

## ***Exploring the family role in mental healthcare***

On Tuesday, September 27, 2005, ACMH hosted the first symposium on family involvement in Michigan. The purpose of the symposium was to engage family leaders and mental health administrators in an initial exploration and working dialogue on family driven mental health care.

### **The Desired outcomes were:**

1. To enrich our shared understanding of the family role in mental health care. (What is it?)
2. To explore our shared value for family driven mental health care. (What are the potential benefits/limitations?)
3. To envision together the barriers and possibilities of family driven mental health care in Michigan. (What are the potential barriers and opportunities for achieving it in Michigan's MH systems?)

Over eighty family members and mental health professionals participated in the dialogue. Following is a summary of their discussion.

### **What are the potential benefits of family driven mental health care?**

- Increase potential for family support
- Expanded family support
- Increased potential for collaboration resulting in improved decision making
- Increased potential for cost effectiveness
- Increased family capacity for empowerment and success
- Increased potential for family voice and choice
- Increased benefits to all family members
- Strengthens the foundation for meaningful family-provider relationships
- Increase potential for positive energy and effective decision making

### **What are the potential limitations of family driven mental health care?**

- Resistance to change
- Challenge of creating the culture and 'system' required to support the needed changes
- System structures that do not recognize or support family-driven practices
- Limited vision of what is possible...
- Need for guidance, support, and education to support the desired changes

### **What blocks us from being family driven? What are the potential barriers?**

- Families' fear of professionals and uncertainty about their role in a family-driven system and often lack the necessary skills & support necessary for engagement
- Professionals unclear about their role in a family-driven system and often lack the pre-service training, experience, skills, & support necessary to engage in family-driven practices
- Current practice & structure *...not family-driven, emphasis on process not outcomes, fragmented social service system, fragmented advocacy network*

*(NAMI, ACMH, P & A, ARCs), lack of cultural competency, emphasis on consumer/beneficiary vs. family as the 'consumer'*

- DD and rules/regulations for adult services are often imposed on practices for children with severe emotional disturbances and their families
- Limited resources including staff , e.g. child psychiatry, children's specialty staff
- Developing understanding & respect – how do we build it?
- limited legislative support and uninformed decision-makers

### **What propels us toward being family driven? What are the opportunities?**

- Opportunity for a minimum standard of care and consistent practice across systems throughout Michigan, facilitated by supportive state policies
- Opportunities to learn from lead communities
- Opportunities for families to learn from and network with other families
- Improved outcomes for tax dollars invested in children's mental health services
- Enhanced sense of family well being and ripple effect in the community
- Improve morale of professionals
- Timely with two new SAMHSA grants in our state!
- Opportunities for Mental Health to proactively influence other systems
- New staff hires in sync with family driven focus
- opportunities to build on family driven – youth guided transition to adulthood & person-centered
- Learn from different cultures
- Change the laws, regulations, and public policies to support Family Centered-Practices
- New positive energy for social services systems – we can make a difference!
- **Opportunity for happier, healthier families and communities!**