



Family recovery

What is family recovery?

In recent years, concepts around recovery have increasingly influenced mental health policy and practice in Australia and throughout the English-speaking world.¹⁻³ While the medical model emphasises the remission of mental health symptoms, the recovery model aims more at 'living a satisfying, hopeful, and contributing life, even when there are ongoing limitations caused by mental health problems'⁴

Although recovery was originally conceived as a largely individual journey, it is increasingly seen as an inherently social process. A number of authors have proposed models of 'family recovery', which acknowledge that for many people it is impossible to separate their own recovery from the functioning of their family.⁵⁻⁸ This can be especially true for parents living with a mental illness, whose recovery is often intimately connected to the wellbeing of their family, to their responsibilities as parents, and to the dynamic of their parent-child relationship/s.

As well as focusing on the recovery of the individual family member with a mental illness, some models of family recovery explore the ways other family members, as well as the family unit as whole, experience their own recovery journey.⁵

Key themes in the family recovery literature

There is currently no consensus regarding what family recovery is, nor what is meant when we combine the terms 'family' and 'recovery'. Nonetheless, the following key themes are evident in the growing literature on family recovery:

Parent, child and family outcomes are interdependent

The family recovery literature tends to take

a systemic approach, where it is understood that family members affect each other.⁶ If a parent is struggling, their child/ren may be impacted. When children experience difficulties, this can lead to strained parent-child relationships and adversely impact on the parent's mental illness. It is likely that service provision will be more effective if it accounts for the reciprocal nature of these family relationships and outcomes.

The parenting role can be central to recovery

Parenting is an important role for many, and one that can be intimately related to parents' recovery journey.⁹ Several studies have found that parenting provides individuals who have a mental illness with a sense of meaning, hope and an identity, and offers a basis for social participation,⁹⁻¹¹ all basic tenets of the recovery process.

Family recovery should be family-driven and self-determined

The term 'recovery' means different things to different people.¹ Although various models of recovery guide peoples' thinking, ultimately each individual and each family needs to work out what recovery specifically means for them. Family recovery is most likely to occur when it is driven by families' own needs, desires and goals.⁶

Education and communication support family recovery

Mental illness may leave families feeling confused and shameful. In the absence of education and effective communication about mental illness and its effect on family life, misunderstandings are likely to develop. For example, children may blame themselves for their parent's behaviours or moods, and can benefit immensely from age-appropriate education and dialogue.⁸

Quick facts

- Recovery is an inherently social process.
- For many, recovery occurs in the context of family life.
- Assuming a parenting role can be a critical element in people's recovery journeys.
- The family can be seen as on their own recovery journey, requiring information, support, identity and education.
- Family members, including children, may need to be involved in treatment and recovery decisions and plans.

Family recovery is facilitated by connections with the broader community

A central part of recovery is the development and maintenance of supportive connections with the community, which may involve friends, extended family, colleagues and service providers.^{6,12} It is also important that all family members, including children, are connected to other support or resources (e.g., peer-support groups where carers or children can get support from people with similar lived experiences).

Clinical implications

For practitioners working with families affected by mental illness, a number of clinical implications follow from the literature on family recovery:

- As the most basic step in supporting family recovery, organisations' intake and assessment processes should capture individual clients' parenting status and family status.
- When working with families affected by mental illness, practitioners should identify, support and value the roles that different family members play (e.g., parent), including the potential carer role assumed by children.
- Practitioners may need to invite and encourage families to identify what recovery means for them. All family members, including children, should be

given the opportunity to express what they would like to see happen in their family.

- Practitioners should attempt to ascertain family members' understanding of mental illness and recovery. If necessary, they may need to assist family members to access age-appropriate information or support.
- Practitioners may need to support children and young people in the development of their support networks outside of the immediate family, including trusted people they can turn to when their parent/s are unwell or unable to provide a supportive or safe environment.

Limitations of the available literature

The lack of a rigorous and consistent theoretical basis for family recovery is problematic as it makes it difficult to develop appropriate policy, interventions and professional development activities in this area. Future studies might interview parents and children to explore what recovery means to them within the context of their own families. Further research is also needed to examine how family recovery supports and interventions might be adapted for specific family types, in particular those from indigenous, culturally and linguistically diverse and economically disadvantaged communities.

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References

1. Slade M. Personal recovery and mental illness. New York: Cambridge University Press; 2009.
2. Australian Health Ministers' Advisory Council. (2013a). A national framework for recovery-oriented mental health services. Policy and theory. Canberra: Commonwealth of Australia.
3. Australian Health Ministers' Advisory Council. (2013b). A national framework for recovery-oriented mental health services. Guide for practitioners and providers. Canberra: Commonwealth of Australia.
4. Mental Health Commission of Canada. Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB: Author; 2012; p. 12.
5. Reupert AE, Maybery DJ, Cox M, Scott Stokes E. Place of family in recovery models for those with a mental illness. *International Journal of Mental Health Nursing* 2015; 24(6): 495-506.
6. Nicholson J, Wolf T, Wilder C, Biebel K. Creating options for family recovery: A provider's guide to promoting parental mental health. Marlborough, MA: Employment Options, Inc.; 2014.
7. Wyder M, Bland R. The recovery framework as a way of understanding families' responses to mental illness: Balancing different needs and recovery journeys. *Australian Social Work*. 2014; 67(2): 179-96.
8. Reupert A, Goodyear M, Maybery D. Engaging with, and understanding children whose parents have a dual diagnosis. *Child and Adolescent Mental Health* 2012; 17(3): 153-160.
9. Benders-Hadi N, & Barber N. (Eds). *Motherhood, mental illness and recovery*. Springer New York; 2014.
10. Barrow S, Alexander M, McKinney J, Lawinski T, Pratt C. Context and opportunity: Multiple perspectives on parenting by women with a severe mental illness. *Psychiatric Rehabilitation Journal* 2014; 37(3): 176-182.
11. Bonfils K, Adams E, Firmin R, White L, Salyers M. Parenthood and severe mental illness. Relationships with recovery. *Psychiatric Rehabilitation Journal* 2014; 37(3): 186-193.
12. Topor A, Borg M, Mezzina R, Sells D, Marin I, Davidson L. Others: The role of family, friends, and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation* 2006; 9(1): 17-37.