

COPMI

Keeping families in mind

GEMS

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Gateway to Evidence that Matters

Putting families at the centre of recovery

This GEMS establishes the need for user-driven services, within a family-centred framework, driven by the needs of the whole family.

Quick Facts

- A recovery approach is a crucial element of family-centred practice.
- Services that are driven by the needs of the families and children who use them, will better facilitate recovery for the individual and help reduce mental health problems developing in children.
- System and organisational changes that acknowledge the needs of families are critical.

User-driven services

Historically mental health treatment services focussed on treating people's illness and symptoms, in isolation from their families and communities.¹ The capability of people with mental illness to work, learn, form relationships, raise children and live independently was underestimated.²

Today, recovery and wellbeing principles encourage people's resourcefulness and self-determination, and support individuals to build their own support system around their personal goals, needs and priorities.³ Recovery is not necessarily getting back to life as it was, but is instead, a discovery of a new life. The term 'user-driven' (sometimes called 'consumer-led') in treatment and support services is central to recovery and can mean a number of things:

- People who use services having choice, influence and control over their lives.⁴
- Services that are driven by users' needs, priorities and expectations.³
- Peer support services being accessible to all who need them.⁵
- People who use services and their families being able to participate in policy development, service planning and development, evaluation and research.⁶

Family-centred practice

While a personal recovery approach is important, the acknowledgement of families where a parent has a mental illness emphasises the need for family-centred practice, including extended family members. Approaches to family-centred practice include:

- Services that work with the family to strengthen their individual resources.
- Services and policies that work with the whole family as a unit.⁷

Core elements of family-centred practice

There are four core elements of family-centred practice:

- The centrality of the family as the unit of attention.
- An emphasis on maximising families' options and choices.
- A strengths, rather than a deficits, perspective.
- Cultural and spiritual sensitivity.⁸

Also important is the impact of the illness on the individual as well as on the whole family, and the need to support all. It is essential to acknowledge that all family members are potentially service users (for their own issues) and service providers (by providing support to the person with the mental illness).

Recovery, strengths and vulnerabilities

A recovery approach is a crucial element of family-centred practice. Indeed, parental functioning can be intimately related to the recovery process. It has been found that children can give parents the strength and will to 'keep going' and provide parents with meaning and purpose, both key elements to recovery.⁹ Parenting may also provide opportunities for meaningful interactions and activities with others in the community.⁹

Focusing on family strengths does not mean that problems can be ignored. The vulnerabilities of families need to be openly and sensitively discussed in order to help families develop strategies to enhance their strengths and overcome the vulnerabilities they may experience.¹⁰ At the same time, a focus on family vulnerabilities and strengths also needs to acknowledge the responsibility of services and the community to provide appropriate resources and support.

Being truly family-centred

Sometimes what is described as family-centred practice is really mother-centred practice (ignoring fathers), it can be nuclear family-centred (ignoring the role of extended family members such as grandparents), it may be parent-centred (rendering children invisible and inaudible) or it may be child-centred (reinforcing

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parental feelings of failure and shame).⁷

Services that are driven by the needs of the families and children who use them, will better facilitate recovery¹¹ and help reduce mental health problems developing in the children.¹²

Practice implications

Organisational history, professional boundaries, workforce skill limitations, narrow performance indicators (e.g. that focus on symptom management) and funding models that focus only on the person with the illness are among the barriers that constrain the ability of services to respond to the needs of parents and their children.¹³ A common enabler across systems, organisations and workers is to utilise the 'Principles and Actions for Services and People Working with Children of Parents with a Mental Illness'¹⁴ as a guide to improve system responses and practice.

Enablers for systems:

- Review performance indicators and funding models with a family-centred lens.¹³
- Develop policies that acknowledge the importance of families, and the role of workers in supporting families.¹⁴

Enablers for organisations:

- Commit to the training and resourcing of professionals so that they feel confident in working with parents with mental illness and their families.¹⁵

- Improve collaborative practice between existing agencies which can 'close the gaps' and address the needs of parents with a mental illness and their families.¹⁶
- Consider the physical nature and emotional climate of the service to ensure it is welcoming to children and adults.⁷
- Revise policies, job roles, team organisation and the allocation of resources over time to ensure that services can meet family needs.¹⁷
- Involve people with lived experience of mental illness and their families in the education, training, development and evaluation of the mental health workforce.¹⁸ This includes employing people with lived experience.

Enablers for workers:

- Reflect on values. Values based on compassion, respect, integrity and self-determination are the foundation of family-centred practice, while personal qualities include a high level of emotional intelligence, interpersonal skills and self-awareness.⁷
- Feel and display optimism as this will nurture hope in families.⁷
- Develop an equal and creative relationship between people using services and their families.¹⁷
- Engage in reflective supervision in order to consolidate worker strengths and partner with supervisors to work on areas that need development.¹⁹

