Tips for Communicating with a Person with Mental health problems

## First, a word about mental illness and violence…

Though news headlines and films forge a pejorative link between mental illness and violence, the truth is that persons with mental disorders are far more likely to be victims than victimizers. Mental illness alone does not increase the risk for violence. As with the general public, the risk goes up when substance use is introduced. A landmark study (Elbogen and Johnson, 2009) of more than 35,000 persons concluded that “mental illness did not independently predict future violent behavior.” As with the general population, about 1% – 5% of all people with mental illness are exceptionally easily provoked to violence. (NAMI 1990)

## TIPS

*Several of these tips were excerpted from “The Ten Commandments of Communicating with People with Disabilities” (I. Ward and Associates, 1994), NAMI, Delaware, and “Threat Management” by David Swink.*

* Beneath all the symptoms and behaviors someone with mental health challenges may exhibit is a PERSON who has many of the same wants, needs, dreams and desires as anyone else. Kindness, courtesy, and patience usually smooth interactions with all kinds of people, including people who have a mental health disability.
* If someone with a mental health disability is accompanied by someone else, address the person with the disability directly rather than speaking to or through the other person.
* Use person-first language. People with mental disorders are not the sum total of their disorder. They should not be referred to as “the schizophrenic” or “the mentally ill” any more than you’d refer to others as “the cancerous”. Instead, say “the person with…”.
* Keep a current list of community resources, like shelters, food programs, and mental health services that you can suggest to them (if they need it). Some people will not accept the suggestion, but some will.
* Be respectful to the person. When someone feels respected and heard they are more likely to return respect and consider what you have to say.
* Keep in mind that mental disorders have nothing to do with the person’s intelligence They are as smart as anyone else.
* Do not lie to them, as it will usually break any rapport you might want to establish.
* Listen closely to the person and try to understand what he/she is communicating. Be patient and try not to interrupt.
* If needed, set limits with the person as you would others.
* Try to get beyond any insulting language that may be directed at you.
* If a person has difficulty speaking, or speaks in a manner that is difficult for you to understand, listen carefully — then try to wait for him/her to finish speaking. If needed, clarify what he/she has said. Ask short questions that can be answered by a “yes” or a “no” or by nodding the head. Never pretend to understand. Reflect what you have heard, and let the person respond. Slow down the pace if needed.
* Respond to anger with quiet reassurance. Try not to make any sudden moves.
* Individuals with cognitive disabilities might be very concrete in their thinking. Phrase questions and statements in a way that avoids ambiguity or confusion. Try to avoid idioms, clichés, expressions and technical terms.
* Help the person feel he/she is in control of or is regaining control of the situation.
* Use person-first language. People with mental disorders are not the sum total of their disorder. They should not be referred to as “schizophrenics” or “the mentally ill” any more than you’d refer to others as “the cancerous” or “the appendicitis”. Instead, say “the person with… (mental illness, schizophrenia or whatever).
* Avoid casually touching the person or standing too close.
* Give simple instructions for what you ask the person to do. Use short, clear direct sentences. Long, involved explanations may be difficult for people with mental health challenges to process.
* Be honest. Being dishonest can increase a person’s fears and suspicions. He/she will be able to figure out when you are not being honest.
* If the person has difficulty in interpreting nonverbal cues, be clear, direct and specific in your communications.
* Keep in mind that the person may be sensitive to touch, sounds, light or color.
* Be patient, since the person may tend to focus on particular objects.
* If the person has hallucinations: Understand that hallucinations are real to individuals experiencing them, so don’t try to convince them that their hallucinations do not exist. You will not be able to talk them out of their reality. Communicate that you understand that they experience those events, but don’t pretend that you experience them yourself. Reassuring them that they are safe is the most important aspect of providing support.
* If the person is paranoid: Acknowledge paranoia and delusions by empathizing with feelings, but neither agree nor disagree with statements. Avoid excessive whispering, joking and laughing as these behaviors could be viewed as dangerous to someone with paranoia. Some people with paranoia may be frightened, so be aware that they may need more body space than others.