



**Australian Government**

**Australian Institute of Family Studies**

# Family relationships and mental illness: Impacts and service responses

**Elly Robinson, Bryan Rodgers and Peter Butterworth**

FRSA conference, Sydney, November 2009

# In this presentation

- Brief overview of mental health problems
- Impact of mental health problems on family relationships and family dynamics
- Helping families deal with mental health problems in family relationship services



# Mental health problems in Australia

- One in five adults experienced a depressive, anxiety or substance use disorder in the past 12 months
- 2-3% of adults will experience more serious disorders during their lifetime, such as schizophrenia and bipolar disorder (i.e. manic depression)
- Underestimations? Also only measures diagnosed mental illness
- Source: 2007 National Mental Health and Wellbeing Survey



# Mental health problems in Australia

- Around 680,000 work days per month are lost due to sickness absence for mental health reasons
- An additional 1.9 million "work cutback days" per month were attributed to mental disorders.
- Figures do not include lost productivity from unemployment due to mental disorders.



# Mental illness and families

Why important for family relationship services?

1. Mental disorders impact on individuals AND family/relatives - may be both a cause and a consequence of family/relationship difficulties.
2. Although most common mental disorders are amenable to treatment, majority go undiagnosed and untreated.



# Mental illness and families

3. Many disorders are chronic or recurrent - often call for long-term management, not just acute care.
4. Much of the care provided for people with mental disorders is informal care provided by family members.
5. "Vulnerable" family groups in family relationships services often have a greater risk of mental health problems than average.



# Family protective factors

- Social and emotional support from a close relationship, e.g. spouse.
- Self-help strategies that aid recovery and may prevent progression, e.g. increasing coping skills, exercise and relaxation techniques, St John's Wort
- But - events may affect whole family - can lead to “pulling together” or a loss of collective strength.



# Living with someone with a mental illness

- Mental illness in married couples co-occurs at a level far greater than expected by chance, i.e. if one spouse has a mental illness, the other spouse is more likely to as well.
- Relationship satisfaction is related to a person's own mental health as well as the mental health of their partner.



# Children of parents with mental illness

- Between 21-24% of Australian children live in a household where at least one parent has a mental illness
- Caring role may vary from helping out to more extensive care
- May impact in different ways, e.g. social and emotional health and wellbeing, direct care.

Source: Maybery, Reupert, Patrick, Goodyear & Crase, 2005; Sanders 2004



**Australian Government**

**Australian Institute of Family Studies**

# Caring for a person with a mental illness

- Aus Bureau of Statistics 2003 - survey - approximately 13% of people were carers.
- One in five of these were primary carers
- 71% of primary carers were women (ABS, 2004).
- Two aspects of caregiving relate specifically to mental health:
  - ◆ the care involved in looking after a person with a mental illness
  - ◆ the impact of caring on the mental health of the caregiver (may occur for any disability).

Source: ABS 2003 Survey of Disability, Ageing and Carers



**Australian Government**

**Australian Institute of Family Studies**

# Caring and mental health

- Effect of caring on mental health of carer unclear  
The mental health status and needs of carers may go unidentified:
  - ◆ focused on others' needs
  - ◆ may avoid self-identification of mental health problems - ill family member can't afford for them to be sick or not coping.
- As such, needs of carers may remain unidentified and unaddressed.
- But - has some positive elements and not universally bad for carer wellbeing



# Caring and mental health

- Caring can have a negative impact on carers' social support and networking
- Complex relationship btw stigma and social support
- Particularly for CaLD families - beliefs about mental illness and impact on families.
- Care duties likely to win out over work - but some combination may be important.



# Impact of caring on mental health

- Informal caregiving associated with poorer mental health
  - ◆ Edwards et al (2008) - very high rates of MH problems, particularly depression.
  - ◆ Cummins et al (2007) - lower collective wellbeing than any other group, inc sole parents and unemployed.
  - ◆ May also face unemployment, physical health issues, lack of positive social support or financial difficulties, neglect hobbies, difficulty taking holidays



# Summary so far

- Interplay between mental illness and family functioning is complex.
- Families may also have susceptibility to mental health problems or lack of skills, e.g. social competencies
- Pinpointing focus for intervention is challenging.
- Family relationship services - key position to screen for, identify and deal with mental health problems as they become evident.



# Responding to mental health problems in Family Relationship Services

- Three ways
  - ◆ Less serious problems dealt with in family/couple therapy, depending on skills of therapist
  - ◆ Serious mental illness may require referral prior to engaging in family/couple counselling or therapy.
  - ◆ Collaborative approach between FRS and mental health treatment services



# Mental Health Assessment

- How to decide response?
  - ◆ No simple mental health assessment tool that would indicate best approach with an individual
  - ◆ Family Relationship Services may be chosen as not directly associated with mental illness
  - ◆ Mental health risk may be indicated by:
    - An inability to fulfil daily roles, e.g. parenting
    - Being overwhelmed by life
    - Fear of “losing it”
    - Specific suicidal thoughts/behaviours



# Suicide risk

- Close association with mental illness
- Written plan of action in place
- Staff familiar with procedures
- Plan for assessing and managing distressed clients on phone



# Referral

- If services are available and accessible
- Level of understanding of, sensitivity towards and expertise in dealing with mental illness
- Tele-counselling or web based services - particularly young people



# Willingness to access help

- Resistance to accessing help may be due to:
  - ◆ stigma associated with mental health problems;
  - ◆ concerns about the influence of any disclosure on court proceedings;
  - ◆ concerns about the financial cost of treatment; and/or
  - ◆ beliefs about the efficacy of treatments, or side effects of treatments.



# Dealing with mental health in FRS

- If choice is to address mental health problems within FRS - three key ways in which practitioners can help:
  - ◆ Information
  - ◆ Encouragement
  - ◆ Problem solving



# Needs of carers

- Particular needs for families and carers:
  - ◆ Support, e.g. challenging behaviours
  - ◆ Education, particularly at onset
  - ◆ Understanding and empathy
  - ◆ Respite for exhausted families
- Supportive professionals have enormous impact on carers' ability to care effectively
- Importance of stigma & relationship to help-seeking

Source: Wesley Mission, 2007; ARAFEMI, 2007



Australian Government

Australian Institute of Family Studies

# In summary...

- Mental health problems are common, and can have significant impact on families.
- Families and relationships can have a significant impact on mental health
- Mental health problems likely to figure in accessing help from FRS
- Responding will depend on skills, knowledge, but plenty of ways to help
- Needs of carers important
- FRS can help address mental illness stigma

