



Guide to Mental Illnesses

in migrants and refugees

Federal association for relatives of mentally ill persons (Registered Organization)
Bundesverband der Angehörigen psychisch kranker Menschen e.V. (Publisher)

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Welcome to Germany!

You have arrived in Germany and are now safe. A cumbersome and in many cases dangerous journey is behind you.

In Germany, there are new and different challenges waiting for you. You will go through the admissions procedures, where a decision will be made regarding your residency status. Many of you will need to find your families or make sure that your relatives can follow you. You will need to find a place to live and a source of income.



Relief, joy, but disappointments too

At the same time, you will need to get to know the country where you will be living for the next years, and its people. You will have to learn a new language. Some things probably seem unusual to you: for example the food, how men and women interact, how families live together, how the authorities work or how mental health issues are handled.

Alongside relief and joy, many people also experience disappointment after arriving in Germany: if reality isn't as they had imagined it; if they need to have more patience than they believe they possess; if they feel misunderstood or not accepted.

But there are also many things which you will be able to understand right away, for example how to laugh in Germany, or how to cry.

If you can't go on

People can find a space to live in all over the planet. They can overcome great difficulties. And they find happiness, even in places where they did not expect it. Because people have a tremendous ability to solve problems.

But sometimes, this problem-solving ability goes astray. For these people, everything seems difficult. Or they do not have the courage to go about their day-to-day lives. Perhaps they have terrible memories or worrying thoughts which they cannot or do not want to discuss. Or they are paralysed by fear. Others are irritable, argue more often, become loud and aggressive. Sometimes, these psychological problems are so serious that outside help is required.

People need other people

Often, talking to a friend, a brother or sister, parents or a close acquaintance helps. But sometimes help is required from people who have made it their job to help others.

This booklet will give you information on the help available for people with psychological problems. It was written and published by the German Federal Association of Families of People with Mental Illness. We are experienced – with self-help within families and with help from advice centres, doctors, therapeutic institutions and psychiatric clinics.

Asking for help with psychological problems is always a very personal thing. For this reason, this advice booklet does not replace a conversation in person. Rather, we would like to encourage you to turn to people who can help you. This advice booklet is intended as a guidebook to help this process.

Life in Germany

You have undoubtedly already noticed: Some things are different about every day life in Germany and new to you. Some things may appeal to you right away, while you might find others unusual, and still others might seem completely wrong to you. Remember: in Germany, you can decide for yourself how you want to live. But other people have the same freedom. This must be respected by everyone.

In order for people from so many different countries and from different cultures and religions to be able to live together successfully, a society needs rules.

Everyone can decide for themselves

The first rule is: Everyone has the right to decide their concerns for themselves, as long as they do not affect the rights of others. This applies to every man and every woman. It also applies to children from a certain age on and if they are capable of deciding for themselves.

Men and women are equal

You will quickly notice: in Germany, men and women are equal. This includes women working in many areas of public life where in your home country perhaps only or mainly men work and make decisions: as policewomen, as judges, as doctors or as decision-makers about your asylum application. Women have the same right to respect as men.

Religion is (mostly) a private matter

In Germany, everyone can freely choose their religion for themselves. And no one should be disadvantaged because of their religion – whether they are Christian, Muslim, Jewish, Hindu, or atheist. In public life, religion and religious laws do not play a significant role and the state does not get involved in religious matters.

Institutions for supporting and helping needy people – advice centres, hospitals, homes, care facilities, children's homes etc – which are run by religious organisations (e.g. the Evangelical Diakonie or the Catholic Caritas) are there for everyone. They do not withhold their help if people belong to other religions.

No one may be unfairly favoured or disadvantaged

We expect the state and its authorities to treat everyone equally. There are laws and rules for this purpose. These govern how the authorities should decide on citizens' requests or applications. Authority employees are also not allowed to accept gifts.

An employee at an authority favouring someone who, for example, comes from the same country, practices the same religion or is related to them, or because they accept a gift, would be severely penalised.

Help with health problems

In Germany, most people have health insurance. It pays for everything necessary to maintain good health and to treat illnesses. Those without health insurance receive help from the state. The doctors are paid by the state, health insurance, or hospitals. They are also not allowed to accept gifts.

Doctors must first treat the people who most urgently need medical help. They decide on treatment together with the patients. We trust that doctors do not unfairly favour or disadvantage anyone.

Children, pregnant women, victims of torture and violence and people with disabilities are particularly in need of protection. There are special institutions and help available for their medical and psychological care, where their needs can be taken care of especially well.

What does it mean to be mentally ill?

In truth, we should discuss what keeps people healthy or makes them healthy. But often it is easier to talk about an illness and its symptoms: Somebody is feeling weak, they are nauseous or in pain. They go to the doctor and are examined. With the help of a blood test or an X ray, possible causes can be found and the doctor knows which treatment will help make the patient healthy again.

Sometimes, people have symptoms which cannot be explained by a physical examination. They cannot concentrate or think clearly. They are tormented by fear. They cannot forget their experiences during their escape. Or they cannot come to terms with reality because they feel followed or hear voices. In these cases, we talk about a mental illness.

Causes, risk factors and preventing mental illness

Mental illnesses can have many varied causes. Not all are currently known. However, it is never a single cause which leads to a mental illness. Several factors come together: physical and psychological vulnerability, particular events in the past, a difficult situation within the family or surroundings. Other pressures such as exposure to violence while fleeing, a severe physical illness, deprivation or unhealthy living conditions can contribute to mental illness.

Experts are of the opinion that mental illnesses occur when patients are overstrained and can only withstand this strain through the illness. But everyone has their breaking point: what some may be able to withstand is too much for others.

If a mental illness results from these types of stresses, it can show itself differently for each person, since everyone has their own methods of dealing with issues.

The experiences which have triggered someone to emigrate or to flee, experiences while fleeing, the loss of safety and protection from family and a familiar environment – all these are additional factors which refugees may react to by becoming mentally ill.

Some examinations in refugee centres find particularly large numbers of people with mental health problems. Others, however, find a lower proportion of refugees with a mental illness than is the case in the local population. A suspected reason for this:

refugees are often much more psychologically resilient. They were able to withstand difficulties while fleeing and have more hope for a better future than the local population.

For this reason, it is disputed whether refugees and migrants are more likely to suffer from mental illness or not. However, one can assume that they are particularly at risk. They therefore need to quickly find healthy living conditions, an appropriate place to live, meaningful employment and above all safe prospects for their future lives.

A positive attitude towards life, the ability to recognise a purpose for yourself even in difficult situations, the expectation of being successful after all your efforts – all these are help to stay mentally healthy or recover from mental illness, even in critical situations.



How do mental illnesses present themselves?

Mental illnesses can occur in many different forms. They are categorised under various diagnoses. The following things can be indications of a mental illness. They are known as symptoms (from page 26 onwards, we present the most common mental illnesses).

Consciousness disorders: The person affected is unable to wake up properly and cannot concentrate effectively. The opposite is also possible: the affected person is constantly active, cannot switch off and is unable to relax. They are in a state of being “wide awake” (more awake than usual).

Sleep problems: The person affected is unable to fall asleep, wakes up early or repeatedly. They worry when awake. The night can become the day and the day can become the night.

Perception disorders: The affected person is no longer able to distinguish between important and unimportant issues. Some perceive everything at once, react to every small detail and are no longer able to orientate themselves. Hallucinations are a special type of perception. They are things which no one else can sense: sounds, voices, music, pictures, faces, people, animals, smells or sensations on the skin or in the body. For those affected, however, these perceptions are real and not imagined.

Thinking disorders: Thinking can be slowed down, confused or illogical and go round in circles. This can take the form of unrealistic or delusional ideas, the person affected feels like they are being followed or thinks they are capable of anything. However, it can also take the form of extremely sad thoughts.

Memory and retentiveness disorders: The affected person is unable to remember important information, cannot retain new information, but can remember experiences from the distant past. For some, memories of terrible events can be agonising and suppress all other thoughts.

Feelings can be distorted in a wide variety of ways: people affected are numb, at a loss, depressed or feel desperate; they complain constantly, are sad or extremely happy or euphoric without reason; they are constantly irritable or unstable. Feelings can swing between these extremes. The affected people may also feel guilty, or see themselves as worthless or something extra special. Troubling feelings can also be triggered by extreme fear or dread.

How common are mental illnesses?

Mental illnesses are among the most common illnesses in all countries. This is also true when they are not spoken about or visible in public life. In the countries you come from, they may be called by different names.

Most people have a temporary serious psychological problem at some point in their lives. Some experience it repeatedly at intervals. A small proportion has a mental illness lasting a long time. The most common are addiction to alcohol, opiates, painkillers and other substances (addiction is defined as a mental illness in Germany), followed by anxiety disorders, depression and psychoses.

Many people try to live with their psychological problems. For some, this is very successful. Perhaps a conversation with someone close helps, or with a minister. Others speak to their family doctor about it, who is often the first point of contact.

Roughly one in five people affected requires professional help from a psychiatrist, psychotherapist, nurses or social workers.

Most people with mental illnesses are treated as outpatients. This means that they only receive treatments on specific dates. Only a very small proportion of patients need to be treated in a psychiatric clinic for various lengths of time. A hospital treatment of this type takes place either in a specialty psychiatric hospital or in a general hospital.

Detailed information on options for treatment and help can be found in our advice booklet "The mental healthcare system in Germany".

Aggressiveness towards others and oneself

In certain situations, people with mental illnesses can behave aggressively. Whether, when and in what manner this happens depends on personal experiences, cultural factors and the patient's current condition. For example, those who are used to asserting themselves with verbal or physical violence will also have fewer inhibitions about violent behaviour when mentally ill than those who are fundamentally peaceful. Certain substances such as alcohol, amphetamines or cocaine promote aggressive and violent behaviour. Men are more likely to become violent than women.

Often, fear, desperation or hallucinations are the trigger for violent behaviour. For relatives, this is a major problem, as they are often vulnerable and at the mercy of this aggressive behaviour.

Dealing with aggressiveness and violence

Everyone should be safe from violence. For this reason, it is important to recognise the signs early. Those who threaten violence or are threatened with violence should not be left alone. At the first signs of violence, outsiders such as for example neighbours, professional helpers or the police should be called in. Concealing the violence helps no one and encourages aggressive behaviour.

When violence is directed at other people, they should keep their distance from each other when possible. Often, reassuring messages or suggestions on how to solve issues without violence can help.

If violence occurs, this should not be ignored. It is far better to take action together with those affected to ensure violence and aggressiveness does not occur in future.

Violence against oneself

Sometimes, the affected person directs their violence towards themselves. They may want to kill themselves (suicide). The risk of suicide for mentally ill people is significantly higher than for other people. This is especially true for persons with depressive or hallucinatory illnesses.

For refugees, there is another risk factor for suicide: the loss of safety, feelings of security in the family, social problems and their prospects in Germany, in many cases uncertain, can encourage suicidal thoughts.

It is important to talk about suicide and its accompanying signs. In many cases, the person affected has announced their intention to commit suicide. Their announcement is either not noticed or not taken seriously.

However, the person affected should not be faced with criticism or threats. Rather, they should be able to express their suicidal thoughts without fear. A trust-based relationship is particularly important for this. Only then is it possible to help the affected person.

For this reason, questions about suicidal thoughts are often asked during psychiatric treatment.

■ **Self-help, help by and for relatives and friends**

In most countries, the members of a family bear the most responsibility for helping each other when a member of the family is suffering hardship, seriously ill or threatened. Even after fleeing or emigrating from their home countries, many relatives still attempt to support each other by sending money, making telephone calls or writing letters. For most, this is natural and obvious, even if they do not have much money themselves.

In Germany, relatives also help each other, as well as family friends, if necessary and the families trust each other. However, families in Germany are often smaller. People may have to move away from their families for professional reasons, because their spouses come from other cities or because they have split up from a partner. Or people live together in families but are not related or married. In Germany, there are a large number of single mothers and single fathers who do not live together with other relatives.

Self-help and help for relatives

Those suffering from a mental illness looking for further help, personal advice, a conversation or contact with people alongside medical treatment will often find this at a self-help group. There, it is possible to meet people with the same illness who have had similar experiences. You can talk to like-minded people and learn from them how they deal with their illness.

In Germany, there are more than 70,000 of these self-help groups, where approximately 3.5 million people meet to exchange experiences. Those suffering from mental illness can also find a relevant self-help group almost everywhere. Many of these groups can be found at www.nakos.de .

As parents, children and siblings can also suffer when their relatives are affected by mental illnesses, there are self-help groups especially for them. You can find out about them on the multilingual website of the Federal Association of Families of People with Mental Illness: www.bapk.de .

Self-help for immigrants and refugees

For immigrants and refugees, it can be difficult to make contact with a self-help group. Alongside the complexity of finding a group, there is a further difficulty: everyone there speaks German. However, it is still worth trying to find a group and getting to know people. Perhaps someone there will speak your language.

As health insurance funds have recognised the usefulness of self-help groups to handle illnesses, they also support these groups financially. If you are thinking of starting a self-help group e.g. for refugees from Syria or Afghanistan, speak to your health insurance or a healthcare provider.

■ **Treatment options for mental illnesses**

You have read about how varied the causes and symptoms of mental disorders can be. The treatment is not able to eliminate the causes, as they are usually in the past. However, there are many options for effective treatment.

Therapeutic treatment

People with the job of helping the mentally ill can have various professions: doctor, psychologist, social worker or nurse. They offer the person affected, whether male or female, a therapeutic relationship. This therapeutic relationship is the basis of treatment and is expressed as a caring attitude, interest in the patient, sensitivity and basic trust.

Often, it is necessary for several people from various professions to work together in a team to provide good treatment. In this case, it is particularly important for the person affected to have a reliable point of contact. The contact figure then also has

the task of accompanying the person affected for the duration of the treatment and to ensure that the necessary measures are in fact carried out. Appropriate interventions include milieu therapy – the creation of surroundings which encourage recovery, in particular shelter from irritations, restlessness and stress – motivation to take part in meaningful activities, sport and movement, healthy eating, information about the illness (psychoeducation) and psychotherapy (above all, cognitive therapies), and in some cases, effective medication.

Efficient communication

Often, lack of efficient communication is a problem. In acute emergency situations, it may be necessary to accept help from translators who happen to be available, such as relatives, acquaintances or neighbours.

For further treatment, relatives, friends or neighbours who speak better German also often take on the role of a translator. However, there is no guarantee of correct translation in such cases. Also: relatives, friends and neighbours should not be overburdened with serious problems.

In many hospitals and advice centres, there are now employees who speak your mother tongue and can (in case of emergency) translate.

For confidential conversations about extremely personal topics, about crises or psychological problems, professional and neutral language mediators are necessary and useful. They are often people who came to Germany as immigrants, speak very good German and are very knowledgeable on certain topics. They have been trained, which qualifies them to support other affected people from their home countries to be understood while dealing with the authorities, doctors or hospitals.

You should always ask for a qualified language and culture mediator to be called in to important conversations. They are bound by confidentiality. This means: they are not allowed to give information to others without your permission.

In some cities, there are now specialised facilities for advising people from other countries and cultures. Many psychiatric clinics also have special advice and treatment offered to people from migrant backgrounds or refugees.

Therapeutic consultation

Therapeutic consultations are the most important way for a doctor or psychotherapist to get to know a patient “as they are”. They become familiar with the patient’s whole personality, their strengths and weaknesses, their problems and their options for changing something about their problems. Therapeutic consultations therefore also give the patient a better understanding of their problems.

The doctor or psychotherapist asks the patient about their life story, the symptoms of their illness, their current living situation and the beginning and development of their symptoms. The doctor or psychotherapist also asks whether and how the patient imagines an improvement.

The doctor or psychotherapist gains a picture of the situation from their impressions of the patient, which leads to better understanding. It gives the basis for treatment and improvement of the patient’s condition.



Sometimes, tests are also used in order to determine, for example, certain psychological functions or the extent of certain symptoms more accurately. However, most tests are only suitable for people with German as their mother tongue, making them unusable for people from another culture.

In most cases, it is necessary to include a language and culture mediator in a therapeutic consultation. However, this requires more time from all involved, as well as the willingness to listen to each other patiently. But the results are worth the time and effort.

When the therapeutic consultation is carried out in a particular way, we speak of psychotherapy. There are many forms of psychotherapy, which are split into two large groups: in “cognitive therapies”, understanding the illness and learning new and successful behaviour patterns are the focus. In “depth psychology” or “analytical therapy”, buried feelings and memories are processed. The aim is to gain new insights into the personality and bring about change.

Psychotherapy can take place individually or in groups.

Medication

Although the most effective form of help for mental illness is psychotherapy or therapeutic consultations, in many cases the effects of the illness are so troublesome that this alone would not be enough to treat the illness, or would treat it inadequately.

For the treatment of mental illness, medication (psychotherapeutic drugs) can therefore provide good support. This includes sedatives, antidepressants and antipsychotic drugs. They do not eliminate the causes, but can ease symptoms such as fear, internal stress, restlessness, agitation or delusions.

Like every effective medication, psychotherapeutic drugs can have unwanted side effects. It is important to always weigh up their advantages and disadvantages.

Important – please note:

- Ask your doctor to explain to you the details of the medication and how it works, as well as possible side effects.
- Only take medication which has been prescribed to you by a doctor.
- Take the medication as recommended by your doctor.
- Tell your doctor if the medication does not agree with you or if unwanted side effects occur.

Complementary therapies

Alongside psychotherapy, therapeutic consultations and medications, complementary therapies can often be a decisive factor in the treatment's success.

Within the patient's surroundings, much can be done to encourage recovery. For example, remove irritating or disturbing items, improve the living situation, create a space where the patient can retreat, make contacts (including with other affected people) or organise everyday life through meaningful work and leisure activities.

Sport and movement can also play an important role in recovery. Scientific research confirms that taking part in an endurance sport (such as running or bike riding) twice weekly for half an hour has the same positive effects on depressive symptoms as medication – but without unwanted side effects.

Creative activities such as painting, sculptures, working with wood or clay, music, singing, dancing or acting can have a therapeutic effect and improve the patient's condition.



■ **Allowing yourself to be helped**

Those affected by mental illness often have difficulty recognising it and talking about it: perhaps those affected also blame themselves. Perhaps they are afraid that others will see them as a failure. A broken leg cannot be overlooked and is easier to speak about than depression or delusions.

Some people try to adjust their everyday life and their relationships to others to take account of the mental illness and to live with it as unobtrusively as possible. This can sometimes work and generate astonishingly creative solutions. On the other hand, it is often linked to extreme stresses for the person affected and the people around them, and prevents a better solution being found with the help of effective treatment.

If you are looking for help

Those looking for help for themselves or for a relative because of mental illness can turn to many places:

- Social workers work in reception centres for refugees and have the job of advising those affected and referring them to the appropriate places.
- There are socio-psychiatric services at health departments, which have information on appropriate treatment options.
- In many cities, there are psychosocial advice centres for refugees. Often, employees here come from refugees' home countries.
- For most people, their family doctor or general practitioner will be the first point of contact. They can refer you to a specialist (psychiatrist) or to a psychotherapist (psychologist). Although it is usually possible to quickly get an appointment with your family doctor, you may have to wait several weeks for an appointment with a psychiatrist or psychotherapist. However, the doctor will then be able to dedicate much more time to you.

If treatment by a psychiatrist or psychologist is not enough, or for example in dangerous situations, where someone needs supervision and protection, treatment in a psychiatric clinic is necessary. A psychiatric ward in a general hospital or a specialised psychiatric hospital can be found in nearly every large town.

In emergency cases, you will be admitted there immediately. All psychiatric hospitals offer an outpatient clinic, where you can get an appointment without long waiting times.

Detailed information on options for treatment and help can be found in our advice booklet “The psychiatric healthcare system in Germany”.

Special assistance for women

Women and girls sometimes need special protection. This is particularly true in cases of abuse or violence within the family, from relatives or strangers. Domestic violence is against the law in Germany. However, there are sadly still frequent cases of domestic violence, even in German families. Women with mental illnesses are particularly at risk, as they often cannot defend themselves.

In every large German town, there is an “emergency hotline” for women, which can help quickly and without bureaucracy. You can also make use of the help offered without giving a name and without anyone finding out.

If a woman feels unsafe in her surroundings or her home, she can be admitted to a women’s shelter. Children – usually under 14 years – can be admitted with you. In a women’s shelter, you are safe and no one will find out your address. Female social workers and lawyers will help you, so that you are no longer at risk of violence. The help offered in a women’s shelter is free of charge.

Help can be found among others:

www.frauennotruf.de

www.frauen-gegen-gewalt.de

Who pays for psychiatric help?

The services offered by social services, advice centres and socio-psychiatric services are usually free of charge. However, for medical treatment – including psychotherapy, medication and hospital treatment – costs are payable.

Treatment of mental illnesses is usually paid for by the town or community you live in. For this to happen, either you need a health insurance card or you will receive a

medical treatment certificate. Either of these is your “entry ticket” to the psychiatric healthcare system.

Medications or psychotherapy are also paid for via the health insurance card or medical treatment certificate.

If you are an asylum seeker, you have the right to services under the Asylum Seekers Benefits Act. This only guarantees you treatment of physical and psychological illnesses in acute cases. Medical services except in cases of emergency are not provided for under this act. However, you can ask for other services, such as psychotherapy, to be authorised by the health department. Local help organisations can advise you and help you with this.

If you have been recognised as entitled to asylum or if you receive so-called “analogue benefits” (from 15 months after your registration), all healthcare services are available to you without restrictions. However, it is still possible that you – like everyone in Germany – will have to pay part of the costs for certain services (“additional payments”).

Information and consent

Mentally ill people are also allowed to make decisions for themselves (right of self-determination). For this reason, doctors must give patients information on their illness and the treatment options available. The patient has the right to consent to the treatment or to refuse treatment. In certain cases, such as before an operation, the doctor will give the patient written information and ask the patient to confirm by signature that they have been given information and consent to the treatment.

Without the patient’s consent, the doctor is, in general, not allowed to carry out treatment. Only in certain exceptional cases – regulated by law – is the doctor allowed to treat the patient without their consent.

For children under 18 years old, the parents, as their legal representatives, must consent to treatment.

When being admitted to a psychiatric clinic, you will also usually be asked to confirm by signing that you want to be admitted and given treatment.

Help against the patient's will

Sometimes, people are unable to act competently and decide for themselves due to mental illness. If they are causing considerable harm to themselves or to others, or putting themselves or others into serious danger, they can be admitted to a psychiatric clinic against their will – until the danger has passed. If it is necessary to prevent danger, police and medical personnel are also allowed to handcuff the person affected.

As this entails serious interventions into personal freedom, such measures must be checked and authorised by a court of law. The court hears the person concerned – even when they have already been taken in to a psychiatric clinic – and decides whether and for how long they are required to stay there. Court-ordered hospitalisation can be decreed for the following reasons: suicide risk which cannot be otherwise averted, aggression against others or serious self-endangerment through self-neglect or disorientation. In most cases, the people affected understand within a short time that they need help and decide to allow themselves to be treated voluntarily in a psychiatric clinic.

Court-ordered hospitalisation in a psychiatric clinic is not permitted to have any negative effects on the person affected, including on their asylum application. It is therefore not noted in the immigration authorities' files.

Only in exceptional cases – usually in cases of life or death – is a doctor allowed to administer medication against the will of the patient.

If, due to disability or mental illness, someone cannot bear responsibility for themselves or cannot take care of themselves adequately, a court of law can name someone else to be their legal representative. They are then also known as a carer. They can represent the person affected in all areas of life and make decisions in their stead. This can also apply to consent to medical treatment.

Professional confidentiality

Anything you confide to a doctor, a therapist or a nurse can only be passed on to others with your express permission. There are laws regulating this professional con-

confidentiality. Anyone violating this confidentiality will be punished. Professional confidentiality also applies to authorities, police or a court of law.

This means that you can assume that you can say anything to a doctor, therapist or nurse – even things which you would rather keep secret but which are perhaps important during treatment. Those named above are only permitted to violate professional confidentiality when doing so is the only way of saving lives – yours or that of other people.

For example, if it is necessary to refer you to another doctor, your doctor will ask for your permission to release them from professional confidentiality. Only then, with your permission, is the doctor allowed to pass on the necessary information for further treatment.

*Further information on legal issues can be found in our advice booklet
“Legal information for immigrants and refugees”.*

Description of a number of mental illnesses

When you cannot forget – post traumatic stress disorder

Everyone witnesses unhappy or distressing things in their lives and experiences fear and terror. The body can adapt to this type of temporary stress. When the stress has passed, life becomes normal once more.

However, there are also burdens which exceed the body's abilities and hurt the mind like a deep wound. In medical terms, this is known as "trauma" (Greek: wound). A trauma is linked to experiencing deadly danger or the danger of severe injury to the body. Some traumatic experiences – for example, triggered by war, torture, rape and other forms of violence and abuse – are caused by people. Traumatic experiences not caused by people can include earthquakes, flooding or the sinking of a ship. Even those who "only" observed these events may be traumatised by them.

Important functions of the psyche are impaired by trauma: confidence and security, identity ("being sure of yourself"), concentration and the ability to think. Often, a constant state of hyperexcitation or panic occurs.



The consequences of a traumatic experience can be varied: loss of basic trust; the ability to approach others in an unprejudiced way; loss of values, beliefs and viewpoints; unbearable feelings of shame and guilt; the feeling of hopelessness, helplessness and sadness; increased nervousness; loneliness; the feeling of being an alien among

people; deterioration of memory and ability to think; sleep problems. A traumatic experience can lead to alcohol or drug abuse and can mean that the person affected no longer wants to live.

A typical symptom is unwanted and abrupt reliving of the traumatic experience in nightmares or waking dreams during the day. They are often triggered by external stimuli – a loud noise, the smell of sweat or fire – which were significant during the traumatic experience.

When such symptoms last for a long time, they can develop into depression, anxiety disorders, hallucinations and psychoses, psychosomatic or sexual dysfunctions.

Usually, symptoms first occur after a delay of several months to several years after the traumatic experience. This is referred to as post-traumatic stress disorder (PTSD).

Children or people with mental disabilities are particularly at risk, as they cannot appropriately categorise the traumatic experience within their lives.

Refugees are particularly likely to have had traumatic experiences. On the other hand, refugees have also developed resilience against the effects of PTSD. An important reason for this: they have risked and overcome their escape.

Developing PTSD is not a sign of weakness but rather the psyche's attempt to handle something unbearable and still survive.

What helps to process a traumatic experience?

- Social factors: contact to family, friends and comrades, closeness to supporters in the host country and the opportunity to bear responsibility for others, for example a child.
- Personal qualities: intelligence, creativity, emotional competence, tolerance for frustration, a sense of humour, a positive self-image, the ability to find meaningfulness in life, the feeling of belonging to a family or political beliefs.
- Other factors: the ability to respond to current situations with optimism, accepting the current situation and actively working towards changing or developing it, activities in social networks, avoiding troublesome thoughts and feelings.

Self-help for PTSD

If you have experienced something terrible and are suffering:

- Ensure that you are not alone.
- Make contact with relatives or friends.
- Avoid situations which are uncomfortable or can cause fear.
- Find people who you can confide in.
- Relieve the load by telling trusted people about your traumatic experiences.
Only tell as much as you want to disclose.
- Find help from a therapist if you do not know how to continue.

If you know or suspect that a relative or someone close to you has had a traumatic experience, you should

- discreetly offer closeness,
- signal your readiness to listen – without asking insistently,
- respect the affected person if they choose to say nothing,
- show understanding for difficult behaviour,
- suggest beginning trauma therapy.

Treatment

Not everyone who has a traumatic experience develops PTSD and not every case of PTSD requires trauma therapy. A deciding factor is whether the person affected has enough protective factors and whether they have adequate help from protective surroundings and appropriate social support, in order to process the trauma themselves.

If this is not the case, there are good options for psychotherapeutic treatment of PTSD in most towns. The question of which therapy approach – behavioural therapy, depth psychological or analytic therapy – is of secondary importance. More important is strengthening the patient's protective factors during therapy. The goal should be to reacquire competencies and (re)activate resiliency. In general, trauma therapy is successful.

The basis of every successful therapy is therapeutic consultations. The patient's life story and the story of their flight are processed during the consultations. The therapist must have a sincere interest in the fortunes of the person affected and their

strategy for processing events. Sometimes, the person affected keeps some parts of their story secret or will only make extremely vague and perhaps contradictory statements. This is often an avoidance strategy for the purpose of processing trauma, which should be respected.

If the symptoms of PTSD are so severe that a therapeutic consultation cannot take place, a special method can help: EMDR, eye movement desensitisation and reprocessing. The patient carries out rapid eye movements under the direction of the therapist, which leads to a reduction in uncontrollable feelings. EMDR may be used several times during the course of treatment.

Often, psychotropic drugs are prescribed to ease symptoms and support the therapy (see also page 19).

Further information online

- Psychiatry Network: www.psychiatrie.de/psychische-erkrankungen/traumaassoziierte-stoerungen.html (German)
- German Institute for Psychotraumatology: www.psychotraumatologie.de (German)
- Neurologists and Psychiatrists Online: www.neurologen-und-psychiater-im-netz.org/psychiatrie-psychosomatik-psychotherapie/erkrankungen/posttraumatische-belastungsstoerung-ptbs (German)

When everything seems oppressive - depression

Depressive disorders are among the most common mental illnesses. One woman in four and one man in eight will suffer depression during their lifetime. Approximately a third of those treated for depression attempt suicide, and approximately 8% of those affected commit suicide.

As depressions typically have a beginning and usually also an end, we speak of depressive episodes.

The main symptoms of depression are a low mood, loss of interest and lack of energy. In addition, the person affected may suffer from a loss of self-esteem, unreasonable feelings of guilt, recurrent thoughts of death or suicidalness, a lack of attentiveness and concentration, impaired ability to retain information and think, psychomotoric slowing down or numbness, sleep problems or disturbed appetite.

The causes of depression can be varied. According to accepted knowledge, there are always several factors at play. Genetic factors and personal characteristics play a role. Many sufferers of depression have experienced serious loss during their lives. Physical mechanisms can also lead to depression.

Psychological factors are also highly relevant. Depressive people often suffer from insufficient social contact and social skills, meaning that they do not experience enough encouragement, comfort or affirmation in relationships. This can develop into a negative self-image and negative views of the surroundings and the future, as well as extremely negative thinking. This often results in a vicious cycle of depressive thoughts and failure.

Depressive episodes can subside within approximately six to eight months, even without treatment. Afterwards, there is an increased risk of relapse (55% to 65%). In approximately 15% of cases, the depressive episode only slightly improves and becomes a chronic case of depression.

Self-help

If you have feelings of failure or guilt and constantly blame yourself:

- Ask yourself whether your bad mood could be the result of a depressive illness. Many sufferers of depression report recognition and acceptance of their illness as the first step towards recovery. Those who are ill are not to blame for their illness.
- Attempt to accept yourself, for example: "I was unlucky again. But that's OK, it could happen to anyone".
- Find contact to other people affected in a self-help group.
- Avoid situations which are overwhelming for you or where you will be confronted with something negative.
- If you are employed, obtaining a medical certificate (sick leave) can often be a great relief.
- Regular endurance sport (jogging, bike riding, swimming etc) has a positive effect on depression.
- Relatives can also support sufferers of depression. They should accept the affected person's depressiveness, but not pity them. They should encourage them to take part in physical and other activities.

Treatment

Treatment is primarily psychotherapeutic. Behavioural therapies are particularly helpful, as they aim to avoid depressive patterns of perception and practice the application of new, positive thought patterns and behaviour, mostly in groups.



In cases with severe symptoms or acute risk of suicide, medications may also be prescribed. However, so-called anti-depressants only work for some people affected. The medication usually only begins to work after two to three weeks. Due to potential unwanted side effects, they should only be taken with medical supervision. Combining psychotherapy and medication is more effective than medication alone.

Further information online

- Psychiatric Network: www.psychiatrie.de/psychische-erkrankungen/depressionen.html (German)
- German Depression Help: www.deutsche-depressionshilfe.de (German)
- Depression Forum: www.forum-depressionen.de (German)

When your attitude towards life gets out of proportion – mania

In a sense, mania is the opposite of depression: the people affected have far more energy, require less sleep and can think and speak faster, although their self-critical abilities are impaired. People suffering from mania see themselves as fantastic, hugely overestimate their strength and are loud, unreasonably cheerful or excitedly aggressive.

In some cases, manic episodes precede a depression, and conversely, depressions sometimes move into a mania. We then speak of bipolar disorder.

Manic episodes are mostly a heavy burden for those around the person affected. They often display risky or more aggressive or sexually uninhibited behaviour, often linked to senseless spending or excessive consumption of alcohol or drugs. After a manic episode has passed, the people affected often experience feelings of guilt or shame.

The causes of manic episodes are similarly varied and complex as in the case of a depression. Often, an external event can be determined to be the trigger, for example separation or divorce, loss of work or bereavement.

Self-help

If you have already experienced one or more manic episodes, you should make provisions for a potential further manic episode. During manic episodes, the person affected is often unable to behave appropriately.

- Ensure that someone you trust can accompany you patiently and energetically through the manic episode, in order to protect you from economic and social harm.
- Inform yourself about the illness, learn to recognise early symptoms and to react appropriately.
- Ensure that your day-to-day life is well-structured.
- Ensure that you get regular and sufficient sleep.
- Avoid possible trigger situations (e.g. shift work, night work, consumption of alcohol or drugs).

Treatment

To treat manic episodes, the doctor must accompany the patient and their relatives, keep them safe from harm and attempt to maintain a therapeutic relationship, even under difficult circumstances. Often, it is difficult to give the person affected enough freedom to live out their heightened awareness of life, while simultaneously keeping them and their environment from harm. Medication can ease the symptoms, but is only rarely able to affect the duration of the manic episode.

Further information online

- Psychiatric Network: www.psychiatrie.de/psychische-erkrankungen/bipolare-erkrankungen.html (German)
- German Association for Bipolar Disorders: www.dgbs.de/bipolare-stoerung/symptome/manie (German)
- Bipolar Forum: www.bipolar-forum.de (German)



When fear limits life – anxiety disorders/panic

Fear is a useful capacity. It protects people from risky behaviour and is an important signal in case of danger.

We speak of anxiety disorders when the level of fear is recognisably not reasonable for the situation, when fear responses last for considerably longer than necessary, cannot be explained, influenced or handled by the person affected, when they significantly impair the person affected's life or restrict their contact to other people.

We distinguish between fears which relate to specific objects (e.g. spiders or insects) and those which relate to situations (e.g. darkness, heights or exam situations).

Numerous negative physical sensations are linked to experiencing fear: sweating, palpitations, dizziness, muscle stiffness, shivering, dry mouth, breathing difficulties,

tightness of the chest, chest pain, nausea, vomiting, diarrhoea, the feeling that the surroundings are unreal or of not “really being there”, the feeling of going crazy, loss of control over one’s own thoughts, fear of death or a general feeling of impending doom. Those who suffer from anxiety disorders often also complain of chronic physical pain.

A particular form of anxiety disorder is panic attacks, which suddenly occur without a clear cause and include strong physical symptoms – for example, palpitations, shortness of breath or chest pains. Often, panic attacks are mistaken for a severe physical illness, for example a heart attack or an asthma attack.

Self-help

- Make yourself a plan of how to avoid triggering situations.
- Practice thoughts to calm yourself:
 - My feelings of anxiety are simply an excessive reaction to stress.
 - I feel miserable at the moment, but there is no real danger.
 - It won’t get any worse.
 - If I am afraid now, I simply need more time.
 - If I am anxious, it’s not a bad thing. I can get through this.
- Think of all the things you have successfully overcome already.
- Imagine how happy you will be when you have got over the anxiety.
- Regular exercise and endurance sport are particularly effective to treat anxiety disorders. Even just half an hour’s walking or bike riding per week has a noticeable effect.

Those affected by anxiety disorders have created a lively network of self-help groups. You can find the address of your nearest group online. Experiencing solidarity and exchanging experiences gives those affected strength and supports therapeutic endeavours.

Behandlung

Anxiety disorders are usually treated psychotherapeutically. Medications (tranquillizers) should only be used in case of emergency and only for a limited period of time. This is because there is a risk of becoming dependent on them. They should only be taken when prescribed by a doctor and under medical supervision.

Further information online

- Psychiatric Network: www.psychiatrie.de/psychische-erkrankungen/angststoerungen.html (German)
- Neurologists and Psychiatrists Online: www.neurologen-und-psychiater-im-netz.org/psychiatrie-psychosomatik-psychotherapie/erkrankungen/angsterkrankungen/was-sind-angsterkrankungen (German)
- Munich Anxiety Self-Help: www.angstselbsthilfe.de (German)

When reality is unbearable – delusional disorders

People are constantly coming to terms with the world around them. They reaffirm their identities, they know where they stand in relation to others, they know what words, gestures or signs represent, they have a feeling of belonging to a family and society and can imagine where their life fits into the world and the universe. Sometimes, people become convinced of something which is significantly different to reality and continue to insist on their idea of reality despite the facts. This type of “mistake” is known as a delusion.

Delusions or hallucinations occur during several mental illnesses. They can be observed during depression (“I’ve lost all my money” or “It’s my fault that my family is so unlucky”), mania (“I am a millionaire”) or during other serious mental illnesses (“psychoses”), for example schizophrenia.

Delusions can occur in different forms, including:

- Prejudice delusions: “My fellow human beings are insulting and harassing me.”
- Paranoia: “I am being followed by the secret service.”
- Relationship paranoia: “People on the television are constantly talking about me.”
- Delusions of guilt: “My house collapsed because of my sins.”
- Delusions of grandeur: “I am Superman” or “It’s my duty to save humanity.”
- Delusional jealousy: “My wife is cheating on me.”
- Health delusions: “I have AIDS and nobody is telling me the truth.”

Delusions can be bizarre and unrealistic (“I’m not allowed to eat any more because my stomach has been removed”) or fit to the person affected’s personality and life (“My mobile phone is probably being used to eavesdrop on me”). On the one hand,

delusions are a serious disorder of perception and processing of reality, which can be hugely unsettling and the cause of many conflicts. On the other hand, for the person affected they are the result of their desire for a purpose which they cannot otherwise find and without which it is impossible to tolerate existence. For this reason, delusions also have an important function of providing stability to the person affected.

Self-help

If you know that you develop delusions in certain situations, you should take the following precautions:

- Cultivate social contact with relatives, friends and caregivers to avoid losing contact with reality.
- Establish a shelter (your own room, apartment, a park, a café etc) where you are safe from too much upheaval and stimuli. This place should be a refuge where you feel safe from threat and which you can leave again at any time.
- Ensure that your day-to-day life is well-organised and includes sufficient sleep, regular meals and regular personal hygiene.
- Regularly take part in sport or exercise outside.
- Avoid coffee, tea, alcohol and drugs.
- Do not meditate.

If a relative is affected, you can support them in these activities. When dealing with someone suffering from delusions, you should tell them what you think of their thoughts. At the same time, you should make it clear that you are not all knowing and cannot state with confidence which of you sees the world correctly.

Treatment

The aim of psychotherapeutic treatment of delusions is to provide insight. For this, the therapist needs to understand what the person affected wants to achieve with their delusions. They encourage patients to accept rejected or negative parts of themselves as valuable and appropriate, even when this is difficult.

In some cases, treatment with an antipsychotic drug can be effective. For some sufferers, the medication does not have an effect, even when taken correctly. In these cases, the people affected must be supported to integrate their delusions into their everyday life so that, where possible, they do not attract attention and conflicts do not arise from them.

Further information online

- Psychiatry Network: www.psychiatrie.de/psychische-erkrankungen/psychosen.html (German)
- www.psychosis-bipolar.com (English)
- Competence-network schizophrenia: www.kns.kompetenznetz-schizophrenie.info (German)



When you can no longer find enjoyment in life – addiction and dependency

There is an endless range of substances such as alcohol, sedatives and painkillers such as cannabis, opiates, cocaine or amphetamines which can be taken legally or illegally in order to influence a person's mental well-being.

Some people become dependent on these substances, meaning that they can no longer be "normal" without taking them regularly. Alongside the development of a dependency, there is also a small or large risk that the substances will affect the person affected's mental health (for example intelligence or emotional life), in some cases permanently.

Disorders due to misuse of alcohol, medications and illegal drugs are categorised as psychiatric problems in Germany.

“Experts in Their Own Cause”

Do you know the situation that ...

- you are suddenly confronted with the mental illness of a person close to you?
- you are suddenly very challenged by the tasks associated with you as a relative?
- you want more information and advice?

There can be countless challenging situations resulting from a soul-related suffering of a beloved one. It goes without saying that you stand by the partner, the daughter or the son, the parents or other relatives in these crises. Anyone who gives support, is grateful for any escort. In the Federal Association of the Relatives of Mentally Ill People (BApK), the Regional Associations of the Relatives of Mentally Ill People (i.e. on the level of the federal states) and the many self-help groups you meet companions, who facilitate the walk of some hitherto unknown paths. Experts in their own case inform about mental illnesses and the medical supply system. They are guarantors of mutual support.

The BApK and its regional associations are indispensable voices in the psychiatric landscape. They contribute to the specific social, political and professional levels with their own view of specific issues. In this respect, they are co-designers of psychiatric everyday life.

The BApK has a large number of low-threshold offers that can help sufferers and their relatives. Among other things, the BApK offers a counseling helpline “SeeleFon”, which is available from Monday to Wednesday from 10 to 12 a.m. and 2 to 3 p.m. under 0228 71002425.

Further offers include: De-escalation training for family members of mentally ill people, seminar offer “mentally ill on the job”, agreements with psychiatric clinics for the inclusion of family members in the treatment and the self-help network psychiatry. Many other offers can be viewed on the homepage www.bapk.de.

**Bundesverband der Angehörigen
psychisch erkrankter Menschen (BApK) e.V.**
Oppelner Straße 130, 53119 Bonn, Phone 0228 71002400

The Regional Associations of the Relatives of Mentally Ill People

■ Baden-Württemberg

Landesverband Baden-Württemberg der Angehörigen psychisch Kranker e.V.

Geschäftsstelle

Hebelstraße 7

76448 Durmersheim

Phone 0724 59166-15

E-Mail lvbwapk@t-online.de

Fax 0724 59166-47

Web www.lvbwapk.de

■ Bavaria (Freistaat Bayern)

Landesverband Bayern der Angehörigen psychisch Kranker e.V.

Geschäftsstelle

Pappenheimstraße 7

80335 München

Phone 08951 0863-25

E-Mail lvbayern_apk@t-online.de

Fax 08951 0863-28

Web www.lvbayern-apk.de

■ Berlin

Landesverband Berlin der Angehörigen psychisch Kranker e.V.

Geschäftsstelle

Mannheimer Straße 32

10713 Berlin

Phone 030 863957-01

E-Mail info@apk-berlin.de

Fax 030 863957-02

Web www.apk-berlin.de

■ Brandenburg

Landesverband Brandenburg der Angehörigen psychisch Kranker e.V.

c/o SEKIZ e.V.

Hermann-Elflein-Straße 11

14467 Potsdam

Phone 0331 7023163

E-Mail lapk-brandenburg@gmx.de

Fax 0331/6200283

Web www.lapk-brandenburg.de

■ For Bremen: See Lower Saxony**■ Hamburg****Landesverband Hamburg der Angehörigen psychisch Kranker e.V.**

Geschäftsstelle

Wichmannstraße 4 Haus 2

22607 Hamburg

Phone 040 65055493

E-Mail kontakt@lapk-hamburg.de

Fax 040 68878794

Web www.lapk-hamburg.de**■ Hesse (Hessen)****Landesverband Hessen der Angehörigen psychisch Kranker e.V.**

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Fax 069 883004

Web www.angehoerige-hessen.de**■ Mecklenburg-Vorpommern****Landesverband Mecklenburg-Vorpommern der Angehörigen und Freunde psychisch Kranker e.V.**

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18106 Rostock (Evershagen)

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Fax 0381 7220-25

Web www.lapkmv.de**■ Lower Saxony (Niedersachsen) and Bremen****Arbeitsgemeinschaft der Angehörigen psychisch Kranker in Niedersachsen und Bremen e.V. (AANB)**

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Wedekindplatz 3

30161 Hannover

Phone 0511 6226-76

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Fax 0511 6226-77

Web www.aanb.de

■ **North Rhine- Westphalia (Nordrhein-Westfalen)**

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■ **Rhineland-Palatinate (Rheinland-Pfalz)**

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55020 Mainz

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Fax 06131 557128

Web www.lapk-rlp.de

■ **Saarland**

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Web www.lvapk-saarland.info

■ **Saxony (Freistaat Sachsen)**

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■ Saxony-Anhalt (Sachsen-Anhalt)**Landesverband Sachsen-Anhalt der Angehörigen psychisch Kranker e.V.**

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Web www.lsa-apk.de**■ Schleswig-Holstein****Landesverband Schleswig-Holstein der Angehörigen und Freunde psychisch Kranker e.V.**

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