A dark silhouette of a person's head and hand, with the hand resting on their chin in a thoughtful or distressed pose. The background is a light gray gradient.

Caring for someone who comes to hospital emergency in high distress

This resource is written by carers (with their own lived experience), to offer support to other carers,* who in turn, are supporting a person experiencing intense emotional distress, possible self harm and/or suicidal thinking. Whilst this is a compilation of various people's experience of the emergency department (ED), your experience may be different.

Caring for someone who experiences regular high distress and extreme emotions can be highly challenging and overwhelming. Carers may experience conflicting thoughts and feelings. Along with love, empathy and compassion, you may have feelings of blame and guilt, sadness, resentment, anxiety, stigma, and carry fear for the safety of the person for whom you care. You may come into the emergency department struggling to understand why the person is so distressed or why they may feel suicidal or have engaged in self-harm. There may be tension and strain within the relationship. Being a carer can be exhausting and you may feel 'burnt out' and that your capacity for feeling compassionate and/or ability to be supportive has decreased.

It is really important to remind yourself and recognise that you are doing the best you can at this time, despite the circumstances that brought you here. Sometimes it might feel as though your support isn't enough. In fact, you are here supporting, and that matters a great deal now.

Being a carer

*A carer refers to family by birth and by choice and is inclusive of parents, partners, children, grandparents, extended family and kin.



So what do we mean by distress?



We all experience distress in varying intensity after a stressful experience or event. Sometimes such events may appear insignificant to us, but can be overwhelming for another. When some people experience such overpowering distressing emotions, they may be unable to think, communicate clearly or self-soothe. They may act in seemingly impulsive ways and potentially harm themselves as a way to distract or cope with these emotions.

At these times, often due to either their temperament or what's happened to them, they may experience distress and intense emotions for longer than we may, and be unable to 'calm down' without someone helping them. What's important to know is that there are a variety of resources, strategies, skills and therapies that can be very effective.

For some people high and recurring distress may be related to trauma experiences, or a mental illness known as borderline personality disorder (BPD). A diagnosis of BPD can only be made after a thorough psychological assessment.

What will happen in the ED?

Everyone who attends an ED is assessed (or triaged) and their care prioritised according to the level of urgency. Sometimes it may seem that you have to wait a long time, but be assured, the person you support will be fully attended to and looked after by the medical team, including a mental health clinician.

No one is ever forgotten.

Supporting a person in ED

Often the person you support has come to ED because they are experiencing a crisis with or without physical injuries. As their carer, it can be helpful to be with them at the bedside and remind and encourage them of any safe strategies/techniques you know they already use, or that could help them feel more calm (eg. mindfulness apps, listening to music on the phone, deep breathing, dimming the cubicle light). Check with nursing staff about the availability of sensory materials housed in ED (eg. weighted blanket, squeeze balls, ice, fidget objects, calm images). Bringing in the person's own sensory resources is also an option.

However, being there as a carer may seem to make the situation more stressful for both you and the person for whom you care. If you feel unsettled, unsafe or highly stressed, and/or the person you support is highly aroused, it may be in both your best interests to step away/leave ED. Calmly let them and relevant staff know what you are planning to do and when you will return.



Your rights and expectations

- The privacy of consumers is a basic human right.
- Each consumer's right to privacy should be balanced with their nominated carer's need to give and receive information relevant to their caring role.
- Nominated carers play a vital support role in a consumer's recovery and should be included in information exchanges, unless inappropriate, and with the consumer's consent.
- Know that you and the person for whom you care will be taken seriously and treated with respect, compassion, dignity and fairness.
- Know that you and the person for whom you care, will be supported, feel seen, heard and validated.
- Know that the person you support will have an opportunity to plan a way to move forward.



Witnessing restraint and/or sedation



If the person you support is feeling intensely distressed or behaving in ways that are highly unsafe or threatening to themselves or others, clinicians may make the decision to medicate in order to calm and reduce impulsivity or to physically restrain the person as a way to maintain safety. This is exceptionally difficult to witness. Carers describe feeling totally powerless or helpless as this happens. Restraint only occurs when self soothing techniques and medication have not been effective. Before medication is given or restraint happens, the person will be informed that this will occur and why.

Why is the person I care for not being admitted?

For many carers, when the person they care for is not admitted, it may seem like the system is dismissive of their concerns and the person in emotional distress.

The decision to admit someone to the mental health unit is complex and influenced by many factors. It is important that this decision is made collaboratively, and whenever possible, respects the wishes of the person themselves and holds at its core, their long term wellbeing.

We know that considering only short term risk can dramatically increase the risk of eventual death or disability, and compulsion and lengthy hospitalisation often have profound negative effects.

Ideally, receiving appropriate care in the community is the optimal decision. This allows for a person to draw on their own strengths and resilience, often with professional/family/carer support. As challenging as this is, it has been found to lead to better outcomes in the long term.

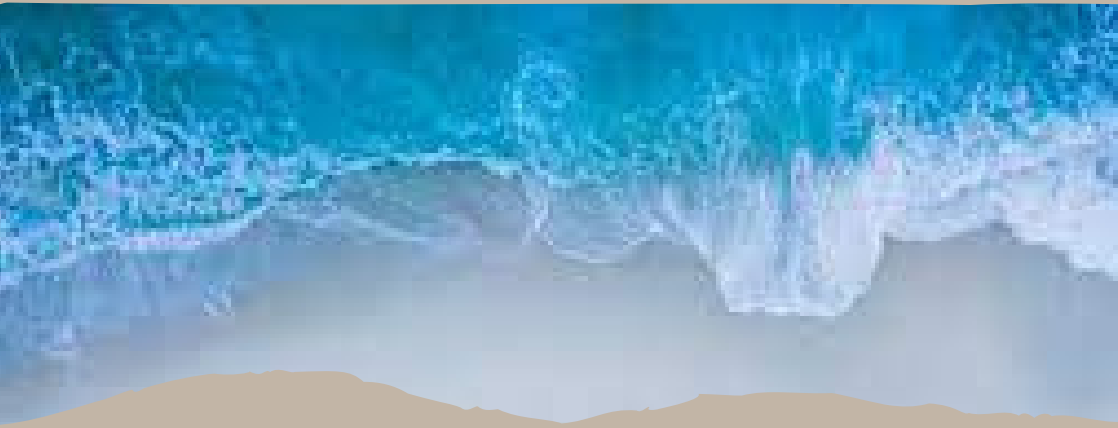
Carer 'self care' in the ED

The intensity of high emotional distress and/or a crisis can be highly destabilising for everyone involved. It is just as important to acknowledge your own needs and energy at this time. Consider asking a staff member if there is a spare space/room where you can sit, whilst still remaining close by if needed. Stepping out for a short time allows you to take a mental, physical and emotional breather/break. Perhaps consider heading outside for a short walk or to get some fresh air. It may also be helpful to have a friend or other family member meet you – possibly just outside, or close by the hospital, or in the hospital café. It may even be supportive if someone could accompany you at the time of discharge.

Sometimes a staff member may be available to sit with/companion you and support you emotionally – such as a hospital spiritual care worker, social worker or volunteer. You can ask the treating team if this is a possibility.

Find your own small ways that help you feel calmer – for example, photos/pictures of nature, or soothing music on your phone. A technique such as tracing your finger around a labyrinth (below) or mantras & breathing exercises such as on the following page.





Simple mantras can be beneficial. A single word or sentence said aloud, such as: OM (pronounced 'AUMMMM' is commonly recognised & effective because of its resonant vibration when said slowly), or 'I breathe in calm and breathe out fear,' or 'I am ok and I will be ok.' When repeated, such mantras/affirmations can help shift and quieten thinking, symptoms of stress and slow the breathing.

Another technique people find helpful is basic breathing & counting, eg. Count 1 and slowly breathe in, count to 2 as you slowly breathe out, count to 3, breathe in, count to 4 and slowly breathe out.... repeat, until you get to 10 and start again at 1. Possibly your mind will wander or you will lose track, so just start at 1 again.

There are also many meditation and mindfulness phone apps, such as:
Smiling Mind, Headspace, Calm,
Simply Being

Discharge - what can I expect?

If consent is given by the person you support, you will be involved in a conversation about what might happen after being in the ED.

Follow up is usually recommended with the person's regular care and support networks in the community

(eg. psychologist, community mental health service, family GP, etc.) and/or....

- An ED clinician may refer GP follow up, with recommendation to see a psychologist
- A referral may be made to the ACCESS referral team
- Information may be given about the after hours drop in centre at Arnold Street, Box Hill
- An intake assessment with Infant, Child and Youth Mental Health and Wellbeing Service (if the person you care for is under 25 years)
- A follow up with a community case manager
- Referral to a short term outreach community service: CATT (Crisis Assessment Treatment Team), HOPE (Hospital Outreach Post-suicidal Engagement)
- Admission to an inpatient unit

Even at discharge, carers may carry high concern and fear around the safety of the person they care for and accepting such risk is not easy to do. When things are calm, develop a plan with the person outlining what they think is helpful/unhelpful when they are feeling distressed, suicidal or self harming.

Example plans can be found at:

www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning.

Stayingsafe.net has information about safety plans and why they can be helpful, with a template to help create what is meaningful for your person.

Developing a separate family plan to use in times of crisis that focuses on the needs of the family may also be helpful.

Self Care

'Self care is your fuel...whatever the road ahead or the path you've taken, self care is what keeps your motor running and your wheels turning.'

Melissa Steginus

Self care is essential and not selfish. It is one of the kindest things we can do for ourselves and others. How helpful are we if we don't treat ourselves well? The reality is, if we don't prioritise our self care, no-one else will. The relationship with ourselves sets the tone for every other relationship we have and allows us to set healthier boundaries. This is something only we can take responsibility for. We know looking after ourselves can get lost in our caring role. Prioritising activities that maintain our own wellbeing, keeps us more balanced and able to care. It reduces stress, burnout, anxiety, depression, resentment and helps increase energy, sleep, and supports relationships.

Self care works best when we build it regularly into our life vs. something we do when we're at breaking point. A key is to attend to it in small, manageable steps.

Identify your own needs and attend to the:

- Physical - sleep, healthy eating, exercise, your own health care.
- Social - connecting and nurturing different relationships.
- Mental - being proactive and finding activities that mentally stimulate you, eg. reading, puzzles, learning something new.
- Spiritual - activities that help you develop a deeper sense of meaning, understanding or connection with the universe - be it prayer, meditation, time in nature.
- Emotional - coping skills to deal with uncomfortable emotions and activities that help you express and process your feelings regularly and safely. For some people, having a coffee with a friend meets a number of self care needs in one go, for others, it's going fishing, a daily short walk, learning a new craft or joining a group.

'When you say 'yes' to others, make sure you are not saying 'no' to yourself.'

Paulo Coelho



'If your compassion does not include yourself, it is incomplete.'
Jack Kornfield



*'Self care means giving the world the best of you, instead of
what's left of you.'*
Katie Reed

Further carer information and supports

Reach out for professional help if you feel you are struggling. Counselling can support you with coping strategies and relationships. It can offer confidential opportunity and space to gain perspective and learn effective skills. GPs can guide you with this and may refer to appropriate services. In some instances, you may be eligible for a Mental Health Care Plan which partially covers psychology/counselling sessions through Medicare.

Carer support organisations also offer a range of resources and links. Such as:

Tandem 1800 314 325 tandemcarers.org.au

Carer Gateway www.carergateway.gov.au

Spectrum Personality disorder & complex trauma service 03 841 38750

Australian BPD Foundation www.bpdfoundation.org.au

NEA BPD www.bpdaustralia.com

Mind Carer Helpline 1300 554 660

The Bouverie Centre 03 848 14800

FaPMI (Families where a parent has a mental illness) 03 987 13988

Victoria's Area/Community Mental Health Services

www.health.vic.gov.au/mentalhealth services

National Domestic Family & Sexual Violence Counselling Service

1800RESPECT (1800 737 732)

Sane Australia 1800 187 263

Beyond Blue www.beyondblue.org.au

Lifeline 13 11 14

Lifeline text 0477 13 11 14

Suicide call back service phone and online counselling 1300 659 467

SuicideLine 1300 651 251

Kids Helpline 1800 55 1800

eheadspace online & phone support 1800 650 890

MensLine 1300 789 978

Wellways Helpline 1300 111 500

Family Drug Support 1300 368 186

Family Drug & Gambling Helpline (Sharc) 1300 660 068

QLife (LGBTI) peer support & referral 1800 184 527

Butterfly Foundation (Eating Disorders & body image) 1800 334 673

PANDA (Perinatal Anxiety & Depression) 1300 726 306

