrating
- It's hard to pay attention for long periods of time
- At times, I have too many thoughts
- My thoughts are sometimes jumbled or confused
- Sometimes I have trouble reading books or following movie plots
- It’s sometimes hard to focus on what people are saying to me
- At times, it’s hard getting my thoughts to clear
- I can’t hear well over background noises
- Sometimes I lose my train of thought

Having Difficulty Talking to Others
- I find it hard to start a conversation – I don’t have anything to say
- It’s hard to express my thoughts
- I can’t understand people when they speak
- It’s hard to have a conversation
- People sometimes don’t understand what I’m trying to say
- I sometimes think things are funny when others do not

Overstimulated Senses
- Certain colors bother me – they seem too bright or intense
- There are too many noises and sounds – I can’t focus on what I want to hear
- Noises are louder than usual sometimes
- Lights really bother me – they are too bright

Having Hallucinations
- I catch glimpses of someone following me
- I see ghost-like figures
- I hear a voice that no one else can hear
- I hear 2 voices talking to me
- I hear a voice telling me to do things
- My food or drink tastes as if has been poisoned
- I smell sickly sweet odors
- It feels like something is crawling on my skin or under my skin

Being Overly Suspicious
- I have many fears about being harmed or killed
- I think that people are plotting against me
- I believe someone is watching me
- Someone is trying to poison me
- People are following me
- Someone is playing tricks on my mind
- People are talking about me or making fun of me
- My neighbors are bothering me
- Somebody goes through my things and moves them
Having Delusions

- I have special powers and knowledge
- At times, I can hear other people’s thoughts
- Others can hear or read my thoughts sometimes
- People on TV or radio talk directly to me
- At times, my thoughts or actions are controlled by others
  There is something inside my body moving or trying to get out a relationship with a famous person

NEGATIVE SYMPTOMS

- Often, it’s hard to relate to other people
- Usually, I’d rather be alone than with other people
- I just don’t feel like planning or beginning any tasks
- Often, I feel like staying in bed all day
- I don’t feel like washing myself, combing my hair, or getting dressed
- I seldom feel like talking with others
- Few things give me pleasure
- People have told me I don’t show emotion in my face or voice
- I just don’t feel like doing anything.

Recognizing Symptoms of Schizoaffective Disorder

Schizoaffective disorder is a mental illness that produces symptoms of both mood disorders and schizophrenia. This is a list of symptoms commonly associated with schizoaffective disorder. Not all of these symptoms will apply to you, or you may have other symptoms not listed here. Place a check next to the statement if you’ve ever had that symptom.

- Hallucinations
- Delusions
- Not taking care of yourself (not bathing or grooming)
- Speaking in a way that makes no sense to others
- Thoughts that race from one idea to the next
- Feelings of sadness, guilt, hopelessness, and anxiety
- Feelings of being very happy, powerful, and energetic
- Feeling drained of energy
- Feeling very energetic
- Losing or gaining weight
- Being able to concentrate
- Sleeping more or less than normal.
Recognizing Symptoms of Depression

This is a list of symptoms commonly associated with depression. Not all of these symptoms will apply to you, or you may have other symptoms not listed here. Place a check next to the statement if you've ever had that symptom.

Major Depression
- Feeling sad or blue – may include crying spells or being anxious, agitated, or irritable
- Lost of interest or pleasure in usual activities
- Poor appetite and significant weight loss or increased appetite and significant weight gain
- Inability to sleep, increase in time spent sleeping, or trouble sleeping soundly
- Fatigue, loss of energy
- Agitation and restlessness
- Decreased sex drive
- Feelings of self-reproach or guilt that are not appropriate
- Trouble thinking clearly or concentrating
- Memory problems
- Cannot concentrate
- Unmotivated or feel like giving up
- Feelings of harming yourself or others
- Dissatisfaction with everything
- Feeling that the future is hopeless and things cannot improve
- Physically ill such as aching all over, chest pains, nausea, etc.
Recognizing Symptoms of Bipolar Disorder

This is a list of symptoms commonly associated with bipolar disorder or manic-depressive illness. Not all of these symptoms will apply to you, or you may have other symptoms not listed here. Place a check next to the statement if you've ever had that symptom.

**Manic Symptoms**
- I feel I am “on top of the world,” and anything is possible
- I am unrealistically self-confident, even to the point of believing I have special powers or abilities that others don’t have
- My thoughts may race uncontrollably to the point of being disorganized and muddled
- I tend to talk rapidly and loudly, jumping from one topic to another
- People cannot follow my train of thought
- I can go for days without sleep, and I still don’t feel tired
- I have an increased sex drive, and everything seems enjoyable
- I spend all of my money very quickly
- I spend time drinking alcohol or using illegal drugs
- I get angered easily, and sometimes I get into fights

**Depressive Symptoms**
- I feel drained of energy and motivation
- I feel worthless, helpless, and hopeless
- I have crying spells that last a long time
- I withdraw from social contact, work, and sex
- I am unable to concentrate
- I have little to no appetite, or I am always hungry and eating
- Often, I just want to sleep and not get out of bed.
How Much Do You Know About Your Illness?

The more you know about your illness, the more you’ll be able to help yourself feel better. Read each statement below and decide if it is true or false. See how much you really know.

1. True or False: People with mental illness are always disabled and are unable to live on their own.

   Answer: False. With treatment, many people are able to go back to school or get a job. However, it may take much longer to complete a school or training program than it would if you were not ill.

2. True or False: With continued treatment with medicine, many of my symptoms can be managed.

   Answer: True. Many of your symptoms can be improved or managed if you keep taking your medicine. Your medicine does more than just relieve your symptoms. It helps alter chemicals in your brain where an imbalance may be responsible for your symptoms.

3. True or False: Medicine alone is all I need to get better.

   Answer: False. While medicine is a necessary part of your treatment, most people find additional therapies helpful for issues such as regaining self-esteem and learning new skills.

4. True or False: I can stop my medicine when my symptoms get better or are gone.

   Answer: False. It’s extremely important to take your medicine the right way, every day. If you miss doses or stop taking it completely, your symptoms are likely to return in a few days or weeks.

5. True or False: It’s important to tell your doctor or therapist if you think your symptoms may be getting worse or if you notice new symptoms.

   Answer: True. If you have new symptoms or old symptoms that are getting worse, your doctor may want to adjust your treatment. Be sure to tell your doctor or therapist about any possible symptoms.
**Rating Your Feelings**

Listed below are some of the painful feelings people have described as they’ve tried to adjust to having a mental illness. How are your feelings at this time? **Rate your feelings on a scale of 1 (bothers you a great deal) to 5 (doesn’t bother you).**

<table>
<thead>
<tr>
<th>Feeling</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Guilty</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Angry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Like it’s your fault</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Afraid</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ashamed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Lonely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Which feelings bother you most often?

How do you usually handle your feelings?
Name some of the ways you react to your feelings.
# Helpful People List

<table>
<thead>
<tr>
<th>Helpful Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td></td>
</tr>
<tr>
<td>Friend I met in Treatment</td>
<td></td>
</tr>
<tr>
<td>Friend I met in support group</td>
<td></td>
</tr>
<tr>
<td>Friend from church</td>
<td></td>
</tr>
<tr>
<td>Neighborhood friend</td>
<td></td>
</tr>
<tr>
<td>Friend from volunteering</td>
<td></td>
</tr>
<tr>
<td>Friend from work</td>
<td></td>
</tr>
<tr>
<td>Hobby friend</td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
</tr>
<tr>
<td>Therapist</td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td></td>
</tr>
<tr>
<td>Vocational Rehabilitation Counselor</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
## Your Emergency and Assistance Plan

Use this chart to help yourself plan what to do in case there’s an emergency or problem. Ask a member of your treatment team to help you fill in the blank spaces below. The first line provides an example of the information you need to fill in.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Person to Call</th>
<th>Phone Number</th>
<th>Things You Need to Discuss</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’ve run out of your medicine</td>
<td>(Member of treatment team)</td>
<td>( )</td>
<td>How to get a prescription refilled. Need help picking up medicine from pharmacy</td>
</tr>
<tr>
<td>You’ve missed two or more doses of your medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your symptoms are getting worse or you begin to have early warning symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You need assistance solving a difficult problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You are having unbearable side effects from your medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You are feeling suicidal or are fearful you may hurt someone else.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:
Why Take Medicine?

Some people say they can't "feel" their medicine working, and they wonder what good it can do. Unlike aspirin for a headache or medicine to relieve a cough, you probably can't feel the way your medicine is helping relieve your symptoms. That's because the medicine works slowly. You probably can't see the difference from day to day – it may take several weeks before you notice how your symptoms have improved.

Some people find their medicine helps them in several ways. Here are some examples:

“My medicine helps me feel calmer and more relaxed.”

“My symptoms aren't as bad when I take my medicine.”

“I don't feel any different when I take it or don't take it, but it keeps me out of the hospital.”

“I have a job, and it's easier to concentrate if I keep taking my medicine.”

List your reasons why you might want to take medicine for your symptoms.

List your reasons why you might not want to take your medicine.
### Signs and Symptoms Related to Substance Abuse

- **Tolerance**
- **Blackouts**
- **Mood Swings**
- **Cravings**
- **Denial**
- **Binges**
- **Family History**
- **Involvement in Drug Sub-culture**
- **Loss of Control**
- **Inappropriate Use**
- **Rationalization**
- **Concealing Use**
- **Preoccupation**
- **Use Alone**
- **Paraphernalia**
- **Physical Symptoms**
- **Previous Treatment**
- **Loss of Self-Respect**
- **Withdrawal Symptoms**
- **Suicidal Ideation/Attempts**
- **Changes in Patterns of Use**
- **Fear or Remorse over Usage**
- **Personality Changes**
- **Strategies for Control of Use**
- **Weak Support Network**
- **Protecting your Supply**

### Effects of your Substance Abuse on you/your family

1. Legally
2. Economically
3. Physically
4. Emotionally
5. Employment
6. Housing
7. Relationships
8. Other _________________________
Taking You Medicine Properly Can Make a Big Difference

Anyone can forget to take his or her medicine once in a while. But missing too many doses can be harmful. This is true for most illnesses. For example, people with high blood pressure who miss too many doses of their blood pressure medicine may increase the risk of having a stroke. Likewise, people with a mental illness may increase their risk of having a relapse of their symptoms if they miss too many doses of their medicine.

If you’re taking several medicines, it may be confusing to remember when to take each one. Or you might be so busy thinking about other things, you might forget to take your medicine. Whatever the reason, there are things you can do to help yourself take your medicine properly every day. The next few pages provide tips that may make it easier for you to take your medicine the way your doctor recommends.

Take Your Medicine at the Same Time Every Day

You may find it easier to remember to take your medicine if you take it the same time every day – or with another activity you do every day. For instance, some people take their medicine in the morning when they brush their teeth. That way, there’s less chance they’ll miss their dose.

What activities do you do at the same time every day?

Activity: ____________________ Time: ____________________
Activity: ____________________ Time: ____________________
Activity: ____________________ Time: ____________________
Activity: ____________________ Time: ____________________
Activity: ____________________ Time: ____________________

Which activities could you use to help you remember to take your medicines?
List them below: (example: brush teeth – take morning dose).
Make It Simple

People who take a lot of medicines often have a hard time keeping track of the doses they've taken during the day. The same is true for people who take several doses of their medicine every day. If you're taking many doses of medicine a day, you may want to talk to your doctor, nurse, therapist, or pharmacist – they can help you in the following ways:

- Your doctor may be able to change your medicine schedule so that you take fewer doses each day.
- Your therapist may help you set up a medicine schedule that's linked with certain activities you do every day.
- You can buy a pill container at the pharmacy. Then you can organize your pills in a pill container so it's easier for you to keep track of the doses you've taken.
- Some people find it helpful to use a calendar to keep track of the doses they've taken. They write a check mark on the calendar each day after they've taken their dose.

What method would you like to use?

What will you plan to do?
When You Medicine Runs Out

Have you ever missed doses because you ran out of your medicine and couldn’t get it refilled in time? This is a common problem – sometimes it may take a day or two to get a prescription refilled.

Some people's prescriptions run out because they have difficulty getting their medicines refilled. Or they might feel nervous about taking the bus to get to the pharmacy. If you've ever felt this way, you might want to try these suggestions:

- Use a pharmacy that will deliver your medicine to you home – ask your nurse or therapist to help you find a pharmacy that has a delivery service.
- Get your prescriptions filled through a mail-order pharmacy – you’ll receive your medicine in the mail.
- Ask a family member or friend to pick up the prescription for you.
- Ask your therapist to help you plan what to do if your medicine runs out.

If my medicine is beginning to run out, I will:

If my medicine runs out, I will:
Mail-Order Pharmacies

Some mail-order pharmacies take a long time to refill your prescription. So you may need to call the pharmacy for a refill one or two weeks ahead of time. If you want to get your medicine through the mail, ask your nurse or therapist to help you find a mail-order pharmacy.

Mail-order pharmacies you might want to try:

Name: _________________ Phone number: _________________

Name: _________________ Phone number: _________________

Questions to ask the pharmacist:

1. I have a new prescription and I’m sending it to you today. How long will it take to get my medicine?

2. What information should be on my prescription when I mail it to you?

3. How much will my prescription cost?

4. How should I pay for it?

5. How can I get a refill when my medicine runs out?
Neighborhood Pharmacies

Here are some tips that may make it easier for you to get your medicine from the neighborhood pharmacy:

**Tip 1:**
*Use a pharmacy that delivers your medicine*

If you have a new prescription, you can bring it to the pharmacy to have it filled. If you don’t want to go to the pharmacy, here’s what you can do:

1. Give your clinician the name and phone number of a pharmacy that will deliver you medicine to your house.

2. Ask your clinician to call the pharmacy and give the prescription to the pharmacist over the phone. The pharmacist will fill your prescription and send it to your home – you won’t have to go to the pharmacy at all.

**Neighborhood pharmacies that deliver:**

Name: _______________ Phone number: _______________

Name: _______________ Phone number: _______________

Name: _______________ Phone number: _______________
Tip 2:  
*Use your prescription bottle to order refills*

Your prescription bottle has all the information you need to get your prescription refilled:
- the pharmacy’s phone number
- the name of your medicine
- the prescription number
- the number of refills you have left
- your doctor’s name

Call the pharmacy for a refill at least four days before your medicine runs out. This will give the pharmacy enough time to order your medicine if it’s not on the shelf, then fill your prescription.

If there are no refills left on your prescription, call your doctor or nurse so they can call the pharmacy and order more refills for you.

Tip #3:  
*Call the pharmacy before you pick up your medicine*

Before you go to pick up your prescription, call the pharmacy to make sure it’s ready. If there’s any kind of problem and your medicine is not ready, you’ll know that you will have to pick it up later.

Tip #4:  
*If you have any kind of problem getting your medicine, call your therapist as soon as possible*

If you can’t get your medicine from the pharmacy, you might miss doses. Call your therapist right away – your therapist can talk with the pharmacist and help you take care of the problem.
Are You Fully Recovered?

If you’ve been taking your medicine for a long time and have no symptoms, you’re very lucky! But don’t be fooled – just because you have no symptoms doesn’t always mean that you’re cured.

What do you think might happen if you stop your medicine?
Write your answer in the spaces below:

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

It’s Important to Continue Your Medicine

Research has shown that even when symptoms go away, it is still best if people continue to take their medicines as prescribed. If you’re like most people who have an underlying mental illness and you stop your medicine, the following may happen:

1. Your symptoms may return (*but you may not notice them until it’s too late*).

2. You may have a relapse.

3. You may have to go to the hospital.

Keep the Balance

*Having to go back to the hospital can really interrupt your life. It’s a lot easier to prevent symptoms from returning than it is to start treatment all over again. Continue taking your medicine – it’s the best insurance policy you have against symptoms.*
How Much Do You Know?

Here are some common questions that people ask their doctors about their medicine. See if you know some of the answers:

**Question:** What if I want to stop my medicine?

**Your Answer:**

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

**Answer:** Some medicines can cause side effects if they are stopped suddenly. If you feel you must stop your medicine, do it with your doctor’s help. That way, you’ll be able to stop it right away. If you do stop taking your medicine, be sure to stay in touch with your doctor, just in case you need help. Visit your doctor from time to time to have your symptoms checked. And try to have an open mind – you may decide to start treatment again some day.

**Question:**
I stopped my medicine and now I’m having trouble sleeping. I’d like to call my doctor, but I don’t want to tell him I stopped taking my medicine. What should I do?

**Your Answer:**

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

**Answer:** It sounds like you’re worried that you doctor will be angry with you for stopping your medicine. But it’s good that you realize you might need help. (Trouble sleeping may be an early warning symptom that you are starting to relapse.)

It’s best to talk with your doctor. But if you feel too uncomfortable talking to your doctor, you may want to talk with your nurse or therapist. They could speak to your doctor for you.
**Question:**
I’ve been taking my medicine for several months and still have some symptoms. When will these symptoms be gone?

**Your Answer:**
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Answer:** It might take a very long time for some people’s symptoms to improve or disappear. And people often have symptoms that don’t disappear completely. If you have symptoms that are still bothering you, tell your doctor. You medicine dosage may have to be adjusted. Or your doctor may give you an additional medicine to help relieve your symptoms. Keep trying, and keep asking questions – new information and new answers might become available as time goes on.
Question: What should I do if I miss a dose of my medicine?

Your Answer:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Answer:
The answer to this question depends on the medicine you’re taking. Fill in the names of your medicines and the times you’re supposed to take them on the lines below. Ask your doctor or nurse what you should do if you miss a dose and write the answer below.

Name of medicine: _________________________________________________

Dosage time(s): ____________________________________________________

What to do if a dose is missed: _______________________________________
________________________________________________________________
________________________________________________________________

Name of medicine: _________________________________________________

Dosage time(s): ____________________________________________________

What to do if a dose is missed: _______________________________________
________________________________________________________________
________________________________________________________________

Name of medicine: _________________________________________________

Dosage time(s): ____________________________________________________

What to do if a dose is missed: _______________________________________
________________________________________________________________
________________________________________________________________
Identifying Possible Stumbling Blocks

If you’re the type of person who doesn’t like to take medicine, you’re not alone! Many people who take medicines for other health problems (such as high blood pressure or diabetes) feel this way too.

There are many reasons why people don’t (or can’t) always take their medicine the right way. Below are some of the reasons people have mentioned. **Check off any that may apply to you.**

Sometimes I miss doses of my medicine (or don’t want to take my medicine) because...

- “I don’t want anyone to know I’m taking medicine – I feel embarrassed.”
- “I forget to take it sometimes.”
- “I get confused about which medicine to take at what time.”
- “My medicine causes side effects that really bother me.”
- “I feel like a zombie when I’m on medicine.”
- People say I look like I’m out of it.”
- “My family (or friends) told me to stop taking the medicine.”
- “The medicine is too expensive.”
- “I can’t get to the pharmacy to get my prescription refilled.”
- “I don’t know how to get my medicine.”
- “I can’t pay for the medicine.”
- “Sometimes I like to go drinking with my friends and I know I shouldn’t mix medicine with alcohol.”
- “There’s an alternative treatment I’d like to try instead.”
“I don’t need the medicine – I’m not really sick.”

“I’m recovered, so I don’t need it any more.”

“I don’t know why I have to take medicine.”

“I feel better when I stop taking it.”
Hunger Chart

Am I hungry?

Yes

Go out for dinner

Restaurant

Thai

Mexican

Italian

Fast Food

Hamburgers

Chicken

Wendy's

McDonald's

Church's

KFC

No

Eat at home

Pizza

Pasta
Recognizing Your Symptoms

Do you know what symptoms have bothered you the most? Identifying these symptoms can help you gain control over them.

The next few pages are designed to help you recognize symptoms you’re having now or those you may have had in the past. Not all of these symptoms will apply to you, or you may have other symptoms not listed here. As you read each statement, place a check in the box next to the statement if you’ve ever had the symptom.

Having Trouble Concentrating

☐ It’s hard to pay attention for long periods of time

☐ At times, I have too many thoughts

☐ My thoughts are sometimes jumbled or confused

☐ At times, I have trouble reading books or following movie plots

☐ It’s sometimes hard to focus on what people are saying to me

☐ At times, it’s hard getting my thoughts together

☐ I can’t hear well over background noises

☐ Sometimes I lose my train of thought

☐ Other: ______________________________________.
Having Difficulty Talking to Others

- I find it hard to start a conversation – I don't have anything to say
- It's hard to express my thoughts
- I can't understand people when they speak
- It's hard to have a conversation
- People sometimes don't understand what I'm trying to say
- Other: ______________________________

Overstimulated Senses

- Certain colors bother me – they seem too bright or intense
- There are too many noises and sounds – I can't focus on what I want to hear
- Noises are louder than usual sometimes
- Lights really bother me – they are too bright
- Other: ______________________________

Having Hallucinations

- I catch glimpses of someone following me
- I see ghost-like figures
- I hear a voice that no one else can hear
- I hear 2 voices talking about me
- I hear a voice telling me to do things
- My food or drink tastes as if it has been poisoned
- I smell sickly sweet odors
- It feels like something is crawling on my skin
- Other: ____________________________

Being Overly Suspicious

- I have many fears about being harmed or killed
- I think that people are plotting against me
- I believe someone is watching me
- Someone is trying to poison me
- People are following me
- Someone is playing tricks on my mind
- People are talking about me or making fun of me
- My neighbors are bothering me
- Somebody goes through my things and moves them
- Other: ____________________________
Having Delusions

- I have special powers or knowledge
- At times, I can hear other people’s thoughts
- Others can hear or read my thoughts sometimes
- People on TV talk directly to me
- At times, my thoughts or actions are controlled by others
- There is something inside my body moving or trying to get out
- I have a special relationship with a famous person
- Other: ________________________________

Negative Symptoms

- Often, it’s hard to relate to other people
- Usually, I’d rather be alone than with other people
- I just don’t feel like planning or beginning any tasks
- Often, I feel like staying in bed all day
- I don’t feel like washing myself, combing my hair, or getting dressed
- I seldom feel like talking with others
- Few things give me pleasure
- People have told me I don’t show emotion in my face or voice
- I just don’t feel like doing anything
- Other: ________________________________
Agranulocytosis

A medical term that means “low white blood cell count.” White blood cells help fight infection – so if your white blood cell count gets too low, you may be less protected against infections such as pneumonia, thrush, and urinary tract infection.

Agranulocytosis is a serious side effect of certain medications – ask your doctor if your medicine causes this side effect. If so, your doctor will probably want to check your blood count regularly. Even if you are taking a medicine that may cause agranulocytosis, this side effect rarely occurs. It’s important to keep your appointments for blood tests so that this problem can be avoided. Be sure to report high fevers and painful sore throats to your doctor as soon as possible.

Akathesia

You may feel like you have to keep moving – it’s hard to sit still. This feeling of restlessness is a possible side effect of antipsychotic medicines. If this side effect is bothering you, tell your doctor. Your doctor may want to adjust your medicine or control the akathisia with another medicine.

Akinesia

A medical term for feeling slowed down, or “feeling like a zombie.” Akinesia is a possible side effect of antipsychotic medicines. However, feeling slowed down can also be a negative symptom of schizophrenia. If you don’t know why you’re feeling slowed down, speak with your doctor or other member of your treatment team – they’ll work with you to find out if this feeling is being caused by your illness, or if it’s a side effect of your medicine. If it’s a side effect or your medicine that’s causing the problem, your doctor may want to adjust your dosage. Do not make any changes on your own – work with your doctor to relieve this problem.
Anger

Everyone feels angry from time to time. So, anger under certain circumstances can be very normal. But feeling angry or irritable can also be a symptom of schizophrenia. Often, these feelings are triggered by fears or stress. Some people may find they become angry quickly or get very annoyed over small matters. Others have feelings of anger that last over long periods of time. Either way, anger can lead to a crisis situation if it is not managed properly. There are many things you can do to minimize and control feelings of anger:

- Take your medicine regularly – over time, your medicine may help you feel less irritable or angry
- Learn techniques to control anger, such as counting to 10
- Avoid things that may trigger anger

If you feel angry often, talk with your doctor. If you have thoughts about hurting yourself or someone else, contact your doctor or a member of your treatment team immediately.

Anxiety

At times, you may feel extremely nervous, worried, or afraid. Your heart might race and you may feel like you can’t catch your breath. Your muscles may feel tense or you may have a headache. These are all feelings of anxiety.

Many people feel anxious when they’re around other people or in new situations. If this is true for you, you may want to tell someone on your treatment team. They may suggest things you can do to help yourself relax during these situations.

Anxiety may also be related to symptoms of schizophrenia. For example, hallucinations and delusions can bring on fears that cause anxiety. If your anxiety is related to these symptoms, there’s a good chance that it will improve as your other symptoms improve.

Your doctor may suggest using medicine to help relieve anxiety. Work with your treatment team to find the best treatment to help you manage anxiety.
Blurry vision

You may have a hard time seeing at short distances, especially while you’re reading. If you experience blurry vision soon after you start taking your medicine, it might be a side effect of your medicine. This side effect is usually temporary and will probably disappear as you continue your treatment. Some people find that reading glasses help them see more clearly. You can buy reading glasses from most pharmacies without a prescription.

If your vision doesn’t improve or if this side effect is really bothering you, speak with your doctor. Your doctor may want to adjust your medicine or may recommend another medicine to control this side effect.

Concentration difficulties

At times, you may find it hard to complete a task or stay focused on something you’re doing. It may also be difficult for you to concentrate on things like reading a book or watching TV. And you may have a hard time getting your thoughts together when speaking with other people.

Having trouble concentrating is a symptom of schizophrenia. The good news is that for many people, concentration problems usually improve over time with treatment.

If you are having trouble completing a large project or task, you might want to break up the task into small parts. Work on only one part at a time and take frequent breaks. That way, you’ll feel less stressed and more relaxed overall.
Constipation

If you are having fewer bowel movements than usual and have hard stools that are uncomfortable, the following suggestions may help relieve this problem:

- Drink adequate amounts of fluids daily
- Eat foods that are rich in fiber, such as bran cereals, fruits, vegetables, and whole grain breads
- Avoid lard amounts of foods that may worsen constipation, such as rice or bananas
- Do light exercise or a physical activity every day

Although constipation is a common problem for many people, antipsychotic medicines can make it worse.

The suggestions above may relieve constipation, but if you are feeling uncomfortable, speak with your doctor or pharmacist. There are different kinds of products you can buy over-the-counter to relieve constipation. Your doctor or pharmacist can help you choose the one that’s best for you.
Delusions

A delusion is something you believe that others say is not true. You might feel afraid of being followed, harmed, or killed, and not know why. You might feel suspicious that other people are talking about you or plotting against you. Or perhaps you believe that others can hear or read your thoughts. These beliefs are all symptoms of schizophrenia.

As you continue to take your medicine, you may notice these symptoms start to disappear. Once your symptoms have improved, keep taking your medicine to help prevent these symptoms from returning.

Delusions that have returned or gotten worse may be an early warning symptom – a signal that a relapse has started. One way you can keep delusions in control is to have your family and friends warn you when they notice changes in your mood or changes in your responses to situations around you.

If your delusions get worse, be sure to tell your doctor or other members of your treatment team. You may need to have your treatment adjusted to offset these symptoms.
Depression

Everyone feels sad from time to time. But feeling sad for weeks at a time, or feeling helpless or hopeless, may mean that you are suffering from depression.

Sometimes depression can happen when symptoms of schizophrenia start to improve. This is called depression. This kind of depression can often be treated with medicine.

People who have post-psychotic depression sometimes need to take medicine for their depression as well as their schizophrenia. If you’re being treated for post psychotic depression, keep in mind the depression medicine takes time to work. You may not notice any benefits from the medicine right away, but you’re likely to feel better within a few weeks.

You can also help yourself feel better by:

- Keeping stress at a comfortable level
- Talking to a friend, family member, your counselor, or someone else on your treatment team
- Getting the right amount of exercise and rest (Remember to talk to your doctor before beginning any new exercise program)
- Doing an activity you usually enjoy
- Having a routine you follow each day that is flexible

If you feel extremely discouraged and have suicidal thoughts, tell your doctor immediately. If you can’t reach your doctor, tell someone else who can help you. It’s important to get help so that you’ll be able to manage these feelings.
Dizziness

You may feel dizzy or light-headed when you get up too quickly from sitting in a chair or lying on your bed or couch. Fainting can also happen if you get up too quickly.

Dizziness may occur when you first start taking your medicine. It's usually temporary and tends to disappear as you continue your treatment.

To prevent dizziness, rise slowly from a lying or sitting position. If you are lying on your bed, first put your feet over the edge of the bed, then sit up slowly. Wait a moment before standing up.

Using Alcohol & Other Drugs

Using alcohol or other drugs may make your symptoms worse. Alcohol may upset the balance of the chemicals in your brain and may also interfere with the way your medicine works. Even though drinking may make you feel better in the short run, even a small amount may cause your symptoms to worsen later. That’s why it’s so important to avoid alcohol.

You may want to speak with your doctor or another member of your treatment team about how to avoid alcohol if you’re in a situation where other people are drinking. Here are a few examples of what people have said when they felt pressure from others to have a drink:

- “I’d prefer a drink without alcohol. What do you have?”
- “It’s very tempting to go drinking with you, but my doctor told me it could make my illness worse. How about a movie instead?”

Sometimes it’s hard to refuse a drink because other people want you to join them. You may find it easier if you offer an alternative – like asking for another type of beverage such as soda, or suggesting another activity.
Drowsiness

You may feel sleepy or drowsy, especially at the beginning of your treatment. But this side effect is often temporary and usually improves as you continue with your treatment.

Use caution if you plan to do activities that require you to be alert. You may want to plan to stay home the first day you start your medicine, just to see how you react to it.

If your drowsiness doesn’t improve and you’re really bothered by it, speak with your doctor or another member of your treatment team. Your doctor may suggest that you take your medicine at a different time of the day to reduce drowsiness.

Having “low energy” is different from feeling drowsy. Lack of energy, or not feeling up to doing the thing you used to do when you were well, is a symptom of schizophrenia. As you continue with your treatment, your medicine may help improve this symptom. Over time, you may feel as if you have more energy, and you may look forward to doing more of the activities you used to enjoy.
Dry mouth

When you first begin your treatment, your mouth may feel dry. This is a side effect of your medicine that tends to disappear as you continue your treatment.

If you mouth feels dry, suck on sugar-free, hard, sour candy. You may also want to chew gum, sip water, or suck on ice chips, which can also provide relief.

If this side effect doesn't improve, or if it's really bothering you, speak with your doctor or other member of your treatment team. Your doctor may want to adjust your treatment.

Dystonia

A medical term used to describe uncontrollable muscle spasms. It is also referred to as a “dystonic reaction.” Dystonia can be a serious side effect of antipsychotic medicines. It usually feels like a charley horse or writer’s cramp. Dystonia may start with a neck spasm that leads to a stiff neck and stiff tongue. The eye muscles may also be involved – the eyes may roll up and back. This reaction can be relieved within minutes with another medicine. If this side effect happens to you, call your doctor immediately or go to the emergency room. Your doctor may want to prescribe another medicine to prevent this reaction from happening again.
Hallucinations

A medical term that describes the experience of seeing something, hearing things, feeling, smelling, or tasting something when nothing is there. You may have heard voices or seen images that other people say they don’t experience. Hallucinations are a symptom of schizophrenia that usually improve as you continue with your treatment.

Voices and other hallucinations can be very frightening. Some people have found ways to manage voices and fears by doing things that relax them. Other people focus on certain activities or tasks that help to distract their attention away from the voices. You health care team can recommend tips on ways that other people cope with voices. Below are ideas you may want to try:

- Taking a shower or bath to relax
- Listening to music to distract you from the voices
- Humming or singing a song to yourself
- Playing an instrument, or doing a project
- Speaking with other people
- Writing a diary
- Doing exercise or some physical activity, such as running, walking, or swimming (Remember to consult your doctor about your exercise routine)
- Resting or sleeping
- Reading a book aloud

Sometimes it’s hard to ignore the voices, no matter what you do. If you’re still having trouble coping with the voices or other hallucinations, tell your doctor or another member of your treatment team. You and your doctor may be able to work out a plan to increase your medicine at certain times when the voices get worse. Don’t make any changes on your own – work with your doctor.

If the voices are telling you to do things that may cause you to hurt yourself or someone else, call your doctor or other treatment team member immediately. Let family members and friends help you through this rough period of time.
Hyperthermia

A medical term that means “getting overheated.” Overheating is a serious side effect of medicines that can lead to dehydration (your body loses too much water). It’s most likely to happen when the weather is hot and you’re doing activities outside, or when you’re exercising. You can prevent overheating by following these measures:

• Drink plenty of water (4 to 8 cups each day)

• If you do any activities outside, stay in the shade and wear clothing that will keep you cool (a hat and light colored, lightweight clothing)

• Do outside activities in the early morning or early evening when it’s cooler

• If you exercise, drink fluids and take breaks to cool down

Overheating is a serious side effect, so it’s important to follow the measures above to prevent it. If you begin to feel hot, dizzy, and weak, go inside a building that has air conditioning, or cool yourself by taking a cold shower or bath.

Indifference

You may find that you just aren’t interested in anything – friends, favorite activities, or even the way you look. Or you may find that you don’t get pleasure in doing the things you’ve always enjoyed. This lack of interest or pleasure is a common symptom of schizophrenia.

As you continue with your treatment, this symptom may improve. Meanwhile, you can do a few things to help yourself feel better. Talk to a friend – even a short conversation can help. You might also want to make a commitment to yourself that you’ll take a walk once a day – a short walk up the block is a good way to start. As you begin to feel better, increase the length of your walk.
Laboratory tests

Your doctor may order some tests at the beginning of or during your treatment to screen for any side effects you may not be aware of. These may include several types of blood tests, and EKG (electrocardiogram), etc. If you have questions about a specific test, ask your doctor.

Loneliness

Loneliness is not a symptom of your illness, nor is it a side effect of your medicine. However, loneliness can be a result of your illness. At times, you may feel that it’s easier to be alone than to be with other people. Symptoms of schizophrenia can make it uncomfortable to be around others. Many people with schizophrenia just choose to avoid being with other people.

When you’re feeling better, you might want to seek out other people- find a friend or someone you can speak with whenever you’re feeling lonely. Joining a group of people who share the same interests you have may be very helpful.

Organizations such as the National Alliance for the Mentally Ill (NAMI) may provide you with support to help you deal with issues that are concerning you at this time. They are also a good source for meeting other people who have similar concerns and who can tell you how to get the help you need.
Memory Problems

You may find it harder to remember things that happened or recall things you've just learned. This is a common symptom of schizophrenia. Because of this problem, many people think they cannot return to school and get their degrees. This is not true – you may be able to complete a high school or college program. But it might take longer for you to complete your course work now than it would have before you became ill.

If your goal is to return to school, discuss the options with your educational specialist or other member of your treatment team. They may be able to help you choose a program that matches your interest and ability. Keep following your treatment plan – this symptom is likely to improve over time.

Overcoming Memory Problems
If you're looking for ways to help yourself remember day-to-day events and other important things, here are a few tips from other people:

• “I carry a small calendar with me to keep track of where I have to be from day to day. Some days I have classes and other days I have my group sessions or appointments. It’s just easier to remember it all if I put it on my calendar. The one catch is that you have to look at you calendar every day. That’s something I never used to do and I used to miss things sometimes.”

• “I like to list all the things I have to do. As I do each thing, I cross it off the list. That way, I don’t miss anything. Also, it feels great to cross things off – I feel like I got a lot done.”

• “I have a monthly calendar in my room that I use to keep a record of special things that are going on. I also use it to keep track of my symptoms – if I get a new symptom or just feel worse. That way I can tell my doctor exactly what happened and when it happened, the next time I see him.”

• “I use a small notebook to write myself notes. I also use it to write down questions or things I need to tell other people. One page is just for things I need to ask my doctor. I don’t see her that much, so it really helps to keep my questions in one place.”
Milk leaking from breasts

This is a rare side effect of antipsychotic medicines. If this happens to you, tell your doctor. Your doctor may want to adjust your medicine.

Missed menstrual periods

If you have missed one or more menstrual periods, be sure to tell your doctor about it at your next office visit – this may be a side effect of your medicine. Your doctor may want to adjust your dosage or change your medicine. Do not make any changes on your own.

Muscle stiffness

This may be a side effect of your medicine. People who have this side effect may feel a tightness in the muscles. They may have a tremor in their hands or walk slowly. They may walk with very short steps and may not have much of an arm swing. If you feel any of these symptoms, tell your doctor. Your doctor may want to adjust your medicine dosage. Or, your doctor may prescribe another medicine to control these side effects. Do not make any changes on your own.

Neuroleptic malignant syndrome

This is a medical term for a rare, but serious, side effect of antipsychotic medicines. Muscles get very stiff over one to three days, and you may feel very confused. A high fever develops. If you start to feel these symptoms, get medical help immediately. Go to the emergency room if you cannot reach your doctor.
Oversensitivity to sound and light

At times, sounds and voices may seem much too loud. Light and color may seem very intense. Your senses may be unusually sensitive to the world around you. The opposite may also occur – voices may seem garbled, and cool may seem more dim than usual. These changes in the intensity of sound and light are symptoms of schizophrenia that should improve as you continue with your treatment.

Seizures

Although rare, seizures can be a serious side effect of some medicines that are used to treat schizophrenia. Dizziness, hot flashes, or other sensations may happen just before a seizure begins. People describe these sensations as an “aura.” During the seizure the person loses consciousness, muscles get tense, and the body moves uncontrollably.

Some medicines make people more prone to having seizures. This is especially true for people who have seizure problems and those who are taking certain medicines. If you have a seizure, get medical help immediately.

Self-care

When you’re not feeling well, it is often hard to take the time to take good care of yourself. You just may not feel like brushing your teeth, showering or bathing, changing your clothes, or combing your hair. You may not even feel like getting out of bed in the morning. These feelings are a symptom of schizophrenia. As you continue your treatment, you’re likely to feel better and take more of an interest in looking your best.
Sexual difficulties

Some people may have less sexual desire and few orgasms. Some men may have difficulty with erections and ejaculation. Many of these problems may be caused by side effects of antipsychotic medicines. However, lack of sexual desire could also be a symptom of schizophrenia.

If you are having sexual difficulties, it’s important to talk with your doctor. Your doctor may be able to tell you if the problem is being caused by your medicine or your illness. If it is caused by your illness, the problem may improve as you continue with your treatment. If it is your medicine that’s causing the problem, your doctor may want to adjust your dosage or change your medicine. Do not make any changes on your own – work with your doctor to find the treatment that works best for you.

Sleep problems

Not being able to sleep at night, or sleeping all day, may be an early warning symptom of relapse. If you’ve had two sleepless nights in a row, speak with your doctor or a member of your treatment team right away. If you are starting to relapse, you’ll be able to take action to stop the relapse before you become very ill.

You may want to use some of the techniques below to help you sleep better:

• Go to sleep and get up at about the same time every day, even if you had trouble sleeping
• Get enough exercise during the day so that you’ll feel more tired at night
• Avoid foods and beverages that contain caffeine
• Take a warm shower or bath – you may feel more relaxed afterwards and fall asleep more easily
• Do some reading in bed just before going to sleep – many people say that reading relaxes them
• Listen to soothing music as you’re trying to fall asleep

You may also be able to improve your sleep by following a daily routine – wake up, eat your meals, exercise, and go to sleep at about the same time each day.
Alcohol and other drugs

Using alcohol and other drugs (such as marijuana or cocaine) can lead to a relapse. These drugs can cause symptoms similar to schizophrenia. And they can make any symptoms you already have worse, even if you get high only once.

Alcohol and other drugs can upset the balance of the chemicals in your brain and may also interfere with the way your medicine works. That’s why it may be more difficult to treat your illness if you use alcohol and other drugs. Keep in mind that you may not feel your condition get worse right after getting high, but your symptoms may worsen later. That’s why it’s so important to avoid street drugs.

Suicidal thoughts

People sometimes think about hurting or killing themselves when they are going through difficult times. And for most people schizophrenia is a difficult illness to live with.

Suicide is not a side effect of medicines. It is related to schizophrenia – feeling hopeless, that “things can’t get better,” and that “things will never return to normal.” But these feelings are usually temporary – they almost always get better with time and treatment.

If you have thoughts of suicide now, it’s critical that you get help immediately. Treatment can help relieve suicidal feelings. So, speak to the members of your treatment team if you have these feelings – or have ever had these feelings. That way, you’ll be able to plan whom to call if suicidal feelings return and you need help.
Sunburn

Some medicines can make your skin very sensitive to sunlight. Areas of your skin that are exposed to sunlight even for a short period of time can get sunburned. Or, a red itchy rash can develop.

Ask your doctor or pharmacist if the medicine you’re taking can make your skin more sensitive to sunburn or rash. If so, be sure to take these precautions:

- Wear clothing that will protect your skin from the sun, such as a long-sleeved shirt, long pants, and a hat
- Use sunscreen on areas of your body that can’t be covered, such as your face and hands. Choose a sunscreen that has a protective factor of 15 or higher
- Stay indoors when the sun is most intense (midday)
- When you go outside, stay in the shade as much as possible. Use a sunscreen even if you stay in the shade
- If you do get a sunburn or skin rash, seek medical help as soon as possible

Tardive dyskinesia

Involuntary muscle movements, especially of the tongue and mouth, are a possible side effect of some antipsychotic medicines. This side effect most often occurs after months or years of taking the medicine. It is serious and can still occur even after the medicine is stopped. It can cause involuntary movements of the tongue and mouth, such as chewing or sucking motions, lip smacking, and puckering of the cheeks. Sometimes, the arms and legs can be affected. If you have any of these side effects, tell your doctor during your next office visit.
Thirst or excessive urination

Feeling thirsty to the point that you drink too much water is a symptom of schizophrenia. Excessive water drinking (also called “polydipsia”) can result in weight gain. Too much water, soda, and other beverages can also upset the balance of minerals in your body – minerals that your body needs to function properly.

If you drink more than eight cups of water or other fluids daily, be sure to tell your doctor. Medicines can help improve this problem.

Tremors

Some people may develop a mild tremor (for example, shaking in their hands). Tremors are a possible side effect of medicines that usually occurs when people begin their treatment or get an increase in their dosage. This side effect is usually temporary and should improve as you continue with your treatment.

Urinary retention

A medical term that means “having difficulty urinating.” Urinary retention is a side effect of antipsychotic medicines. You may have the urge to urinate but may not be able to empty your bladder completely. You may be able to void only small amounts of urine at a time, so you may have urges to urinate more often than usual. If you have difficulty urinating, call your doctor as soon as possible.
Weight gain

Some people may gain weight after several weeks or months of treatment. Increased appetite and weight gain are side effects of some antipsychotic medicines.

If you start to gain weight, ask your doctor to recommend a balanced, low-calorie diet that will provide good nutrition. Also, exercise regularly to prevent yourself from gaining weight. Walking at a fast pace for 30 minutes, three times a week may be enough to keep your weight stable. Swimming, jogging, or doing aerobic exercises regularly may help you reduce your weight. Remember to speak with your doctor before beginning your exercise routine. Also, you may want to speak with someone on your treatment team to learn more about preparing low-calorie recipes.

Weight loss

Decreased appetite or weight loss is usually a symptom of schizophrenia. Sometimes people refuse to eat because they fear that others are trying to poison them. If this is happening to you, speak with your doctor or someone else on your treatment team. They may be able to suggest ways for you to manage this symptom so that you'll be able to eat. Decreased appetite may also be a symptom of depression. If you're feeling depressed, speak with your doctor. Your doctor may be able to tell you about treatments that can help you feel better.
Have any side effects been bothering you recently? **List each side effect below and place a check in the box that describes how much it bothers you.**

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Have you ever wanted to stop your treatment because of these side effects?

- [ ] Yes
- [ ] No
- [ ] Unsure

If any of these bother you a lot, talk to your doctor as soon as you can.
Why take Medicine?

Some people say they can't "feel" their medicine working, and they wonder what good it can do. Unlike aspirin for a headache or medicine to relieve a cough, you probably can't feel the way your medicine is helping relieve your symptoms. That's because the medicine works slowly. You probably can't see the difference from day to day – it may take several weeks before you notice how your symptoms have improved.

Some people find their medicine helps them in several ways. Here are some examples:

“My medicine helps me feel calmer and more relaxed.”

“My symptoms aren't as bad when I take my medicine.”

“I don’t feel any different when I take it or don’t take it, but it keeps me out of the hospital.”

“I have a job and it’s easier to concentrate if I keep taking my medicine.”

List your reasons why you might want to take medicine for your symptoms.

List your reasons why you might not want to take your medicine.
Identifying Possible Stumbling Blocks

If you’re the type of person who doesn’t like to take medicine, you’re not alone! Many people who take medicines for other health problems (such as high blood pressure or diabetes) feel this way too.

There are many reasons why people don’t (or can’t) always take their medicine the right way. Below are some of the reasons people have mentioned. Check off any that may apply to you. Then turn to the page about each to find ideas on how to handle the problem.

Sometimes I miss doses of my medicine (or don’t want to take medicine) because…

- “I don’t want anyone to know I’m taking medicine – I feel embarrassed.”
- “I forget to take it sometimes.”
- “I get confused about which medicine to take at what time.”
- “My medicine causes side effects that really bother me.”
- “My family (or friends) told me to stop taking the medicine.”
- “The medicine is too expensive.”
- “I can’t get to the pharmacy to get my prescription refilled.”
- “I don’t know how to get my medicine.”
- “I can’t pay for the medicine.”
- “Sometimes I like to go drinking with my friends, and I know I shouldn’t mix medicine with alcohol.”
- “There’s an alternative treatment I’d like to try instead.”
- “I don’t need the medicine – I’m not really sick.”
- “I’m recovered, so I don’t need it any more.”
- “I don’t know why I have to take medicine.”
- “I feel better when I stop taking it.”
Knowing Your Early Warning Symptoms

It’s very important to know your early warning symptoms. Once you can recognize them, you may be able to take action to stop a relapse.

People who start to relapse say they experience certain changes. There are usually one or more early warning symptoms. Think back to when you first noticed any new symptoms. **Check off the ones you’ve experienced:**

- I started having trouble sleeping at night.
- I couldn’t concentrate or keep my mind on things like I could before.
- I forgot things more often than usual.
- I couldn’t think as clearly as usual.
- My mind started “racing” – ideas started coming faster than usual.
- I started hearing voices.
- I felt afraid of people, places or things that I used to feel comfortable with.
- People said I was talking or acting strangely.
- I started feeling nervous or worried all the time.
- I thought people were talking about me or laughing at me.
What other types of early warning symptoms did you have?

Watching for early warning symptoms is the only way you can catch a relapse before it catches you! One way to keep track of your early warning symptoms is to write them on a calendar or journal on the right date. Also write down if the symptom has gotten worse since the last time you checked. That way, you can tell your doctor when your symptoms first started bothering you and if they’ve gotten worse over time.
The Dangers of Ignoring Early Warning Symptoms

Sometimes people want to believe that there’s nothing wrong, even when they’re starting to see early warning symptoms of relapse. There are many reasons why people do this – here is what they have said:

➤ “I just hoped it would go away.”
➤ “I didn’t want to have to go to the hospital again.”
➤ “I didn’t want to get sick again.”
➤ “I didn’t want my family to know I was getting sick again.”
➤ “I didn’t want to believe it was happening to me all over again.”

You also might feel this way sometimes. But instead of ignoring your early warning symptoms, you could try to do some things to stop the relapse.

Which Path Will You Choose?

Ignoring your symptoms:

• Symptoms don’t go away.
• Symptoms get worse; new ones appear.
• Your symptoms start to control you.
• You have to go to the hospital.

Taking action to stop relapse:

• You start working toward feeling better sooner.
• You have a better chance to avoid hitting bottom.
• You’ll be less likely to end up in the hospital.
• You can be more in control of yourself and your life
Five Steps to Managing a Relapse

Stopping a relapse may not be as hard as you think, if you follow these five steps:

1. Know the early warning symptoms you usually get.

2. Watch your symptoms every week. Notice if they get worse or if new ones appear.

3. Recognize that you're starting to relapse.

4. Call your therapist, doctor, or nurse. Tell them you're starting to relapse.

5. Take action to stop the relapse.

To help yourself get comfortable with these five steps, complete the answers to the questions on the next few pages. This information will help you prevent a relapse and tell you what to do if a relapse starts to happen.

STEP 1.
Know your early warning symptoms.
What early warning symptoms will you be watching for?
STEP 2.
Be aware of your symptoms. Notice if they get worse or if new ones appear. Look for early warning symptoms.
What symptoms usually get worse?

What kinds of new symptoms usually appear?

STEP 3.
Recognize that you’re starting to relapse.
Why is it best not to ignore your early warning symptoms?
STEP 4.
Call your therapist, doctor, or nurse
Tell them you're starting to relapse.
Who will you call? ____________________________
Name: _______________________________________
Phone number: ________________________________
What will you say? ____________________________
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STEP 5.
Take action to stop the relapse.
Let your doctor, nurse or therapist help you plan what to
do to stop the relapse. Write down what you will do if you think a relapse
is starting.
I plan to:
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Handout #19 (3 of 3)
Session 4
Answers to Common Questions About Preventing Relapse

You may have a few personal questions about your own risk for relapse. This is the time to ask all of your questions. We’ve provided a few of the questions often asked by clients and the answers:

**Question:** If I stop taking my medicine and I feel a relapse coming on, is it okay to start taking my medicine again?

**Answer:** It depends on the type of medicine you were taking and how long ago you stopped it. Some medicines have to be restarted at a low dose. It’s best to talk to your doctor about starting it again.

**Question:** Sometimes I like to drink a few beers with my friends. I heard you shouldn’t mix medicines and alcohol, so should I stop taking my medicine when I plan to go drinking?

**Answer:** As a general rule, you should always take your medicine. Skipping even one dose can get your brain chemistry out of balance. It’s best to avoid alcohol, but if you’re really set on drinking with your friends, talk to your doctor about it. Only your doctor can tell you if it’s safe to have a beer with the type of medicine you’re taking.

**Question:** Can exercise cause a relapse?

**Answer:** Exercising is a great idea and can help prevent relapse. But don’t overdo it! If you’re talking about aerobic exercise (such as jogging) or working out with weights, it’s a good idea to have your doctor check you before you begin. Other types of exercise (such as walking, swimming, or bicycling) are also very helpful. People tend to feel better after doing these kinds of activities. A 20-minute walk is a good way to start!
**Question:** I have so much trouble remembering to take my medicine. Any suggestions?

**Answer:** There are several things you can do. Many people find it helpful to take their medicine at the same time every day. For example, some take their dose right after brushing their teeth or before going to bed. Others like to take it with breakfast. If you are using a calendar to record your symptoms, you may also want to use the calendar to keep track of the doses you’ve taken. After taking your medicine, put a check mark on that day.

Another helpful tip is to use a pillbox that holds a week’s worth of medicine. Using a calendar or pillbox will help you remember if you’ve taken your medicine each day. If none of these ideas work for you, you may want to ask a friend or family member to remind you to take your dose each day.
Your Own Questions

Write down any other questions you have about preventing relapse. Ask your therapist, doctor or nurse about your questions and write their answers below.

Your question:

Answer:

Your question:

Answer:

Your question:

Answer:
ROLE PLAY #1

The Doctor

Pat is your patient at XYZ Community Mental Health. Pat is 33 years old and has been receiving treatment from you for the past year. Pat has been diagnosed with Bipolar Disorder. Pat has kept regular appointments with you but is not always compliant with medications prescribed.

Pat has been linked to a “Your RoadMAP to Recovery” Consumer Education program through XYZ Community Mental Health and has just completed the last training. You are happy that Pat is finding other resources and support in the community, but you don’t believe Pat is going to see any significant changes until the medication is taken as prescribed.

Some things you might say to Pat during your appointment with him include:
“How are you feeling?”
“Have you been taking your medication?”
“Have you been having your Lithium levels checked like I asked?”
“I’d like to see you continue on the Lithium for the next 3 months. You need to take your medication as prescribed if you want to see any results.”

Pat has an appointment scheduled with you today. However, you have another client who is experiencing an emergency, and your team has double booked you. You are hoping to have a routine follow up with Pat and only take a few minutes so that you can begin to address the other emergency.
ROLE PLAY #1

The Patient – “Pat”

You were diagnosed with Bipolar Disorder two years ago. You had been feeling “ups and downs” for most of your adult life but only began seeking regular treatment from a team at XYZ Community Mental Health when your spouse left you. You have been seeing Dr. Smith for the past year now for your medication. Dr. Smith has prescribed Lithium for you, but you don’t like the taste of the medicine and on occasion you experience some very unpleasant side effects, which include nausea and sever stomach pains. You have told Dr. Smith about your concerns in the past, but Lithium continues to be the chosen medication.

You have just completed a six-week class sponsored by XYZ Community Mental Health which focused on your illness, coping with side effects and how to communicate with your doctor. Because of your experience you now feel better prepared to talk with Dr. Smith, and you are looking forward to your visit today.

Some things you will want to talk with Dr. Smith about are:

 Possibly changing the dosage of the Lithium or the time of day you are supposed to take it considering the unpleasant side effects you have experienced

 Discussing other medications that might relieve some of these side effects

 Discussion around St. John’s Wort and your current medication, because your friend Bill said that he tried it, and it gave him a lot of energy.

 At your appointment with Dr. Smith today you have brought your list of discussion points and are eager to have a conversation with Dr. Smith about these points. However, you notice that Dr. Smith seems rushed during your appointment today. You will need to address this with Dr. Smith, since the things you would like to discuss are going to take some time.
ROLE PLAY #2

The Doctor

You have been seeing Chris (or Christina) at XYZ Community Mental Health for the past 6 months. Chris’ history includes incarceration for assaults and destruction of property. You have been prescribing Chris a mood stabilizer hoping that it would help Chris to reduce the aggressive behaviors.

Chris has also been hospitalized 7 times in the past 2 years. The last hospitalization occurred before you started seeing Chris in your facility. Chris was hospitalized this last time because he threatened to kill the landlord and had thrown a brick through the landlord’s window. You have not witnessed any of this anger in Chris since you began treating him/her. During the team meeting last week, the therapist working with Chris indicated that family members and friends had been calling expressing concern for Chris. They have been witnessing incidents of outbursts and a lot of irritability. You are seeing Chris today for a follow up.
ROLE PLAY #2

The Patient – “Chris” (or “Christina”)

You are 41 years old, and you have received various mental health services throughout the community for the past ten years. You have also spent time in and out of jail due to fight in bars and destruction of property. You feel at times that you are unable to control your anger and that when you lose control you either end up in jail or in the State Psychiatric Hospital.

You have been seeing Dr. Smith at XYZ Community Mental Health Center for the past 6 months. Even though this doctor seems to care more than the other ones you have worked with, you are still not very trusting of your relationship.

You have been hospitalized 7 times in the past 2 years, and you do not want to go back to the hospital or to jail. Lately, you have had more incidents of not being able to control your anger, and you have been irritable to family and friends. Your family has encouraged you to talk with your doctor about how you are feeling, but you are not sure you want to do this. This last time you lost control, you threatened your landlord and threw a brick through his window. This resulted in you being hospitalized 8 months ago. You are fearful that if you tell Dr. Smith about your feelings of anger and rage that you will be hospitalized again.

You have an appointment with Dr. Smith today. You will want to discuss with him/her your feelings of not trusting the relationship and your fear of being hospitalized again.
Your family members and friends can help you avoid crisis. The more they know about you and your illness, the better prepared they will be to help you when you’re in need. These are some of the things you can do to prepare your family members and friends to help you avoid crisis:

- Teach them about your illness and your needs.
- Share your feelings with them.
- Make sure they know your early warning symptoms.
- Have them talk to your doctor, nurse, therapist, or other member of your treatment team so they can help you plan what to do to prevent a crisis situation.
- Suggest they join a support group for family members and friends.
- Teach them what to do if an emergency situation should happen.

When you feel that a crisis situation may be coming, what can your family members and friends do to help you avoid it?
People Who Can Help You in a Crisis

Record the names, addresses, and phone numbers of the people you can call for help. Ask your therapist to make copies. Give one copy to each person on the list so they know about each other. Keep your copy in a place that’s handy so you’ll be able to get it when you need it.

My doctor

Name:

Address:

Phone:

My therapist

Name:

Address:

Phone:

Other members of my treatment team

Name:

Address:

Phone:
My family

Name:

Address:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

My friends

Name:

Address:

Phone:

Name:

Address:

Phone:


Practicing Your Communication Skills

This exercise may help you feel more relaxed when you talk on the phone. The phone is an important way for you to stay in touch with other people.

Making an Important Phone Call

Let’s say you’re having early warning symptoms. You need to call your doctor, nurse, or therapist right away. Think about the call in small, easy-to-manage steps. Focus on only one step at a time.

1. On a pad, write down who you will call and the phone number. Write down what you want to tell the person you’re calling.

2. Dial the phone number.

3. When someone answers, introduce yourself and ask for the person you’re calling. “This is (say your name), I need to speak to (say his or her name) right away. I’m having symptoms.”

4. Relax as much as possible if they put you on “hold.” Be patient. It may take a few minutes to find the person you’re calling.

5. Stick to the facts. Tell the person you’re calling exactly how you’re feeling and what’s happening. Be as specific as possible.

6. Write down everything you’re told to do. Don’t try to remember everything. Read back what you’ve written to make sure it’s right. Then say “good-bye.”

7. Follow the instructions you’ve written down.
Managing Crisis and Emergency Situations

You may have been through many crisis and emergency situations. You may have wondered if there was anything you could have done to prevent those situations. Perhaps not. But now that you know what to expect, you can use that experience to prepare yourself for the next time. In fact, you may be able to handle these situations more easily in the future, and even prevent them. The first step is to understand whether the situation is serious. An overview of the stages may help you recognize how close you may be to a crisis or emergency situation and things you can do to prevent it. Great detail about each stage will follow.

**Stage One: Attitude Changes**
In this stage, you may notice abrupt changes in your attitude and behavior. You may eat or sleep irregularly, smoke more than usual, or skip doses of medication. These are all clues that you may be getting into trouble.

This stage is a “pre-crisis” stage – it’s a good time to alert the doctor so you can take action to avoid a crisis situation.

**Stage Two: Early Warning Symptoms**
Early warning symptoms are a signal that a crisis is about to occur. Your goal now is to keep the early warning symptoms from developing into a crisis.

**Stage Three: Crisis**
Early warning symptoms often develop into a crisis, and relapse may occur if Crisis Prevention isn’t used or isn’t effective. Start Crisis Intervention as soon as the crisis occurs. Get professional help as soon as possible. Your goal is to avoid an emergency situation.

**Stage Four: Emergency**
If Crisis Intervention isn’t used, or isn’t effective, the crisis usually gets worse over time. Without effective management, the crisis can escalate to an emergency – you may start losing control and doing things that can be dangerous. Your goal is to get immediate professional help in order to prevent harm and/or injury.

**Stage Five: Closure**
Once the emergency is over, it’s time to watch for an opportunity to get closure. Getting closure after an emergency helps mend relationships and relieve tension. Skipping this stage is likely to damage the relationships of the people who went through the emergency. Your goal is to heal.
Risk Factors for Crisis

What risk factors have led to a crisis situation or caused you to be sick before?

What other risk factors do you think may lead to a crisis for you?
Managing Stressful Situations

Stress can affect the way you’re feeling. Too much stress can eventually lead to a crisis. That’s why it’s so important to find ways to keep your stress at a comfortable level. There are many things you can do to relieve stress and help yourself feel better. Here are some ideas.

Exercise
Light physical activity can help relieve stress. It is important to speak with your doctor before starting any exercise program. Walking is good exercise because you can do it almost anywhere, anytime. You can walk with someone or by yourself. And you don’t need any equipment. You don’t have to walk far. Start out slowly and walk a little more each day. This is one way you can start walking to relieve stress:

- Walk to your mailbox and back.
- The next day, walk to the house or building next door and back.
- Next, walk to the end of your block and back.
- When you feel ready, walk around the corner and back, or even around the block.
- Take a break when you don’t feel like walking.

What other activities would you like to do when you feel stressed?
Organize Your Time

Stress can happen when you don’t feel like you have enough time, or if you have too much time. Feeling rushed for an appointment or waiting for a bus for a long time can be stressful. But there are things you can do to reduce your stress. Here are some ideas the some people use to manage their time better and reduce stress:

- “I buy things I use often before I run out – like batteries, stamps, and bus tokens. That way, I can avoid feeling rushed at the last minute.”

- “I give myself a few extra minutes to get where I’m going so I don’t feel rushed.”

- “When going someplace where I know I have to wait, like my doctor’s office, I always bring a book, some needlework, or a tape player to pass the time.”

What are some things you can do to plan ahead?

What could you do while waiting at the doctor’s office to make the time pass quickly?
Deep Breathing Exercises

When you feel stressed, deep breathing exercises can calm you down and help you feel better. Here is a deep breathing exercise you can do anywhere. All it takes is a few minutes, and you can do it as often as you like.

1. Sit or stand with your shoulders and back comfortable and straight. Put your hands on your stomach.

2. Take a slow, deep breath through your nose. Feel the air going to every part of your body. Feel your stomach expand and you breathe in.

3. Hold your breath for a few seconds before letting it out. Then breathe out slowly though your mouth. Feel the air leaving your body. Feel your stomach go down as you breathe out.

4. Start again by slowly breathing in through your nose, holding your breath for a few seconds, and breathing out through your mouth.

5. Do this four or five times, then sit or stand quietly for a minute.
Other things I can do to avoid crisis:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Taking Control of Your Life

Everyone has a limit to what they can do and what makes them feel comfortable. Below is a list of statements that can help you feel more relaxed in your life. Which ones are right for you?

“I feel more comfortable when I…”

- do only one thing at a time instead of doing everything at once.”
- avoid people, places, and things I feel uneasy about.”
- do something new when I feel up to it.”
- keep my sense of humor.”
- break big tasks into small, easy-to-handle parts.”
- ask for what I need without being afraid.”
- solve my problems while they’re still small.”
- spot early warnings of a possible crisis a do something about it right away.”
- celebrate a success every day.”

Remember that setbacks are also a part of life. Stay focused on your successes and your goals. What other things can you do to take control of your life?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Making a Crisis Prevention Plan

When things are quiet and calm, it’s a good time to plan what to do if a crisis should occur. Having such a plan will make it easier for you to know what to do if you have a problem. It’s a good idea to create your crisis plan with the people you plan to call if you need help. You’ll get more ideas by making everyone a part of the plan.

1. Which of my early warning symptoms require a quick response?

2. Whom should I call first if I need help?

3. Who will call and stay in touch with my doctor, nurse, or therapist if I can’t do it myself?
4. What should I do when I feel out of control?

5. Sometimes, the hospital can't give any information to the people who are helping me. Can we set up a plan ahead of time with my treatment team so information can be given to the people who are helping me?

Write your plan here:
Mental Health Advance Directives

What is a Mental Health Advance Directive?
A Mental Health Advance Directive is a document that allows you to make your choices known regarding mental health treatment in the event that your mental illness makes you unable to make decisions. In effect, you are making decisions about treatment before the time that you will need it. This allows you to make more informed decisions and to make your wishes clearly known. A new law was passed in Pennsylvania, effective January 28, 2005, that makes it possible for you to use a Mental Health Advance Directive. Many decisions may need to be made for you if you have a mental health crisis or are involuntarily committed and become unable to make treatment decisions. For example, the choice of hospital, types of treatment, and who should be notified are decisions that may be made for you. Unfortunately, at the time of crisis, you may not be able to make your wishes known, and therefore you may end up with others making decisions that you would not make. One way to be sure that your doctor, relatives, and friends understand your feelings is to prepare a Mental Health Advance Directive before you become unable to make decisions. Pennsylvania law allows you to make a Mental Health Advance Directive that is a declaration, a power of attorney, or a combination of both.

What is a Declaration?
A Declaration contains instructions to doctors, hospitals, and other mental health care providers about your treatment in the event that you become unable to make decisions or unable to communicate your wishes. A Declaration usually deals with specific situations and does not allow much flexibility for changes that come up after the document is written, such as a new type of medical crisis, new kinds of medication, or different treatment choices.

What is a Mental Health Power of Attorney?
A Mental Health Power of Attorney allows you to designate someone else, called an agent, to make treatment decisions for you in the event of a mental health crisis. A Mental Health Power of Attorney provides flexibility to deal with a situation as it occurs rather than attempting to anticipate every possible situation in advance. When using a Mental Health Power of Attorney it is very important to choose someone you trust as your agent and to spend time with that person explaining your feelings about treatment choices. Your doctor or his/her employee, or an owner, operator, or employee of a residential facility where you are living cannot serve as an agent.

What is a Combined Mental Health Declaration and Power of Attorney?
Pennsylvania’s law also allows you to make a combined Mental Health Declaration and Power of Attorney. This lets you make decisions about some things, but also lets you give an agent power to make other decisions for you. You choose the decisions that you want your agent to make for you, as many or as few as you like. This makes your Mental Health Advance Directive more flexible in dealing with future situations, such as new treatment options, that you would have no way of knowing about now. Your agent should be someone you trust, and you should be sure to discuss with your agent your feelings about different treatment choices so that your agent can make decisions that will be most like the ones you would have made for yourself.
What makes a Mental Health Care Advance Directive valid?
There is no specific form that must be used, but your Mental Health Advance Directive must meet the following requirements:
1. You must be at least 18 years of age.
2. You must not have been declared incapacitated by a court and had a guardian appointed or currently be under an involuntary commitment.
3. The Mental Health Advance Directive must be signed, witnessed and dated. Witnesses must be at least 18 years old. If you cannot physically sign the document, another person may sign for you, but the person signing may not also be a witness. Your doctor or his/her employee, or an owner, operator, or employee of a residential facility where you are living cannot serve as an agent.
4. The Mental Health Advance Directive must contain your choices about beginning, continuing, or refusing mental health treatment. The Mental Health Advance Directive also can include choices about other things, such as who you want to be your agent or guardian, who you want to care for your children or pets, who you want notified about your condition, and/or your dietary or religious choices.
5. If your Mental Health Advance Directive is a Power of Attorney, then you must name the person you want to be your agent and say that you are authorizing them to make whatever decisions you want them to make. The Mental Health Advance Directive is valid for two years from the date you sign it unless one of the following happens first:
a. You revoke the entire Mental Health Advance Directive, or
b. You make a new Mental Health Advance Directive.
If you do not have capacity to make treatment decisions at the time the Mental Health Advance Directive will end, the Advance Directive will stay in place until you are able to make treatment decisions.

What is Capacity?
Capacity is the basic ability to understand your diagnosis and to understand the risks, benefits, and alternative treatments of your mental health care. It also includes the ability to understand what may happen if you do not receive treatment.

Do I need to include proof of my capacity with the document?
No, unless you have a guardian or are currently under an involuntary commitment, you are presumed to have capacity when you make a Mental Health Advance Directive. However, at a later time it is possible for someone to challenge whether you had capacity. If you want to be very sure that no one can challenge your Mental Health Advance Directive later, you can include a letter from your treating doctor from the same time period that you made your directive stating that you had capacity at that time.

When would my Mental Health Advance Directive take effect?
You can write in your Mental Health Advance Directive when you want the directive to take effect, for example, when involuntary commitment occurs, or when a psychiatrist and another mental health treatment professional states you no longer have capacity to make mental health treatment decisions.
Who will determine that I don’t have capacity to make mental health decisions?
For the purpose of your Mental Health Advance Directive, incapacity will be determined after you are examined by a psychiatrist and one of the following: another psychiatrist, psychologist, family physician, attending physician, or mental health treatment professional. Whenever possible, one of the decision makers will be one of your current treating professionals.

What if a court appoints a guardian after I have appointed an agent to make my mental health care decisions?
In your Advance Directive you can name someone you want the court to choose as your guardian. The court will appoint the person you choose, unless there is a good reason not to. In many cases your agent and the person you would want to be your guardian would be the same person. However, you may want one person to make your mental health care decisions, and someone else to make other decisions for you. If the court appointed guardian and your agent are different people, the court will allow your agent to make mental health care decisions, unless you say otherwise in your Mental Health Advance Directive. If the court decides to grant the powers that you gave to an agent to the guardian, the guardian would still have to make decisions as written in your Advance Directive.

May I make changes to my Mental Health Advance Directive?
You may change your Mental Health Advance Directive in writing at any time, as long as you have capacity. If you make significant changes, you should make a new document so that there are no conflicts or misunderstandings. Remember that your changes or a new directive must be witnessed by two individuals, at least 18 years of age, and you should give new copies to your provider, agent, and other support people.

May I revoke my Mental Health Advance Directive?
You may revoke, or in other words, cancel, a part or the whole Mental Health Advance Directive at any time, as long as you have capacity. This may be done either orally or in writing. It is effective as soon as you tell your provider. Your Advance Directive will automatically end after two years from the date you signed it unless you do not have capacity to make mental health care decisions at that time. If you do not have capacity at the time it would end, the Mental Health Advance Directive will stay in force until you regain capacity.

What types of instructions should I include?
A Mental Health Advance Directive is a way to communicate lots of information to your provider. You may wish to include your choices about different treatment options, such as medications, electro-shock therapy, and crisis management. In addition, you may say who you want to be told in the event of a crisis, or write down your dietary choices, past treatment history, who you want to take care of your children or pets, and other information that you want to be taken care of while you seek treatment.

Who should I give my Mental Health Advance Directive to?
The only way that your providers will know what your choices are is if you give them your Mental Health Advance Directive. You should also give copies to your treating physician, agent, and family members or other people that would be notified in the event of a crisis. Keep the original in a safe place, and be sure that someone who would be told of any crisis can get the
original so it can be given to the attending physician. You may wish to carry a card in your wallet that states that you have a Mental Health Advance Directive, and who should be called in the event that you lack capacity to make mental health care decisions. Include that person’s phone numbers, and also name another person in case the first person is not available. Remember that if you make changes or create a new Mental Health Advance Directive you must be sure that everyone has copies of the most recent version.

**Do health care providers have to follow my instructions?**
Yes, unless a provider cannot in good conscience comply with your instructions because they are against accepted clinical or medical practice, or because the policies of the provider, such as what is covered by insurance, do not allow compliance, or because the treatment is physically unavailable. If the provider cannot comply for any of these reasons, the provider must tell you or your agent as soon as possible. It is very helpful to discuss your decisions with your provider when you make your Mental Health Advance Directive, so that you know whether they will be able to follow your instructions. Remember that even if you consent in advance to a particular medication or treatment, your doctor will not prescribe that treatment or drug unless it is appropriate at the time you are ill. Your consent is only good if your choices are okay at that time, within the standards of medical care. Your doctor will also have to consider if a particular treatment option is covered by your insurance. If, for example, the HMO that you have does not cover a certain drug on its formulary, your doctor may prescribe a drug that is similar, but is on the HMO formulary, as long as you have not withheld consent to that particular drug.

**How does a Mental Health Advance Directive affect involuntary commitment?**
The voluntary and involuntary commitment provisions of the Mental Health Procedures Act are not affected by having a Mental Health Care Advance Directive. What may be affected is how you can be treated after you are committed.
COMBINED MENTAL HEALTH DECLARATION AND POWER OF ATTORNEY
FORM

Part I. Introduction

I, ___________________________________________, having capacity to make mental health
decisions, willfully and voluntarily make this Declaration and Power of Attorney regarding my
mental health care. I understand that mental health care includes any care, treatment, service or
procedure to maintain, diagnose, treat or provide for mental health, including any medication
program and therapeutic treatment. Electroconvulsive therapy may be administered only if I have
specifically consented to it in this document. I will be the subject of laboratory trials or research
only if specifically provided for in this document. Mental health care does not include
psychosurgery or termination of parental rights. I understand that my incapacity will be
determined by examination by a psychiatrist and one of the following: another psychiatrist,
psychologist, family physician, attending physician or mental health treatment professional.
Whenever possible, one of the decision makers will be one of my treating professionals.

A. When this Combined Mental Health Declaration and Power of Attorney becomes
effective

This Combined Mental Health Declaration and Power of Attorney becomes effective at the
following designated time:

When I am deemed incapable of making mental health care decisions. I would prefer the
following doctor(s) to evaluate me for my ability to make mental health decisions:

Name of Doctor: _________________________________________________________

Address: ________________________________________________________________

Phone Number: ________-________-________

When the following condition is met: (List condition)
____________________________________________________________________

B. Revocation and Amendments

This Combined Mental Health Care Declaration and Power of Attorney may be revoked in whole
or in part at any time, either orally or in writing, as long as I have not been found to be incapable
of making mental health decisions. My revocation will be effective upon communication to my
attending physician or other mental health care provider, either by me or a witness to my
revocation, of the intent to revoke. If I choose to revoke a particular instruction contained in this
Power of Attorney in the manner specified, I
understand that the other instructions contained in this Power of Attorney will remain effective
until:

(1) I revoke this Power of Attorney in its entirety;
(2) I make a new combined Mental Health Care Declaration and Power of Attorney; or
(3) Two years from the date this document was executed.
I may make changes to this Advance Directive at any time, as long as I have capacity to make mental health care decisions. Any changes will be made in writing and be signed and witnessed by two individuals in the same way as the original document. Any changes will be effective as soon the changes are communicated to my attending physician or other mental health care provider, either by me, my agent, or a witness to my amendments.

C. Termination

I understand that this Declaration will automatically terminate two years from the date of execution, unless I am deemed incapable of making mental health care decisions at the time that this Declaration would expire.

Part II. Mental Health Declaration

A. Treatment preferences

1. Choice of treatment facility

In the event that I require commitment to a psychiatric treatment facility, I would prefer to be admitted to the following facility:

Name of facility: _________________________________________________________
Address: ________________________________________________________________
City, State, Zip Code_______________________________________________________

In the event that I require commitment to a psychiatric treatment facility, I do not wish to be committed to the following facility:

Name of facility: _________________________________________________________
Address: ________________________________________________________________
City, State, Zip Code: ______________________________________________________

I understand that my physician may have to place me in a facility that is not my preference.

2. Preferences regarding medications for psychiatric treatment

I consent to the medications that my treating physician recommends.

I consent to the medications that my treating physician recommends with the following exceptions, limitations, and/or preferences:

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<th>Medication</th>
<th>Reason for Exception</th>
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I consent to the following medications with these limitations:

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<th>Medication</th>
<th>Limitation</th>
<th>Reason for Limitation</th>
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I prefer the following medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason for Preference</th>
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The exception, limitation, or preference, applies to generic, brand name and trade name equivalents unless otherwise stated. I understand that dosage instructions are not binding on my physician.

I have designated an agent under the Power of Attorney portion of this document to make decisions related to medication.

I do not consent to the use of any medications.

3. Preferences for electroconvulsive therapy (ECT)

I consent to the administration of electroconvulsive therapy.

I have designated an agent under the Power of Attorney portion of this document to make decisions related to electroconvulsive therapy.

I do not consent to the administration of electroconvulsive therapy.

4. Preferences for experimental studies

I consent to participation in experimental studies if my treating physician believes that the potential benefits to me outweigh the possible risks to me.

I have designated an agent under the Power of Attorney portion of this document to make decisions related to experimental studies.

I do not consent to participation in experimental studies.

5. Preferences for drug trials.

I consent to participation in drug trials if my treating physician believes that the potential benefits to me outweigh the possible risks to me.

I have designated an agent under the Power of Attorney portion of this document to make decisions related to drug trials.

I do not consent to participation in any drug trials.
6. Additional instructions or information.

Examples of other instructions or information that may be included:

Activities that help or worsen symptoms:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Type of intervention preferred in the event of a crisis:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Mental and physical health history:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Dietary requirements:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Religious preferences:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Temporary custody of children:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Family notification:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Limitations on the release or disclosure of mental health records:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Part III. Mental Health Care Power of Attorney

I, ________________________________, having the capacity to make mental health decisions, authorize my designated health care agent to make certain decisions on my behalf regarding my mental health care. If I have not expressed a choice in this document or in the accompanying Declaration, I authorize my agent to make the decision that my agent determines is the decision I would make if I were competent to do so.

A. Designation of agent

I hereby designate and appoint the following person as my agent to make mental health care decisions for me as authorized in this document. This authorization applies only to mental health decisions that are not addressed in the accompanying signed Declaration.

Name of designated person: _________________________________________________
Address: ________________________________________________________________
City, State, Zip Code: ______________________________________________________
Phone Number: __________- __________- _____________

Agent's acceptance:
I hereby accept designation as mental health care agent for (insert name of declarant).

_______________________________________________________________________
Agent's signature: _________________________________________________________
Name of Agent: __________________________________________________________
Address: ________________________________________________________________
City, State, Zip Code: ______________________________________________________
Phone Number: __________- __________- _____________
B. Designation of alternative agent

In the event that my first agent is unavailable or unable to serve as my mental health care agent, I hereby designate and appoint the following individual as my alternative mental health care agent to make mental health care decisions for me as authorized in this document:

Name of designated person: _________________________________________________
Address: __________________________________________________________________
City, State, Zip Code: _______________________________________________________
Phone Number: __________- __________- _____________

Alternative Agent's acceptance:

I hereby accept designation as alternative mental health care agent for (insert name of declarant).
______________________________________________________________________

Alternate Agent's signature: _________________________________________________

Name of Alternate Agent: __________________________________________________
Address: __________________________________________________________________
City, State, Zip Code: _______________________________________________________
Phone Number: __________- __________- _____________

C. Authority granted to my mental health care agent

I hereby grant to my agent full power and authority to make mental health care decisions for me consistent with the instructions and limitations set forth in this document. If I have not expressed a choice in this Power of Attorney, or in the accompanying Declaration, I authorize my agent to make the decision that my agent determines is the decision I would make if I were competent to do so.

1. Preferences regarding medications for psychiatric treatment.

   My agent is authorized to consent to the use of any medications after consultation with my treating psychiatrist and any other persons my agent considers appropriate.

   My agent is not authorized to consent to the use of any medications.

2. Preferences regarding electroconvulsive therapy (ECT).

   My agent is authorized to consent to the administration of electroconvulsive therapy.

   My agent is not authorized to consent to the administration of electroconvulsive therapy.
3. Preferences for experimental studies.

My agent is authorized to consent to my participation in experimental studies if, after consultation with my treating physician and any other individuals my agent deems appropriate, my agent believes that the potential benefits to me outweigh the possible risks to me.

My agent is not authorized to consent to my participation in experimental studies.

4. Preferences regarding drug trials.

My agent is authorized to consent to my participation in drug trials if, after consultation with my treating physician and any other individuals my agent deems appropriate, my agent believes that the potential benefits to me outweigh the possible risks to me.

My agent is not authorized to consent to my participation in drug trials.

PART IV. Nominating a Guardian

A. Preference as to a court-appointed guardian

I understand that I may nominate a guardian of my person for consideration by the court if incapacity proceedings are commenced under 20 Pa.C.S. § 5511. I understand that the court will appoint a guardian in accordance with my most recent nomination except for good cause or disqualification. In the event a court decides to appoint a guardian, I desire the following person to be appointed:

Name of Person: __________________________________________________________

Address: ________________________________________________________________

City, State, Zip Code: ______________________________________________________

Phone Number: __________- __________- ___________

The appointment of a guardian of my person will not give the guardian the power to revoke, suspend or terminate this Combined Mental Health Care Declaration and Power of Attorney.

Upon appointment of a guardian, I authorize the guardian to revoke, suspend or terminate this Combined Mental Health Care Declaration and Power of Attorney.
PART V. Execution

I am making this Combined Mental Health Care Declaration and Power of Attorney on
the_______ day of ____________, ______________.

month     year

My Signature: __________________________________________________________

My Name: ______________________________________________________________

Address: ________________________________________________________________

City, State, Zip Code: ______________________________________________________

Phone Number: __________- __________- _____________

__________________________________ ___________________________________
Witness Signature     Witness Signature

Name of Witness: _________________________________________________________

Address: ________________________________________________________________

City, State, Zip Code: ______________________________________________________

Phone Number: __________- __________- _____________

Name of Witness: _________________________________________________________

Address: ________________________________________________________________

City, State, Zip Code: ______________________________________________________

Phone Number: __________- __________- _____________

If the principal making this Combined Mental Health Care Declaration and Power of Attorney is
unable to sign this document, another individual may sign on behalf of and at the direction of the
principal. An agent or a person signing on behalf of the principal may not also be a witness.

Signature of person signing on my behalf: _____________________________________

Name of Person: __________________________________________________________

Address: ________________________________________________________________

City, State, Zip Code: ______________________________________________________

Phone Number: __________- __________- _____________

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