**Discussion Points**

**Listening**

* Think of a time you knew you were not being listened to. How could you tell and how did you react?
* Imagine you’ve just had a phone call about some distressing news. You are quite upset and a knock comes to the door. You open it and the perfect person to speak to is right there. What is it about this person that makes them so good to talk to?

This discussion was to get people thinking about what good listening is and how they can listen well to people with mental health problems. There is further information in the slideshow for Open Mind Session 2.

**Practical Issues**

* What practical day-to-day issues might be raised for someone with a mental illness?

This is a fairly general non-exhaustive list and not applicable to everyone with mental health problems, but people may struggle with travelling (either private or public transport), financial management (including obtaining benefits, budgeting and managing debt), issues with work or finding work, household management such as shopping, cooking and cleaning, and caring for children/elderly relatives.

These all have fairly common sense solutions, but in some cases referral may be needed to community floating support or some other support network. See ‘Useful Contacts and Resources’ for where to get started.

**Case Studies**

Each of these scenarios was handed out for discussion round a table and fed back to the whole group. Some suggestions are found below and more are available on the Mind website <http://www.mind.org.uk/information-support/helping-someone-else/>. They have great condition specific information which is really useful.

1. You notice that a friend of yours has become very withdrawn and much more difficult to contact or meet up with than usual. He recently lost his job and doesn’t seem to show much interest or enjoyment in doing the things you normally do together for fun. Whilst he’s usually fairly quiet, you are struggling to fill the gaps in the conversations when you hang out. He doesn’t seem to care about much anymore and doesn’t show the usual interest in your life.
2. You have noticed that your friend has seemed quite stressed recently. You know that she has a lot of work to do at the moment and that there are some problems in her family that she is worried about. One night when you’re having a bit of a catch up, she absentmindedly tugs her sleeve up and you see that there are rows of fresh cuts on her forearms. She pulls it down again without realising you have noticed.
3. Your brother has been behaving quite erratically recently. One moment he seems to be extremely excited and exuberant, without a care in the world, and the next he seems extremely down in the dumps and like he can’t face everyday things like going to work. When he’s on a high he does things like spend lots of money on gifts for people for no reason or goes on really long runs, but when he’s low he never wants to get out of bed and says he thinks everyone hates him.
4. You and your friend are out for a coffee and she seems a bit nervous and fidgety. As you chat, she abruptly runs off to the loo. You follow her and can hear her crying and gasping for breath in the cubicle. She has a history of panic attacks, but you thought they stopped a few years ago.
5. Your sister lost a close friend in an accident a few months ago. It was a huge shock and she has been very upset. Things are getting back to normal now, but you have noticed that she has lost quite a lot of weight and is exercising very intensively. You know that she often loses her appetite when she is distressed but this seems to have gone on for longer than usual.

**Suggested action**

1. Say: Reassure that you are there for them and that they are not alone, ask what activities/places they would like to go/do and how it can be made easy for them, suggest low-stress activities to do with them, ask whether there is anything going on that they would like to change.

Do: Keep in regular contact even if it doesn’t seem to be doing much good, focus on the future

Think about: Money problems (debt) and looking for another job, accessing benefits, GP appointment if seems seriously depressed.

1. Say: Should you mention that you have noticed? Reassure that you are there, that you care, that you will not judge them and that you want to understand, that you know things are difficult.

Do: Keep in touch, be patient, ultimatums do not work and neither does confiscating tools. Encourage them to identify what situations/feeling lead them to self-harm and see how else they might be able to handle these situations.

Think about: GP, your own reaction, how serious the injuries are and whether they are putting themselves in real danger. Generally risk to the individual should be a higher priority than confidentiality.

1. Say: express your concern and reassure that you care/will not judge, suggest seeing a GP

Do: Keep in touch, do not threaten or lecture but you can be honest about concerns about dangerous behaviour and avoid going along with it

Think about: GP, practical issues that may arise from highs and lows eg home management and money.

1. Say: Ask if there is anything you can do or what usually helps them, reassure, encourage them to control their breathing,

Do: Do not restrain them or hold them, stay with them, call 999 if symptoms persist for more than 15 minutes.

Think about: learning what activities help/are difficult for future reference, offer support for general anxiety, GP if recurring

1. Sat: Reassure, listen well, ask what is going on and how she is feeling

Do: Don’t pressure her to change her behaviour as she may withdraw, include in social activities, don’t make assumptions about what’s going on

Think about: encouraging access to good information, GP, support from bereavement services.