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Position Paper –

Inclusion of families and friends

September 2012

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Inclusion of family and friends

the issue

Strong family support is pivotal to young people's health and wellbeing. Family and friends are often the first to notice a change in a young person's emotions or behaviour that may signal the onset of a mental health or substance use problem. They also frequently encourage the young person to seek help or attempt to access help on their behalf. **headspace** data show that approximately one third of all referrals to our services are from family and friends. Early intervention is paramount to preventing the onset of serious mental illness, and engaging with the family and friends of a young person at risk of developing a mental illness or with symptoms of mental illness may help reduce the severity of illness and facilitate recovery.

The support networks of young people vary across stages of development and may also vary by social and cultural background. There are many different types and configurations of family and friends, which includes: all types of families (nuclear, extended, blended, single-parent, heterosexual and same-sex couples); non-parental care-givers (partners, foster-parents, grandparents, god-parents, adoptive parents, other family members); and friends. **headspace** believes that it is important to acknowledge the dynamics each family brings.

headspace uses the term 'family and friends' rather than 'carers'. This is in response to advice from its National Family and Friends Advisory Committee. **headspace** believes the use of this term encourages all people involved in a caring role to engage with the service and seek advice and support.

The involvement of family and friends in service delivery can be of considerable benefit to the young person's recovery, even though this involvement is often not integrated into service delivery [1]. Responding to young people needs to be undertaken in the context of significant people in their lives, whether they are family members, carers, partners, or friends. Mental health services and practitioners need to have an understanding of the young person and their relationships with family members and friends and be open to engagement with families. The **headspace** initiative revolves around being an appropriate and acceptable service to young people and their families and friends, through a youth and family friendly environment and model of service delivery.

evidence

- A sense of connection and belonging to family and friends has a positive impact on young people's mental health and wellbeing [2, 3].
- Young people diagnosed with mental and substance use disorders usually either live with family members who also act as primary caregivers; or live away from home, but still have significant contact with family members who may also act as caregivers [1, 4, 5].
- Young people are most likely to talk to friends or family members as the first step in seeking support, although these informal supports may be unsure of the best help options [6].
- There is a paucity of data about the experiences of family and friends in the early phases of mental health problems, however, such experiences are likely to include shock, confusion, anger, hopelessness, guilt about possibly having caused the illness, and fear about the future for the young person [7-9].
- Families of young people frequently report that they do not feel as though service providers really listen to their concerns, or that they are simply not consulted about important matters related to the young person's care [10-12].
- Families indicate the need for information about the illness, how to manage behaviours that arise from the symptoms of the illness, and continued emotional support [1].
- Involvement of family and friends contributes to reducing the incidence of relapse, improving adherence to treatment, improving family functioning, increasing periods of wellness, and improving the young person's quality of life and social adjustment [13].
- Research into the effectiveness of family-based interventions in the treatment of mental health problems in young people, including family therapy, is in its infancy and there is limited evidence [3]. Cochrane reviews of family therapy for the treatment of mental health problems show varying results and conclude that further research is required [14, 15]. A systematic review of family interventions and therapy found effective family therapy in the treatment of depression in adolescents includes: the facilitation of clear parent-child communication; the promotion of systematic family-based problem-solving; the disruption of negative parent-child interactions; and the promotion of secure parent-child attachment [16].

- Referring families for further specialist interventions is unlikely to be effective unless families have been engaged and given an opportunity to be heard in initial consultations with mental health professionals [9, 17].
- For family and friends, the benefits of involvement in the treatment and support of a person with a mental health problem can include: improved family/friends wellbeing; reduced stress; reduced burden of care; and improved understanding of mental illness, treatments and services [18, 19].
- There is evidence to suggest that family interventions are not used routinely in youth mental health services [1, 3]. Many barriers to the uptake of family interventions exist at system, provider and client levels. System and provider barriers include: lack of staff knowledge and training on how to engage with family and friends; inadequate resources; concerns about breaching confidentiality; viewing family and friends as passive receivers of information rather than equal participants; preconceived assumptions that families are part of the problem; and viewing **only** the young person as the client [1, 3, 9, 17, 20, 21].
- Family peer support in mental health services, including family support workers, help develop the personal and social resources that families need to enhance their caring role and provide hope and a role model of recovery [1, 22].

Adapted from: headspace Working with Families and Significant Others: Facilitator Preparation Guide

position statements

- Families and friends can play an important role in supporting a young person's recovery as they possess valuable knowledge and resources that will assist in the treatment of the young person. It is imperative that mental health services acknowledge and respect the contributions of family and friends.
- There are benefits to working with family and friends for the young person, the family and friends, and the practitioners. Involving family and friends allows the practitioner to see the issues from a number of perspectives and to gain more complete information.
- Family and friends are often dealing with a range of concerns and information in the early stages of a young person's mental health and/or substance use problem. It is important that family and friends are supported to care for their own wellbeing, as well as caring for the young person. Family and friends need to be treated with dignity and respect and to feel included in the treatment of the young person. They need to be provided with information that is useful, practical, and supportive, and be referred to support services where appropriate.
- Clinicians and services need to establish consensus and prior agreement concerning the extent to which information is to be shared with family and friends at the beginning of contact with the young person, and revisit and review this agreement on a regular basis. Where appropriate, clinicians should actively encourage the involvement of family and friends.
- The ability of families and friends to be supportive is influenced by a number of factors including: cultural understandings of mental health and wellbeing; level of family stress; normal family worries and pressures; and the health and wellbeing of family and friends. The actions of the family should be seen as their best efforts to manage the situation within the limits of their resources.
- Practitioners should aim to support and strengthen the relationships between the young person and their family, and where this is not achievable within the service, refer family members to services that can offer further assistance.
- Active listening is the basis for effective communication and engagement with family and friends. It is important to consider each person's perspective on the issues presented for discussion. A strengths-based approach that is collaborative and non-blaming should be used, rather than focusing on the problems and risk factors associated with the young person and their family and friends. A collaborative, non-blaming approach should be adopted.
- Clinicians and services should, where appropriate, actively collaborate with families and friends in the care of the young person, including involving them in developing and implementing care/treatment plans.

headspace recommends

- Mental health services actively support family and friends to access services for young people.
- Mental health services identify personal, client, social and cultural, and service level barriers to the engagement of family and friends and actively remove these barriers.

- Mental health services provide staff training and supervision to assist the inclusion of family and friends in a young person's treatment, including working with families within a cultural context.
- Mental health services develop clear policies and procedures around sharing confidential information and resolving ethical dilemmas to assist the engagement of family and friends in young people's treatment. Clinicians should establish consensus and prior agreement concerning the extent to which information is to be shared with family and friends at the beginning of contact with a young person and review this involvement as treatment progresses. The issue of consent needs to take into account the capacity and maturity of the young person.
- To provide consistency in implementing treatment/care, mental health services and clinicians should actively involve family and friends in developing care/treatment plans where possible.
- Mental health services should routinely provide family and friends with non-confidential information that is helpful such as: information about the illness/condition including signs and symptoms, etiology, effective treatment, and techniques regarding management and care; as well as information about the mental health delivery service system, including key contacts, the roles and responsibilities of services, and the rights and responsibilities of families and friends.
- Mental health services provide guidance and support to families and friends, including siblings, to enable them to care for their own wellbeing. Support could include referral to other services, strategies for looking after their mental health and wellbeing, and peer support.
- Family and friends are actively involved in the development, planning, delivery, and evaluation of mental health services.
- The provision of family peer support, for example Parents Groups, in mental health services including the development of a paid family and friend peer support workforce, where possible.
- Further research into the role of families and friends in young people's recovery.
- Further support and resources for family and friends of young people with a mental illness.
- Further advocacy for the benefits of inclusive practice with family and friends and for the needs of families and friends in supporting the recovery of young people.

headspace will

continue to advocate for and provide meaningful opportunities for family and friends to directly participate with mental health services.

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