



Relational Recovery – Dispelling the Myths (Family and Carer Perspectives)



Family - by choice or birth - is vital for good mental health. Coronavirus has been a stark reminder of this.

Compassionate mental health support **embraces the whole of self, whole of family and whole of life.**

The current **Royal Commission into Victoria's Mental Health System** is a **once-in-a-generation opportunity** for us to truly transform mental health support for generations to come.

Tandem has a vision for a **safe, inclusive, fair and funded Victorian mental health system:**



A systematic evidence mapping review of peer reviewed literature

1. Objective: A systematic mapping research study was commissioned by Tandem and conducted by Caroline Walters and Dr Melissa Petrakis of SWITCH Research Group at Monash University in mid 2020. It investigated research which prioritises the perspective of carers, to identify practices and health system responses internationally that best support the needs of family members and carers of people who experience mental health challenges.
2. Methods: A systematic evidence mapping review was undertaken in July 2020, through searching five electronic databases – Ovid Medline, Scopus, PsychINFO, CINAHL, and Proquest Social Science Premium Collection – and manually searching the reference lists of identified studies. The search was restricted by studies that were peer reviewed, in English and published between the years 2010 and 2020.
3. Results: The search identified 55 studies that met the inclusion criteria. These were mapped according to country of author, year, methodology, who delivered and intervention mode and format.

Conclusion from A systematic evidence mapping review of peer reviewed literature

A growing evidence base of both carer driven interventions and interventions inclusive of carers was revealed.

The **inclusion of carers in interventions** has long been established as an added dimension of support through the sharing of collective experiences (Petrakis et al., 2013). This is increasingly powerful in providing a **sense of optimism and hope** through people newer to caring or fatigued by it having the opportunity to observe carers who have a positive lived-experience of caring (Fox et al., 2015; Levasseur et al., 2019).

The review has demonstrated that a growing number of studies consider the views and experiences of carers within interventions, including increasingly **active participation of carers in designing, leading, facilitating or co-producing interventions** that are **of critical importance in relational recovery from mental ill-health within families**.

Relational Recovery – the Australian Context

1. National Framework for Recovery-oriented Mental Health Services (Policy and Theory) (2013)
2. Productivity Commission Inquiry - Final Report
3. National Mental Health Commission - Contributing Lives Framework and Vision 2030
4. Rhys Price-Robertson, Angela Obradovic & Brad Morgan (2016):
Relational recovery: beyond individualism in the recovery approach,
Advances in Mental Health.



Relational Recovery – Dispelling the Myths



MHCA has identified three myths that could act as barriers to the adoption of relational approaches to recovery.

Today we provide a family and carer perspective on these myths and join the call for change

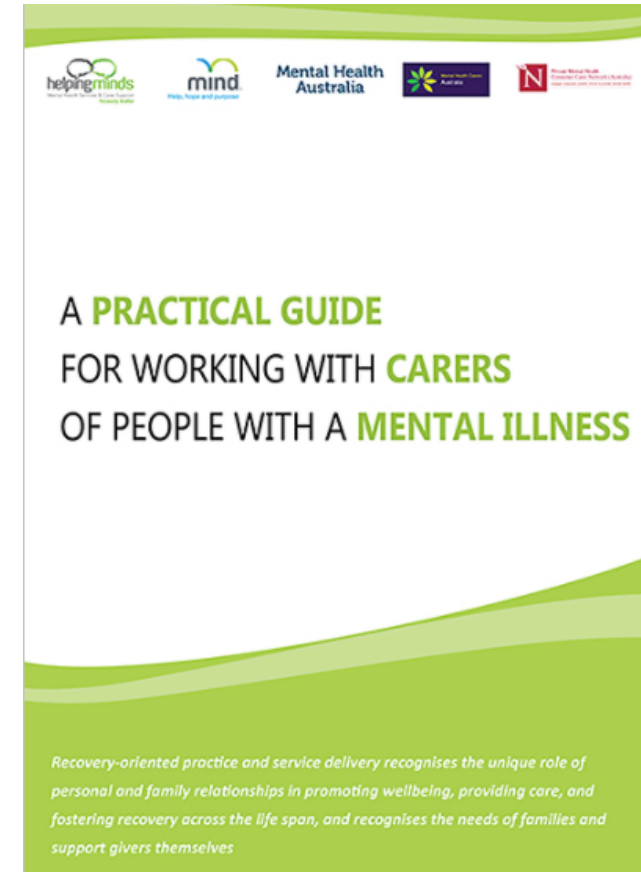
Relational Recovery – Dispelling the Myths

Myth 1

Relational recovery means consumer's right to privacy and confidentiality will be compromised

Family and carers perspective:

The Practical Guide for working with Carers of People with a Mental Illness provides information and tips on how to manage issues of confidentiality



Relational Recovery – Dispelling the Myths

Myth 2

Relational recovery means people will have to connect or reconnect with family or significant others

Family and carers perspective

Relational recovery doesn't mean people are made to connect or reconnect with people who have caused them trauma or where relationships have broken down. It also doesn't mean that people who intentionally choose a solitary life are also *made* to connect.

It may however include helping people to mend relationships where this is their desire or build new positive and healthy relationships. This should include community stigma reduction strategies and psychoeducation and support for families and carers.

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Myth 3

Relational recovery is already happening, nothing needs to change

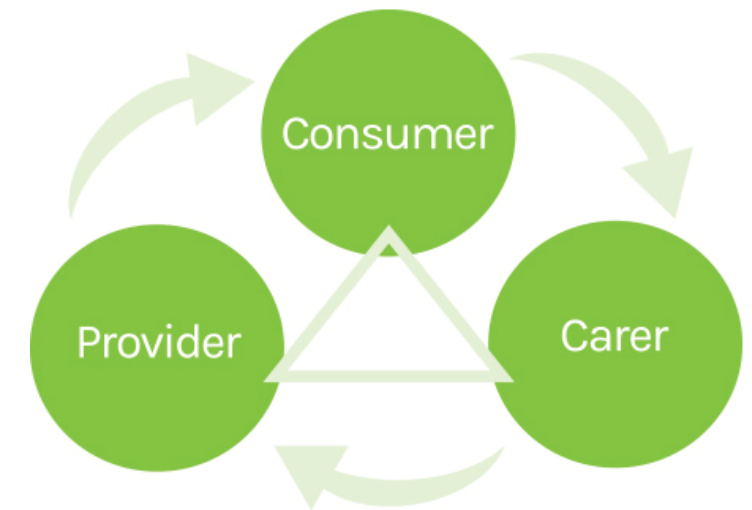
Family and carers perspective

People with significant mental ill-health continue to experience poorer outcomes compared to the general community. This includes in key areas such as employment, housing, and in particular, interpersonal relationships.

Families, friends, carers and supporters continue to family members and carers continue to report that their role, views and needs as carers are not being recognised and respected by mental health services (Productivity Commission, 2020).

Families, friends and supporters have known the person for much or all of their lives, including when they were well, and should be considered as partners in care.

The Triangle of Care



Carers Trust, UK, Worthington, A, Rooney, P, Hannan, R 2013, The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England, Second Edition, 2013, Carers Trust, London

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Where to now?