

THE FAMILY CAREGIVING PROJECT



OCTOBER 2021

Mid-project report

This is a mid-project report from the SSHRC-funded research project “United we stand, divided we falter: Advancing a family-centred agenda for research on caregiving”.

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THE FAMILY CAREGIVING PROJECT

MID-PROJECT REPORT

INTRODUCTION

What is the Family Caregiving Project?



The Family Caregiving Project is a research study exploring the experiences of families affected by mental illness. The project is being conducted in Ontario, Canada. There are three phases: a series of events called “Family Mental Health Cafés”, an online survey, and in-depth interviews with families. The research has been funded by the Social Sciences and Humanities Research Council of Canada and the Factor-Inwentash Chair in Health and Mental Health. The title of the funded grant is “United we stand, divided we falter: Advancing a family-centred agenda for research on caregiving.” As the project has moved into implementation, it has been renamed “The Family Caregiving Project.”

This study has received ethics approval at the University of Toronto under protocol #000034791.

Why was the Family Caregiving Project created?

The plan for this project emerged out of encounters with families in the mental health care system and in our communities who were navigating the challenges created by having someone within the family affected by mental illness. Many of those well-researched challenges were created by lack of services or difficulty accessing them. However, the existing research rarely considered the

diversity of family forms, family cultures, and family histories that affected those challenges. In addition, it did not seem to recognize that people diagnosed with mental illness could be both receivers of care and caregivers in their families. Another neglected issue was that people identified as caregivers in their families also needed care, sometimes for their own mental health concerns. The complicated realities of family lives are frequently not reflected in guidelines for practice. Most often, the healthcare system focuses on “family burden” and engages with diagnosed individuals and with caregivers separately, but has very little to offer families as a whole. Further, the overlapping demands of caring for family were often overlooked in thinking about what services, practices, and policies would serve the needs of families affected by mental illness.

The overarching goals of this project are to gather and share information that will lead to more appropriate services for families in the mental health care system. The hope is that this information sharing will also lead to increased understanding of mental illness and its effects on families in our communities. The Family Caregiving Project exists



because we believe that families have stories that need to be heard if we are to build better supports for them in the Ontario health care system. It exists because we believe there are people who have never been heard that need to have their voices included in discussions about what services should be available to families affected by mental illness. It exists because the community-at-large needs to have a better understanding of how families are affected by mental illness and how they can contribute to making our communities more welcoming spaces for those families.

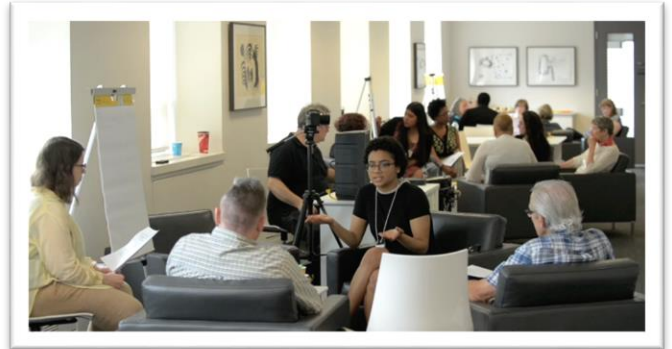
The research questions for the study are:

1. What are the meanings that families give to the care (giving, receiving, sharing, exchanging) that is carried out in a family affected by long-term, unpredictable, chronic illness?

2. How do those meanings inform family discourses surrounding family identity and the role the family plays in society?
3. What can caregiving families teach us about navigating social and institutional spaces as a family, and the impact that has on family stress and resilience?

Planned outputs from the project include:

- Research papers and reports that will be directed at health professionals and health and social service organizations to inform their development of services.
- Policy reports to share with decision makers in relevant provincial and federal government bodies.
- Presentations for academic, professional and public conferences.
- A website (familyguidetomentalhealth.com/family-caregiving-project) that presents project documents, educational materials and videos for the general public.



IMPORTANT CONCEPTS IN THIS PROJECT

Family: a group of individuals (who may be legally or biologically linked) that self-identify as connected to each other, share a mutual commitment to that connection, and expect to care (emotional support, concern, assistance, etc.) for each other over an extended period.

Caregiving: The provision of what is necessary for health, welfare, support and protection of a person with limitations due to illness, injury or disability.

Caregiving Family: A family that manages caregiving for one or more people who need caregiving support, in addition to managing other care needs in the family.

MEMBERS OF THE RESEARCH TEAM

Investigators

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ACKNOWLEDGEMENTS AND THANKS

This project would not have been possible without the contributions of people who shared the vision for this work. These collaborators include:

Staff and faculty at the Factor-Inwentash Faculty of Social Work who assisted in multiple ways and generously shared their time and space for the project.

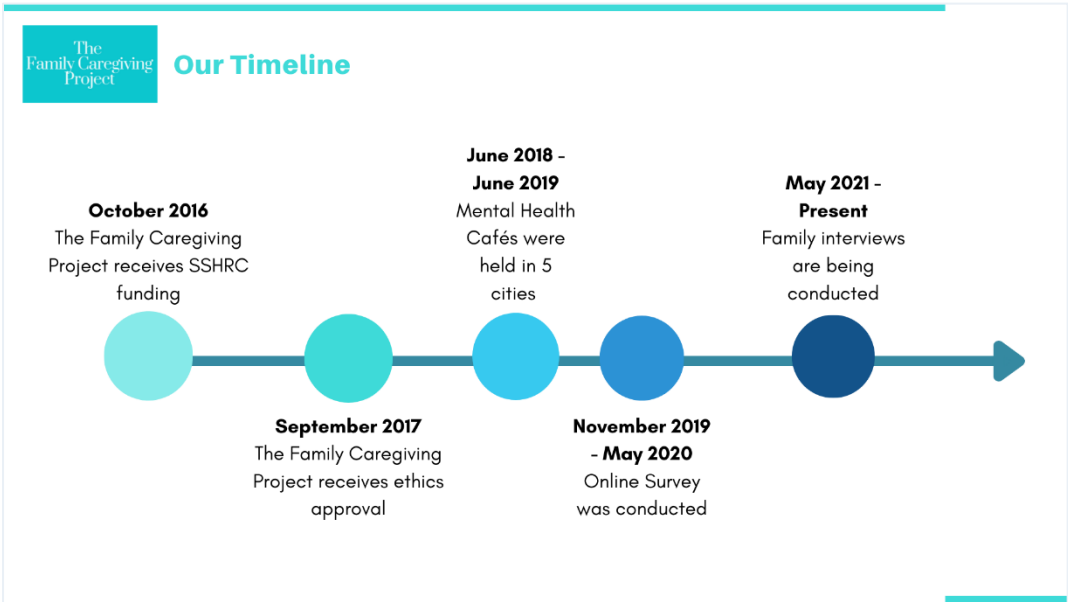
Stuart Clarfield and the team at the Mission Media Company have documented our work and shared it through the familyguidetomentalhealth.com website.

Staff at Canadian Mental Health Association Toronto (Steve Lurie, Elly Litvack, Gillian Gray), CMHA Ottawa (Dania Versailles, Julie Levesque), CMHA Kenora (Sara Dias, Karla McClain), CMHA Middlesex/London (Christine Sansom, Sabrina Andrews) and CMHA Peel-Dufferin (David Smith, Afreen Chowdhury, Tim Smith) who assisted with recruitment and delivering the Family Mental Health Cafés. There are many other individuals and agencies that assisted with our outreach into communities.

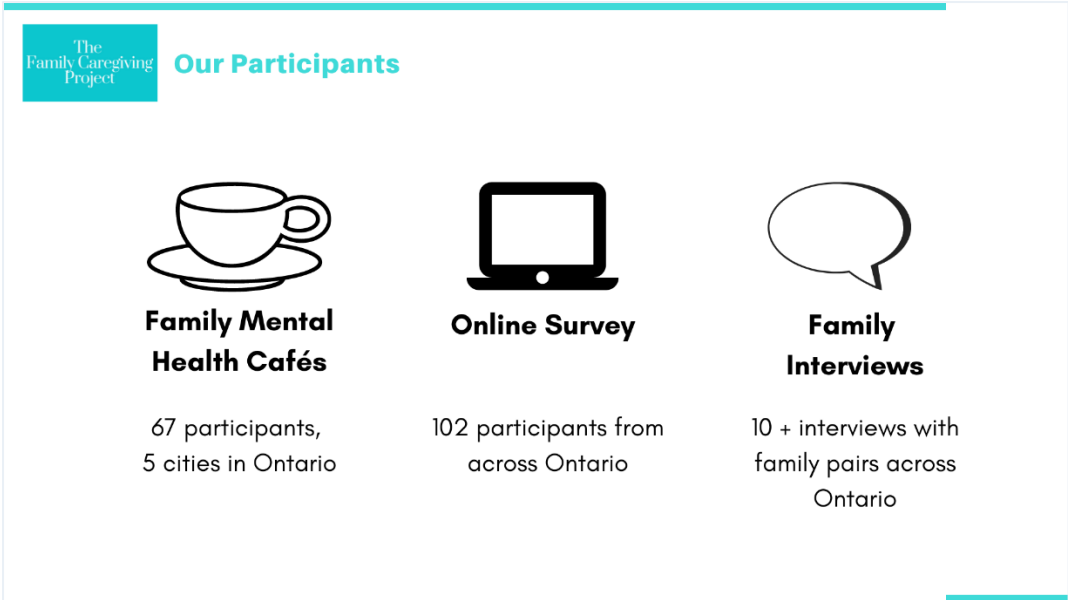
Rachel Cooper and CMBusiness & Transcription Services who transcribed hours of recorded interviews.

Sabrina Baker, whose shared her work and passion for working with families affected by mental illness at multiple stages in the project.

OUTPUTS FROM THE PROJECT

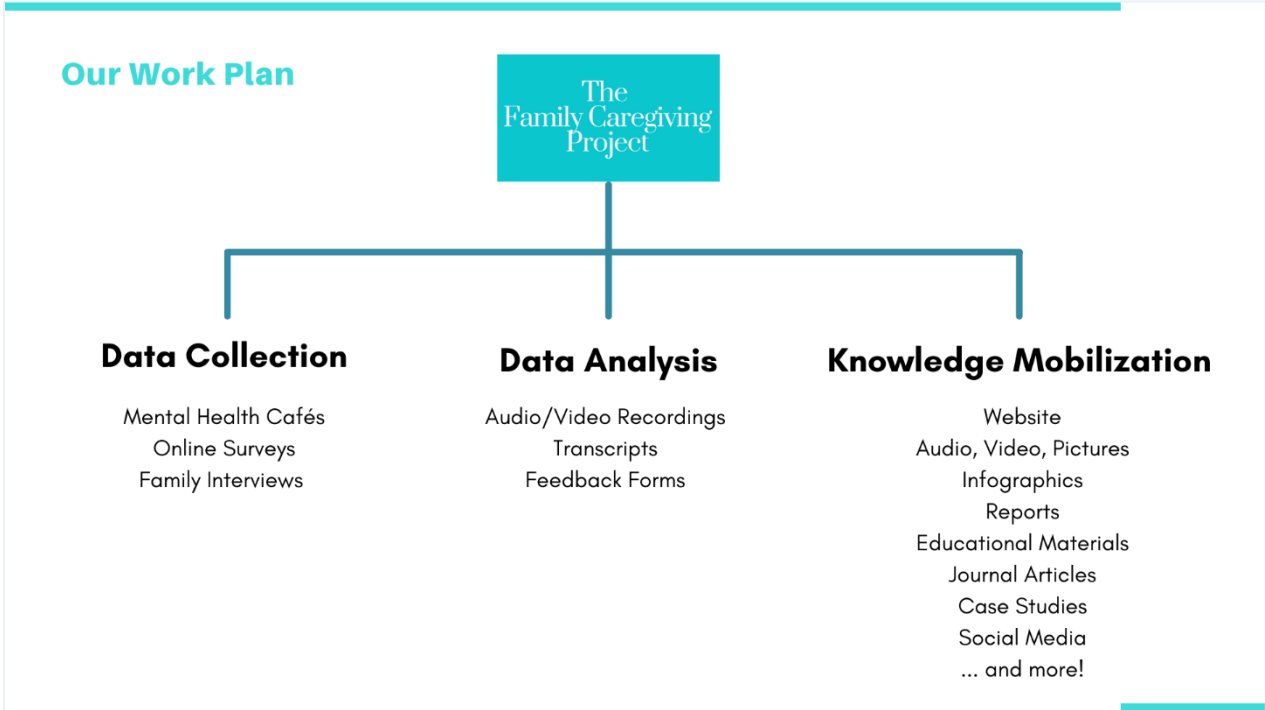


At the time of this report, we are still in the process of processing and analyzing the information that we have gathered in the study. For this mid-project report we are sharing details about the various sections of the study and preliminary impressions from our participation in the various research activities.



The Family Caregiving Project has been designed with a variety of methods for gathering information, each with a slightly different purpose. There are differences between what people share when they are typing into a computer, sitting with people who share similar experiences, or talking with a family member about what has happened in the family. Each platform allows different information to come forward that, together, produce a more comprehensive picture of what families are experiencing. We need these deeper, detailed, and complex experiences to be known if we hope to have policies and services that are responsive to the details and complications of families' lives.

The COVID-19 pandemic forced delays and postponements of activities, resulting in a longer timeline than originally planned. This mid-project report is being produced while research is ongoing. An updated final report is anticipated in early 2022. Information, materials, and results from the study will be shared on an ongoing basis through the project website at www.familyguidetomentalhealth.com/family-caregiving-project.



Part A. The Family Mental Health Cafés

The Family Mental Health Cafés were community gatherings hosted in five cities across Ontario (Toronto, London, Ottawa, Kenora, Brampton) from June 2018 to June 2019. These gatherings invited people who were in families affected by mental illness to come together with others sharing their



experience and discuss the challenges, strategies, and hopes they had for themselves and other families. Participants were recruited by contacting community agencies in each city. In addition, Canadian Mental Health Association (CMHA) organizations were collaborators in the recruitment and hosted the events. An unusual aspect of these cafés was that we included people who were diagnosed with mental illness and people who identified as caregivers in the same gathering so that we could hear multiple perspectives about the family experience. Often people identified with both roles and, in some cases, also had roles as service providers. These cafés generated videotaped presentations, videotaped interviews, and audiotaped group conversations that have been transcribed for analysis.



The cafés were designed based on a method called World Café (www.theworldcafe.com). World Cafés are structured group dialogues in which groups of people with a shared concern are brought together to discuss and share their perspectives on a few carefully chosen questions.

The goal of the process is to tap into the collective wisdom of the group, and to use group energy to generate new ideas for solutions to shared problems. The cafés began with an introduction to issues surrounding families, mental illness, and caregiving, followed by participant discussion.

Participants discussed the following prompts and questions:

- When I hear caregiver/care receiver, I think... When I hear caregiving family, I think...
- What makes caring in families affected by mental illness difficult?
- What makes caring in families affected by mental illness work well?
- I think the way we could make caring and caregiving work for families is...

We met with 67 family members at the five sites. The cafés were well-received by participants, many of them remarking on the value of having an opportunity to sit down and hear about the shared concerns and varying perspectives of different family members. They also shared the value of including those who had diagnosed mental disorders. For additional information about the cafés, see the Appendix.

Part B. The Family Caregiving Survey

The Family Caregiving Survey was an online survey launched between November 2019 and May 2020. Outreach for the survey was similar to that used for the Family Mental Health Cafés, however, we reached a broader audience because anyone in the province of Ontario who met the eligibility criteria could participate. The survey was created to allow participation by individuals who would not be able to join a café event or participate in one of the interviews planned for later in the study. It differed from other parts of the project since individuals were able to participate alone, without the involvement of others that might influence a group discussion or a family interview. The survey asked participants to answer questions similar to those used in the family mental health café events:

- What would you say makes caring in families affected by mental illness difficult?
- What would you say makes caring in families affected by mental illness work well?
- How would you complete the following sentence: “I think the way we could make caring and caregiving work for families is...”

- Is there anything specific to your personal experience of family caring and caregiving that you would like to share?

We are pleased to report that we have received 102 completed surveys from people across Ontario who identify as occupying a wide variety of family caregiving roles.

Part C. The Family Interviews

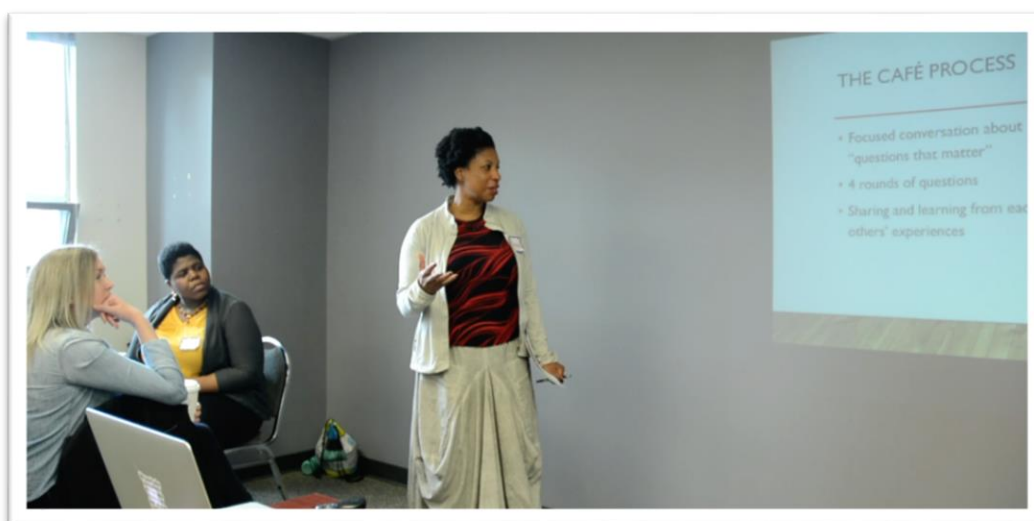
The family interviews began in May 2021. We invited family members to participate in interviews where they could discuss their experiences caring for family members and coping with mental illness. Each interview included at least two family members with at least one individual having a mental illness diagnosis. Family was a broad term used to describe anyone significant for the participants including families of choice. We interviewed partners, parents and adult children, friends, and siblings. As with other parts of the project, it was not unusual for individuals to have multiple roles in the family. These families discussed their definitions of family and caregiving, as well as how their family is affected by mental illness. Families also described how they support one another, how they perceive the mental health care system involves families, and what they would like other families to know from their experiences. Interviews were audio-recorded and transcribed for analysis.

The three components of the project provide a variety of perspectives of family experience in the context of mental illness. There are differences between what people share when they are typing into a computer, sitting with people who share similar experiences, or talking with a family member about what has happened in the family. Each platform allows different pieces of information to come forward that, together, produce a more comprehensive picture of what families are experiencing. We need these deeper, detailed and complex experiences to be known if we hope to have policies and services that are responsive to the depth details and complications of families' lives.

CONCLUSIONS

We have heard from families across Ontario about their commitments to supporting each other and the difficulties they face doing so. Some of these difficulties arise from the complexity of managing family life in a social context that includes economic and social challenges that impact all families. Some difficulties arise from the growing number of families that are managing multiple caregiving demands as children arrive, elders age, and adults are affected by chronic physical or mental health disorders. Some difficulties arise from stigma against mental illness that isolate families and make it hard for them to find support and community. Some difficulties arise from engaging with a mental health care system that does not devote enough attention or resources to supporting families and promoting the mental health of families.

As we move forward into the stage of analyzing and sharing the findings from this study, it is our commitment to take stories that families have shared with us into training for health and social service professionals, public education, and advocacy with health care institutions and policymakers. It is our goal that this work will contribute to caregiving families feeling supported by their communities and by the organizations that provide mental health care services.



APPENDIX

The Family Caregiving Project Team visited five different locations across Ontario:

June 16, 2018: Toronto, hosted at Factor-Inwentash Faculty of Social Work, University of Toronto

September 15, 2018: Ottawa, hosted by CMHA Ottawa

October 13, 2018: Kenora, hosted by CMHA Kenora

May 25, 2019: London, hosted by CMHA Middlesex

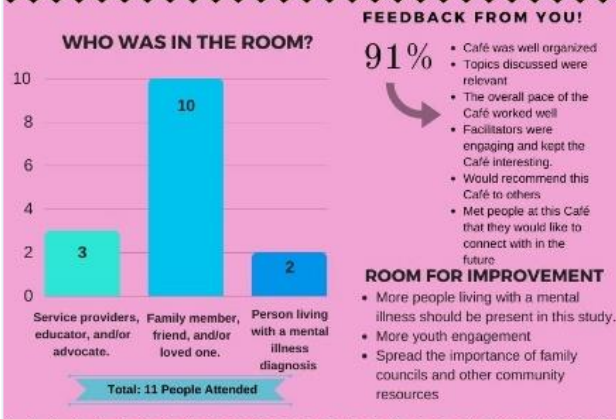
June 22, 2019: Brampton, hosted by CMHA Peel-Dufferin

Below is a summary for each of the five cafés. In these infographics you will learn who participated, main themes that emerged, and feedback provided by participants in each café.

To view a larger version of the infographics online, please visit www.familyguidetomentalhealth.com/family-mental-health-cafes/.

TORONTO FAMILY MENTAL HEALTH CAFÉ 2018 PROJECT SUMMARY

On June 16, 2018, the Family Mental Health Research Project began the Ontario tour in Toronto. This study is led by Prof. Charmaine Williams. Thank you for joining the conversation!



KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- 'Caregiver' and 'care receiver' roles are not binary
- The whole family needs to be educated
- Can't do it alone
- Navigating services
- Outside resources and systems are crucial
- Isolating

'CAREGIVER' ROLE

- Caring is work
- A lot of responsibility
- Often question your abilities
- Feeling isolated
- We have no idea how to deal with it...

'CARE RECEIVER' ROLE

- Concerns with not reaching milestones and meeting expectations
- Feeling isolated
- Redefining relationships in the family

CHALLENGES

- Trying to protect family members while dealing with other issues.
- Harmful assumptions made by healthcare professionals and law enforcement
- Medical system (i.e. harmful discharge planning, lack of access to services and mental health programs)
- Feeling a sense of loss and grief
- Stigma
- Strain on family and friend relationships
- Hours of operation (mental illness is not only between 9:00am and 5:00pm)

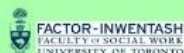
HELPFUL STRATEGIES

- Developing boundaries
- Being validated – hear that "I am doing a good job"
- Outside support (i.e. access to a therapist)
- Open discussions – lines of communication
- More ongoing education and willingness to learn
- Self-care (e.g. reading, walking, therapy)
- Peer support
- Connecting with community (i.e. volunteering)

WHAT DO FAMILIES NEED?

- Honest conversations in a safe environment
- Centralized place to access resources (too many siloes of care)
- More funding and resources (i.e. ODSP)
- Not just crisis focused help/resources, need prevention-based support
- Empathetic listening of the system
- Holistic healing (i.e. integrating healing circles and have more knowledge about and/or other cultural traditions)
- Supportive housing and employment
- Diversion from the criminal/justice system
- Respite
- Patient-centered care from the systems and institutions
- Police and healthcare professionals need to be more kind, compassionate, mental health

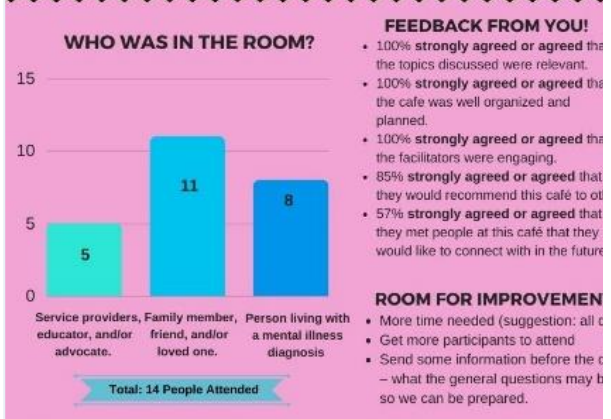
This study has been approved by the University of Toronto Research Ethics Board



This research is funded by the Social Sciences and Humanities Research Council of Canada

OTTAWA FAMILY MENTAL HEALTH CAFÉ 2018 PROJECT SUMMARY

On September 15, 2018, the Family Mental Health Research Project made its second stop in Ottawa. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Ottawa Branch (CMHA Ottawa). Thank you for joining the conversation!



KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- Bigger load to support
- Isolating
- Blurred Boundaries
- Family is not always available

'CAREGIVER' ROLE

- Feel responsible to educate other family members
- Also need to receive support and care
- Feeling isolated

'CARE RECEIVER' ROLE

- Feelings of guilt
- Feeling isolated
- People who "care" can harm

GROUP'S REFLECTION: These traditional terms (i.e. caregiving family, caregiver, and care receiver) sets polarized roles. A better way to address these relationships is the term **'SUPPORTER'**.

CHALLENGES

- When you want to give support, but the person does not want to receive that support
- Limited resources (i.e. lack of psychiatrists in Ontario and practical support)
- Stigma and shame
- Denial in families (i.e. family member(s) who don't believe in mental illness)
- Lack of communication and follow-up between professionals and families
- Finances and housing
- Life goes on...

HELPFUL STRATEGIES

- Mutual understanding, communication and collaboration
- Recognize and celebrate moments in the recovery journey
- Having a plan for when you're discharged from the hospital.
- Peer support
- Access to support during and post-crisis (i.e. psychologist, GP, distress line)
- Person-centered support
- Wellness Recovery Action Plan (WRAP)
- Hope and having something to live for...

WHAT DO FAMILIES NEED?

- Educating health professionals, public institutions, and the police (more general knowledge about mental illness)
- Education/courses on how to advocate
- Stable programs in the community
- Access to flexible paid work that includes benefits
- Person-centered system navigation and a resource network for families
- Respite
- Stable housing
- Reduce stigma
- Better understanding of the relationship between mental health and gender.
- More men involved in the "helping professions."
- Prevention-based interventions
- More funding
- More accessible and culturally appropriate services.

This study has been approved by the University of Toronto Research Ethics Board



This research is funded by Social Sciences and Humanities Research Council of Canada

KENORA FAMILY MENTAL HEALTH CAFÉ 2018 PROJECT SUMMARY

On October 13th, 2018, the Family Mental Health Research Project made its third stop in Kenora, ON. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Kenora Branch (CMHA Kenora). Thank you for joining the conversation!

WHO WAS IN THE ROOM?

Role	Count
Service providers, educator, and/or advocate	6
Family member, friend, and/or loved one	5
Person living with a mental illness diagnosis	6
Total	8 People Attended

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
- 100% strongly agreed or agreed that they would recommend this Café to others
- 100% strongly agreed or agreed that they met people at this Café that they would like connect with in the future

ROOM FOR IMPROVEMENT

- More advertising. It was a small group.

KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- Families may choose not to help for various reasons (e.g. location and relationship)
- Family members take on multiple roles, sometimes incompatible (parent, pharmacist, and counselor).
- Service users are like family too

'CAREGIVER' ROLE

- Advocate for both the care receiver and themselves
- Feelings of guilt
- Feeling a sense of loss
- Feeling isolated

'CARE RECEIVER' ROLE

- Feelings of resentment and guilt
- Feeling a sense of loss (i.e. grieving over expectations and identity)
- Self-blame

GROUP REFLECTION: Caregiver and a care receiver can sometimes be one and the same.

CHALLENGES

- Stress
- Lack of resources in Northwestern Ontario throughout the life course
- Proximity to care and travel costs (i.e. enduring a 5-hour trip to Thunder Bay for care)
- Lack of education available for families
- Delayed diagnosis
- Clinicians and the overall system not working with families
- 'Death' of the person's potential, relationships, and expectations.

HELPFUL STRATEGIES

- Diagnosis can trigger reflection (e.g. realizing that other family members may have had an undiagnosed mental illness in the past).
- Sharing stories with peers, colleagues, and clinicians
- Proactive tools that help with crisis planning/relapse, such as the Wellness Recovery Action Plan (WRAP) and Family Recovery Action Plan (FRAP).
- Humour, friendliness, and self-care
- Promoting independence
- Somebody you trust that is non-judgmental and compassionate

WHAT DO FAMILIES NEED?

- System navigators who know 'where all the back doors are'
- Individuals, families, and the overall society should be educated to fight stigma
- More respite to promote self-care
- Permanent 24-hour supportive housing
- More funding for staff (e.g. ACT team and Kenora Association for Community Living)
- More funding for programs
- Educate children from a young age about mental illness
- Meals on Wheels for people living with a mental illness
- Acceptance
- Holistic mental health services
- Feel comfortable talking about mental illness
- Education about formal and informal supports in the community
- Need a life that is not just about the illness...

This study has been approved by the University of Toronto Research Ethics Board

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This research is funded by the Social Sciences and Humanities Research Council of Canada

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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?

Role	Count
Service providers, educator, and/or advocate	5
Family member, friend, and/or loved one	17
Person living with a mental illness diagnosis	5
Unknown	1
Total	20 People Attended

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 café 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

This study has been approved by the University of Toronto Research Ethics Board

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This research is funded by the Social Sciences and Humanities Research Council of Canada

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BRAMPTON FAMILY MENTAL HEALTH CAFÉ 2019 PROJECT SUMMARY

On June 22, 2019, the Family Mental Health Research Project made its fifth stop in Brampton, ON. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Peel Dufferin Branch (CMHA Peel Dufferin). Thank you for joining the conversation!

WHO WAS IN THE ROOM?

Role	Number of Attendees
Service providers, educator, and/or advocate	2
Family member, friend, and/or loved one	11
Person living with a mental illness diagnosis	5
Total	14

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
- 100% strongly agreed or agreed that they would recommend this Café to others
- 92% strongly agreed or agreed that they met people at this Café that they would like connect with in the future

KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- Families are diverse and may consist of relatives, friends or professionals (i.e. doctors, nurses).
- Families provide guidance, support and validation to one another.
- Families may maintain silence around multigenerational mental illness.

'CAREGIVER' ROLE

- People who provide support, help and advocacy
- Feeling tired, judged, blamed
- May need to advocate
- Conflict between wanting to be involved and enabling
- We should start using the term caresharing instead of caregiving

'CARE RECEIVER' ROLE

- May not want to receive help
- Can also be a caregiver
- Education is key; helpful to know about illness and its impact
- There may be secrecy around being ill

GROUP REFLECTION: This is not a fixed binary, sometimes the caregiver needs to receive care.

CHALLENGES

- Stigma of mental illness
- Silence and denial
- Delayed diagnosis
- Lack of knowledge and resources
- Balancing other aspects of life (i.e. social, relationships, work)
- Lack of coordination between services
- Caregivers being excluded due to consent and confidentiality
- Racism
- Trauma
- Criminalization of mental illness; there's risk in reaching out for help

HELPFUL STRATEGIES

- Being knowledgeable of how to access different supports/services
- Having a crisis plan
- Empathy, validation, curiosity
- Clear communication
- Accepting that things are "going well"
- Proper diagnosis and medication
- Doctors advocating on behalf of service users by completing letters and forms (i.e. DTC, ODSF)
- Being social and active (i.e. walking, animals, art, planned activities)

WHAT DO FAMILIES NEED?

- Flexibility in privacy laws
- Access to thorough and early assessment, diagnosis and specialized psychiatric care
- Individualized care with smoother transitions (aftercare, outpatient)
- Ongoing relationships with professionals
- Centralized database, electronic records
- Peer support hotline for families (peer support)
- Respite for caregivers
- Workplace accommodations
- Compassion, acceptance

- Resources: stable housing, legal support, pharma care, guaranteed basic income
- Access to effective crisis intervention
- To be included in the circle of care
- Making education about mental illness part of preparation and support for parenting
- Mental health first aid training in the workplace, schools and other community spaces
- Public awareness on mental health

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