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Introduction

The National Medical Health Research Council, the NT Department of Health & Community Services, Menzies School of Health Research, The Cooperative Research Centre for Aboriginal Health, and the Alcohol Education and Rehabilitation Fund support for AIMHI NT.

AIMHI NT aims to improve outcomes for remote indigenous people with mental illness.

The AIMHI NT Project is developing mental health stories for Aboriginal and Torres Strait Islander people and the Mental Health Story Teller Mob has one story to tell which is in four parts

What keeps us strong?
What makes us sick?
What are we like when we are sick?
What gets us well again?

If all of us can know more about this story – the whole community can help to recognize and treat mental illness.

Wherever the terms “Indigenous” or “Aboriginal” appears they refer to all of the Aboriginal and Torres Strait Islander peoples of Australia and the distinction of Torres Strait Islander culture and the diversity of Australian Aboriginal culture are acknowledged.

We invite your feedback

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Yarning

Rapport

Understanding and communicating with Aboriginal clients is usually helped by:

- Having family there.
- Working with a Health Worker or an AMHW.
- Recognising that they may prefer to be outside.
- Communicating in language or Aboriginal English or plain English.
- Sitting side by side.
- Recognising that they may be hard of hearing.
- Avoiding direct eye contact.
- Avoiding a series of direct questions.
- Recognising that they will not want to sit still for very long.
- Establishing a relationship first and sharing family experience.
- Talking about strengths and family relationships before talking about the problems.
- Using pictures instead of only words.
- Telling stories that use metaphors and symbols that represent familiar experience.
- Recognising that they will take a while to answer questions and that if you wait a little longer than usual you will hear an answer.

The first two steps in the Yarning about Mental Health method are about getting to know people. Whether it’s someone you are working with, or someone you are going to interview for a mental health problem – it’s a good idea to get to know them a bit first. One of the ways to do that is to talk about family, and to get a sense of who is important to them. Another way to do it is to talk about what activities you both like to do – what things keep you strong.
Family Engagement

Talking about our strengths – family and friends and activities is a good way to get to know someone. It is also good to remind ourselves of the things that matter to us – the spiritual and the physical and the social and the emotional aspects of our lives. Using the Grow Strong Tree to get to know someone is an easy way to start about mental health.

Talking about family can help us to see the networks of healing and the paths for support of that client and that family.

As we talk about family and strengths we can begin to know what is already strong and have a yarn about how to keep it strong or make it stronger.

Looking at family connections and recognizing their importance helps to link them in to goal setting for change and to be involved with the steps to goals.

The change plan is stronger if everyone named on that plan has an opportunity to hear about their role.

The plan is then a way to strengthen the support networks surrounding the client.

We are helping them find their own personal goals and their own steps to those goals. As we encourage goal setting and communication within their support network – we support autonomy and empowerment of that family.

Shyness, language and cultural differences can all be barriers to understanding and communication. Health professionals need understanding and communication to assess people (work out what the problem is) and to come to a decision about what that problem is (make a diagnosis) and what to do about it (make a treatment plan or a care plan).
Mental Health Review Tips

These guidelines provide an overview of assessment and management of chronic mental illness and are to be read in conjunction with the CARPA manual – in particular ‘Mental status examination’ (page 143), Psychiatric emergencies (page 170) and Suicide risk management (page 176). Any mental illness, which has recurred twice or more, and which causes a lot of problems in family and social life or work, can be managed as a chronic mental illness.

Mental illness is linked with:

- Family history
- Head injuries
- Poor physical health
- Substance misuse.

- We need to help the person and their family to make lifestyle changes. The best way to help is to let them choose their own goals for change. We reach goals for change by taking steps. A change coach is someone who talks with us about our goals for change, encourages us and checks how we are going.

- We need to make time to explain the illness and the treatment to the person and their family.

- People often stop taking treatment when they feel well – but many illnesses like depression or psychosis will simply come back when medication is stopped.

- Help them to be the expert and the boss in relation to their illness.

- People with chronic mental illness have times when the illness is worse and times when it is better. Try and decide whether this is a bad time or whether this is the usual mental state for this person.

Good management of chronic mental illness will decrease the number of times people get sick again, or need to go to hospital. This will help people with mental illness to have better outcomes and to be better for their family and be better in their social lives. The following tips provide a guide to best practice in mental illness management.
Review - see people with mental illness regularly

- See people with chronic mental illness at least three monthly – and more often if their condition is changing. This will help you to pick up changes in their illness before they get really unwell.

- If a person with chronic mental illness is getting unwell, they usually need to be seen more frequently. They may even need to be seen every day – especially to avoid them getting so sick that they need to go to hospital.

- When a person is getting better and recovering from a relapse (getting sick again) they will also need to be seen more often to make sure they keep getting better.

- Try to talk to the person with appropriate family members or a culturally appropriate mental health worker or health worker.

- Be aware of cultural issues, which may be causing trouble for that person at the moment. Review their mental state: mental state is about appearance, behaviour, mood, and speech (see CARPA Manual ‘Mental status examination’ page 143).

- Refer them to the doctor or mental health team whoever is available soonest if you are worried about their mental state – especially if you think it has changed for the worse. If the person is violent or seriously disturbed (see CARPA Manual ‘Psychiatric emergencies’ page 170). If the patient is threatening suicide (see CARPA Manual ‘Suicide risk management’ page 176).

- Review medication and side effects and compliance

- Educate about treatment and illness (see ‘Tips’ below)

- Consider referral for counselling about lifestyle, social support, substance misuse, and/or compliance

- Review: check physical health of people with mental illness regularly

- Full physical check every 12 months (more often if they have chronic physical illness – (see CARPA Manual ‘Chronic Diseases page 181’))

- Physical investigations every 12 months (more often if they have a chronic physical illness – (see CARPA Manual ‘Chronic Diseases’ page 181).
Mental Health Review Tips

Questions to ask about medication

- How is the medication going?
- Are you managing to take it most days?
- Do you have any side effects like sleepiness or tight muscles?
- Are you putting on a lot of weight? (This is a side effect of some medications).

What to do

- Check for tight muscles by gently bending the arm back and forward at the elbow and seeing if it feels tight?
- Check the file to see if dosettes have been regularly filled and depot injections (if prescribed) have been regularly given. This shows whether the person has been having their prescribed medication.
- If there is a problem with medication not helping, or not being taken, or side effects - book them in for doctor review or mental health service review whichever is sooner.
- Start a dosette or Webster pack if remembering to take medication is a problem. Remind them to keep the medication out of reach of children. Consider injections – but remember that the best and newest mental health medications are often only available as tablets.
- Remember that the new ‘atypical’ antipsychotic medications like risperidone and olanzapine are generally more effective and more comfortable than ‘classical’ medications such as zuclopenthixol or flupenthixol or chlorpromazine or haloperidol.
- Check whether they are due for a physical check or physical investigations and book them in for doctor review if they are.
- Write a care plan with the person and family, and include the clinic, the mental health team and/or the doctor. A good care plan includes the person’s treatment goals, early warning signs of their illness, and what the team thinks will help to keep them well.
Sharing information about mental illness and treatment

- Mental Health is about being well and strong and balanced in our spiritual, physical, social and emotional lives.
- Mental Illness is like physical illness – the sooner you treat it the sooner you get better.
- Life events, change of medication, or substance misuse are common causes of relapse and getting sick again.
- If we have too many troubles any one of us can get sick, and get out of balance.
- Early warning signs – such as change of sleep or appetite, or increased restlessness or tension, or not wanting to be with other people, are the signals to go and get extra treatment and help. Everyone has his or her own early warning signs.
- Medication, life style change, and increased support in tough times can help to avoid relapses and to stop people getting sick again.
- Medication doses can be adjusted and changed, and new medication can be tried if side effects are a problem or if medication is not working.
- There are many different types of antidepressants and antipsychotics. Antidepressants treat depression and antipsychotics treat psychosis (or schizophrenia).
- Medication helps us to cope with stress and life events without falling sick; it is like a protection or a defence, best to have it there every day.
- Easy ways to remember to take medication are: to take it at the same time each day, to have reminders to take it from family, by having a dosette or Webster pack - and by putting it somewhere that you can see it often.
- People make changes in their lives when they are ready. There are lots of different ways to change.
- Often small changes in our spiritual, physical, social and emotional lives are all that is needed to be healthy and in balance again.
- Traditional healers, talking treatments and/or social changes can be better than medication for some people.
Tips on Assessment and Care Planning

The assessment form and care plan combine information about the mental health story. (What keeps you strong? What takes your strength away?) They are written in plain English using words to describe mental illness that people have told AIMHI are often used and are easy to understand. They encourage clients to be in control, they support involvement of carers, and they are in a brief format for busy remote health centres.

Have a Yarn
- Aim to complete a care plan every three months.
- It is easier to do a care plan if an assessment has already been done.
- You can complete a care plan at the same time as an assessment.
- You can complete a care plan instead of an assessment if you have limited time.

Talk about Family
- Fill in a family map to get start: “Who lives with you in your house?”
- Explain what you are here for and what you plan to do e.g. “I’m going to ask you different questions now to see how you are.”
- After we go through the questions we can talk about different things to do to help.

Care Plan
- Aim to complete a care plan every three months.
- It is easier to do a care plan if an assessment has already been done.
- You can complete a care plan at the same time as an assessment.
- You can complete a care plan instead of an assessment if you have limited time.
- Care Plans are about change. You can become a change coach.
Tips on Assessment and Care Planning

Assessment

- Aim to fill out a full assessment every year or so – and especially the first time you see the person.

- Completing an assessment will put important information together and in one place, help you make a diagnosis – and will help communication between health centre and mental health specialists.

Talk about Strengths

- Talk the four main areas of life – spiritual, physical, family-and-social, mental-and-emotional.

- This is the most important part of the assessment. It helps rapport and is a relaxed way to start an assessment.

- You might say that mental health is like a tree which needs good nourishment. We need strong mental health to do the cultural, physical and family things that keep us strong.

Goals for Change

- Linking remote clients with mental health services in town may allow access to PATS support – and can link your client with other counselling and support.

- You may wish to use the AIMHI ‘No Worries’ flip chart which has tips for change and tips to address particular worries.

Early Warning Signs

- Common early warning signs of relapse are: irritability (feeling ‘cranky’), tension or worry, social withdrawal (sitting down alone), poor appetite, poor sleep.

- These are early changes that happen before relapse. Knowing warning signs helps people to avoid relapse and to recover from mental illness by having more control of it.

Crisis Plan

- Fill in the early warning signs of relapse (getting sick again) on the care plan – and talk about a crisis plan – the steps to take to get help quickly.

Risk Assessment

- Fill out the risk assessment from your knowledge of the client, their discussion or their worries, and by asking questions to fill in gaps.

- The risk you are recording relates to your assessment of today’s risk – but you can use past history and other information to come to your decision.
Worries which take away our Strength

- Talk about problems that take your client’s strength away using the flip chart or the red ‘Not So Strong Tree’.
- You might think a client has a worry – and they don’t think so. Write your view down too – and talk about it.

Goals for Change

- A good time to think about change is when we have looked at the worries our life.
- We reach goals for change by taking steps.
- Discuss how he or she might go about it, when it might happen, who might help, what needs to be done, and how to make sure it will happen. Write the detail down on their plan.

Memory Aid for Risk of Self Harm

- Suicide attempts
- Unmarried/single
- Isolated socially
- Ceremonies saying goodbye
- Illness – physical or mental
- Drugs and alcohol misuse
- Events – loss and grief and stress

Memory Aid for Risk of Harm to Others

- Past violence is the main risk factor for more violent behaviour – but also think about:
  - Substance Misuse
  - Family history
  - Anti social behaviours

Risk of Harm to Others

- Plan (do they have a plan and a particular target person in mind?)
- Lethality (what method have they chosen?)
- Access (do they have access to that method?).
- Negative thoughts about their target (do they think their target deserves to be punished, or to be hurt in someway?)
Tips on Assessment and Care Planning

**Vulnerability Risk**
- Does this person have trouble looking after themselves?
- Do they have trouble protecting themselves from others – and not getting hurt?
- Are they at risk when they are away from their support and carers and family?

**Diagnosis**
- The main types of illness symptoms are anxiety/agitation, psychosis, depression and mania.
- Try to decide what group(s) of symptoms your client has and how severe they are.
- Refer to the AIMHI information sheets for mania, psychosis, depression and anxiety.
- Consider underlying causes such as medical illness, substance misuse, and social stressors.

**Medication**
- Fill in the current treatment in the medication section.
- If this can be signed by a doctor it can be used for dispensing medication – otherwise it will just be for information only.
- Sometimes the best medicine is a social or family change.

**Send Someone Home with**
- Supervision and social support – reliable.
- Appointment given – preferably written down.
- Follow up treatment arranged e.g. for depression.
- Engagement with your plan (client thinks it’s a good idea).
- Resolution or partial resolution of the crisis (the main problem is not so bad now)

**Safer**
- If you cannot meet the criteria for a SAFER plan it may not be possible to discharge your client to the community.
- Consider supported and supervised arrangements including safe house or hospital.
- Look at the CARPA manual or the guidelines in this pack.

**Mental State Examination**
- Appearance: Neat? Clean? Strange?
- Conversation: Silly talk? Wrong talk? Mixed up talk? Fast talk?
- Perception: Hearing voices? Seeing things? Talking to self?
- Cognition: Remembering OK? Confused?
### Diagnosis
- Medical illness and substance misuse and social problems will also need treatment where ever possible.
- Disorientation in time, place and person is a medical illness not a mental illness – and can represent a life threatening situation.
- Check CARPA – *Psychiatric Emergencies P. 170.*

### Treatments
- Treatments can be spiritual and cultural, physical, mental and/or family/social interventions.
- Use all of the resources in the community – like church activities and sporting clubs.
- Use resources elsewhere too – such as counselling services in town – especially residential rehabilitation for substance misuse.

### Summary of Best Practice
- All mental health clients should have a health check every 12 months – weight, BP, diabetes screen – and health screening such as pap smears.
- If they are on medication they need to have liver, renal and thyroid function checked every year.
- If they are on a mood stabilizer they should be checked three monthly.

### Summary of Best Practice Screening
- All mental health clients should have a review at least every 3 months – of mental state and medication.
- If they have completed a care plan their goals should be reviewed.
- Clients and carers will benefit from psycho education at every opportunity.
Grow Strong Mental Health Tree

There are four main ways in which we are keeping strong in our lives. Through our spiritual and cultural beliefs, through family and social ties, and through the thinking and feeling we do about those things. The grow strong mental health tree shows the way in which strong roots feeding those four parts of our lives can grow a strong tree. If the roots get dry and aren’t fed properly – the tree might get weak.

Our mental health is like a tree, which needs to be fed. We need to keep all of our branches going strong by making choices that add strength to our spiritual, physical, family and emotional lives. If one branch can’t be fed – we can stay well by keeping the other branches going strong. If our tree is strong we can weather the storms that come along – without falling over.

Clients have told us of the importance of hunting and fishing, of ceremony dance (and rap dance), of art and bush tucker and going to country, of football and basketball and having a job. The Grow Strong Tree is a tool for building rapport, as well as for assisting decisions about change. Focussing on strengths – for all of us – is a great way to stay stable and grounded when the going gets tough.

The Grow Strong Tree is a picture of a plant that represents our mental health – with four root systems and four healthy leaves. The four main parts of our lives are Spiritual, Physical, Family and Social and Work, Mental and Emotional.
Spiritual, physical, family and emotional strengths keep us in balance – like strong roots of a tree.

When we are in balance we grow strong mental health.

Worries and stress and trouble can take away our balance.

Changes for strength in our spiritual, physical, family and emotional lives can help us find balance again.
The Gunja Story

Gunja sneaks up on people who use it. It causes feelings of worry and depression, paranoid thinking and confused thinking, and hearing voices – little bit by little bit. So sometimes people don’t realise that it’s happened – and that it’s the gunja that has made it happen. By the time these feelings are a problem people might be smoking gunja all day – often with friends and family.

By then, it can feel too hard to stop. So it’s a tricky drug. It tricks people into thinking it’s not a problem – but it is.

Gunja makes a lot of people sad and worried and paranoid. It also causes family humbug – and makes family angry and sad and guilty and stressed and sick. It might cause violence in the family too. And then it causes trouble with the law as well.

People worry for gunja when they can’t get it. They humbug family and then maybe they steal something to get money for gunja. So gunja is a big problem.

Grog, petrol, paint, speed, ice, ecstasy – they’re all big problems too.

They cause problems with mental health and family humbug and trouble with the law. But maybe all of them are more noisy than gunja. Maybe people make more noise and get more attention when they get in trouble with these other drugs. Gunja sneaks up on people who use it.

Gunja is a tricky drug. It tricks people because it is quiet. It sneaks up on people who use it. This section talks about good reasons to support clients to stop using gunja.
Early Warning Signs

Everyone has good and bad times. Before the bad times get really bad what tells you that you may be getting sick again?

Everyone gets stressed sometimes and we all have warning signs that stress is building up.

These warning signs are very similar to the warning signs that people with mental illness can learn to recognise.

If we pick up stress early we can do something about it before it gets out of control.

In the same way if we pick up mental illness early we can make changes before we have a relapse.

Know your early warning signs and getting help early are important ways to avoid relapse.
Risk Assessment

There are three main sorts of risk – risk of hurting yourself intentionally, or hurting others intentionally, and of getting hurt accidentally through poor decision-making.

Important background factors for suicide risk are:

- **S**uicide attempts
- **U**nmarried
- **I**llness – physical or mental
- **C**eremonies to say goodbye
- **I**solation
- **D**rugs and Alcohol
- **E**vents – grief and loss and stress

Important immediate factors for risk are:

- **P**lan – having a plan to hurt themselves
- **L**ethality – having a plan that is likely to result in injury or death
- **A**ccess – the person being able to carry out their plan
- **N**egative views of self and future (they want to die)

If you are not sure whether a person will be safe when you have seen them – check that you have the following things in place:

- **S**upport and supervision – a place to stay, someone reliable to stay with
- **A**ppointment time given for follow up
- **F**ollow treatment arranged
- **E**ngagement with your plan (they think it is a good idea)
- **R**esolution or partial resolution of the crisis (something has changed for the better)

If you can’t have this safer plan in place and you are worried about risk – then consider other supported accommodation options including hospital.
Diagnosis

Some people hear voices, some people just get very sad and stay inside the house all day, some people get too much energy and fight and shout and cause trouble, some people get very worried and nervous and anxious and some people get mixtures of all of those things.

It is important to work out the pattern of someone’s illness. If they know their own pattern they can treat if early.

Different patterns respond to different medicines.

Four common patterns of illness are depression, anxiety, mania and psychosis.

The following information sheets (which are a separate double sided laminated resource) talk about the pattern of thoughts and feelings and behaviours for those illnesses:

- They show what happens with four sorts of mental illness – depression, anxiety, mania and psychosis.
- They talk about how people act when they are sick with these illnesses – and how they feel inside.
- They also talk about what brings mental illness on – and what helps when people are sick. Changes help.

We can try and change the triggers or we can change what we are doing so that we can feel better. Most mental illness is made worse by drug use. Most mental illness is made better by doing things you enjoy doing – like hunting and fishing. Mental illness needs treating because it gets in the way of a happy life with family. It is easier to hunt and fish and be with family if your mental illness is treated.

People who have lots of worries can get a mental illness. The pattern of mental illness is different for different people. The pattern is about changes in thoughts and feelings and behaviours – changes in what people say and do.
Depression

What is Depression?

People who are depressed are people who are feeling very sad inside.

They might:
- Not each much
- Feel guilty
- Walk round all night
- Think of dying
- Cry for no reason
- Sit down alone

Why am I depressed?

These things can cause depression:
- Poor physical health
- Loss or bereavement
- Too much stress
- Too much Alcohol or Gunja or other drugs
- Family History (someone else in the family has the illness)
- Stopping usual treatments
- Breaking Law
What change helps if you are depressed or very said inside?

OUTSIDE CHANGES
- Family support
- Elders
- Traditional Healer
- Clinic Mob
- Mental Health Mob
- Antidepressant tablets with dosette or Webster pack
- Hunting, fishing, dance
- Going to country
- Stopping gunja, alcohol or Other drugs

INSIDE CHANGES
- Know about treatment
- Remember totems, family, elders
- Think with your head not with your heart

How do you make change?

• Everyone can make change – when they are ready
• There are lots of different ways to change
• Telling people they SHOULD change doesn’t help
• Letting them know you think they CAN change does help
• Everyone changes in his or her own time
• Small steps can lead to big changes

This information sheets is produce by AIMHI NT – 2005. We invite your feedback and comments. (08) 89227943
Anxiety

What is Anxiety?

People who feel edgy and nervous and restless – and who worry about things a lot of the time – might have an anxiety disorder.

THEY MIGHT

Feel afraid for no good reason
Walk round all night instead of sleeping
Worry about things a lot of the time
Get angry too quickly
Not concentrate well and not be able to work
Feel short of wind and shaky and sweaty

What makes me anxious?

These things can cause anxiety

Poor physical health
Loss or bereavement
Too much stress
Too much Alcohol or Gunja or other drugs
Stopping usual treatments
Breaking Law
Family History (someone else in the family has the illness)
What change helps if you are anxious?

OUTSIDE CHANGES
- Family support
- Elders
- Traditional Healer
- Clinic Mob
- Mental Health Mob
- Anti anxiety and anti-depressant tablets with dosette or Webster pack
- Hunting, fishing, dance
- Going to country
- Stopping gunja, alcohol or Other drugs

INSIDE CHANGES
- Know about treatment
- Remember totems, family, elders
- Remember what keeps you strong – spiritually and emotionally
- Make changes so that you are doing what keeps you strong – spiritually, physically, socially and emotionally
- Relax more
- Think positive

How do you make change?

- Everyone can make change – when they are ready
- There are lots of different ways to change
- Telling people they SHOULD change doesn’t help
- Letting them know you think they CAN change does help
- Everyone changes in his or her own time
- Small steps can lead to big changes

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What is mania?

People who are full of energy, are acting strangely happy, and who have very fast thoughts and speech may have an illness called mania.

They might

- Think they are the best or special in some way
- Walk round all night – no sleep
- Have strange or silly or very happy behaviour
- Get angry too quickly
- Talk too much and too fast and jumbled up
- Have so much energy that they can’t stop

What makes me manic?

These things can cause mania

- Poor physical health
- Loss or bereavement
- Too much stress
- Stopping usual treatments
- Breaking Law
- Family History (someone else in the family has the illness)

People with mania or depression can also have psychosis as well – and will usually need treatment for both problems – see the psychosis pamphlet
What change helps if you are manic?

OUTSIDE CHANGES
Family support
Elders
Traditional Healer
Clinic Mob
Mental Health Mob
Mood Stabiliser and/or antipsychotic and/or anti-anxiety tablets with dosette or Webster pack
Hunting, fishing, dance
Going to country

INSIDE CHANGES
Know about treatment
Remember totems, family, elders
Remember what keeps you strong – spiritually, physically, socially and emotionally
Make changes so that you are doing what keeps you strong – spiritually, physically, socially and emotionally
Think with your head not with your heart

How do you make change?

• Everyone can make change – when they are ready
• There are lots of different ways to change
• Telling people they SHOULD change doesn’t help
• Letting them know you think they CAN change does help
• Everyone changes in his or her own time
• Small steps can lead to big changes

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Psychosis

What is Psychosis?

People who are hearing voices, and who have jumbled thoughts may have an illness called psychosis.

They might:
- Act strangely
- Feel afraid
- Walk round all night
- Think of dying
- See things not there
- Sit down alone

What makes me psychotic?

These things can cause psychosis:
- Poor physical health
- Loss or bereavement
- Too much stress
- Too much Alcohol or Gunja or other drugs
- Family History (someone else in the family has the illness)
- Stopping usual treatments
- Breaking Law

Diagnosis
What change helps if you are hearing voices or have jumbled thoughts inside?

OUTSIDE CHANGES
- Family support
- Elders
- Traditional Healer
- Clinic Mob
- Mental Health Mob
- Antipsychotic tablets with dosette or Webster pack
- Hunting, fishing, dance
- Going to country
- Stopping gunja, alcohol or Other drugs

INSIDE CHANGES
- Know about treatment
- Remember totems, family, elders
- Think with your head not with your heart

How do you make change?

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This information sheets is produce by AIMHI NT – 2005. We invite your feedback and comments. (08) 89227943
Mental Health Medicine

Changes in social, cultural and lifestyle are all good mental health medicine. These changes may not be enough to get well again. Tablets and injections can help too.

There are four main sorts of medication for mental illness – antidepressants, antipsychotics, anti anxiety agents and mood stabilisers. Antidepressants treat anxiety as well.

There are four main things to remember to do about medication:

Check the past history and medical history to decide which will suit best.

Warn the person about side effects and check how they are going.

Change the medication if it isn’t working or if it is making the person uncomfortable with side effects.

Work out ways the person can remember how to take it regularly.

In general, medication can slow you down or speed you up. Antipsychotic medication (eg risperidone or ‘risperdal’) and anti anxiety medications (eg diazepam or ‘valium’) slow you down, antidepressants (eg sertraline or ‘zoloft’) tend to speed you up. Mood stabilizers tend to smooth out mood swings.

Most people will forget to take medication regularly – help strategies include:

- Make sure a simple regime is prescribed – preferably only once per day.
- Advise to take at the same time each day, eg bedtime or breakfast time.
- Help with reminders like fridge magnets or signs or notices.
- Use dosette boxes or Webster packs.
- Consider injections instead only after a trial of all of these strategies.
Quick check list before starting medication - ABCDEF

A-AGE. Use medication cautiously (seek advice) in the elderly or children because they can be more sensitive to these medications and their body may be less able to handle medication. Rule of thumb – ‘start low – go slow’. Start with low doses, be wary of side effects and only increase slowly and with caution.

B-BREAST-FEEDING. Use medication cautiously (seek advice) in breast-feeding mothers because some medications can pass through to the baby through the breast milk and might cause harm to the baby.

C-CONTRACEPTION. Check if your young female client is taking contraception before prescribing medication. Use medication cautiously in women who may fall pregnant as some medications can cause harm to baby while it is growing.

D-DRUGS. Medications can interact with other drugs. Seek advice about interactions before prescribing.

E-ENDOCRINE and other diseases. Some medications can make diseases like diabetes or heart disease worse – seek advice before prescribing.

F-FEAR OF SIDE EFFECTS. Some people are particularly concerned about side effects and will stop medication because of these. Check what fears they have and adjust medication accordingly.

Memory Aid for Common Side Effects – SOS

Common side effects are:

SEXUAL SIDE EFFECTS (not able to enjoy sexual activity) or SLEEP EFFECTS (too sleepy or too hard to get to sleep).

OBESITY (getting fat).

SHAKES or STIFFNESS of muscles (tight muscles, tight jaw, temors and shakes).
What to do about Worries

Try these things first:

- Talk with family, AMHW or HW seeking a range of solutions.
- Let family, AMHW or HW advise as to whether there is a role for a Healer or for traditional medicine.
- Try motivational counselling and help with making changes and education.
- Show AIMHI Flip charts or Info sheets.
- Think about all community resources – sporting clubs, youth centres, music interests.
- Look at the family map and engage the healing family network.
- Refer for GP or mental health team assessment or Danila Dilba, or local medical service.

Everyone has strengths, everyone has people who care about them, and everyone has worries. When worries and the strength get out of balance, it helps to be reminded about the changes we can make. Everyone can make choices, everyone can make change.
What To Do About Worries

1. Family worry:
   - Try outside changes such as change accommodation.
   - Think about all community resources – church, counsellors.
   - Try some AIMHI anti-humbug strategies – e.g. Tell family there are new rules, let them know the new rules, no lends if you are owed, no lends of money – only food, no lends more than once a week, tell them you still love and care for them even if you don’t always give when the ask. Clear your own debts as soon as you can and follow you new rules yourself.*

2. Not hunting, fishing, art and craft or other activities:
   - Try community resources for outside changes – sporting clubs, council, art centre, employment agency.
   - Consider referral to other services – CRS, CDEP, training.
   - Try some AIMHI fishing strategies e.g. borrow a hand line, ask AMHW to talk with family asking for help, talk directly with family about wanting to do more hunting, save money to buy handline and other gear.*

3. Not working or trouble at work:
   - Consider referral – EAS, CRS, counsellor, local training centre, CDEP officer.
   - Try some AIMHI work strategies e.g. sign up for training, sign up for CDEP and get help from family or health worker to do that.*

4. Not enough exercising, no good tucker:
   - Consider lifestyle counselling at health centre.

5. Sad inside, not interest in doing things:
   - Medication for depression and/or medication for psychosis and/or medication for anxiety.
   - AIMHI strategies: More time with family, more hunting and fishing, more dance, more music, more bush tucker.*

6. Sleep worry:
   - Try counselling and help with making changes.
   - Medication for depression and/or medication for psychosis and/or medication for anxiety.
7. Memory worry, mixed up thoughts, paranoid, silly thinking:
   • AHMW or HW and family can help to decide how big a problem this is and whether it is new.
   • They may need supported care – from family or using other community resources.
   • Physical check up to make sure that they don’t have a physical cause for this such as too much medication, or problems inside their brain.
   • Consider referral for more physical tests.
   • Medication for depression and/or medication for psychosis and/or medication for anxiety.
   • Consider hospital.

8. Not caring for self:
   • AMHW or HW and family can help to decide how big a problem this is and whether it is new.
   • They may need supported care – from family or using other community resources.
   • Medication for depression and/or medication for psychosis and/or medication for anxiety.
   • Consider referral for more physical tests.
   • Consider hospital.

9. Hearing voices or seeing things:
   • Medication for depression and/or medication for psychosis and/or medication for anxiety
   • And/or medication for unstable mood.
   • Consider hospital.

10. Violent, strange or silly or bad behaviour:
    • Medication for depression and/or medication for psychosis and/or medication for anxiety.
    • And/or medication for unstable mood.
    • Safety Plan as follows:
      • You can send this person home if they have:
        S upervision and social support (you may need to consider supported accommodation or hospital)
        A ppointment for follow up treatment (needs to be soon and needs to be definite)
        F uture ideation (they need to be thinking more positively about the future now)
        E ngagement in your plan (they need to think your safety plan is a good idea and agree to it)
        R esolution or partial resolution of the crisis, or of the suicidal ideation (something needs to have got better or changed so that they don’t see as many reasons to harm themselves).
11. **Self harm behaviour or thoughts of suicide:**
   - Try counselling and help with grief and making changes.

   **S**upervision and social support (you may need to consider supported accommodation or hospital
   **A**ppointment for follow up treatment (needs to be soon and needs to be definite)
   **F**uture ideation (they need to be thinking more positively about the future now)
   **E**ngagement in your plan (they need to think your safety plan is a good idea and agree to it.
   **R**esolution or partial resolution of the crisis, or of the suicidal ideation (something needs to have got better or changed so that they don’t see as many reasons to harm themselves.

12. **Gunja, grog, cigarettes, other drugs:**
   - Think about all community resources – sporting clubs, youth centres, music interests.
   - A&OD services.
   - Try AIMHI anti-smoking and anti-grog strategies: make up your mind to change, do something else like football, swimming, basketball, walking, hunting and fishing, think about being fit for football, get encouragement from family and health workers, stay with sober relatives, buy food before group and gunja, think about teaching children right way, say no to friends and relatives who offer.*

13. **Physical Illness?**
   - Talk with family, AMHW or HW seeking full information and exploring options.
   - Refer for GP or mental health team assessment or Danila Dilba, or local medical service.

   **AIMHI strategies were developed in consultation with TIWI Islands clients, carers and AMHWs.**

   - If you are making a mental health stay strong care plan remember to check what has helped before.
   - Engage with family wherever possible.
   - Talk about feelings and listen to how they are feeling and why.
   - Especially talk about doing – about doing what keeps people strong and how to do it more
   - Ask about thoughts of self harm.
   - If there are thoughts of self harm: look for other suicide risk factors, reassure, seek help, and do not leave alone (see 13, 15,)
Appendix (i)

Assessment Form
**Mental Health Assessment**

**PRINCIPAL NAME**  
(AKA)  

**OTHER NAMES**  

**DOB:** .../.../.....

**Things that help to keep this person well, happy and strong:** (spiritual, physical, family and social, mental and emotional)

**Current Issues:**

**Family and cultural background and personal history** (check for family history of mental illness)

**Some of the worries for this person are:** (Tick or circle)

- Family trouble, humbug or worry
- Not doing much, like hunting, fishing, or other things
- Work worry
- Not sleeping good
- Not eating good tucker
- Too much cigarettes
- Too much grog, or gunja, or other drugs or gambling
- Physical illness
- Don’t want medicine or treatment
- Side effects of medicine – feel sleepy or tight muscles
- Don’t know about mental illness or treatment
- Trouble cooking and shopping and caring for myself
- Problem remembering things or finding my way around
- Doing things which worry my family
- Culture worry
- Sitting down alone – not mixing much with others
- Violent, strange, silly or bad behaviour
- Hearing voices or seeing things
- Feeling said inside, no interest in doing things
- Problem with being too happy or too much energy
- Mixed up thoughts, paranoid, silly thinking
- Self harm behaviour or thoughts of suicide
- Feeling anxious or nervous, or jumpy
- Other worries

**Past Medical History (including head injury)**
HRN

Mental Health Assessment

DATE: .../.../.....

Past Psychiatric History and Forensic History (trouble with police or court)

Risk Assessment:

Circle below: 1= no apparent risk... 2 = low risk ..... 3= significant risk ... 4 = serious risk  5= extreme and imminent risk

<table>
<thead>
<tr>
<th>Self Harm/Suicide</th>
<th>Harm to Others</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Mental State Examination

Appearance (look OK?)

Behaviour (doing strange things?)

Conversation (saying strange things?)

Affect (sad or worried or scared of?)

Perception (hearing things or seeing things?)

Cognition (confused/mixed up?)

The main problem today is:

The mental health diagnosis is:

The plan today is:

Type of Treatment

- Medication
- Compliance Strategies
- Life style changes (substance use, diet, exercise, smoking)
- Social changes (go out bush, job training)
- Cultural or spiritual activity or treatment
- Other services / other treatments eg. for physical illness
- Review care plan goals or complete a care plan

What will happen, who will do it

Signed ____________________________________

Role ________________________________________

DATE: .../.../....
Appendix (ii)

Care Plan
and
Pictorial Mental Health
Stay Strong Plan
Step 1. People that help to keep me strong: (family, friends, elders, carers)

I trust this person to give advice about my treatment

Step 2. Things that help to keep me strong: (spiritual, cultural, physical, family, social, mental and emotional)

Step 3. Some of the worries I have are: (Tick or circle)

| Cultural worry | Alone – not mixing much with others |
| Not hunting, fishing, art and craft or other activites | Not working or trouble at work |
| Not enough exercising | Gambling |
| Taking medication or treatment | Don't know about mental illness |
| Physical illness | Anxious or nervous or jumpy |
| No good tucker | Violent, strange, silly or bad behaviour |
| Memory worry | Not caring for self |
| Sleep worry | Sad inside, no interest in doing things |
| Gunja, grog, cigarettes, other drugs | Mixed up thoughts, paranoid, silly thinking |
| Side effects of medicine – feel sleepy or tight muscles | Hearing voices or seeing things |
| Too much energy, can't slow down | Self harm behaviour or thoughts of suicide |
| Family worry | Other worry |

Step 4. Goals I have for changing worries – step by step

Goals are things that we want to do differently. The steps to the goal help us to check how we are going. They should be do-able and measurable. Follow up with review and feedback.

Goal:

Step 1.

Step 2.

Step 3.

Good things about this change are:

Think about: What will help? And who? And what has helped before? Change is your own choice. Everyone can make changes. Small steps can lead to big changes.

Goal:

Step 1.

Step 2.

Step 3.

Good things about this change are:

How I am now / current issues/ progress toward previous goals: Previous care plan completed? ☐ ☐ Previous care plan reviewed? ☐ ☐

Step 5. Early warning signs of me getting sick are:

1. 3.
2. 4.

If I know I am getting sick I will do these things to get help quickly:

1.
2.
3.
### Step 6. Risk Assessment

<table>
<thead>
<tr>
<th>Self Harm or suicide risk</th>
<th>Harm to others</th>
<th>Vulnerability – cannot look after self</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Circle the number above that matches your assessment of level of risk. **Risk issues addressed by following actions:**

### Step 6 continued. Other Problems and Treatments

<table>
<thead>
<tr>
<th>Other Problem (Diagnosis)</th>
<th>Goal and steps</th>
<th>Who will help</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Other treatments that I am trying :</th>
<th>Who will help:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compliance strategies (Webster pack, dosette, depot)</td>
<td></td>
</tr>
<tr>
<td>2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training)</td>
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<tr>
<td>3. Cultural or spiritual activity or treatment</td>
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<tr>
<td>4. Other services (counselling, other treatments, treatment for physical illness, investigations)</td>
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<tr>
<td>5. Medication (Refer to medical summary or prescription for additional medications)</td>
<td>Dose, Frequency and route</td>
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I sometimes get worries which I call ____________________________________________

The Mental Health Service calls this (diagnosis) ____________________________________________

Tick or circle other care planning interventions

- [ ] Dosette or Webster pack offered today
- [ ] Carer psycho education given today
- [ ] Adult Health Check in last 12 months (BP, Weight, urine check) OR Adult Health Check arranged today
- [ ] Liver/Renal/Thyroid/BP/Weight/Lipid check in last 6 -12 months
- [ ] Mood stabiliser check in last 3 months or circle 'not applicable'
- [ ] Client psycho education / illness information given today
- [ ] Referral for counselling or further support organised today
- [ ] New tests ordered today
- [ ] New tests ordered today

### Mental Health Care Team

<table>
<thead>
<tr>
<th>Name</th>
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Patient Signature: ______________________________ Date of next review: ........../........../ ..........

Care Plan completed at Hospital ☐ Health Centre ☐ ______________________________ Recorded on recall list ☐
Step 1. People that help to keep me strong (family, friends, elders, carers)

Family

I trust this person to give advice about my treatment __________________________

Step 2. Things that help to keep me strong

What Keeps Us Strong?

Physical

Spiritual

Social and Family and Work

Mental

Know Mental Illness

Support

Think Positive

Grow Strong Tree

Pictorial Remote Mental Health Care Plan – AIMHI NT 2006
Aim to complete a care plan at least every three months
Step 3. Some of the worries I have

**Worries Which Can Take Away Our Strength**

- Physical
- Social and Family
- Mental and emotional

1. Not Hunting
2. Not Exercising
3. Not Taking Medication
4. No Good Tucker
5. Physical Illness
6. Too Much Energy
7. Gambling
8. Mixed Up Thoughts
9. Hearing Voices
10. Sad
11. Hearing Voices
12. Don’t Know Mental Illness
13. Violent
14. Not Caring For Self
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97. Not Caring For Self
98. Not Caring For Self
99. Not Caring For Self
100. Not Caring For Self

Step 4. Goals I have for changing worries – step by step

**Goals**

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________
7. __________________________
8. __________________________

Good things about making this change are:

_____________________________
_____________________________
_____________________________
Step 5. Early warning signs of me getting sick are:

1. 
2. 
3. 
4. 

If I know that I am getting sick I will do these things to get help quickly:

I trust ___________________________ to give advice about my treatment

Step 6. Risk Assessment

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Step 6 (continued). Other Problems and Treatments

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**Pictorial Mental Health Stay Strong Plan**

Name: __________________________________________

DOB... .../....../...........

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**Other treatments that I am trying:**

1. Compliance strategies (Webster pack, dosette, depot)

2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training)

3. Cultural or spiritual activity or treatment

4. Other services (counselling, other treatments, treatment for physical illness, investigations)

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**5. Medication** *(Refer to medical summary or prescription for additional medications)*

<table>
<thead>
<tr>
<th>Dose, Frequency and route</th>
<th>Drs Signature and Date</th>
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I sometimes get worries which I call __________________________________________

The Mental Health Service calls this (diagnosis) __________________________________

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<th>Tick or circle other care planning interventions</th>
<th>Client psycho education / illness information given today</th>
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<td>☐ Referral for counselling or further support organised today</td>
</tr>
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Patient Signature: ______________________________

Date of next review....../........../...........

Care Plan completed at Hospital ☐

Health Centre ☐

_________________________

Recorded on recall list ☐

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Pictorial Remote Mental Health Care Plan – AIMHI NT 2006

Aim to complete a care plan at least every three months
Appendix (iii)

Yarning About Mental Health Course Book
YARNING ABOUT MENTAL HEALTH

COURSE BOOK

T Nagel and C Thompson

2006
Exercise 1: Getting to know you

Background

The first exercise is about getting to know people. Whether it’s someone you are working with in a workshop, or someone you are going to interview for a mental health problem – it’s a good idea to get to know them a bit first. One of the ways to do that is to talk about family and to get a sense of who is important to them. Another way to do it is to talk about what activities keep you strong – like work or fishing or music.

Talking about our strengths – family and friends and activities - is a good way to get to know someone. It’s also good to remind ourselves of the things that matter to us - the spiritual and the physical and the social and the emotional aspects of our lives.

Nurse or Doctor or Allied Health

This exercise is particularly good if you are a non-indigenous person talking with an indigenous client you don’t know well.

Mental Health Worker or Health Worker

If you are indigenous this first exercise may be something you do naturally – especially if you are working on your own community.

One of the reasons AIMHI has put it in this workshop is so that you can use this technique and these tools to help your non-indigenous colleagues to get to know your clients. It’s about working together and it might also be helpful when you need to assess people from other communities who speak a different language.

Instructions

Find a partner – preferably someone you don’t know

Look together at the family picture in the Yarning about mental health flip chart (1)

Talk together about the important family member and friends.

Write them in on your care plan sheet

Look at the stay strong page in the Yarning about mental health flip chart (2)

Talk together about what sorts of things keep each of you strong.

Write them in on the care plan sheet, circle the right pictures or write them in

Write them in on your care plan sheet or circle the right pictures

Swap around so that both of you have a sheet with your important family and activities, hobbies and past times that keep you strong.

Group discussions points

- How is this process different to what you usually do?
- Does it help rapport and trust?
- What other strategies can you use to help rapport and trust when you want to assess a client with mental illness?
Exercise 1: Getting to know you

Fill in the names of family members for your client – people who keep them strong.

What Keeps Us Strong?

Spiritual
- Art and Craft
- Spiritual Belief

Physical
- Exercise
- Good Tucker

Social and family and Work
- Family
- Hunting
- Support
- Think Positive
- Work
- Other

Mental
- Art and Craft
- Meditation
- Good Tucker

Grow Strong Tree

Other
- Go To Country
- Teaching Kids

Music
- Go To Country
Exercise 2: Staying in balance

Background notes

Mental health and good social and emotional well-being depend upon us being in balance. It’s about balance inside and balance outside.

The strengths in our life and the strong people in our life can help to keep us balanced when times are tough. Just like our strengths - the tough times can affect spiritual or physical or social or emotional parts of our lives. Too many tough times and troubles and not enough strengths can lead us to get out of balance.

Instructions

Work in pairs

Listen to the video story

Use the ‘video’ care plan

Fill in the strengths, family, stressors and troubles that you hear on the care plan (1-3)

Group discussion points

• Is this a common story?
• What did he say helped to get him back into balance?
Exercise 2: Staying in balance

Fill in the names of family members for your client – people who keep them strong.

What Keeps Us Strong?

- Grow Strong Tree
- Other
- Art and Craft
- Music
- Family
- Support
- Think Positive
- Go To Country
- Exercise
- Teaching
- Hunting
- Good Tucker
- Medication
- Health Centre
- Work
- Social and Family and Work
- Mental
- Spiritual
- Physical

Yarning About Mental Health Course Book
Exercise 2: Staying in balance

Video plan

Worries Which Can Take Away Our Strength

- Physical
- Social and Family
- Mental and emotional
- Spiritual

- Not Hunting
- Not Exercising
- Not Taking Medication
- No Good Tucker
- Side Effects
- Not Working
- Not Caring For Self
- Sad
- Hearing

- Sleep Worry
- Anxious
- Violent

- Alone
- Grog
- Mixed Up Thoughts
- Self Harm
- Hearing Voices

- Anxious
- Physical Illness
- Too Much Energy
- Gambling
- Physical Illness
- Gambling
- Don't Know Mental Illness

- Not Worry
- Worry
- Tucker
- Don't Know Mental Illness
- Violent

- Worry
- Worry
- Worry
- Worry
- Worry
- Worry
- Worry
- Worry
- Worry
Exercise 3: Risk assessment

There are three main sorts of risk - risk of hurting your self intentionally, of hurting others intentionally, and of getting hurt accidentally through poor decision-making.

Important background factors for suicide risk are

S  suicide attempts
U  unmarried/single
I  isolated socially
C  ceremonies to say goodbye
I  illness – physical or mental
D  drugs and alcohol misuse
E  events – grief and loss and stress

Important immediate factors for risk are

Plan  - having a plan to hurt themselves
Lethality  - having a plan that is likely to result in injury or death
Access  - the person being able to carry out their plan
Negative  - negative views of self and future - they want to die

Instructions

Work in pairs
Discuss what risk factors you heard in the video story
Discuss what risk score for self-harm he might have during tough times
Fill it in on the plan
Write down important other information that you need to know to help you to decide on his risk.

Group discussion points

• Can we always know that people are thinking of suicide?
• How good can people be at hiding their bad feelings?
• How do we get behind the ‘brave face’?
Exercise 3: Risk Assessment

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Self Harm or Suicide Risk</th>
<th>Harm to others</th>
<th>Vulnerability – cannot look after self</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Circle below)</td>
<td>1..2..3..4..5</td>
<td>1..2..3..4..5</td>
<td>1..2..3..4..5</td>
</tr>
<tr>
<td>1= no apparent risk</td>
<td>2= low risk</td>
<td>3= some risk</td>
<td>4= big risk</td>
</tr>
</tbody>
</table>

Risk issues addressed by following actions:
Exercise 4: Developing goals

Background notes

Goals are things we want to change.

Steps are the goals broken down to manageable, smaller actions. If you have a goal to do further study – a step to that goal might be to find about more about possible study courses, another step might be to get some more information, or to talk to someone or to make a phone call.

Many small steps lead to the overall goal. Steps tend to be more specific and more detailed than goals.

The best way to plan steps is to ask four questions: What? How? Who? When?

What do you need to do (to reach your goal)?
How can you go about it?
Who can help?
When will you do it? (Also: look at the first thing you need to do and what you can do to make sure you follow through on the plan)

Instructions

Work in pairs
Watch the video story again
Look at the ‘No Worries’ flip chart
Choose a goal for change for the person in the video story by – thinking about his strengths – thinking about what takes his strength away and thinking about his family and choosing the most important thing for him to change. You might choose one that he has already mentioned and add more detail – or you might choose a new one
Add to your steps by using the ‘No worries’ flip chart

Group discussion points

- Are you clear about the difference between a goal and a step?
- Why is it important to plan steps well?
- What else is important in planning steps?
Exercise 4: Developing goals

Good things about this change are:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

Exercise 5: Early Warning signs

Background notes
Everyone gets stressed sometimes and we all have warning signs that stress is building up.

These warning signs are very similar to the warning signs that people with mental illness can learn to recognise.

If we pick up stress early we can do something about it before it gets out of control.

In the same way if we pick up mental illness early we can make changes before we have a relapse.

**Instructions**

**Work** in pairs

**Discuss** the early warning signs of stress that you have noticed

**Write** them on your stay strong plan

**Group discussion points**

- What happens to you if the stress goes on for a long time?
- How does stress affect you?
## Exercise 5: Early Warning Signs:

<table>
<thead>
<tr>
<th>Early Warning Signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>
Exercise 6: Role Play

Background notes
Using the 6 step care plan process is easy if you have a care plan guide and a flip chart.

Instructions
Watch the role play
Think about how it differs from the way you usually work – and how it is similar.

Group discussion points
• Why is it particularly important to think about rapport and trust with mental health clients?
Exercise 7: Practice stay strong care planning

Background notes
Getting motivated to make changes is an issue for all of us.

Take advantage of this exercise to finish your own care plan and take it home with you.

You have already done step one and two with your partner – now its time to take it further.

Only talk about what you are comfortable to share.

Instructions
Work in pairs
Fill in the sheet for your partner
Follow the same process as the role play you observed – from step 3.
Ask about stressors
Ask about key changes
Find one main goal
Ask what would be good about the change toward that goal
Develop 3 steps toward that goal – you may find the no worries flip chart helpful
Swap over so that you both have a go at being the interviewer

Group discussion points
• What is challenging about this motivational interviewing?
• Did you develop steps?
• Are they do-able and measurable?
Exercise 7: Practice stay strong care planning

Good things about this change are:

1.
2.
3.
4.
5.
6.
7.
8.

Your plan:

Steps

Goals

1.
2.
3.
4.
5.
6.
7.
8.
Exercise 8: Mental State Examination

Background notes
There are four main ways to diagnose mental health problems.

1. Talk to the person about how they are going – take a history
2. Talk to family and others about how they are going – collect collateral history
3. Check out their physical health – do a physical examination
4. Listen to what they say and what they do carefully and closely – do a mental state examination

Consider the following example – you are seeing a 26-year-old woman with two children who says she has been sad since her partner left her 12 months ago. She is physically well on examination. Her mother says that she used to work full time, but she has not been going out of the house for 2 months. You see her with the Aboriginal Mental Health Worker and her mother. Below are two different mental state examinations.

Which worries you more – Scenario 1 or Scenario 2? Mental state examination adds information to our assessment.

Scenario 1.
Appearance – neat and clean
Behaviour – shy but appropriate
Conversation – slow but appropriate
Affect – sad and anxious
Perception – no abnormal perception
Cognition – fairly good attention and concentration

Scenario 2.
Appearance – dirty clothes and unwashed appearance
Behaviour – withdrawn, no eye contact, slow movements
Conversation – only occasional words
Affect – sad
Perception – no abnormal perception
Cognition – poor concentration and easily distracted

The same history and the same collateral history and the same physical findings – but different mental state examination – can lead us to have a different assessment of the case.

Instructions
Work in pairs
Watch the training video
Discuss each aspect of the mental state
Fill in the care plan with your partner

Group discussion points
- What is challenging about mental state examination?
- Why is it useful?
Exercise 9: Diagnosis

Background notes

People who have lots of worries can get a mental illness – especially if they have been unwell before, or if it runs in the family. The pattern of mental illness is different for different people. The pattern is about changes in thoughts and feelings and behaviours – changes in what people say and do. Some people hear voices, some people just get very sad and stay inside the house all day, some people get too much energy and fight and shout and cause trouble, some people hear voices, some people get very worried and nervous and anxious, and some people get mixtures of all of those things. It’s important to work out the pattern of someone’s illness. Different patterns respond to different medicines and treatments. If people with mental illness get to know their own illness pattern they can recognize and treat it early. Four important patterns are anxiety, depression, mania and psychosis. The AIMHI information sheets talk about the pattern of thoughts and feelings and behaviors for those four sorts of mental illness.

Instructions

Work as a group using the blank Grow Strong Tree
Consider the training video and the mental state examination from the last exercise
Discuss what is the most likely diagnosis
Refer to the mania, depression, anxiety and psychosis information sheets
Work as a group and discuss the symptoms and signs of mania
Fill in the blank Grow Strong Tree for mania
Work in pairs and discuss the symptoms and signs of anxiety
Fill in the blank Grow Strong Tree for anxiety
Work in pairs and discuss the symptoms and signs of psychosis
Fill in the blank Grow Strong Tree for psychosis

Group discussion points
- What is the difference between these diagnoses?
- In what way are they similar?
Exercise 10: Mental Health Medicine

Background notes
Making social, cultural, and lifestyle changes are all good mental health medicines. These changes may not be enough to get well again. Tablets and injections can help too. There are four main sorts of medication for mental illness – antidepressants, anti psychotics, anti anxiety agents and mood stabilizers. Antidepressants treat anxiety as well. There are four main things to remember to do about medication.

Check past history and medical history to decide which will suit best.
Warn the person about side effects and check how they are going
Change the medication if it isn’t working or if it making the person uncomfortable with side effects.
Work out ways the person can remember how to take it regularly.

In general medication can slow you down or speed you up. Antipsychotic medication (eg risperidone or ‘risperdal’) and anti anxiety medications (eg diazepam or ‘valium’) slow you down, antidepressants (eg sertraline or ‘zoloft’) tend to speed you up. Mood stabilisers tend to smooth out mood swings.

Instructions
Work in main group
Watch the medication video
Discuss the preferred medication for the person in the training video

Group discussion points
- What factors influence choice of medication?
- What are common side effects?
Finale

**Remember** your strengths and the family and friends who keep you strong.

**Review** your own stressors – what takes your strength away.

**Consider** your goals for change.

**One of your goals** for today was to *know more about mental illness*.

**Congratulations** on taking the first step toward that goal and completing a Yarning workshop.

> **Good luck with your other goals, and thankyou for your attention.**
> **Please take a moment to complete the evaluation sheet**

**Review your plan in a week – and see how you are going!**
Appendix (iv)

Psychiatric Medicines
<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole</td>
<td>ABILIFY</td>
<td>10</td>
<td>15</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Tardive dyskinesia; neuroleptic malignant syndrome; headache; orthostatic hypotension; peripheral oedema; GI upset; hyperglycaemia; CNS disturbances</td>
</tr>
<tr>
<td>Amisulpride</td>
<td>SOLIAN TABLETS</td>
<td>400</td>
<td>800</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Neuroleptic malignant syndrome; prolonged QT; extrapyramidal disorder; insomnia; amenorrhoea, galactorrhoea; impotence</td>
</tr>
<tr>
<td>Amisulpride</td>
<td>SOLIAN SOLUTION</td>
<td>400</td>
<td>800</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Neuroleptic malignant syndrome; prolonged QT; extrapyramidal disorder; insomnia; amenorrhoea, galactorrhoea; impotence</td>
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<tr>
<td>Chlorpromazine hydrochloride</td>
<td>CHLORPROMAZINE Mixture (Mixture)</td>
<td>75</td>
<td>1000</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Antiemetic effect; impaired temp regulation; CNS disturbances incl impaired alertness; tardive dyskinesia; NMS; hypotension; cardiac arrhythmia, QT interval prolongation</td>
</tr>
<tr>
<td>Chlorpromazine hydrochloride</td>
<td>CHLORPROMAZINE Mixture FORTE (Mixture)</td>
<td>75</td>
<td>1000</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Antiemetic effect; impaired temp regulation; CNS disturbances incl impaired alertness; tardive dyskinesia; NMS; hypotension; cardiac arrhythmia, QT interval prolongation</td>
</tr>
<tr>
<td>Chlorpromazine hydrochloride</td>
<td>LARGACTIL</td>
<td>75</td>
<td>1000</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Antiemetic effect; impaired temp regulation; CNS disturbances incl impaired alertness; tardive dyskinesia; NMS; hypotension; cardiac arrhythmia, QT interval prolongation</td>
</tr>
<tr>
<td>Clozapine</td>
<td>CLOSYN</td>
<td>200</td>
<td>900</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Agranulocytosis, granulocytopenia, other haematological disturbances; fatigue, drowsiness, sedation, dizziness, headache; weight gain; orthostatic hypotension</td>
</tr>
<tr>
<td>Clozapine</td>
<td>CLOPINE</td>
<td>200</td>
<td>900</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Agranulocytosis, granulocytopenia, other haematological disturbances; fatigue, drowsiness, sedation, dizziness, headache; weight gain; orthostatic hypotension</td>
</tr>
<tr>
<td>Clozapine</td>
<td>CLOZARIL</td>
<td>200</td>
<td>900</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Agranulocytosis, granulocytopenia, other haematological disturbances; fatigue, drowsiness, sedation, dizziness, headache; weight gain (check BSL); hypotension</td>
</tr>
<tr>
<td>Generic</td>
<td>Brand</td>
<td>min mg</td>
<td>max mg</td>
<td>Time</td>
<td>Use</td>
<td>Class</td>
<td>Adverse Reactions</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------</td>
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<td>--------</td>
<td>------</td>
<td>--------------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fluphenazine hydrochloride</td>
<td>ANATENSOL</td>
<td>2.5</td>
<td>10</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Extrapyramidal disturbances; tardive dyskinesia; neuroleptic malignant syndrome; CNS disturbances incl. impaired alertness; hypotension</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>SERENACE</td>
<td>2</td>
<td>30</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>CNS disturbances; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; cardiovascular, endocrine, haematological effects; urinary retention</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>ZYPREXA</td>
<td>10</td>
<td>30</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Somnolence; weight gain; hypotension, bradycardia; peripheral oedema; anticholinergic effects; raised LFTs, glucose; exacerbation of diabetes</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>ZYPREXA ZYDIS WAFERS</td>
<td>10</td>
<td>30</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Somnolence; weight gain; hypotension, bradycardia; peripheral oedema; anticholinergic effects; raised LFTs, glucose; exacerbation of diabetes</td>
</tr>
<tr>
<td>Pericyazine</td>
<td>NEULACTIL</td>
<td>15</td>
<td>75</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Drowsiness; tardive dyskinesia; parkinsonism; dyskinesia; hypotension; jaundice; arrhythmias; ECG changes incl QT prolongation; GI upset</td>
</tr>
<tr>
<td>Pimozide</td>
<td>ORAP</td>
<td>2</td>
<td>20</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>CNS active drugs incl amphetamines, narcotics, antihistamines, sedatives, anaesthetics, alcohol; antiparkinsonian agents; levodopa; anticholinergics</td>
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<tr>
<td>Quetiapine fumarate</td>
<td>SEROQUEL</td>
<td>50</td>
<td>800</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Hypotension; hyperglycaemia; NMS; tardive dyskinesia; leucopenia; raised LFTs; asthenia; peripheral oedema; syncope; rhinitis; dry mouth; weight gain</td>
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<tr>
<td>Risperidone</td>
<td>RISPERDAL</td>
<td>4</td>
<td>6</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>Orthostatic hypotension; tachycardia; extrapyramidal disorder, tardive dyskinesia, neuroleptic malignant syndrome; elevated prolactin levels; insomnia</td>
</tr>
<tr>
<td>Thioridazine hydrochloride</td>
<td>ALDAZINE</td>
<td>50</td>
<td>800</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>Arrhythmias; orthostatic hypotension; prolongation of QTc interval; ocular effects; CNS disturbances incl impaired alertness; extrapyramidal reactions</td>
</tr>
</tbody>
</table>
# PSYCHIATRIC MEDICINES – Generic by Class and SE

## Antipsychotic IM

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thiothixene</td>
<td>SAS drug not marketed in Australia</td>
<td>10</td>
<td>50</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>CNS disturbances incl. impaired alertness; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; hypotension;</td>
</tr>
<tr>
<td>Trifluoperazine hydrochloride</td>
<td>STELAZINE</td>
<td>4</td>
<td>50</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>CNS disturbances incl. impaired alertness; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; hypotension;</td>
</tr>
<tr>
<td>Trifluoperazine hydrochloride</td>
<td>STELAZINE SPANSULES CAPSULES</td>
<td>4</td>
<td>50</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>CNS disturbances incl. impaired alertness; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; hypotension;</td>
</tr>
<tr>
<td>Trifluoperazine hydrochloride</td>
<td>STELAZINE LIQUID FORTE</td>
<td>4</td>
<td>50</td>
<td></td>
<td>Antipsychotic</td>
<td>Atypical</td>
<td>CNS disturbances incl. impaired alertness; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; hypotension;</td>
</tr>
<tr>
<td>Zuclopenthixol dihydrochloride</td>
<td>CLOPIXOL</td>
<td>20</td>
<td>75</td>
<td></td>
<td>Antipsychotic</td>
<td>Conventional</td>
<td>CNS effects incl drowsiness, extrapyramidal symptoms, tardive dyskinesia; NMS; anticholinergic effects; blood dyscrasias; hepatic damage; photosensitivity</td>
</tr>
</tbody>
</table>

## Antipsychotic IM

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Droperidol</td>
<td>DROLEPTAN INJECTION</td>
<td>5</td>
<td>25</td>
<td></td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>Hypotension; impaired alertness; extrapyramidal reactions; tardive dyskinesia; neuroleptic malignant syndrome; ventricular arrhythmias</td>
</tr>
<tr>
<td>Flupenthixol decanoate</td>
<td>FLUANXOL DEPOT INJECTION</td>
<td>20</td>
<td>40</td>
<td>2-4 weeks</td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>CNS disturbances incl extrapyramidal symptoms, tardive dyskinesia, neuroleptic malignant syndrome; anticholinergic effects; haematological abnormalities</td>
</tr>
<tr>
<td>Fluphenazine decanoate</td>
<td>MODECATE</td>
<td>12.5</td>
<td>50</td>
<td>2-6 weeks</td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>CNS disturbances incl extrapyramidal symptoms, tardive dyskinesia, neuroleptic malignant syndrome; agranulocytosis, other haematological disturbances</td>
</tr>
<tr>
<td>Haloperidol decanoate</td>
<td>HALDOL DECANOATE</td>
<td>50</td>
<td>200</td>
<td>4 weeks</td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>Parkinson-like symptoms, akathisia or dystonic reactions occur frequently with neuroleptics, tardative dyskinesia, tardative dystonia; Sedation, insomnia, restlessness</td>
</tr>
</tbody>
</table>
### PSYCHIATRIC MEDICINES – Generic by Class and SE

#### Antipsychotic IM

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risperidone IM</td>
<td>RISPERDAL CONSTA</td>
<td>25</td>
<td>50</td>
<td>2 weeks</td>
<td>Antipsychotic IM</td>
<td>Atypical</td>
<td>Tardive dyskinesia; NMS; CVA; hypotension; agitation, insomnia, anxiety, depression; headache; dizziness; tremor; GI upset; weight gain; rhinitis; incr saliva</td>
</tr>
<tr>
<td>Zuclopenthixol acetate</td>
<td>CLOPIXOL ACUPHASE INJECTION</td>
<td>50</td>
<td>150</td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>CNS effects incl drowsiness, extrapyramidal symptoms, tardive dyskinesia; NMS; anticholinergic effects; blood dyscrasias; hepatic damage; photosensitivity</td>
<td></td>
</tr>
<tr>
<td>Zuclopenthixol decanoate</td>
<td>CLOPIXOL DEPOT INJECTION</td>
<td>200</td>
<td>400</td>
<td>2-4 weeks</td>
<td>Antipsychotic IM</td>
<td>Conventional</td>
<td>CNS disturbances incl extrapyramidal symptoms, tardive dyskinesia, neuroleptic malignant syndrome; anticholinergic effects; haematological abnormalities</td>
</tr>
</tbody>
</table>

#### Antidepressant

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline hydrochloride</td>
<td>ENDEP</td>
<td>25</td>
<td>150</td>
<td>Antidepressant</td>
<td>TCA</td>
<td>Impaired alertness; cardiovascular, nervous system disturbances; anticholinergic effects; GI upset; rash; bone marrow depression</td>
<td></td>
</tr>
<tr>
<td>Amitriptyline hydrochloride</td>
<td>TRYPANTANOL</td>
<td>25</td>
<td>150</td>
<td>Antidepressant</td>
<td>TCA</td>
<td>CNS, GI, cardiovascular, haematological, endocrine disturbances; sensitivity phenomena; withdrawal</td>
<td></td>
</tr>
<tr>
<td>Citalopram hydrobromide</td>
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# PSYCHIATRIC MEDICINES – Generic by Class and SE

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<td>Antidepressant</td>
<td>TCA</td>
<td>CNS disturbances incl impaired alertness; cardiovascular problems</td>
</tr>
<tr>
<td>Venlafaxine hydrochloride</td>
<td>EFEXOR</td>
<td>37.5</td>
<td>225</td>
<td></td>
<td>Antidepressant</td>
<td>Other</td>
<td>Sustained hypertension; elevated cholesterol; CNS, GI disturbances; dry mouth; anorexia; sweating, night sweats; weight loss; yawning;</td>
</tr>
</tbody>
</table>
## Antidepressant

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venlafaxine hydrochloride</td>
<td>EFEXOR-XR</td>
<td>37.5</td>
<td>225</td>
<td></td>
<td>Antidepressant</td>
<td>Other</td>
<td>Sustained hypertension; elevated cholesterol; hyponatraemia, SIADH; tachycardia; prolonged QTc; seizures; mania/ hypomania; asthenia; vasodilation</td>
</tr>
</tbody>
</table>

## Mood Stabiliser

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithium carbonate</td>
<td>LITHICARB</td>
<td>500</td>
<td>1750</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Renal effects incl diabetes insipidus; goitre; tremor; polyuria; thirst; fatigue; electrolyte imbalance; weight gain, oedema; GI, CNS, cardiovascular effects</td>
</tr>
<tr>
<td>Lithium carbonate</td>
<td>QUILONUM SR</td>
<td>900</td>
<td>1200</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Renal effects incl diabetes insipidus; tremor; polyuria, thirst; goitre; GI, CNS, cardiovascular effects; weight gain, oedema; electrolyte imbalance; fatigue</td>
</tr>
<tr>
<td>Carbamazapine</td>
<td>CARBAMAZEPINE SANDOZ</td>
<td>400</td>
<td>1600</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>CNS disturbances incl impaired alertness; GI, hepatic, endocrine disturbances; ophthalmological changes; haematological changes incl aplastic anaemia, agranulocytosis</td>
</tr>
<tr>
<td>Carbamazapine</td>
<td>CARBAMAZEPINE-BC</td>
<td>400</td>
<td>1600</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>CNS disturbances incl impaired alertness; GI, hepatic, endocrine disturbances; ophthalmological changes; haematological changes incl aplastic anaemia, agranulocytosis</td>
</tr>
<tr>
<td>Carbamazapine</td>
<td>TEGRETOL</td>
<td>400</td>
<td>1600</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>CNS disturbances incl impaired alertness; GI, hepatic, endocrine disturbances; ophthalmological changes; haematological changes incl aplastic anaemia, agranulocytosis</td>
</tr>
<tr>
<td>Carbamazapine</td>
<td>TERIL</td>
<td>400</td>
<td>1600</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>CNS disturbances incl impaired alertness; GI, hepatic, endocrine disturbances; ophthalmological changes; haematological changes incl aplastic anaemia, agranulocytosis</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>ELMENDOS</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
</tbody>
</table>
# Mood Stabiliser

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>Time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamotrigine</td>
<td>GENRX LAMOTRIGINE</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>LAMICTAL</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>LAMITRIN</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>LAMOGINE</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>LAMOTRIGINE-DP</td>
<td>200</td>
<td>400</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Rash incl Stevens-Johnson syndrome, toxic epidermal necrolysis; hypersensitivity phenomena incl hepatic effects; CNS disturbances incl diplopia, dizziness</td>
</tr>
<tr>
<td>Sodium Valporate</td>
<td>EPILIM</td>
<td>1000</td>
<td>2000</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Haematological; neurological; hepatic dysfunction; hyperammonaemia; endocrine; pancreatitis; GI upset; platelet function; skin reactions, hair loss</td>
</tr>
<tr>
<td>Sodium Valporate</td>
<td>VALPRO</td>
<td>1000</td>
<td>2000</td>
<td></td>
<td>Mood Stabiliser</td>
<td></td>
<td>Haematological; neurological; hepatic dysfunction; hyperammonaemia; endocrine; pancreatitis; GI upset; platelet function; skin reactions, hair loss</td>
</tr>
<tr>
<td>Generic</td>
<td>Brand</td>
<td>min mg</td>
<td>max mg</td>
<td>time</td>
<td>Use</td>
<td>Class</td>
<td>Adverse Reactions</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
<td>-------</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>ALPRAX</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness, insomnia; dependence, tolerance; amnesia; fatigue; hypotension; paradoxical reactions;</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>ALPRAZOLAM-DP</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>CHEM MART ALPRAZOLAM</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>GENRX ALPRAZOLAM</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>KALMA</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, drowsiness, dizziness, amnesia; hypotension; GI upset; paradoxical reactions; dependence, tolerance</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>TERRY WHITE CHEMISTS ALPRAZOLAM</td>
<td>0.5</td>
<td>4</td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
<td></td>
</tr>
<tr>
<td>Alprazolam</td>
<td>XANAX</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>ZAMHEXAL</td>
<td>0.5</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl drowsiness, dizziness; dependence, tolerance; amnesia; hypotension; paradoxical reactions</td>
</tr>
<tr>
<td>Bromazepam</td>
<td>LEXOTAN</td>
<td>6</td>
<td>9</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness; GI upset; dependence; paradoxical reactions; amnesia; hypotension; blood dyscrasias (rare)</td>
</tr>
<tr>
<td>Buspirone</td>
<td>BUSPAR</td>
<td>15</td>
<td>60</td>
<td></td>
<td>Antianxiety</td>
<td>Other</td>
<td>CNS, GI disturbances; chest pain; tachycardia, palpitations; blurred vision; sore throat; nasal congestion; musculoskeletal pain; paraesthesiae; incoordination</td>
</tr>
</tbody>
</table>
# Antianxiety & Hypnotics

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buspirone</td>
<td>BUPROPION-RL</td>
<td>15</td>
<td>60</td>
<td></td>
<td>Antianxiety</td>
<td>Other</td>
<td>Headache; flushing, tachycardia, hypertension; insomnia; CNS disturbances incl impaired concentration, anxiety, depression, suicidal ideation; seizures</td>
</tr>
<tr>
<td>Chloral hydrate</td>
<td>CHLORAL HYDRATE MIXTURE</td>
<td>500</td>
<td>1000</td>
<td></td>
<td>Sedatives</td>
<td>Hypnotics</td>
<td>Dependence, tolerance; chronic toxicity incl gastritis, renal toxicity; skin, mucous irritation esp GI upset; residual sedation, hangover; paradoxical excitement</td>
</tr>
<tr>
<td>Clobazam</td>
<td>FRISIUM</td>
<td>20</td>
<td>30</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness; paradoxical reactions; dry mouth; depression; blood dyscrasias; raised LFTs; dependence</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>PAXAM</td>
<td>2</td>
<td>8</td>
<td></td>
<td>Anticonvulsant</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness; transient amnesia, memory impairment; respiratory depression</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>RIVOTRIL</td>
<td>2</td>
<td>8</td>
<td></td>
<td>Anticonvulsant</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness; respiratory depression; salivary and bronchial hypersecretion in infants; amnesia; tolerance; behaviour problems</td>
</tr>
<tr>
<td>Diazepam</td>
<td>ANTENEX</td>
<td>5</td>
<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Diazepam</td>
<td>CHEM MART DIAZEPAM</td>
<td>5</td>
<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Diazepam</td>
<td>DIAZEPAM-DP</td>
<td>5</td>
<td>40</td>
<td></td>
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<td>Benzodiazepines</td>
<td>CNS disturbances incl amnesia, dizziness, sleep disturbance, drowsiness, fatigue; muscle weakness; ataxia;</td>
</tr>
<tr>
<td>Diazepam</td>
<td>DUCENE</td>
<td>5</td>
<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Generic</td>
<td>Brand</td>
<td>min mg</td>
<td>max mg</td>
<td>time</td>
<td>Use</td>
<td>Class</td>
<td>Adverse Reactions</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
<td>---------</td>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Diazepam</td>
<td>GENRX DIAZEPAM</td>
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<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Diazepam</td>
<td>VALIUM</td>
<td>5</td>
<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Diazepam</td>
<td>VALPAM</td>
<td>5</td>
<td>40</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, amnesia; muscle weakness, ataxia; dependence; GI disturbances; paradoxical reactions; blood dyscrasias</td>
</tr>
<tr>
<td>Doxylamine</td>
<td>DOZILE</td>
<td>25</td>
<td>50</td>
<td></td>
<td>Sedatives Hypn</td>
<td>Other</td>
<td>Drowsiness; dizziness; dry mouth; GI upset; paradoxical CNS stimulation</td>
</tr>
<tr>
<td>Doxylamine</td>
<td>RESTAVIT TABLETS</td>
<td>25</td>
<td>50</td>
<td></td>
<td>Sedatives Hypn</td>
<td>Other</td>
<td>Drowsiness; dizziness; psychomotor imp; muscular weakness; dry mouth; GI upset</td>
</tr>
<tr>
<td>Flunitrazepam</td>
<td>HYPNODORM</td>
<td>0.5</td>
<td>2</td>
<td></td>
<td>Sedatives Hypn</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, amnesia; headache; tiredness; ataxia; GI upset, dry mouth; blood dyscrasias; hypotension; dependence</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>ATIVAN</td>
<td>2</td>
<td>4</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness, sedation, dizziness, weakness, unsteadiness; amnesia; dependence, tolerance</td>
</tr>
<tr>
<td>Nitrazepam</td>
<td>ALODORM</td>
<td>5</td>
<td>10</td>
<td></td>
<td>Sedatives Hypn</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, drowsiness, amnesia, headache; dependence; paradoxical reactions; bronchial hypersecretion; blood dyscrasias; raised LFTs</td>
</tr>
<tr>
<td>Nitrazepam</td>
<td>MOGADON</td>
<td>5</td>
<td>10</td>
<td></td>
<td>Sedatives Hypn</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness, transient amnesia, memory impairment; CNS depression; dependence, tolerance; bronchial hypersecretion</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>ALEPAM</td>
<td>45</td>
<td>90</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>Dependence; impaired alertness, drowsiness, amnesia; hypotension; blood dyscrasias (rare); hepatic effects; paradoxical reactions eg rage</td>
</tr>
</tbody>
</table>

PSYCHIATRIC MEDICINES – Generic by Class and SE
## Antianxiety & Hypnotics

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>min mg</th>
<th>max mg</th>
<th>time</th>
<th>Use</th>
<th>Class</th>
<th>Adverse Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxazepam</td>
<td>MURELAX</td>
<td>45</td>
<td>90</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>Dependence, tolerance; impaired alertness, drowsiness</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>SEREPAX</td>
<td>45</td>
<td>90</td>
<td></td>
<td>Antianxiety</td>
<td>Benzodiazepines</td>
<td>Dependence; impaired alertness, drowsiness, amnesia; hypotension; blood dyscrasias (rare); hepatic effects; paradoxical reactions eg rage</td>
</tr>
<tr>
<td>Temazepam</td>
<td>NORMISON</td>
<td>5</td>
<td>30</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl. impaired alertness; sedation, drowsiness, fatigue, ataxia; dependence, tolerance; amnesia; headache, vertigo, dizziness</td>
</tr>
<tr>
<td>Temazepam</td>
<td>TEMAZE</td>
<td>5</td>
<td>30</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness; respiratory depression; dependence; tolerance; amnesia; headache, vertigo, dizziness; rash</td>
</tr>
<tr>
<td>Temazepam</td>
<td>TEMTABS</td>
<td>5</td>
<td>30</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Benzodiazepines</td>
<td>CNS disturbances incl impaired alertness; dependence, tolerance; amnesia; headache, vertigo, dizziness; rash</td>
</tr>
<tr>
<td>Triazolam</td>
<td>HALCION</td>
<td>0.125</td>
<td>0.5</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Benzodiazepines</td>
<td>Impaired alertness, coordination; daytime anxiety; dizziness; headache; tolerance, dependence; hypotension; abnormal thinking, behaviour changes</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>STILNOX</td>
<td>5</td>
<td>12.5</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Other</td>
<td>Tolerance, dependence, withdrawal; rebound insomnia; amnesia; paradoxical reactions; daytime drowsiness; confusion; hallucinations; dizziness; headache; GI upset</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>STILNOX CR</td>
<td>5</td>
<td>12.5</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Other</td>
<td>Tolerance, dependence, withdrawal; rebound insomnia; amnesia; paradoxical reactions; daytime drowsiness; confusion; hallucinations; dizziness; headache; GI upset</td>
</tr>
<tr>
<td>Zopiclone</td>
<td>IMOVANE</td>
<td>3.75</td>
<td>7.5</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Other</td>
<td>CNS disturbances incl drowsiness, impaired alertness, headaches, fatigue, blurred vision; taste disturbance (bitter), dry mouth; dependence</td>
</tr>
<tr>
<td>Zopiclone</td>
<td>IMREST</td>
<td>3.75</td>
<td>7.5</td>
<td></td>
<td>Sedatives Hypnotics</td>
<td>Other</td>
<td>CNS disturbances incl drowsiness, impaired alertness, headaches, fatigue, blurred vision; taste disturbance (bitter), dry mouth; dependence</td>
</tr>
<tr>
<td>Generic</td>
<td>Brand</td>
<td>min mg</td>
<td>max mg</td>
<td>Time</td>
<td>Use</td>
<td>Class</td>
<td>Adverse Reactions</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>--------</td>
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<td>-------------</td>
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</tr>
<tr>
<td>Benztropine mesylate</td>
<td>BENZTROP</td>
<td>2</td>
<td>8</td>
<td></td>
<td>Parkinsonism</td>
<td></td>
<td>Anticholinergic effects; tachycardia; confusion, disorientation; anhidrosis, hyperthermia in hot weather; GI upset; blurred vision; urinary retention, dysuria</td>
</tr>
<tr>
<td>Benztropine mesylate</td>
<td>COGENTIN</td>
<td>2</td>
<td>8</td>
<td></td>
<td>Parkinsonism</td>
<td></td>
<td>Anticholinergic effects; tachycardia; confusion, disorientation; anhidrosis, hyperthermia in hot weather; GI upset; blurred vision; urinary retention, dysuria</td>
</tr>
<tr>
<td>Benhexol hydrochloride</td>
<td>ARTANE</td>
<td>6</td>
<td>10</td>
<td></td>
<td>Parkinsonism</td>
<td></td>
<td>Anticholinergic effects; dry mouth; psychiatric, visual disturbances; CNS effects; GI upset; dry skin; dysuria; weakness; heat intolerance; anhidrosis</td>
</tr>
</tbody>
</table>
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