**Protective Factors for Families Living with Mental Illness Workshop Notes**

**March 21, 2017**

**Strengthening Families Training Institute 2017**

1. Mental illness is much more common than many people realize.
2. Stigma is a significant reason people are unaware of the prevalence of mental illness. Mental illness is often perceived/judged as weakness, when in fact these illnesses are biological.
3. Families coping with mental illness experience many sources of stress.
   1. Understand the kinds of stress families coping with mental illness experience.
   * Unpredictable behaviors, episodic chaos,
   * No end in sight, need for respite, changes your expected life trajectory profoundly
   * Lack of knowledge
     + May lead to treating ill family numbers as having behavior problems (kids get kicked out of the house, etc)
     + Family may be in denial
     + “Bad parenting’ blame

* Reduced capacity for dealing with other stresses - this one is so consuming
* Difficulty finding treatment/resources/supports
  + Fragmented mental health system
  + Difficulty navigating provider network
  + HIPAA can present difficulties for caretakers of ill adults
* Differing social and emotional competencies for those living with illness
  + Lack of contact with peers to normalize experience
  + Fear of judgment
  + Inability to consistently carry out common social skills (can be developed)
  + Lack of insight (symptom of some serious mental illnesses)
* Isolation – for family and common symptom for those with illness
* Financial strain
* Strain on marriages – differing reactions to illness may be cultural, due to knowledge deficiencies, blame, etc, much resulting from stigma
* Additional strains on siblings
  + Coping with atypical relationships
  + Feeling secondary to the ill family member
  + Care burden on other siblings members
* Grief for lost potential
* Long periods before diagnosis, including time in limbo
* Fear of suicide or other self-harm, harm to others (lack of safety)
  + high suicide rates
  + more likely to be victims of violence/abuse
  + violence no more than well population for people following treatment plan
* Lack of knowledge/uncertainty about how to respond

1. Individuals living with mental illness do not have the same development trajectory or capabilities as healthy people.
   1. Understand where normal development expectations may not be not reasonable

* Common discipline measures don’t work because they require a level of logic that may not be available
  + - Difficulty defining appropriate boundaries – what are reasonable expectations and what is the individual not capable of doing because of illness (differs from episode to remission – always changing)
    - Adverse effects on brain function (cognitive impairment, lack of focus and retention, unusual thinking/logic, difficulties with short term memory) may make problem solving difficult

1. The needs of families living with mental illness may require different approaches or emphasis to strengthening protective factors. (Options for each protective factor drawn from workshop discussion)
   * Resilience:
     + Information about the illness
     + Acceptance of illness
     + Normalization can reduce stress – spend time with others facing similar challenges
     + Support groups – you are not alone
     + Hope and optimism – exposure to others who are in recovery or have family members in recovery
     + Self-care plan
     + Safety plan
     + Crisis plan – know what you need to when the bottom falls out
   * Knowledge of Child Development and Parenting: Social/emotional and sexual development likely to differ.
     + Knowledge illness and what to expect
     + Emotional maturation often delayed. Expectations need to be adjusted
     + Understand sexual function impacted by many medications and some illness symptoms (sexual promiscuity can be a symptom of mania)
   * Social and emotional competence
     + Need praise, respect
     + Patience, no blame
     + Help with appropriate social activities/behaviors
     + Learn constructive problem solving techniques
     + Occupational therapy
     + Vocational rehabilitation
     + Positive feedback, rewards
     + Learn own triggers
   * Healthy social connections: Loss of friends/support – they are afraid, don’t understand
     + Need a sounding board
     + Need to talk about something other than illness
     + Faith based support
     + Need to know how to develop a positive relationship with police
     + Need to know they are loved
     + Need healthy relationships with well people
     + Family education about illness to strengthen support network
   * Concrete supports
     + Other family members and friends are fearful and lack knowledge – ‘just use tough love’, ‘you are a failed parent’ (amplified by personal uncertainty), ‘I have no idea *what to do’*
     + Systems of support very hard to find, access (See handout for resources)

Early intervention has significant potential to affect disease outcomes