

FAMILY WORK IN A COMMUNITY ADULT MENTAL HEALTH SETTING: ENHANCING FAMILY CAPABILITIES THROUGH CHILD AND FAMILY INCLUSIVE PRACTICE

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INTRODUCTION

“ When families are asked about what they would like from the mental health system, they state that they do not want lengthy intensive interventions but family care that focuses on building rapport and communication ” (Rose, Mallison & Walton-Moss, 2004). An innovative approach in a community mental health setting that enhances services to parents with mental illness and their dependent children will be presented.

THE CHILD AND FAMILY INCLUSIVE PRACTICE PROJECT

The past 40 years has seen the accumulation of practice information and research evidence about the benefit of working with families in the treatment and care of mental illness. Much of the evidence is compelling and challenges the efficacy of mental health treatment programs that do not in some way include family oriented services (Falloon, 2003). Supporting and working with families caring for someone with a mental illness has clearly articulated beneficial outcomes for both families and patients, further there is emerging understanding in both the literature and in clinical practice about the potential negative impact of parental mental illness on the psychological development and emotional adjustment of children. The pilot project we describe is based on the literature which reports interventions that are clearly and closely related, but to date are not being developed with synchronicity. Parents with a mental illness often struggle in their desire to parent and to do so with confidence when affected by mental illness (Diaz-Caneja & Johnson, 2004), adult family members benefit from family sensitive mental health practices (Kane & McGlashan, 1995) and children are known to benefit from a family focused approach (Focht-Birkets & Beardslee, 2000). The project provided conjoint family work in which two clinicians worked both together with a family, and separately with adult family members and children respectively. Our work drew on systemic family

therapy ideas, practice based interventions in working with children of parents with mental illness such as discussion of issues relating to their parent/carer's mental illness, and family strengths approaches. The focus was on the family as a unit, no one individual family member. The children were able to express their concerns and issues in a safe and protective environment which may not otherwise exist for them. Their concerns could be discussed away from their parent, and brought back to the family group in a way that did not compromise the child, but did not overlook the need to address issues of child safety where these may arise. The project enhanced service provision of the community mental health team, and demonstrated to clinical staff that an inclusive and whole of family approach is possible.

REFERENCES

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Recommendation for the Charter

It is recommended that child and family inclusive practice be promoted as routine service delivery in adult mental health services as a measure to enhance individual and family wellbeing, and the practice skills of mental health clinicians.

DETERMINANTS

Social Participation. Freedom from Violence. Freedom from Discrimination.

METHODOLOGIES

Research and evaluation of social determinants of mental health.

Advocacy, policy making and systems strengthening in mental health promotion and prevention of mental health disorders.

Coalition building across diverse sectors and settings.

Program design, implementation and transferability of learning and practice.

Building capacities of workforces, communities and organisations.