

# WHAT'S THIS?!

THE DISCHARGE GUIDE HAS BEEN USED IN PSYCHIATRIC WARDS IN THE CAPITAL REGION, IN DENMARK, SINCE 2011. IT'S GIVEN TO ALL PATIENTS COMMITTED MORE THAN SEVEN DAYS.

THE GUIDE WAS CO-PRODUCED IN 2009-2011 BY MORE THAN A HUNDRED FORMER SERVICE USERS, STAFF AND NEXT-OF-KIN. EVERYBODY CONTRIBUTED AS VOLUNTEERS.

IN 2013 FORMER SERVICE USERS BEGAN EDUCATION STAFF AND PATIENTS IN USING THE GUIDE. MOST OF THE EDUCATION IS CONDUCTED FOR STAFF AND PATIENTS AT THE SAME WORKSHOPS.

PROJECT "DIN GODE UDSKRIVNING" IS TRANSLATED TO "YOUR GOOD DISCHARGE". THE PROJECT IS RUN SOLELY BY FORMER SERVICE USERS ON BASIS OF A FORMAL AGREEMENT WITH THE CAPITAL REGION MENTAL HEALTH SERVICES.

THIS IS A SELECTION OF CHAPTERS TRANSLATED ROUGHLY.

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**TrykFonden**  **Mental Health Services**

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20

**NÅR DU SKAL  
UDSKRIVES  
TIL DIG, DER ER  
INDLAGT PÅ EN  
PSYKIATRISK  
AFDELING**



## THE DISCHARGE GUIDE A ROUGH TRANSLATION

The discharge guide is co-produced between service-users, staff and next-of-kin. It is edited and implemented by service users in close collaboration with the mental health services in the Capital Region.

Download the Danish original at [www.udskrevet.dk](http://www.udskrevet.dk)

November 2014

1



PROJEKT  
DIN GODE UDSKRIVNING

## Introduction

### Get on with your life

**This guide is for you, who right now is hospitalized in a psychiatric ward. It is written by users, who themselves have been committed earlier on, in collaboration with staff and next of kin.**

The purpose of the guide is to help you find an answer to your most important questions, before you leave the psychiatric ward. What are you receiving treatment for? What do you want the treatment to do for you? In what way can the staff help you?

This guide may also help you to learn a thing or two about yourself. Get to know about the common reactions to being committed. Use the guide to get an overview of what support you can expect from your municipality and the people in your life, once you are home again.

But first of all, it is important to establish that: **You Will Recover!**

Being committed right now is often connected to past problematic situations in your life. Much of which you in time can leave behind you. But it often takes some kind of help and support.

If you ask people, who themselves have recovered, they will tell you, that good treatment is not just about finding the right pharmaceutical. Good treatment is when you yourself can participate and influence what is happening, so that what happens is meaningful to you, all in at language you can understand. Use this guide to figure out, what is the best help and support for you. Have confidence in your own sense of reasoning, and trust that what you contribute with is valuable. If you are able to participate in what is happening, even just by describing what is happening inside you, it will make a difference!

Recovering after serious mental issues and recreating a meaningful everyday life, is often referred to as: "RECOVERY."

You will need the right treatment and support, in order to recover. This support has to be based upon thorough information about your rights and options. The sooner you get this information, the better. It also has to make sense to you, to be useful to you, when re-establishing your daily routines and getting back with friends. It's all small steps in the right direction.

This guide has been written by former service users, who now live perfectly normal lives. We know that there is one thing that's important in your situation, and it's: **You are okay, as you are!**

Being committed is a lot about all kinds of problems. This can create a feeling that there is something really wrong with you. ? That is, however, not the case. It is good, that you are you.

**Some may benefit** from the support friends and family when being committed. This guide has been designed so they can read it too - but is most of all, made for you!



YOU CAN READ MORE AND HEAR  
OTHER'S STORIES ABOUT BEING  
DISCHARGED.

### Are you looking for a place to stay?

If you lose your accommodation before or during your stay at the hospital, because you have split with your spouse, have resigned your flat or been evicted, then contact your municipality's housing advisory board for guidance and advice. If you need a place to crash right here and now, you may have to make due with a hostel, hotel or some room to let. Such dispositions are never permanent solutions. In such cases you would like to talk with the Housing Advisory Board who may help you get signed up for accommodations or grant you residence with some common housing agency. Prepare for considerable waits. Having some special wish for every day support and the municipality sees it your way, you can room made available in a communal residency where you may have private accommodations without having to be alone. Your neighbours may be well acquainted already. There will be employees who will aid you with your daily chores. In some residential offers you will have your own flat but a lot more aid during the day with employees available day and night.

### Food, tidiness and purchases

Is your flat a mess? Is your favourite vendor beyond reach? Missing your vacuum cleaner and dust buster? As such, the municipality will not help cleaning. Assemble your friends or family, if you really need help with it. In special case Homeaid has been put to clean, procure and laundry.

### A meaningful everyday life in your municipality

If following your discharge, find it hard getting meaningful everyday occupations and experience difficulties with your limitations due to your mental situation, there is often a possibility of participation in local cafés, activities and residences where utmost respect is shown to your vulnerabilities. Use them!

Is your thoughts about your situation about how to cope, you may be in need for residential support or a support and contact liaison, who may help you expand on your contacts, becoming more active, live more healthily and maybe find a path leading on for you way out of your predicament. Sometimes this is the help needed to recover. They may also help you avoid issues with your neighbours or just help you overcome a probable eviction. Talk with your case handler in your municipality about what options you have. You may also find helpful offers in an array of volunteers, described in chapter ten.

See others committed tell about their discharge and following life (in Danish)



As a general rule of thumb: Receiving pre-age pension is only possible when beyond 40 years of age and your labour skills are permanently reduced. When younger, your labour skills have to be radically lower. You have to accomplish at least one resource assessment course of at least one year and no more than five years of duration. This may then reveal that, despite support and probable flexible employment you will not become self-sufficient, then receiving prolonged public payments, partaking in activities or rehabilitation that your labour skills cannot improve.

#### **Finances 'a' fluke**

What about rent? Have you lost your grasp of your bills? Are there sufficient means to make ends meet? Financial considerations may become difficult when admitted and that it would be more consistent to regain the perspective. Discuss with your case handler whether you are adamant for pharmaceutical subsidies, residential subsidies or valid for any other subsidies. If you have not paid your rent for quite a while and risk eviction, the municipality is obliged to examine how you could be helped.

#### **What are the implications of your mental illness?**

Of course it is important that you are aware of your mental health in regard of your life and treatment. But also, your mental illness may have significance for the municipality's evaluation of the support you are entitled to. Should you, for instance, have a support and contact liaison? Live in a communal estate? Or make use of special programmes in your daily activities? Your municipality will assess how much you can endure and what support you can have.



## **Chapter 1**

### **While you are committed**

#### **- What's up?!**

Everybody who's needed a stay in a psychiatric ward knows how important peace and quietness is. Life can be very stressful. At the same time, thinking about what will happen from now on, is often overwhelming. Worries can particularly be hard to manage – even about the smallest things.

You might not necessarily feel like it right now, but when you are ready, you have the opportunity to use your stay at the hospital, to make things easier when you get back home.

Consider what you want the treatments to do for you. Tell the staff – no matter if it's about sleeping problems or doubts about continuing your education. The staff cannot fulfil all your dreams, but they know a lot about the issues that follow a mental crisis. Together you can decide what is best to do, right now.

Use your stay at the hospital to spot what works for you. Thing you can do on your own to feel better. Consider this your 'personal medicine.'

Use your checklist in chapter four, to keep phone numbers and appointments that are good to arrange before discharge.

#### **Know your rights**

*You can read about your rights on the homepage of the mental health services in the Capital Region. It's also about your special rights when being mandatorily committed or in mandatory treatment.*  
[www.psykiatri-regionh.dk](http://www.psykiatri-regionh.dk)

Every-one committed into psychiatric treatment face the same challenge: What is the best way to get on with my life from here. Allow your-self the time to figure it out. Start easy! It Step by step you will become sufficiently strong to govern your own life.

Getting on with life, is not just about treating symptoms or getting better. It is also about what you hope for and what measures you believe are useful for you. You may also face the possibility of having to taking risks and do something, you are not sure you are ready for.

**While at the hospital**, you can talk with the staff about what you feel is important. Ask them for the help you need. Together you can explore which solutions empower you to be able to manage your life. While committed to the psychiatric ward you are capable of gaining help from the staff. Once discharged, it will be another type of staff, you will get support from.

#### **The three issues most committed believe are important to know about:**

- **Diagnosis and treatment.** How can I recover and where will treatment continue once I have been discharged? Who will accompany me once discharged?  
Make use of this guide and talk with the staff.
- **My network.** How do I get support from other people and for what?  
Read chapters two and three – also if you feel alone.
- **My everyday life.** Can I cope with being at home, facing practical chores? Should I resume living as before? Or do I need some help and support?  
Read chapter nine.

While staying in the hospital you can arrange for agreement on these issues, by making them part of:

- Your treatment plan
- Your discharge conference

#### **Your treatment-plan**

##### **- A tool for cooperation**

In co-operation with you and your next-of-kin, your physician will work out a plan for your treatment. This has to take place within one week of your commitment. Over time the plan will be adjusted. The treatment plan will give you, your physician and your next-of-kin an overview of the purpose of the treatment and what you can expect from it. The plan must also sketch-out your plan following your discharge.

#### **Your treatment-plan should at least contain:**

1. Your current diagnosis including your psychological and physical symptoms.
2. Examinations you still need to go through.
3. What the Plan includes, including drugs and therapy.
4. The issues you may have with housing, finances, education, work or life in general needing solving for your life to continue normally.
5. The purpose of the treatment - for instance, to reduce anxiety or end a psychosis.
6. Your goals for the treatment: What you want the treatment to help you achieve.
7. The date for the follow-up on your treatment plan and who retains the responsibility.

You should obtain a copy of your treatment-plan every time it is updated. That makes it easier for you to spot any questions you may have to it, in your own pace. Use the treatment-plan as a base for discussions with your contact liaison about what the staff considers, when assessing your probable discharge. This way, you can avoid useless doubt about what is going on, and focus on getting better. Read more about different types of psychiatric treatments in chapter seven.

#### **Your discharge conference**

Before discharge, there will be a conference. Use it to gain clarity over your treatment's continuation following your discharge. Also, you may also learn how the treatment is expected to help you in your continuing life. Always ask when encountering words, you do not know. Ask about particular risks or side-effects, if you are to take drugs for a longer period.

The discharge conference also has to entail what support you can expect from your municipality or unemployment office, once you get back home – ie. issues you have concerning housing, finances, education, work or your life in general.

Your contact liaison may participate in the conference. It's a good idea to invite others to the conference, for instance your friend, a family member or someone else you feel secure about. It could also be a neutral counsellor or preferably a case handler from your municipality or unemployment office.

You can talk with your contact liaison, about who you feel are relevant to invite to the discharge conference. You can also specify particular issues your contact liaison can bring forth during the conference, if you don't feel like mentioning it yourself.

Co-operatively you will compose a 'declaration of availability', to show your physician or psychiatrist in order to get an assessment of your constitution for continued capability working without hampering your health any further. Sense your-self thoroughly and be attentive to everything that may be too much for you. If in training, examine whether you may begin at a slower pace. In the upcoming semester, it may be possible for you to alter your educational plan, reducing classes and hours. If it feels okay, it may be a good idea to visit your work and colleagues or school and classmates, to get back in touch with your everyday life. If in doubt? See chapter two.

#### **Unemployment benefits and health insurance**

If you lost your job before or during admittance to a hospital, you may receive health insurance payment. Following a five month sick leave, your unemployment office will assess your condition in regard of being adamant for starting a labour determination schedule and a rehabilitation schedule receiving payment equal to the social benefit, when in no possession of wealth or spouse dependency.

You will get a case handler who will co-ordinate you case across relevant boards. Early planning will be beneficial before what will lay ahead. You may have to revise your thoughts about labour or education.

The municipality may prolong your health benefits if deemed necessary for evaluating your labour skills and options for re-entry to the labourmarket. The municipality must decide whether you are adamant for rehabilitation, apprenticeship, flexible employment or pre-aged pension. Your municipality may prolong your health benefits if it deems rehabilitation or apprenticeship may help you back into the labourmarket. Your health benefits can also be prolonged if you are in, or waiting for medical treatment, deemed essential for your re-entry to the labourmarket.

#### **Social welfare payment and pension**

If you are on the dole, your rights are determined by your age. If, not yet 30 years of age, having completed training and the municipality deems you valid for work, you will receive social welfare payment at the low level for youngsters. If, still not 30 and not capable of working yet ready for activities, receiving more dole. When you are ready for activities, you are adamant for receiving a helping case handler, who will co-ordinate your case across all relevant boards. You could, for instance, have a mentor with you. If beyond 30 years of age, you will receive equal payment even if your municipality deems you ready for work or activities.

*When in the hospital, on welfare and not 30 years of age yet, you will have the right to a discharge co-ordinator, who will help you get your life back together. You have a right to be accompanied by a co-ordinator three months before your discharge and up and until six months following your discharge.*

## Chapter 9

### Getting on with life - A guide to your municipality

#### Do you need support establishing you everyday life - education, housing or a job

When discharged there is often a lot of practical issues that can be hard to handle alone. Making ends meet or finding residence, for instance. You may be hesitant about continuing your educational training or re-entering occupation. Maybe you need support with your daily chores, or how to begin doing everyday stuff you find meaningful.

In Denmark, your municipality is obliged to assist you, but even if still ill, you do often also have obligations to fulfill, especially if you are receiving welfare benefits or unemployment insurance.

#### Contacting the Unemployment office or the Social authorities

*The municipality is obliged to offer support, if you have issues related to its services. It is important you are very clear about what support you need. Use the check list in chapter four.*

*When meeting with the municipality, it is a good idea to jot down your main concerns at the moment. You can also bring someone else along to the meeting. It can be a friend, family or some other councillor.*

*Often, you will be the one to take contact to the municipality regarding your situation. Your request will rarely be handled the very same day, so have patience and contact the municipality if you have any questions.*

More info at [www.borger.dk](http://www.borger.dk).

#### Calling in ill at work or training

Following discharge the question whether you are well enough to re-enter work or training may arise? Discuss it with our physician or psychiatrist. Also, discuss it with your casemanager, student councillor or unemployment office.

If you are absent from work or education owing to illness, it is imperative that you keep in touch with your employer and your municipality, to avoid losing any benefits. Thoroughly read all letters you receive!

When absent from work, your employer will contact you within four weeks regarding when you are able to return to work. Maybe you will need a particular apprehension regarding your job: changing schedules, rest - or working at home for a time or taking it slow at first. Maybe even taking some time off?

During the conference you can always ask whatever you are unsure about. Make sure issues you find important really are discussed. Use your checklist in chapter four, to make sure nothing is forgotten. Maybe the staff overlooked issues important to you.

And remember: Always voice your opinion if you disagree about being discharged.

*Before leaving the ward, have your exit card filled in. It must include the next appointment regarding your treatment, meetings with the municipality and information about the nearest emergency room. Keep your exit card in the pocket on page Two.*

#### Six questions you can ask your-self and talk to the staff and next-of-kin about:

- What is most troubling about your discharge?
- What do you look forward to?
- What do you believe will be difficult?
- What would be the perfect discharge for you?
- What can you do to make getting home as easy as possible?
- What can the staff and your next-of-kin do, to ease your discharge?



1 Watch videos about being discharged

## Chapter 2

# Typical thoughts and feelings when being hospitalized

### Common thoughts while being committed and what to say after discharge

No matter why you are committed, everybody finds a trip to a psychiatric ward to be a shattering experience. No body get's there, unless something serious has happened in your life.

Naturally, your hospitalization will arise dozens of questions to yourself. Are you a changed person? Can you continue your studies or take responsibility for other people again? Or maybe even, have I become a liability, or something completely different.

Everybody handles their stay at the hospital differently. Some let it become a central element of their identity. Others just get back to work, not granting it any further thoughts.

If you are finding it difficult to accept you being committed – or in doubts about how it will affect your life - it may be a good idea to talk about this, with somebody you trust. Alternatively, you can call one of the many counselor-services, to support you in your situation. Read more about these services in chapter 11.

It is very common to become insecure about a lot of things when admitted. Anxiety may govern your thoughts about how you could get so ill. Fear of scaring others or losing control altogether, can occupy your mind. Such feelings and thought are far more common, than one would think, and most people need help to regain to think about themselves in a positive and accepting way again. To this, therapists and friends can be very useful.

### You are still you – no matter what diagnosis

You are not the first to get a psychiatric diagnosis. Nor are you alone, if you find it hard to deal with. What does it mean? A diagnosis does not say anything about who you are, as a person. It is only meant as a tool for your physician, to estimate what is happening inside you right now. You are still you. Anyway, a diagnosis is often changed over time, and many part with their diagnosis later in life.

*"My diagnosis was embarrassing, but also a relief. Now I finally have something tangible to relate to, as opposed to just feeling anxiety and dizziness all the time."  
- Katrine, Diagnosis: Borderline Personality Disorder.*

get up to.

**Food** is a way of taking your life seriously. It matters whether you eat your pizza on the couch or dine healthily and varied. The right food yields energy, makes you happier and counteracts mood swings. Eat three healthy meals a day, including fruit, plenty of vegetables, plenty of grains, fish and meagre meats. The pharmaceuticals you typically receive while committed, comes with a high risk of weight gain. Exercise when you can and eat smartly to keep side-effects at bay.

**Time off.** Save some time only for you, and do what you like. Stay at home and listen to music, or invite someone over. Use your time to get to know, what works best for you.

**People around you.** Reach out for the people you care for, in a pace suitable to you. Ask them to assist you, if leaving the household is difficult on your own. The more clearly you can express your wants and needs, the easier it is for others to support you - and they really would like to help you. Read chapter three, also.

When you feel ready, you can try making goals for the thing's you would like to be doing. When there is something you cannot overcome right now, consider if you can take any steps in direction of your desire. Start little by little, at first. The small steps you make, is the best shortcut to a good day.

If there is something you really would like to do, but feel doubtful about, ask for advice among people you encounter in your daily life. Maybe they will know something of relevance to you. In Denmark we have communal schools, volunteer organisations, sports clubs and much more. You could do volunteer work, hike and get into yoga. The common denominator is that, the right activity for you, rarely finds you – you have to find it. So, keep your eyes open.

It can be a big step to engage in something new, but if you really feel for it, it probably will happen.

### Why abandon substance abuse?

If you abuse drugs or alcohol to get through the day, probably nothing apart from that will happen, until you deal with your habit.

No-one believes it is easy to quit substance abuse, but likewise it is not easy to live with a substance abuse. Seek help. Talk to your municipality about it. They can guide you to advisors that can help you. We have listed their addresses in chapter 11.

This is a rough translation intended to reflect the content of the discharge-guide used in the Capital Region, Denmark. The guide is co-produced between service-users, staff and relatives. The discharge guide is edited and implemented by service users in close collaboration with the mental health services in the Capital Region. All work is sponsored by

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## Chapter 6

### Be good to yourself - and recharge your batteries

#### What to do on your own after discharge

The greatest thing about being discharged, is that you get to decide how to use your time: What to eat, who to invite home and when and what to do.

Use the situation in every possible way. Explore what is good for you and which possibilities you have to do what you find meaningful. Find your everyday rhythm again and put other people's expectations on hold.

Discover who can support you in taking everything in a pace, you can manage and that feels nice. Establish goals for daily activities, that make sense to you. At start, maybe just a short stroll will be okay. Take notice of the things that work for you. In time you will know, what is important to do for your well-being.

If you have a dear friend or a family member, take a look together at if there is anything, you desire picking up again, little by little.

#### Keep your days simple

If you didn't get around it, while being in the hospital, now is the time to consider, what things you can do on your own that makes you feel good. A simple weekly schedule on paper, mounted on the fridge, is often a good idea. Use the schedule to write down, what you want to do during the week, and if you have any important goals for yourself. Nevermind if you don't get around doing it all. All big things start small.

Here is a list of straight forward actions, you can include in your weekly schedule that has a big impact on the quality of your life:

**Exercise**, is a sure path to wellbeing. Exercise is inexpensive, has no side-effects and can be accomplished in many ways. Remember to praise your-self, no matter if you only managed to pack your training bag or actually made it through a complete course.

**A good night's sleep** is important for everybody. Do you have a hard time falling asleep, or do you wake up after a few hours? Try turning in and waking up at regular hours. Do you have a problem falling asleep? Write a sleep-diary and spot what is important for you to get some sleep. You could discuss it with your physician – also if you are sleeping a lot more than you need. No-one gets more refreshed from 12 hours of sleep every day. It can be a way to find peace for some time, but if you accomplish little else but sleeping, now is probably a good time to find something to

#### What to say to other people after discharge

Being hospitalized to a psychiatric ward is something very personal. Therefore it is your choice to whom and what you want to share about being committed, taking medicine, and whether or not, you want other to know about your diagnosis. You decide.

Perhaps not everybody can relate to your experiences, right now. You may experience that people around you are hesitant or confused about what to do, to support you. This is very common.

Also, people are different, including you. Some will only share personal information with their closest relatives, while others feel more comfortable being open with everybody. No matter what you do, the choice is entirely yours.

Before being discharged, it is a good idea to decide who and how much to involve other people. You can jot it down, to remember it. Read the next chapter, also.

*"I'm very open about my illness and have never met anyone, who looked down on me for having a mental condition. I've taught myself to explain my illness in comprehensive and general terms, to make it understandable to other people. At work it's not a good idea to talk too much about instability. However, I've gained a lot of credit when giving a good estimate about how long I might be off work due to my illness. My candidness has also made my co-workers open up, more."*

- Elisabeth, former committee, now studying.



### Chapter 3

## Support from other people - even when feeling alone

### What you can do when feeling alone

#### Friends, family and other relations

People you feel comfortable around, are often a valuable support during your stay in the hospital and after your discharge. It can be your family, friends and colleagues – or somebody else – who are with you from when you are committed and until you are well home again.

In order for other people to be a positive support to you, it is important that you don't feel more is expected from you, than what you are ready for. Being discharged does not necessarily mean you are on top of everything. It takes time to recuperate. If you find it difficult to explain to other people, ask the staff to help you express your needs.

Most people do not like to be a burden to others, while everybody likes it, when someone else asks for help. Strange right? If you can explain other people, what they can do, to help you - you help both yourself and them. Maybe some shopping needs to be done, or having a nice meal together? Maybe you just need to small talk to talk about something else. Try to make appointments with other people, to fill your time.

The situation may call on, for you to put close ties on hold, for a while. Some find it easy to relate to their family, while others do not. It's all very common.

*Next-of-kin are people you feel good about, your boy- or girlfriend, family, friends, co-workers, or neighbours. What counts is, that you feel safe with them. If you have no next-of-kin, try to talk those between the staff you feel comfortable with.*

#### Who is close to you?

How we relate to others is very individual. Some people have plenty of friends and a gender friend, while others find it difficult to get close to others. Some find consolation in solitude.

It may well be, for the moment, that there is not that many people you can relate to. Many loose good friends during a period of crisis. This is something you can change, however.

It is advantageous to be candid. Tell people that you are looking to meet others. Tell your friends that you would like to recommit relations to them.

#### If you feel, you have only a few or no relations

If you have very few – or no – people in your network you feel you can rely on, there is plenty you can do to change that situation. If you just need to talk to someone, this could be with a phone councillor or just to visit a pub. Finding a place for enjoyable occupation with others, will also work. Whichever place you find, you may meet others recognising your situation, without you having to explain everything about yourself. Read more in chapters 10 and 11.

#### Your contingency plan may well describe:

- What you especially appreciate, and what keeps your mood up.
- Warning signs, you and other people can notice
- If a serious crisis hits you, how do you typically react and feel?
- What you can do, that benefits you? Is it sleeping or maybe taking a stroll?
- Things not do, when you feel an oncoming crisis.
- What can other people do for you, you feel will be helpful.
- What do you need others to take care of, if you start feeling really ill and may need to be re-committed? Have you got children, pets or plants in need of care? Bills needing payment or other obligations in need of handling?
- Consider, when you are on top of things, if you have special needs, you would want included in your treatment, if committed again. What has worked well and not so well before?
- How can other people spot it, if you are getting worse?
- Who should be notified, if you are committed? And who should not know? Use your Relations-Map in chapter Three to decide who you feel should be part of your contingency plan.
- Make arrangements for those you believe can help you, if needed. If you are still in the hospital, see if you can make any arrangement with the staff.

Notes for your Contingency plan

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*If you feel really bad right now, seek medical assistance – telephone numbers and addresses are on page three. If not crucial but nevertheless requiring some feedback from some-one, check the counselling services in chapter 11.*



## Chapter 5

# Avoid a brewing crisis - Contingency planning

### Get to know your warning signs

Only few people fully avoid some kind of crisis after being discharged. For most, the period following at home, can be difficult to handle. Life has to go on, and yet how, since something made it necessary to be committed.

You can use a contingency plan to distinguish between the types of crises you can handle on your own - and those, where it is better for you to seek help to handle. It can take some time to work out your contingency plan. You do not have to accomplish it, all at once. Your plan will help you maintain control of your life, even when hitting the hilt. Share your plan with those you find comfort with helping you.

### Warning Signs

Many people feel a crisis approaching by feeling signs of anxiety or heavy discomfort. Maybe you grow very sad or angry? Some feel it insurmountable or feel the whole universe is all about them. Suicidal thoughts or even substance abuse can knock on the door. It is easy to isolate yourself, when issues are mounting, that are difficult to handle. Alas, keeping for yourself, can make everything much more difficult. Even when you do not feel like talking to anybody, talking to other people is often what really is required.

### Want to make a contingency Plan?

Make a contingency plan on your own, or co-operate with others. Maybe you can make it, while you are committed. A good contingency plan includes your knowledge about what you need other people to do, to feel safe. The plan will also describe what you feel will help you in a crisis. Use your plan to stop worrying about the small bumps on the road, and steer clear of the big ones.

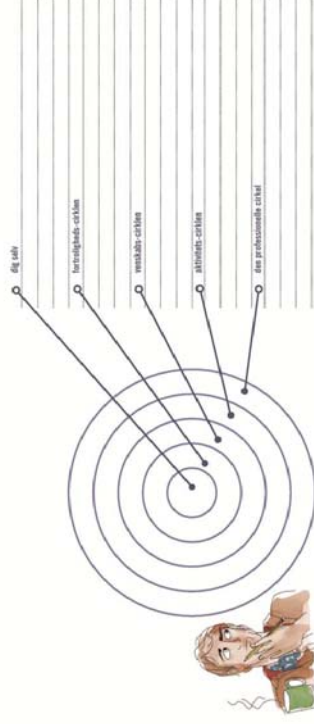


if you need support to get on with your everyday life, try contacting your municipality about getting a home-aid or a support and contact liaison. If you are having a tough time managing life alone, you could realise options for moving into a communal residence with others, having similar issues. Even if you do have good reliable relations, these options could be beneficial, if you feel you need support to manage your life. Ask the case worker at your municipality about your options. Read more in chapter nine.

**Not sure about how you feel? Talk to someone**

**Worrying about how you feel, you ought to contact friends, family, the support and contact liaison, or your physician. Do visit them or invite them to your place. Several phone links exist through which you may get help. Read chapter 2. Do not give in, keep calling if needed. Another important detail is to get rest. Make it easy for a while, sleep. Talk with your psychiatrist about those pharmaceuticals you receive. Get every day be easy for you.**

## Chart your network



### How to use the relations map

Most people have friends, family or colleagues. During a committance, there is often so much going on, that it is easy to lose sight of your network. Use the relations map to pinpoint people you know. Try to consciously to decide who you feel confident with and who you just see as acquaintances, in general terms.

Start by considering who you know and what they mean to you. Note their names in the circles according to how you feel they relate to you. Consider what you could talk about and do together. Note it all into the relations map and, remember that you in time will become more attached to other people.

Who will share your joys? Who would be best in accompanying you to a show in the cinema? Who would be supportive when you are down? Something you want someone else to help you with, or you could do for others? Note it!

Would you like closer ties to someone? Would you like distance to someone? Do you need to get unattached or set boundaries for involvement from someone in particular? Note it!

