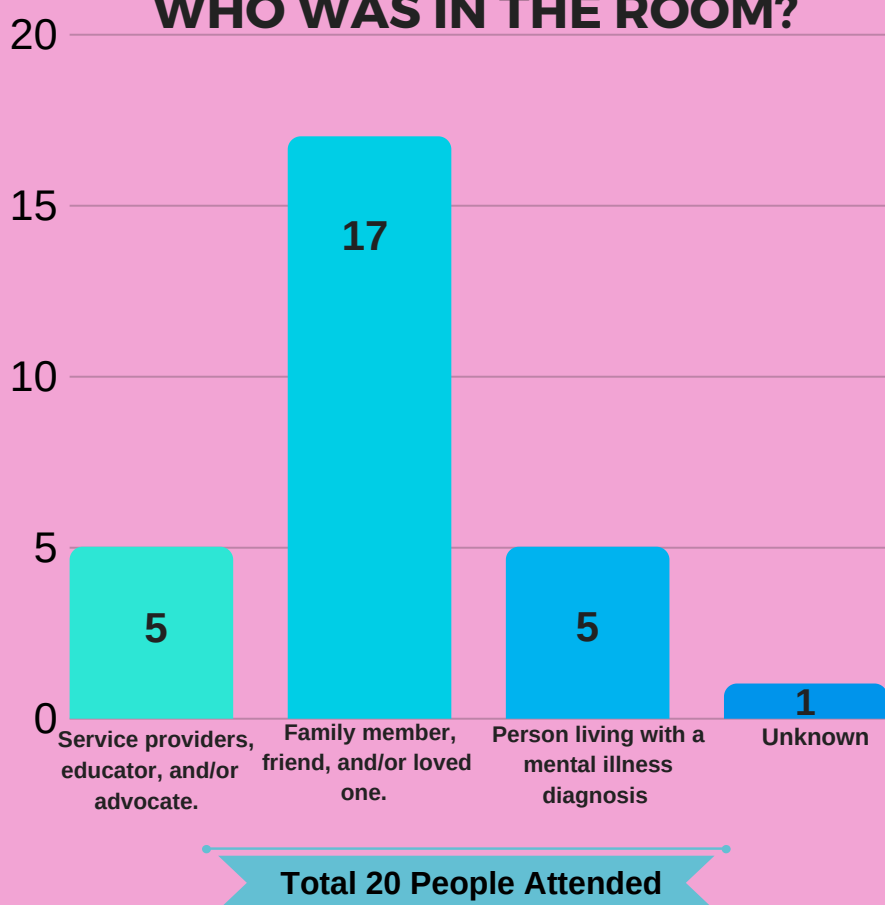


LONDON FAMILY MENTAL HEALTH CAFÉ 2019 PROJECT UPDATE

On May 25, 2019, the Family Mental Health Research Project made its fourth stop in London, ON. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Middlesex Branch (CMHA Middlesex). Thank you for joining the conversation!

WHO WAS IN THE ROOM?



FEEDBACK FROM YOU!

- 100% strongly agreed or agreed that the topics discussed were relevant.
- 100% strongly agreed or agreed that the Café was well organized and planned.
- 100% strongly agreed or agreed that the facilitators were engaging
- 89% strongly agreed or agreed that they would recommend this Café to others
- 94% strongly agreed or agreed that they met people at this Café that they would like connect with in the future

ROOM FOR IMPROVEMENT

- Broaden the conversation to include addiction and stigma. The cafe could have been longer to allow for more in-depth conversations.

KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- "Caregiving family" is inclusive, considers all members and reflects the reality better.
- Family members are thought to have singular roles as either caregivers or care receivers.
- There is an expectation that women in the family (e.g. mother, sister) will take on roles as the "warriors and worriers".
- Families may feel unsupported or experience isolation.



'CAREGIVER' ROLE

- Experiences compassion fatigue, but "can't give up"
- Offers many kinds of support (i.e. financial, emotional)
- "Takes on the biggest load at the worst time"
- Has important knowledge about the family member

'CARE RECEIVER' ROLE

- May feel like a burden and experience guilt
- Stigmatized by labels
- Experiences helplessness
- Needs to be given space and time
- Can be contributors too

GROUP REFLECTION: Rather than one person giving care and the other receiving, the relationship is mutually beneficial.

CHALLENGES

- Negative impacts of social media
- Families stories are dismissed
- Loss of trust due to bad experiences
- Stigma, secrecy around mental illness
- Lack of resources (i.e. personal finances, community investment, funding)
- Barriers to involvement because of consent process
- Not educated about illness and resources
- The illness itself (unpredictability, paranoia, fluctuation of symptoms)
- Side effects of medication can be negative
- Illness pushes family/friends away
- Legislative barriers that exclude caregivers

HELPFUL STRATEGIES

- Becoming educated and spreading best practices (i.e. Mental Health First Aid, Applied Suicide Intervention Skills Training) Training)
- Communication (open dialogue both within families and between families and service providers)
- Validation of feelings and support from social workers, occupational therapists, psychiatrists, peers
- Interdisciplinary approach to treatment
- Medication
- Celebrating the joys, dark humour
- Self-compassion, Self-care
- Being realistic

WHAT DO FAMILIES NEED?

- Flexible and understanding employers
- Support for caregivers who also experience their own mental health concerns
- More community spaces with free access to recreational activities
- Respite for caregivers and more peer support
- Better service coordination, more comprehensive follow-ups, and centralized access point
- Basic Income, stable housing, employment support
- Shorter wait times to access services
- More support accessing social assistance (i.e. OW, ODSP)
- Circles of care that include the person with the diagnosis **and** the family
- More awareness of mental health and suicide (i.e. workplaces, schools, community businesses)
- Mental health kits, mental health phonebook for families
- Creating opportunities for people diagnosed with mental illness to connect with each other and contribute to the community