

## *Families at the Cutting Edge of Research*

### **Symposium Report**

National Building Capacity in Community Mental Health Family Support and Carer Respite Project Funded by the Australian Government under the Mental Health Respite Program.

#### **Introduction**

The final major activity of the Mental Health Family Support and Carer Respite Project was a free day-long symposium called ‘Families at the Cutting Edge of Research’. The Symposium, held during Mental Health Week, was designed to attract clinicians, managers and service delivery staff, from both community and public sectors in Tasmania. Branded show-bags of promotional material were given to participants. Some 70 people attended and were treated to not only good tucker but good food for thought.





Of six speakers, Barbara Hocking the Executive Director from Sane reported some fairly sobering statistics about the health status of mental health carers and their needs for substantial support in terms of information, skills and counselling.



Frances Sanders Business Services Manager from ARAFEMI VIC spoke about how the carer's journey is also episodic as it responds to the episodes of illness in their relative or friend and how carer support needs to be preventative in its nature in addition to responding to crisis. There has been enough research done so we know what carers need, but it needs to be implemented.



Elizabeth Crowther from Mental Illness Fellowship Vic acknowledged various difficult issues for carers and how educative workshops like WellWays which assist carers in their own mental health, should be part of carer support. She noted the need for peer support groups to have up to date information. Carers will get more quality of life when their relative gets theirs back.



Ann Tullgren gave a consumer view about social inclusion and recovery capital and spoke about the need for an up-to-date state-wide service directory on all consumer / carer and welfare services.



Cat Schofield gave us a great walk through history, some idea of how family is involved in multicultural societies and that it is not a breach of the privacy act for a clinician to listen to a carer.



Helen Wills, a carer, gave a brief account of her positive experience of respite while she was in hospital and how it helped both herself and her husband. Inspirational when it works well.

### **The Panel**

Finally a panel of six carer and consumer community service providers were asked several tricky questions in a 'QANDA' style by Michelle Swallow (EO of MHCT). Panelists were:

Chris Brooks Sage Hill, Family & Friends

Annemarie, Carers Tas

Seda Harding, Anglicare

Kerryal Willis, ARAFMI

Sean Robinson, Anglicare

Justine Barwick, CRCC MH Respite Coordinator.



Some comments follow below:

- talk less about ‘carers’ and more about families and friends and what they deal with and let them know there is a welcome here for them.
- The importance of early intervention is vital. Translates to care of the carer as well. Education and early intervention are vital for carers and consumers.
- About discharge planning: Needs to happen as soon as patient admitted, so that the unwell person has reassurance that there will be support in the community once they leave hospital, removing stress about leaving. Part of the recovery process.
- Responding to the family as the unit of intervention, not the individual: The family unit has specific importance. Talk to all the family, including the person with the mental illness, despite being primarily there as a support for the carer.
- How do we provide support to consumers who are also carers? ‘You want someone to focus attention on you’. Just listen to their story – this should be considered a privilege by the person listening. Power of listening, power of friendship. “We’ve been there too mate” Social inclusion.
- Re the goal of employment: How do you support people who are looking for employment? Employment should not be *The* target necessarily – it’s important that each person has their own appropriate goals.
- The beliefs (‘I’ve done this and it’s my responsibility’) of older carers and long term living with the condition, the grief, the shame, the blame, the guilt. Also older Carers worry about what will happen to their relative after their own death. ARAFMI gently encourages this person to be aware of what services might be available, and to encourage the (adult) child to contribute to the family unit.
- It’s about changing the parent’s beliefs, & encouraging the consumer to take ownership of their life. Often carers ... have lost hope.

## **Evaluation**

Feedback via 27 respondents to the evaluation form was resoundingly positive.

- Thirteen people agreed that the sessions provided stimulus for further discussion while eleven strongly agreed with that statement.

- Thirteen people agreed that the content presented was relevant and of high quality while eight strongly agreed.
- Five people rated the choice of Key Note speakers as outstanding while fourteen rated them as very good.

## **Actions**

### **Putting it all together – Are we at the cutting edge?**

Are we really doing best practice work with carers and consumers? We do some exciting and really innovative work. We know that the current model of respite does not fit the episodic nature of mental illness, given its derivation from aged care and disability.

The MHCT can investigate what has worked successfully interstate as well as what works well here. The review of carer and consumer participation is a start; it needs to be implemented now.

What we walk away with today is a lot of energy. We need to celebrate difference. It's OK to not be OK. It's OK to say that help and support is required for me, the carer. I need to know it's safe enough to ask for help.

The MHCT will continue to lobby the Minister on behalf of mental health carers and encourages the sector to continue to collaborate together.