

# Module 4 - Family Involvement ...

## Household Agreement

I, (name of the person) agree to -

Do this  Contribute my agreed share of money for board;  
 keep my appointments with medical people;  
 respect the privacy of members of the household

Not do this  Not steal money from anyone;  
 not smoke cigarettes in the house;  
 not bring illegal drugs into the house;  
 not demand money from household members;  
 not use abusive and aggressive language to household members;  
 not play music loudly or to use headphones;

I, (name of household members) agree to -

Do this  respect and treat you as an adult  
 support you when you are unwell in the following agreed ways -  
→

Not do this  I will not nag you to take your medication

We all agree to review this agreement on (date) by -

- (Describe the process and who is to be part of the process)
- Meeting with the support worker and being clear that we are all satisfied

Signed: ..... Date: .....

Signed: ..... Date: .....

Signed: ..... Date: .....

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## ***ULYSSES PLAN***

### ***Care, Treatment and Personal Management Agreement***

This is an agreement between John Doe, of Sydney and the following people -

Dr. Smith, my psychiatrist;	Pamela Joy, my case manager;	Alexi Webber, my sister
Amelia Jones, my best friend	Emma Peters	Joanne Long
Joseph Allen, my probation officer	Charlotte Flannery	Dr. Michael Bluff

These people are trusted friends or people who have experience with me and my illness. They have agreed to be members of my support team and to follow the guidelines set out below. The Sydney police have been informed of my wishes as set out below.

### ***Purpose***

The purpose of this Ulysses Agreement is to provide a clear set of guidelines for actions to be taken by members of my support team in the event that I exhibit signs or symptoms of mania or serious depression.

### ***My Symptoms of Mania***

The following are my symptoms of mania -

1. Decreased sleeping with increased activity
2. Excessive energy
3. Grandiosity, inflated self-esteem, thinking I am better or more powerful than others.
4. Increased interest in activities, overspending, incurring heavy debts
5. Extreme irritability, very demanding and angry when others do not jump to my commands.
6. Unpredictable emotional changes
7. Talking more and faster than usual, shouting people down
8. Thinking processes speeded up, jumping from one topic to another, racing thoughts, flight of ideas
9. Denying that I have bipolar disorder, refusing treatment, denying that I need lithium.

Any four of the symptoms require action, as outlined below, to be taken.



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## **Plan of Action for Mania and Directions for Police Involvement**

For symptoms of mania the following action should be taken by members of my support team:

- \* As many members of the team as possible shall consult each other and contact Amelia, as she has experience with my mania. If Amelia is not available, Michael should be contacted.
- \* Amelia will alert Dr. Smith re what action is going to be taken as set out in this Ulysses Agreement.
- \* Amelia will contact the Director of the Mental Health Centre.
- \* The Director of the Mental Health Centre will contact the police and request that they pick me up for 72 hour observation in hospital, preferably the Royal Hospital.
- \* If possible, any one of my support team or a worker from the Mental Health Centre should go with the police to pick me up as I have experienced difficulty with the police in the past.

## **My Symptoms of Depression**

The following are my symptoms of depression:

- \* Feeling of uselessness, hopelessness, excessive guilt
- \* Slowed thinking, forgetfulness, difficulty in concentrating and in making decisions
- \* Not responding to the phone or to messages
- \* Too tired and weak to do anything
- \* Increase in appetite and weight
- \* Decreased sex drive
- \* Suicidal thoughts

Several of the symptoms require action, as outlined below, to be taken.

## **Plan of Action for Depression**

For symptoms of depression the following action should be taken by members of my support team:

- \* As many members of the team will consult each other and contact Amelia. If Amelia is not available, Michael should be contacted.
- \* Amelia will alert Dr. Smith that action should be taken as set out in this Ulysses Agreement.
- \* Dr. Smith will instruct a case manager to go to my apartment in Sydney to assess the situation. If there is a need for treatment I trust my psychiatrist to decide whether to treat me at home or in hospital. I usually do not need the police to be involved if I am depressed.

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## ***Care***

I will see my psychiatrist two times per week during any medication changes and have my lithium level checked weekly. Once the medication is stabilised I will see my psychiatrist one time per week and get my lithium level checked once a month.

The results of the blood test should be given to Dr. Smith, me, and my probation officer Joseph Allen. The purpose of Joseph Allen receiving the results of the lithium level is to ensure that the lithium levels are maintained, not to monitor the results of the lithium levels.

## ***Treatment While in Hospital***

I am allergic to chlorpromazine so while in hospital I SHOULD NOT BE GIVEN CHLORPROMAZINE under any circumstances. My normal course of treatment for mania is to take Haloperidol and to be re-established on Lithium. I am sensitive to Haloperidol.

Otherwise, I hereby authorise Dr. Smith to provide the treatment that he believes to be in my best interests even though I may at that time withhold my consent to such treatment or state that I do not want to be treated.

## ***Medical Records***

I authorise the release of my medical history to members of my support team and to any person responsible for my care. The medical history is attached to this agreement.

I authorise the release of any medical information that is recent, that is, within the previous month, to any member of my support team or to any person responsible for my care.

## ***Family, Home and Dissemination of Information***

My mother and step-father should be informed if I become hospitalised or leave town: Susie and Peter Palmer.

If possible my rent should be paid to Felix Smart. It is \$245. I would like Tammie or any other member of my support team to take care of my canary, Tucker, and my king snake, Holly.

## ***Revocation***

One of the outcomes of my illness is that I might try to cancel this Ulysses Agreement. I only want to cancel it in the following way:

\* I will inform Amelia that I want to revoke my Ulysses Agreement.



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- \* I will be assessed by my own psychiatrist, Dr. Smith. I will also be assessed by another psychiatrist. At both assessments a member of my support team will be present. The purpose of this assessment is to ensure that I am not showing any signs or symptoms of depression or mania.
- \* My lithium level will be checked after I inform Amelia that I want to revoke and again one month later. The results of these lithium levels will go to Amelia. She may contact Dr. Smith about the results. The purpose of these lithium level checks is to ensure that my lithium level is in the therapeutic range.
- \* Amelia and I will inform members of my support team of this revocation in writing.

This Ulysses Agreement shall not be cancelled if my lithium level is not in the therapeutic range, or if either psychiatrist reports that I am showing any signs or symptoms of depression or mania. I expect this revocation to take approximately two months and until this process is completed I want this agreement to remain in place.

## ***My Promise Not to Sue***

I promise not to sue any member of my support team who acts or does not act according to my instructions outlined in this agreement.

Signed:

John Doe

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Date

Emma Peters

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Date

Dr Smith

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Date

Joanne Long

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Date

Pamela Joy

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Date

Dr Michael Bluff

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Date

Alexi Webber

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Date

Joseph Allen

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Date

Amelia Jones

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Date

Charlote Flannery

.....  
Date