

How to spot when I am becoming unwell and what to do

When I do this

First Signs

Denial

I refuse to accept that there is anything wrong. If you ask me how I am I will say that I am 'fine'. I am very scared to stop or to take time out. I am likely to appear cross or frustrated if people show that they are worried about me

Sleep

Sleep patterns deteriorate - almost always towards less or sometimes even no sleep. This can be difficult to identify, as I am not always able to be completely honest and I have a capacity to go for a long time on very little sleep without too much problem. There are usually some clues - emails at 2.00am being the most obvious

Eating

My diet will deteriorates. My fridge may be empty and I will noticeably drink more coffee and/or diet coke. I will refuse invitations that involve food and you will realise that you don't see me eating. At these times, food becomes something I can control and even if I do eat you will realise that you never see me eat

I want you to

The most important thing for me when I start to get ill is that something happens to stop the downward spiral sooner rather than later.

I do, however recognise that at the times when action needs to be taken, I am often most likely to be obstructive.

Everyone involved should therefore:

Be honest and direct with me about what they observe to be happening - however worried you are about my reaction

Talk to each other and compare notes - I know that I sometimes play people off against each other and the sooner that this is pointed out to me the better

Stopping things from getting too bad

At the early stages of my becoming unwell, there are several options that might help me to step off the 'roller-coaster' and prevent things from getting worse:

A change in medication: sleep is usually a particular problem and, if I can be persuaded, sleeping medication (Zopiclone), even if I just take it for a few nights, can help me to break the cycle of sleeplessness and start to feel better

Time off work: if I can be persuaded to take a few days off work and relax then this, perhaps coupled with sleeping medication can break the cycle

A planned holiday or short break: I sometimes get very claustrophobic in Newcastle and persuading me to take some time away from the city can also break the cycle.

Sunshine is a great healer and, particularly in the winter, a week away in the sun can do me the power of good

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Disengagement

I disengage from everyone around me. I will refuse invitations to go out and might seem distant. I may make quite plausible excuses for why I cannot join in

More serious signs

Rocking and pacing

I find it difficult to rest or even to sit still. My body can manifest manic symptoms and I may noticeably rock (although this is a sign that things are extremely bad)

Perceived 'absences'

I appear not to be concentrating or to lose the thread of what is going on. I may 'drift off' for a few seconds or even longer

Feeling of pressure in my head

My own thoughts and people talking can feel overwhelming. This can be particularly obvious if I am involved in a conversation with more than one person. Telephone conversations may be difficult for me to deal with

I know that sometimes a short period in hospital may be necessary. It is difficult to say exactly when this should happen but please talk to each other and reach an agreement collaboratively. This may have to be a tough judgement call.

I accept that the element of choice may have to be removed in order to facilitate this. Being honest about the 'no choice' element has avoided the need for me to be Sectioned in the past. (e.g. remind me that, if I don't go into hospital now, I will undoubtedly be Sectioned very soon).

I need to know that:

People are pulling together - that they are in control (particularly when I don't feel I am) and they do know what to do

There is a clear plan about what is going to happen to me that I will be told about
That people are making sure that my behaviour or actions are not jeopardising my reputation at work

What to do during office hours

If you feel that action needs to be taken during office hours then you should get in touch with Ruth (CPN) or Jane (psychiatrist) (see professional contacts at the beginning of this document). They will take a lead role in organising care and/or involving CATT.

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Money

I often spend money like water and quite obsessively. Again, this is not something you will see so it is hard to monitor

Work performance

I usually become obsessed with work and work to shut out everything else. As I become more ill, my performance at work may suffer, although this is often the last thing to be affected

Out of office hours

If you feel that action needs to be taken out of office hours, then you should contact wards at the REI directly. Liz Brody is the Ward Manager. They hold a copy of this directive and an arrangement has been made that I can be admitted directly to the ward.

I accept that out of hours it is likely to be a duty doctor who will clerk me in and that a proper plan will be formulated with the regular team as soon as possible.

If there are no beds on wards and/or they say that they are not able to admit me, there are two options:

- a) Telephone First Call (if you ring my GP out of hours the call will automatically be diverted). Tell them that there is a copy of this document on EMIS and that they should contact CATT who also hold a copy
- b) Take me to casualty with a copy of this directive. Tell them that CATT hold a copy and that they should contact them

In both these situations, CATT will organise an inpatient bed.