Placing family at the centre of mental health recovery

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Beyond individualism in mental health recovery

Rhys Price-Robertson

- Outline the recovery approach
- Explore the idea that the recovery approach is underpinned by an individualistic worldview
- Briefly introduce relationally-oriented conceptualisations of recovery
- Reflections

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The recovery approach

- Origins in the psychiatric survivor movement of the '60s and '70s

- Developed by mental health consumers

- An alternative to the medical model of mental illness
  - **Clinical recovery**: remission of symptoms
  - **Personal recovery**: "living a satisfying, hopeful, and contributing life even within the limitations caused by illness" (Anthony, 1993, pg. 17)

- Recovery is a journey rather than a final destination

- "Being in" recovery rather than "recovering from"

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The individualism of the recovery approach

- Critics argue that recovery is highly individualistic

  (e.g., Adeponle et al., 2012; Harper & Speed, 2013)

  - Individualism vs collectivism
  - Individualism vs interdependence

- Anthony's (1993) seminal definition of recovery:

  " *a **deeply personal**, unique process of changing one's **attitudes, values, feelings, goals, skills and/or roles**. It is a way of living a satisfying, hopeful and contributing life even within the limitations caused by illness.*" (pg. 17)

- Very limited emphasis on social and material determinants of health

The individualism of the recovery approach

- CHIME framework (Leamy et al, 2011):

  - **C**onnectedness

  - **H**ope

  - **I**dentity

  - **M**eaningfulness

  - **E**mpowerment

- Recovery journey is still one of personal transformation,

  "at its heart   a subjective experience" (Slade et al., 2014, pg. 12)

- Fails to rigorously account for the ways in which experiences like hope, empowerment, etc. are actually developed and sustained

Beyond individualism in recovery

- Growing number of culturally-sensitive approaches to recovery

- Example: *Culturally responsive model of recovery*

"Recovery thus refers not just to the processes of hope, healing, empowerment, and connection occurring at the individual level, but also to the need for these processes to work at other levels. Hope encompasses not only an individual's belief that a better life is possible for himself, but a broader sense of opportunity for an entire cultural-linguistic community. Healing means not just that an individual's distress is lessened, but that his extended family is able to move toward better health and functioning. Empowerment speaks to parents' wish to be able to act so as to create a better life for their children, and also to the need for communities to be active participants in making decisions about the government systems with which they interact."

(Jacobson & Farah, 2012, pg. 335)

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Beyond individualism in recovery

- Literature on the social aspects of recovery

- Example: Grounded theory study in Sweden (n=58) with the aim of determining the main factors that respondents themselves identified as being conducive to their recovery (Schön, Denhov & Topor, 2009)

  - The core category was "**recovering through a social process**, which emphasized social relationships as decisive in recovery from severe mental illness" (pg. 339)

  - "An individual's recovery **takes place within a social context** and the respondents in this study attached central importance to the relationships in their lives.   It is **through social relationships** that the individual is able to redefine themselves as a person (as opposed to a patient)" (pg. 345)

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Beyond individualism in recovery

- Models of family recovery

  (e.g., Maybery et al., 2015; Nicholson, 2014; Wyder & Bland, 2014)

- Example: Nicholson's (2014) model of family recovery

  "Clearly, women who are mothers are not living in a vacuum. The context of their lives is often defined by family parameters. Families are commonly understood as systems in which members are engaged in reciprocal relationships (i.e., family members affect each other) and events are multiply determined by forces operating within and external to the family. For mothers living with mental illnesses, recovery is a dynamic process that contributes to and is influenced by family life, family experiences, and the well-being and functioning of other family members."

  (pgs. 6-7)

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Reflections

- Relationally-oriented models of recovery do not necessarily encourage an increase in collective experience. Rather, they acknowledge the inherent **interdependence** of human lives.

- For many people with a mental illness, family is the most important interpersonal context.

- Placing family at the centre of recovery involves more than simply "tacking" family on to existing recovery models.

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Maybery, D. , Meadows, G. , Clark, J. , Sutton, K. , Reupert, A. , & Nicholson, J. . (2015). A personal recovery model for parents with mental health problems. In A. Reupert, D. Maybery, J. Nicholson, M. Gopfert & M. Seeman (Eds.), *Parental Psychiatric Disorder: Distressed Parents and their Families* (pp. 312-323). Cambridge: Cambridge University Press.

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Wyder, M., & Bland, R. (2014). The Recovery Framework as a Way of Understanding Families' Responses to Mental Illness: Balancing Different Needs and Recovery Journeys. *Australian Social Work, 67*(2), 179-196.

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Family and Relational Recovery - Practice Perspective

Angela Obradovic

Outline
- The importance of language and lens
- The evidence for effectiveness of family focussed intervention
- What hinders family engagement and recovery?
- Introducing the 'Supporting recovery in families affected by parental mental illness' CFCA Practitioner Resource
- Practice Examples
  - Focus on strengthening parent–child relationships
  - Assist family members to better understand, and communicate about, mental illness

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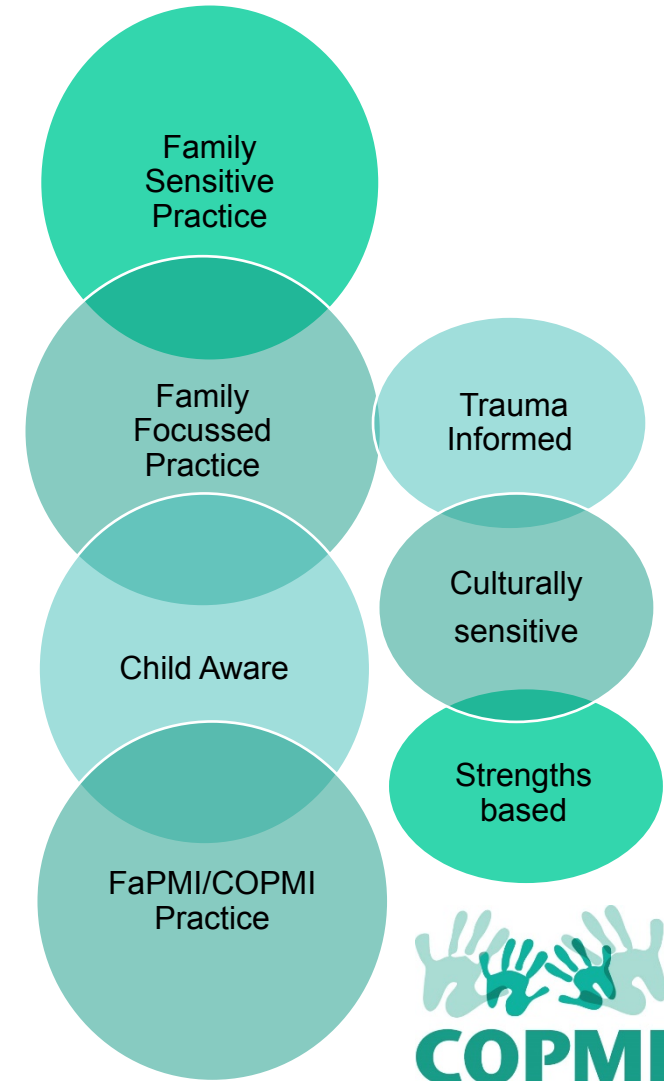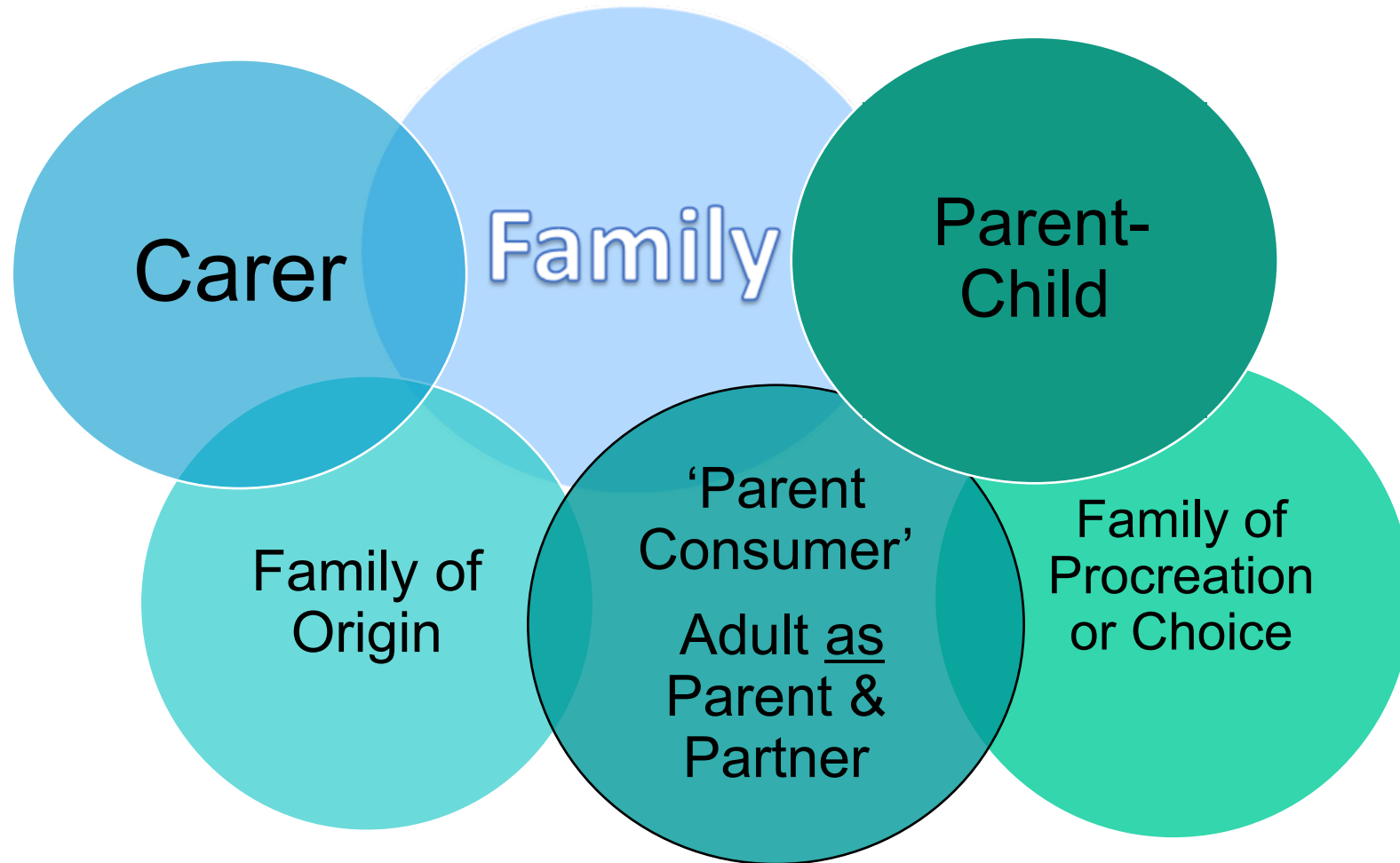
The evidence exists..

In families of origin

More than 50 randomised control trials of Family Psychoeducation models over the last 35 years show:

- significant reductions in relapse and hospital admission rates
- improved adherence with medication, reduced symptoms and improved social functioning and vocational activity
- reduce distress and burden in primary carers and improve family functioning

Some of these interventions are offered in Australia:

- Behavioural Family Therapy
- Multiple Family Groups
- Family Consultation

In families of procreation or choice

A recent meta-analysis of the impact of family interventions on children in families affected by parental mental illness *(Siegenthaler, Munder & Egger, 2012):*

- reviewed 13 RCT's of family, couple or parent interventions
- showed the risk of offspring developing the same mental illness as the parent was decreased by 40%

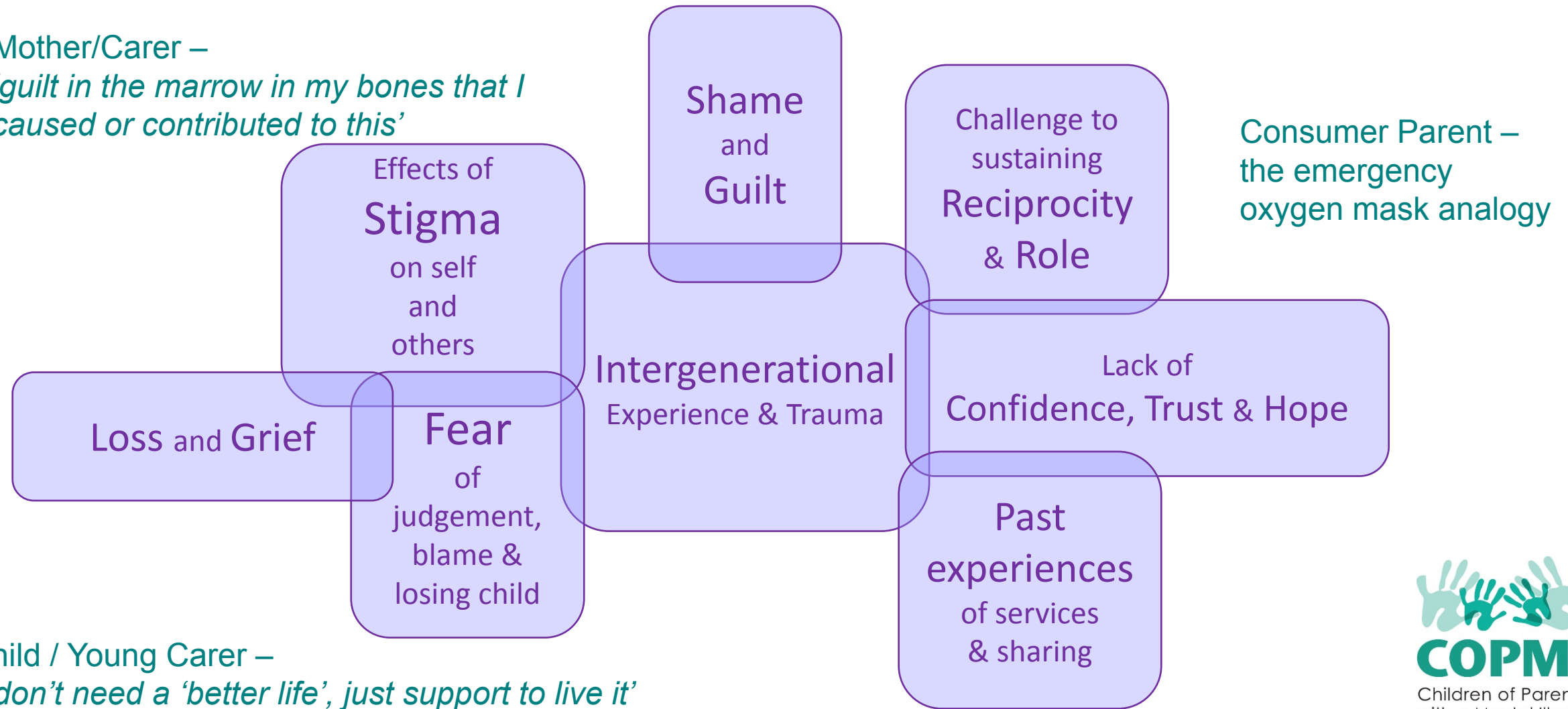Some of these interventions are offered in Australia:

- Let's Talk About Children
- Family Focus (*in USA Family Talk*)

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What hinders family engagement and recovery?

Barriers and constraints at the interpersonal level

Mother/Carer –
'guilt in the marrow in my bones that I caused or contributed to this'

Consumer Parent –
the emergency oxygen mask analogy

Effects of
Stigma
on self and others

Shame
and
Guilt

Challenge to sustaining
Reciprocity & Role

Loss and Grief

Fear
of judgement, blame & losing child

Intergenerational
Experience & Trauma

Lack of
Confidence, Trust & Hope

Past experiences
of services & sharing

Child / Young Carer –
'I don't need a 'better life', just support to live it'

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Strategies for promoting family recovery

1. Understand that recovery occurs in a family context
2. Focus on strengthening parent–child relationships
3. Support families to identify what recovery means for them
4. Acknowledge and build on family strengths, while recognising vulnerabilities
5. Assist family members to better understand, and communicate about, mental illness
6. Link families into their communities and other resources

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Focus on strengthening parent–child relationships

Key Messages

- While difficulties in parent–child relationships are an important risk factors for ongoing problems for both parents and children, they are also one of the factors that is most amenable to change

- Often, one of the most basic ways practitioners can support family recovery is to help parents reflect on if/how their mental illness affects their relationships with their children and partners and their capacity to provide parental care and to normalise support

- Avoid making assumptions about the ways in which parental illness impacts on parent–child relationships

- Narratives of other parents are powerful in the important task of validating, normalising and motivating and collaborating

- Consider ways to support parents to connect with their child/ren even when their parenting capacity is may limited by ill health

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Focus on strengthening parent–child relationships

Example: Reducing the Impact of Hospitalisation – The KIT Menu

Reduce the trauma of disruption to the parent-child relationship

o validate the critical life role of parenting

o create conditions to maximise connection between parent and child; safe and planned contact and visiting; graduated decrease in the need for staff support in facilitating communication between as a consumer and child as condition improves

Reduce the stigma associated with parental mental illness

o normalise parenting and children as 'expected' topics of conversation between staff, consumers and family members

o reduces reluctance to seeking help and strengthens a major motivator to recovery

Help maintain and promote family resilience and well-being

o support consumers and family members to explore their concerns and move through them together; strengthening their connectedness and open communication

o support/resource consumers about how to talk with their children what is happening

o seed idea of future advance planning – Baby\Child\Family Care Plans

Menu, Practice Guidelines & Visiting Policy

Downloadable from:

http://www.copmi.net.au/ get-info/copmi-publications.html

Produced by the **Northern Psychiatric Unit, Northern Area Mental Health Service, Victoria.**
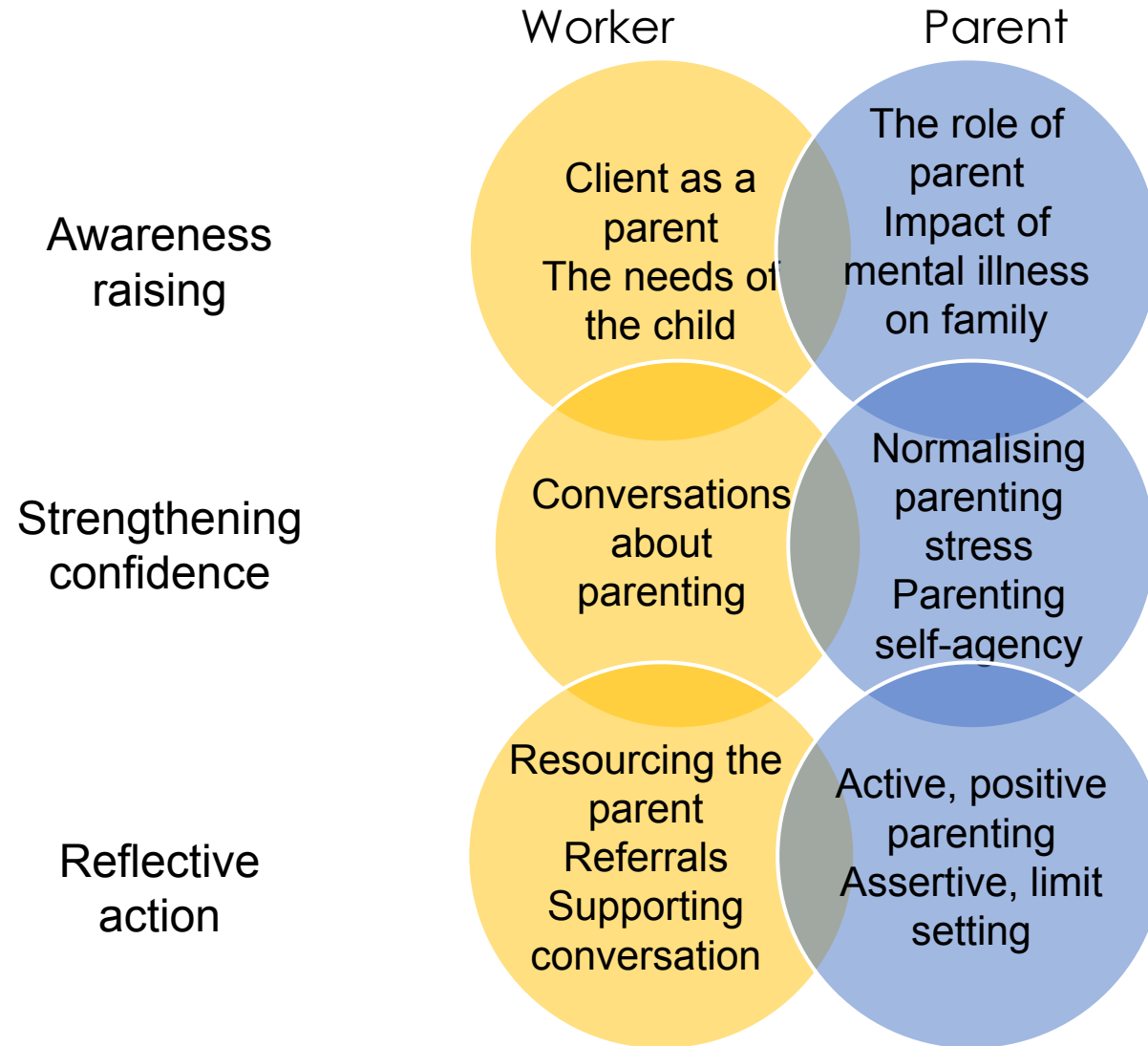
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Focus on strengthening parent–child relationships

Example - Let's Talk About Children

- 2-3 session intervention for parents with mental health issues
- Developed in Finland by psychiatrist Tytti Solantaus
- Collaborative process to engage parents in a conversation about their children without increasing guilt
- A process that assists the practitioner and the parent using a developmental log to explore the needs of the child, the impact of mental health, and the supports they may need in their parenting role
- Empowers parent to make changes in their family
- This may include considering how children understand their parents mental illness and how parents may approach a conversation with their children about mental illness

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The parallel process of Let's Talk

Worker

Parent

Awareness raising

Client as a parent
The needs of the child

The role of parent
Impact of mental illness on family

Strengthening confidence

Conversations about parenting

Normalising parenting stress
Parenting self-agency

Reflective action

Resourcing the parent
Referrals
Supporting conversation

Active, positive parenting
Assertive, limit setting

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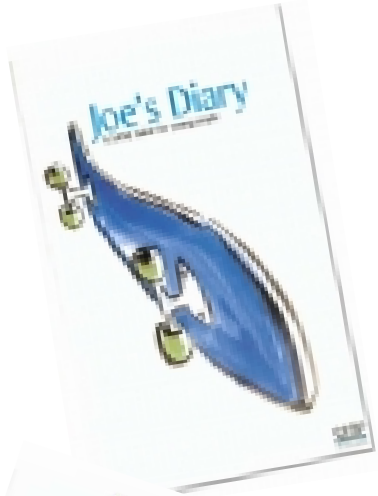
Assist family members to better understand, and communicate about, mental illness

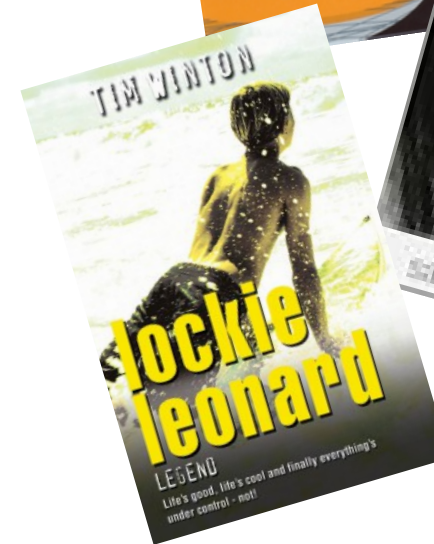Booklets & Award Winning Australian Literature for Children and Young People

Joe's Diary

The Blue Polar Bear

The Flying Dream

You're Not Alone
A Sane guide to mental illness for children

My Happy Sad Mummy

BIG AND ME
David Miller

HELICOPTER MAN
Elizabeth Fensham

TIM WINTON
lockie leonard
LEGEND
Life's good, life's cool and finally everything's under control - not!

Children's Picture Books

Teenage Fiction

Dual Diagnosis Materials

SANE Guides

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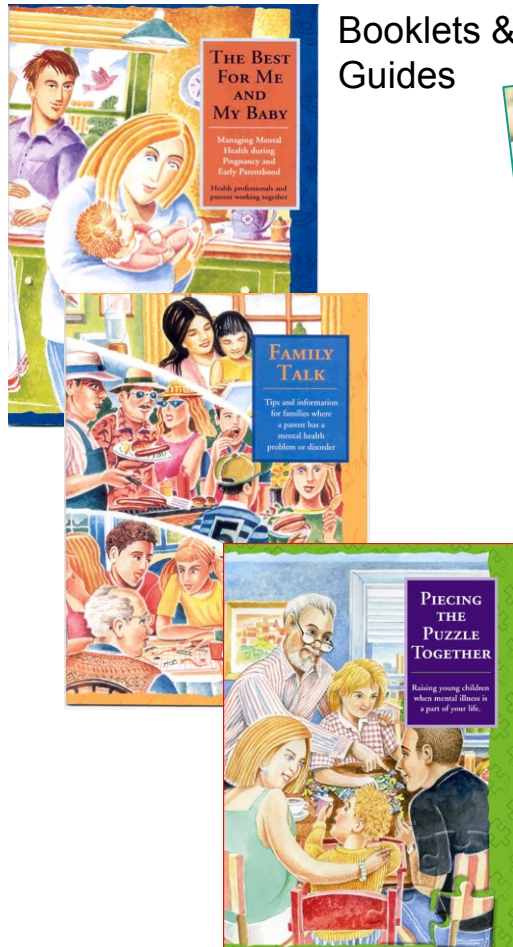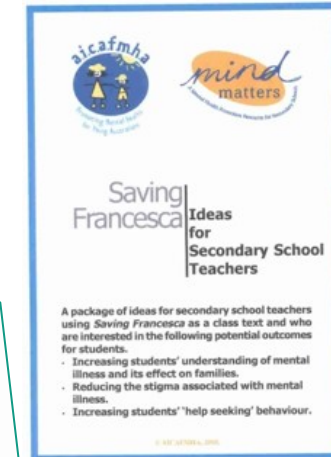
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Resources to support discussions

COPMI Booklets & Guides

Early Childhood & Teaching Resources

Let's Talk about Children Support Materials

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A Lived Experience Perspective on Family Recovery

Gemma Olsen

- Our Journey
- Family, Identity and Recovery
- What was key to our recovery?
- Conclusion

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Our Journey

Family, Identity and Recovery
I'm not recovering in isolation

- I am a mother

- I am a daughter

- I am a wife

- I am a friend

- I am Gemma

- *I am not <u>just</u> a person who experiences low moods and flashbacks due to trauma.*

- *My father is not <u>just</u> a person who was experiencing psychosis in the 1990's & 2000's*

- *My mother is not <u>just</u> a person who lives with severe ramifications of her own childhood traumas.*

- We ALL have people in our lives who are central to and have an impact on our recovery journeys (even if they are no long in our lives).

- We are ALL loved and needed.

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What was key to our recovery?

Key to our recovery journey has been:

- Finding out who we are separate from the role of 'carer' or 'parent with a mental illness'
- Finding out who we are as a family that has been impacted by mental illness and   what does that mean for us?
- Planning to know what to do if someone becomes unwell again
- Knowing what help is available
- Acknowledging the effect the past has had on us ie trauma, depression, finances, health
- Valuing the lessons have we learnt

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What was key to our recovery?

- Empathy and understanding
- Being heard and understood
- Having access to quality family focused programs
    - CHAMPS, LETS TALK etc..
- Having fun together
- Services working together and making appointments on certain days
- Peer support

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Conclusion

There are many stories of family recovery - ours is just one.

The strength, love and care that I come across when working with families impacted by mental ill health never ceases to amaze me.

I wish you all the best with your work.

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Acknowledgements

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Questions?

Join the conversation & access key resources

Continue the conversation started here today and access a range of key resources, including the related practice paper, on the CFCA website:

www.aifs.gov.au/cfca/news-discussion

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