

Toolkit for volunteers working with people with mental health problems

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Table of contents

Seniors and volunteering

- positive effects of volunteering for seniors

What is empowerment?

Active citizenship

People with mental health problems

- what is mental health?

-what is mental illness?

-who does it affect?

-is mental illness a lifelong condition?

-is mental illness a disability?

-The vast majority of people with mental illness are not dangerous

- mental illness can affect anyone

Common types of mental health problems

Anxiety disorders

Mood disorders

Psychotic disorders

Eating disorders

Impulse control and addiction disorders

Personality disorders

Obsessive-compulsive disorder (ocd)

Post-traumatic stress disorder (ptsd)

The impact of the stigma and discrimination

Stigmatisation in labor market

Volunteering - working with people mental health problems

What we should know about concerns of people with mental illness

Attitudes

Discrimination

PROBLEMS FACED BY MENTALLY ILL PATIENTS

Specifics of working with people with mental health problems

People experiencing difficulties with memory

For people experiencing difficulties with concentration, processing information, forming clear thoughts

Strategies to address difficulties with organisation and planning
For difficulties with planning tasks, managing multiple tasks, meeting deadlines, avoiding tasks
Strategies to address difficulties with social interactions (e.g. avoiding social contacts)
STATEMENTS OF ENCOURAGEMENT
Schizophrenic patients
- understanding the behaviour and illness
Understanding withdrawn behaviour
Self-neglect
Dealing with delusions
Embarrassing behaviour
Violent behaviour
Suicide threats
For all mental health patients
Volunteering and Areas of volunteering
What makes a great volunteer?
contributions of volunteers for people with mental illness
Common issues and possible solutions
Making an event
- why is talking about mental health important?
- what you need for an event
Plan the essentials Volunteers
- promote your event
- plan your budget
- legal responsibilities
Risk assessment
Accessibility
Mental health
Identify your Target Audience
Recruit Partner organizations
Facilitate Dialogue
Fighting the stigma
References and contact

Seniors and volunteering

- positive effects of volunteering for seniors.

Seniors are a vital part of European society. Seniors exercise many diverse roles in their community as family members, caregivers, volunteers, workers and consumers. Involvement in volunteer activities is one way in which seniors can age actively. There are many benefits to volunteering for seniors and some researchers suggest that volunteering is linked with greater physical and psychological well-being.

There are a number of key factors associated with active aging, including:

- productive, active participation in all aspects of economic, social and community life;
- self-reliance/self-determination;
- recognition as an actively contributing member of society;
- a positive outlook about self and future;
- good physical and mental health and ability to function;
- mutually supportive social relationships and contacts;
- financial security;
- safe and supportive environment/community to live and work; and
- availability of adequate services and support.

Seniors themselves and society are in general benefit from active aging. For seniors, an active lifestyle can prolong independence, extend participation in the labour force and the community, help manage chronic illnesses and prevent poor health. For example, an active mind may help ward off memory loss and prevent mental decline.

What is empowerment?

Empowerment - the ability of people to direct and control their own lives.

1. Empowered People are able to transform their lives
2. For transformation people organize themselves.
3. Self organization is an indicator for empowerment:

- people identify their problems
- they assess a goal or objective
- they develop a strategy
- they mobilize resources
- they start acting
- they reflect on their results

Self -organization for creating a caring, responsible and safe environment. Thus an empowered person is a person who acts in a caring, responsible and safe way. By persons empowering themselves in a caring, responsible and safe way we mean the following:

a caring person takes care for his/her own learning process – for work (includes voluntary activities) and income – for caring tasks – and for cultural activities and sports a responsible person is accountable for and reflexive on his/her values/beliefs, motivation, rights and duties, and obligations

a safe person creates physical security (shelter, food, health) and a safe social environment by the way he/she uses his/her roles, power, and the ways he/she communicates.

Active citizenship

Having a sense for public responsibility means being open to political, economic, social and cultural life in the society where we live and in which we're willing to participate. It thus supposes that one understands those four aspects, as well as the elementary rules and values which are at the basis of our legal order and our democratic system.

An essential part of public responsibility is embodied in the human rights and freedoms, as stated in many a constitution and charter. It presupposes:

- the consciousness of belonging to a community of citizens with rights and duties and the resulting responsibilities
- the readiness to respect these rights and honour these duties
- the readiness to take steps towards accepting this responsibility
- the willingness to acquire attitudes like tolerance, justice, attention for the public interest, willingness to cooperate and sense of responsibility.

People with mental health problems.

- what is mental health?

A healthy mental state is a person be able to cope with daily stresses and strains of life. Each of us experience change of mental health state, but most of us, for most of the time our mental state is healthy one. Some difficulties such as bereavement, problems with work place, with housing, the environment, social isolation, poverty or physical injury or illness may place your mental health under stress. Just like cancer or diabetes, mental illness is a medical condition that affects the lives of individuals experiencing related symptoms. Mental illness can affect an individual thinking, mood, personality and daily functioning. Symptoms can range from mild to severe, but early intervention and treatment can lead to recovery, well-being and a successful future for individuals faced with mental illness.

One in five people will be affected by mental illness in their lifetime. Mental illness can affect individuals of any age, race, religion or income level, and there are many treatment options available to develop individualized recovery plans.

In addition to medication, other forms of treatment include cognitive behavioural therapy, psychiatric and psychological therapy, group therapy and peer support counselling. Diet, exercise, good sleeping habits, meaningful activities and a positive environment are also very important in achieving and maintaining a successful recovery.

Poor mental health can have a substantial adverse impact on the life of European citizens. One in four of us can expect to experience a mental health problem during our lifetimes. Around 9% of the European population experience depressive disorders in any one year, While the most severe psychotic disorders are much less common with a 12 month prevalence rate of 2.6%.

-what is mental illness?

Mental illness is a health issue that can significantly affect how a person feels, thinks, behaves and interacts with other people. Mental illness is real and is treatable.

While you do not need to become an expert in mental health, having a better understanding of what mental illness is (including its possible effects on a worker) enables you to be more effective in handling issues that may arise.

What you should know:

- Mental illness is an illness. It is not a sign of weakness.
- We do not choose to have a mental illness just as we do not choose to be physically sick.
- Mental illness can be caused by genetics, chemical imbalances, learned behaviour, trauma, and/or physical or emotional issues in childhood.
- Severe and chronic physical illness can cause symptoms of mental illness.
- Drug abuse and brain injury can cause symptoms of mental illness.
- Mental illness can be as painful as or more painful than physical illness.
- A very small number of severely mentally ill people may be at risk for harm to self or others.

Mental illness is treatable but treatment may not be as simple as the treatment of physical illness and involves both clinical and psychosocial supports.

- Family members often need to be involved in treatment and support of a mentally ill person. Without support, recovery can be very difficult or even impossible.
- Some types of mental illness need long-term treatment and may never be healed.
- Some mentally ill people may need to be treated in a hospital.
- Context plays an important role in the onset, length and treatment of mental illness.

-who does it affect?

While some people may have a pre-disposition to develop mental illness due to family history, mental illness can affect anyone, regardless of their social background, age, race, ethnic origin or intelligence level. Certain risk factors are also known to increase the likelihood of developing various types of mental illness.

-is mental illness a lifelong condition?

Each person experiences mental illness differently. For one person, it may occur, stop and re-occur, while another might recover completely. There are a range of treatments available that enable many people with mental illness to function successfully in their private and work lives.

-is mental illness a disability?

The impact of mental illness on a person's life determines whether it becomes a disability for them and whether it is a permanent or temporary disability. A person may experience one episode of mental illness in their lifetime and completely recover, while another may have to manage their illness for the rest of their life.

-The vast majority of people with mental illness are not dangerous.

It is far more likely that people with mental illness are victims of violence rather than being violent themselves. Only a small number of people with mental illness are violent and this tends to be when they are experiencing an untreated psychotic episode. This behaviour can be managed through the use of medication.

- mental illness can affect anyone:

Mental health problems, especially depression and anxiety, are common in the community. While some people have a long-term mental illness, many may have mental illness for a relatively short period of time. Most of us will experience a mental health issue at some time in our lives or be in close contact with someone who has experienced mental illness.

- common types of mental health problems

There are many different conditions that are recognized as mental illnesses. The more common types include:

Anxiety disorders: people with anxiety disorders respond to certain objects or situations with fear and dread, as well as with physical signs of anxiety or panic, such as a rapid heartbeat and sweating. An anxiety disorder is diagnosed if the person's response is not appropriate for the situation, if the person cannot control the response, or if the anxiety interferes with normal functioning.

Mood disorders: these disorders, also called affective disorders, involve persistent feelings of sadness or periods of feeling overly happy, or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are depression, bipolar disorder, and cyclothymic disorder.

Psychotic disorders: psychotic disorders involve distorted awareness and thinking. Two of the most common symptoms of psychotic disorders are hallucinations -- the experience of images or sounds that are not real, such as hearing voices -- and delusions, which are false fixed beliefs that the ill person accepts as true, despite evidence to the contrary. Schizophrenia is An example of a psychotic disorder.

Eating disorders: eating disorders involve extreme emotions, attitudes, and behaviors involving weight and food. Anorexia nervosa, bulimia nervosa, and binge eating disorder are the most common eating disorders.

Impulse control and addiction disorders: people with impulse control disorders are unable to resist urges, or impulses, to perform acts that could be harmful to themselves or others. Alcohol and drugs are common objects of addictions. Often, people with these disorders become so involved with the objects of their addiction that they begin to ignore responsibilities and relationships.

Personality disorders: people with personality disorders have extreme and inflexible personality traits that are distressing to the person and/or cause problems in work, school, or social relationships. In addition, the person's patterns of thinking and behavior significantly differ from the expectations of society and are so rigid that they interfere with the person's normal functioning.

Obsessive-compulsive disorder (ocd): people with ocd are plagued by constant thoughts or fears that cause them to perform certain rituals or routines. The disturbing thoughts are called obsessions, and the rituals are called compulsions. An example is a person with an unreasonable fear of germs who constantly washes his or her hands.

Post-traumatic stress disorder (ptsd): ptsd is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster. People with ptsd often have lasting and frightening thoughts and memories of the event, and tend to be emotionally numb.

The impact of the stigma and discrimination.

The word 'stigma' is of Greek origin and was used to describe a mark or scar left typically when branding animals. There is no clear consensus on the definition, but in everyday parlance it now can be described as 'a severe social disapproval due to believed or actual individual characteristics, beliefs or behaviours that are against norms, be they economic, political, cultural or social. It is characterised by a lack of knowledge about mental health, fear, prejudice and discrimination.

Stigma can affect all aspects of life, limiting access to employment and housing, harming social relationships and reducing self esteem. Fear of being labelled as having a mental health problem also reduces the likelihood of individuals with mental health disorders seeking treatment.

The stigmatisation of individuals with mental health problems is not new. For centuries individuals with mental disorders have long been viewed with fear and suspicious.

Now days people with mental illness are still discriminate. They are among the most marginalised of groups within society: often service user organisations are poorly funded and reluctant to take any funding from industry. Stigma, discrimination and social exclusion do not end with people with mental health problems; there are also substantial impacts on family, friends and other individuals who come into contact with people with mental health problems, such as social workers and psychiatrists.

Family members typically give assistance willingly, but when it comes to mental health, the negative effects on them are also great. An extensive body of research shows that taking care of a mentally ill relative imposes greater psychological burdens on individuals than those resulting from tending to someone with a long-term purely physical ailment.

The barriers to the people who need care and treatment receiving the care are many and varied, but ongoing ignorance remains an issue.

Stigmatisation in labor market:



When someone is diagnosed, gets on the right medication and goes through therapy, “the patient wants to have a normal life, a job to earn some money, live on his or her own, then maybe settle down and have children. When they want jobs, though, there are none for them. People relapse because their only activities are some things to kill time. Work provides much more than a salary: it provides confidence, responsibility, a sense of belonging—things that are important for anybody.” Stigma almost certainly played a role, as the effect was more pronounced in countries where people believed that those with a mental illness were dangerous.

Volunteering - working with people mental health problems

We do not need all to be expert in mental health, but having a better understanding of mental illness is always a privilege and enables you to be more effective in handling various issue that may arise.

One of the most important think we should be aware of , is whether the person with mental illness want to disclose information about their condition. Disclosure is a personal decision that depend on circumstances,the context,how the illness is being managed and how conformable the person feels about discussing the issue.

What we should know about concerns of people with mental illness:

Attitudes:

- they may be afraid that their disability will provoke Unnecessary concern in others.

- they may believe that people may have preset and Unrealistic attitudes about people with mental illness

- they may be afraid that they will be treated differently By others

- they may not have come to terms with their mental Illness

-they may be afraid of being marginalised, particularly
As mental illness is steeped in stereotypical attitudes.

Discrimination:

-they have past experience of being discriminated
Against or denied opportunities or certain
Entitlements

-they may be afraid that people will focus on
Their disability and not their abilities

-they may be afraid that people will
Treat them differently or negatively because of their
Disability.

PROBLEMS FACED BY MENTALLY ILL PATIENTS

Mental Illness is one of the greatest disabilities in life:

- People with mental illness experience a torment of symptoms – hallucinations, delusions, thought disorders, lack initiative and drive resulting in hopelessness and helplessness
- They face enormous challenges in daily activities and life routines due to deterioration of functional levels
- They experience social stigma – overwhelming negative attitudes towards persons with mental illness makes it the most misunderstood illness among the public.

Specifics of working with people with mental health problems:

Provide a structured, supportive, tolerant, low stress environment. Set clear expectations of behavior and review them carefully. Give your the person clearly defined tasks, but keep expectations moderate. Learn to expect and tolerate some degree of deviant behavior. Have a set routine in the working room with regular hours for meals, tasks, and other activities.

As a volunteer working with person with mental illness, you may grapple with how to describe and talk about mental illness . Becoming familiar with the words that best describe mental illness will enable you to effectively:

People experiencing difficulties with memory

Strategies that you can consider include:

- writing work instructions down rather than just telling a person what to do; you may choose to email information and instructions about tasks.
- colour coding or highlighting specific information or tasks that you would like the person to prioritise
- using diagrams, aids or models to demonstrate work tasks required; this can assist the worker to remember and process information more efficiently.
- providing a diary or electronic organisers.
- making yourself available to discuss the progress of work tasks

For people experiencing difficulties with concentration, processing information, forming clear thoughts

Strategies that you can consider include:

- allowing extra time to complete jobs, projects or tasks
- allowing short breaks when a worker needs to clear their mind

Thinking processes

- reducing noise in the environment
- explaining complex ideas as clearly and simply as possible – repeat and rephrase explanations and information
- providing flexible work arrangements, such as allowing short breaks from work to enhance thinking and flexible start times to enable the worker to start work at their most productive time
- redesigning the requirements of the job, such as swapping complex tasks for a number of smaller one that do not require as much intensive thinking and processing.

Strategies to address difficulties with organisation and planning.

Some persons may experience difficulties with organisation and planning such as:

- planning or carrying out tasks
- managing multiple tasks
- meeting deadlines
- avoiding certain tasks.

For difficulties with planning tasks, managing multiple tasks, meeting deadlines, avoiding tasks

Strategies that you can consider include:

- developing a written plan of action with the person. That features achievable tasks with set times for completion.
- providing a checklist of the tasks to be completed
- allowing extra time to complete tasks
- providing written information about deadlines
- using email to provide written information about tasks and to provide informal support
- suggesting the use of a personal diary personal organiser or mobile phone reminder to keep track of required tasks and key dates for their completion.

Strategies to address difficulties with social interactions (e.g. avoiding social contacts)

Some people may experience problems with social interactions and you may see them:

- avoiding social interactions
- avoiding working with colleagues.

Strategies that you can consider include:

- not making social activities mandatory for all
- allowing the person to work from home for a short period of time
- if the person is located in a busy area, relocating them to a quieter part of the room
- allowing telephone calls during work hours to external support people such as their doctor or family member.

STATEMENTS OF ENCOURAGEMENT

"I know you'll do fine."

you can handle it."

I'll trust you will work it out "You'll make it!"

"Look at how much you accomplished so far."

"Looks like you put a lot of work into that."

"Looks like you made a real effort."

"You took a lot of time thinking things through."

"You have done more than you realize."

"If you look at your progress, you'll see that..." (be specific).

"I like the way you approach that."

"I'm glad you enjoy learning."

"I'm glad you feel good when you succeed."

"You look pleased. I am happy for you."

"Since you are dissatisfied, what could you do to improve the situation so you are more content?"

"I know you're really pleased with it."

"I really appreciated your help; it made my job a lot easier and I was able to get everything completed."

"Your idea really helped us think things through."

"Thanks, that helped a lot."

"We really need some help, and you have the special skills we need. Would you help?"

"I really enjoyed hearing what you had to say. It helped."

"I can use all the help you would be willing to offer."

Tips for handling a crisis of schizophrenic patients

There are some actions that can diminish or avoid disaster. You need to reverse any escalation of the psychotic symptoms and provide immediate protection and support to the mentally ill person.



Remember:

Seldom will a person suddenly lose total control of thoughts, feelings, and behavior. During these early stages a full blow crisis can sometimes be averted. If the person has ceased taking medications, encourage a visit to the physician. The more psychotic the patient, the less likely you'll succeed. Trust your feelings. If you are frightened, take immediate action.

Your task is to help the patient regain control. The patient is probably terrified by the subjective experience of loss of control over thoughts and feelings. The "voices" may be giving life-threatening commands: messages may be coming from the light fixtures; the room may be filled with poisonous fumes; snakes may be crawling on the window. Accept the fact that the patient is in an "altered reality state" and may "act out" the hallucination, e.g. shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, call someone to stay with you until professional help arrives.

Schizophrenic patients- understanding the behaviour and illness:

Understanding withdrawn behaviour

People who are given a diagnosis of schizophrenia may lose interest in life. They may become withdrawn and less social contact, or become hard to talk to. They may have no energy and stay in bed for long periods of time. These are all symptoms of the illness. Don't demand that tasks are completed instantly, or that they are carried out to your high standards, for example.

It's also good to encourage them to go out, whether it be to the shops, on a family outing, to a day centre or just for a walk. It's good to include them in all activities, even if they don't contribute much to the conversation.

People who have had an episode of psychosis may be less communicative than they were before. Their face may also be less mobile and they may seem 'flat'. They may show less affection for

members of the family and friends. It's important to remember that these are all symptoms of the illness.

Self-neglect

Some people also lose interest in their personal appearance and personal hygiene. Try not to 'nag' person to wash and change their clothes. Instead, try to talk about it with them, saying why you are worried about it, and then set up a routine of bathing, washing clothes and changing bed linen on a regular and reasonable basis. They may need reminders and practical help with personal care, as sometimes these tasks are difficult for someone feeling upset or preoccupied.

Dealing with delusions

It is unhelpful to argue with someone who is expressing strong beliefs about something that is patently untrue. It's important to remember what they believe to be true at that particular time is indeed true for them – but is also a symptom of psychosis. Try not to be dismissive of what they say. If you deny the truth of their belief, they may think you are no longer to be trusted. If you agree that what they say is true, however, their conviction may become stronger. The best approach is to agree that the person believes what he or she says but at the same time make it clear that the experience is not real for you – to sympathise that what they are thinking may be very worrying, for instance, but to say that this has not been your own experience. It is helpful to differentiate between their reality and your reality, without arguing about it.

Embarrassing behaviour

Sometimes people who are experiencing the symptoms of psychosis behave in a way that is embarrassing to you – they may shout, laugh inappropriately, talk loudly to themselves, take their clothes off, or speak in a threatening way.

People may behave this way because they are angry or frightened, or perhaps because they are responding to voices they can hear, or

unusual perceptions or thinking. If you get angry or upset, this can make things worse. In this sort of situation, try to stay calm. Remember that the person is not always like this, and that they are not able to control how they are behaving at that moment. It is the illness that is making him or her behave in this way.

It may also be helpful to talk about an embarrassing event afterwards with the whole family, including the person who is unwell. You could try to work out ways of avoiding similar situations in the future and ask the person if there is anything you can do next time to help or interrupt such behaviour at an early stage.

Violent behaviour

Contrary to common belief, most people who experience psychosis are not violent.

However, when someone does behave in a violent way, it may be directed at a family member, sometimes the person most involved in supporting them.

People may act in a violent way because they are angry, or frightened, or because they think someone is being unreasonable. Sometimes violence is triggered by alcohol, by street drugs, or by lack of sleep. Some people hear voices that tell them to behave violently and feel they have to obey them.

If the person behave in a violent way, it is important to talk about it afterwards, when they have calmed down, and to try to find out what prompted this behaviour. Understanding what triggered the behaviour means future acts of violence may be avoided. If a particular topic of discussion made them angry, for example, you can avoid talking about it in future. You should tell the person were upset and hurt, and that their behaviour was unacceptable.

If person become violent, try to defuse the situation. You could leave them alone. Or you may be able to calm them down, or give them a chance to talk about their anger rather than act on it. Or you may be able to distract them – offer them a walk outside, a cup of coffee or tea, or something to eat, for example, or start talking about something they may be interested in. Be very calm and talk in a quiet voice. Try not to

confront or 'crowd' them. Don't get too physically close to them, and move to another part of the room. Try not to show that you are angry.

Suicide threats

Research has shown that people with a diagnosis of schizophrenia and bipolar disorder are more likely to take their own lives or attempt suicide than other people. People who have bipolar disorder are more likely to kill themselves when they are depressed.

Sometimes people who are unwell believe they are a burden to members of their family, that they have nothing to live for and that their future is bleak.

All threats of suicide should be taken seriously. Sometimes people talk about taking their own lives because they are feeling very distressed. At other times, they seriously mean to kill themselves. Threats of suicide are very upsetting and difficult to deal with, and it may be impossible to work out whether the person is serious in their intent.

It is not possible to prevent all suicide attempts. If someone is determined to take their own life, they will often be successful even if they are under close surveillance at hospital, or at home.

If the person threatens suicide, or seem to be more than normally tearful or upset, talk to the mental health team offering the support. If the person is threatening to take his or her own life imminently or violently – by jumping out of a window, for example, or is harming him or herself – and you are not able to calm them down, call the police or an ambulance. Mental health professionals might suggest intensive home treatment or time in hospital to help reduce the risk of suicide until the person begins to feel more optimistic

For all mental health patients:

Put limits on hostile or bizarre behavior. Often deviant behavior or delusional verbalization will decrease if he is told, in a non-emotional way, that it is not appropriate. If the person has paranoid ideas (like they feel people are out to hurt them) don't argue them out of it. Just sympathize, saying it must be upsetting to feel like that. Be very clear

but calm about the consequences of continuing with disruptive, hostile, or aggressive behavior.

Volunteering and Areas of volunteering

What makes a great volunteer?

Kindness and compassion and the ability to treat all individuals with respect and dignity.

An interest in working in and learning more about mental health facilities

Good listening and communication skills

Well-motivated, friendly and interested in people

Reliable and punctual

The ability to fulfill the time commitment of the volunteer role.

Volunteers are widely recognized and respected ambassadors of mental health, continuing to create new opportunities for our patients and to achieve greater acceptance of mental illness in the community. provide a vital community link for patients. They inspire hope, enhance patient self-esteem, help eliminate stigma, and improve the quality of life for patients by sharing their time, knowledge, and generous hearts.

CONTRIBUTIONS OF VOLUNTEERS FOR PEOPLE WITH MENTAL ILLNESS

Aims of volunteer work:

- Help to battle the stigma of mental illness
- Supplement existing rehabilitation programmes

Roles of volunteers:

- Befriending the patients – cultivates relationships, builds up self-esteem, improves self- confidence, promotes self-worth and gives patients a ray of hope
- Volunteers act as a bridge between the hospital and the outside world
 - Psychiatric patients in long stay wards are residents of the hospital. Some have lost their loved ones or have been abandoned. They have also lost the ability to cope with independent living.

BENEFITS FOR VOLUNTEERING

- Personal growth – greater joy and meaning of life
 - o Develop qualities like patience, sensitivity, compassion, altruism
 - o Learn a new skill
 - o Discover oneself – be inspired by your own potential

General volunteer roles:

- Event helpers
- Excursion buddies
- Befrienders (in-patients and community)
- Patient greeters in outpatient clinics

COMMON ISSUES AND POSSIBLE SOLUTIONS

Reasons why volunteers lose drive and enthusiasm:

Initial enthusiasm wears off and volunteer work becomes unfulfilled; discouraged by the limited results despite the amount of effort and time put in or may come to the belief that one cannot really make a difference

Possible solution Re-examine the situation and your goals. Are they realistic? Learn to appreciate the small, beautiful and less obvious things in life. Just being there for the patient or to put a smile on their face. Though transient, it is still comforting and significant. Remember: Every little bit counts!

Burnt out syndrome – volunteer gets exhausted and overwhelmed with too many competing demands. Resulting in impulse to quit

Possible solution Prioritise - Learn to complete one task at a time. Re-organise your life - don't be a perfectionist. Do not attempt to do too much at the same time. Take stock and try to discover what is really missing. Discuss with a loved one, trusted friend or group leader.

Inadequate and helpless in the face of difficulties - problems seem unsolvable, blaming the organisation for not giving sufficient training or resources.

Possible solution



You are not alone - even professionals struggle with this especially when the patient has numerous problems.

Seek support and comfort with fellow volunteers or loved ones about your frustrations.

Realise that you are not a “saviour” of the world. Just try your best and look for the little difference you make. That is good enough.

WHAT YOU CAN DO

Remain focused and realistic:

- The role of a volunteer is to assist, befriend and help in small ways, not to solve big issues or problems.
- Small differences accumulated through time can lead to a bigger impact later.
- Be part of the team to take care of the mentally unwell. Together we can make a difference!
- Set realistic targets - take small steps each time instead of unrealistic goals.
- Reflect upon your role whenever you feel your enthusiasm or motivation flagging. Talk to your loved ones and seek support.
- Variety is the spice of life – take short breaks if needed, to recharge your energy and motivation. You may meet the most inspiring, interesting and engaging people along the way.
- Self-care is important. Take time off to do things for yourself. Balance your time between work, studies, rest and play. You deserve a good break once in a while.
- Share with others the joy, fun and frustrations of your volunteering experience.
 - Lend a listening ear - sometimes when nothing else can be done, all that is needed is to take time to listen. It is therapeutic for one to share thoughts and feelings.

Making event

- why is talking about mental health important?

Talking about mental health helps to reduce stigma and discrimination. Hearing what it's like to have a mental health problem from people who have experienced the issues first hand can help break down the negative stereotypes that exist around mental illness. And when people with mental health problems feel more able to be open and honest about their experiences, it becomes easier for them to seek help when they are feeling unwell.

-what you need for an event.

Plan the essentials

Before you start, you will need to decide:

- Event activity – what are you going to do?
- Date and time – find out about what is happening locally and plan the best day, working around other local events, cultural/religious days, school holidays and so on
- Venue – you'll need to think about this; more details below
- Materials - what you'll need, where to have them delivered and whether someone will need to be there to receive any deliveries
- Your audience - how many people you are expecting to attend or aim to reach

Volunteers

Find people to work with

Planning and delivering an event on your own can be overwhelming. You might want to look for like-minded people to run the event with you. This could be a friend, colleague or a local organisation. As part of a group you can share resources and facilities, pool together budget and help each other to come up with ideas.

You should involve people with personal experience of mental health problems from the beginning in planning and participating in the event.

- promote your event

There are lots of ways to tell people about your event and what you are up to. Here are just a few ideas:

- Social media (e.g. setting up a page, or promoting through existing pages on Facebook, Twitter)
- Online listings, e.g. local employers' websites, or event listing sites.
- Posting on public notice boards
- Flyers and posters – putting them up in shops, libraries or GP surgeries (and everywhere else you are allowed!)
- Ask your local media to list or feature the event – they might be able to send a reporter and photographer along on the day. Local and regional newspapers like running “personal interest” stories. You could ask one or two volunteers to share their story with the paper and explain why events like yours are important
- Ask community organisations to include your event in their communications.

To try to reach as diverse an audience as possible, think about how and where you promote your event including faith organisations, community venues and local shops.

Remember that computers or the Internet, so try to find a range of different ways of getting information about your event out there.

- plan your budget

Whether you are planning an event to speak to 20 people or aiming to reach hundreds, it's a good idea to plan your budget before you start. You'll need to work out in advance:

- How much is available
- What you can afford with the amount that you have
- Whether you can get any support in kind (people donating time or materials rather than money)

You might also want to think about how you make decisions about spending. For example, you could set up a planning group and make sure that people with experience of mental health problems are central to the planning process.

Legal responsibilities

Make sure you're aware of your responsibilities as an organisation. All private and public organisations are legally responsible for the welfare and safety of their participants, and voluntary organisations have a 'duty of care' not to harm or endanger anyone as a result of their activities. The term 'duty of care' is used to describe the legal obligations of a service provider (e.g. a club) towards its customers (e.g. club members).

Risk assessment

Writing a risk assessment in advance of your event can help you to identify potential risks and think about how to minimise them, making it safer for everyone involved. The risk assessment looks at the risk associated with each area of your event including equipment, participants, emergency points and safety information.

Accessibility

When you plan your event you should make sure you are being as inclusive as possible for people with disabilities. It is good practice to make sure around 10% of your budget goes towards making your event accessible.

Mental health

How will your event support people with mental health problems? Here are some things you could consider:

- Having a quiet area where people can go if they're feeling overwhelmed
- Your volunteers could carry a crisis card at the event
- Encourage your volunteers to take breaks and discuss any concerns around their own mental well being with the group. You should have a designated coordinator that they can talk to on the day

- In the unlikely event of someone in distress, have the contact details of your local mental health crisis team available at your event.

Identify your Target Audience

Once you define your objectives, you'll have a better sense of who your target audience is. Do you hope to engage people who are motivated around the issues and ready to get more involved? Would you like to reach “beyond the choir” and introduce the issues to new audiences? Are you interested in engaging communities of faith or local decision makers? Even if your organization does not have direct connections to your target audiences, you can partner with organizations that do.

Recruit Partner organizations

It's always good to invite other groups and organizations to partner with you on your event. Partner organizations not only help broaden your reach, but they can also lend credibility and contribute to your event planning. In some instances, event-based partnerships can even pave the way for longer-term relationships that will benefit your mutual efforts. Partners can get involved in a range of ways, depending on their interest and capacity. At the very least, they can help get the word out about the event on their websites, but some partners might be able to get more actively involved and contribute ideas, time, resources and/or panelists for the event.

Some tips for reaching out to groups you've never worked with before:

- Offer background and context.
- Make it relevant to them.
- Send them a link to a clip or web.
- Let them know about partner benefits.
- Getting involved in your event can be a good opportunity for other groups to spotlight their work, raise their visibility and reach new audiences. If you are open to a more collaborative partnership, invite them to get more involved in event planning and design, such as

suggesting panelists for the discussion, brainstorming target audiences, etc.

Remember that groups have different capacities so involvement will vary. Some will simply just send your email blast to their listserv, others might get more involved in logistical planning and some might even be able to contribute funds. Be mindful of what your partners are capable of and make sure you're not asking them for too much (or too little!) as you plan your event.

Long-term Engagement: Creating a more welcoming community takes time so you may also invite your audience to sign up for an ongoing small group dialogue about issues in your community.

Facilitate Dialogue

- If your group is small enough (under 20 people) it might be a good idea to do a facilitated dialogue, where all participants have an opportunity to share their feelings and experiences.
- Even with a large group, if your space permits, you may want to break into small groups for dialogue. (If you have only one facilitator, s/he can float among the different groups.)
- Always start the dialogue by asking the group to share their immediate reactions to the film, e.g., what jumped out at them or particularly moved them.
- You must be ready in case the film or speakers come under scrutiny. For example, there may be audience members who are highly frustrated with the current economic climate and place blame on demographic changes. A neutral moderator can help make sure that the conversation remains productive and many perspectives are heard. Guide any comments or concerns to a positive end that applauds the benefits of sharing information in an open forum. Encourage critical audience members to think about how the film or the available community resources might be a helpful way to address the tensions that they are feeling. Leave as much time as possible for audience questions.

Things to bear in mind when reporting mental health issues in media.

Fighting the stigma.

Check your facts

A lack of understanding and misinformation surrounds many mental health problems. We suggest that if you are writing an article on a mental health problem you contact a relevant organisation which can provide you with facts and information. Contact details to many helpful organisations can be found on our site .Include details for sources of help

Its is always helpful to include contact details for sources of help and support for people who may be in distress or in need of information.

Various myths surrounding mental health problems exist and journalists should take care not to perpetuate them.

People with mental health difficulties are frequently represented as being violent and unpredictable. The truth is that most people with mental health problems are not violent.

A misconception that mental health problems cannot be treated exists. One in four of us will experience a mental health problem at some point in our lives. It is important to be aware that people with mental health problems can and do recover.Watch your language

Certain terminology that is used when reporting mental health problems can be deeply offensive and hurtful.

Referring to a person with a mental health problem as a 'psycho', 'nutter', 'looney', 'nut', 'maniac' etc. is highly offensive.

Referring to someone as a 'schizophrenic', a 'depressive', an 'anorexic' etc. is dismissive and defines the person solely in terms of their illness. It is preferable to use terminology such as a person with schizophrenia, a person with depression etc.

Referring to someone with a mental health problem as a 'victim' or a 'sufferer' is insulting. Instead you should use terminology such as 'a person with depression' etc.

Take care to use medical terms correctly to avoid confusion. For example using the term 'schizophrenic' to imply a state of two minds is inaccurate as schizophrenia has nothing to do with spilt personality disorder.

References:

Links:

<http://www.webmd.com/> -

<http://www.webmd.com/mental-health/mental-health-types-illness>

<http://www.schizophrenia.com/family/60tip.html> - tips handle schizophrenia.

http://www.mentalhealthcare.org.uk/supporting_someone_who_has_experienced_psychosis

Documents:

Mental health promotion.pdf

stigma_paper_en.pdf

workers_mental_illness_guide_0-1.pdf

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