Recovery-oriented services, acting on principles through occupation, meaning and experience –

A phenomenological approach to understanding experience of the adult child of a parent who has a mental illness

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‘As there are no fixed truths or totally definitive knowledge, and because circumstances change, the human condition may be best understood as a continuous effort to negotiate contested meanings’

(Mezirow, 2000)

Objectives

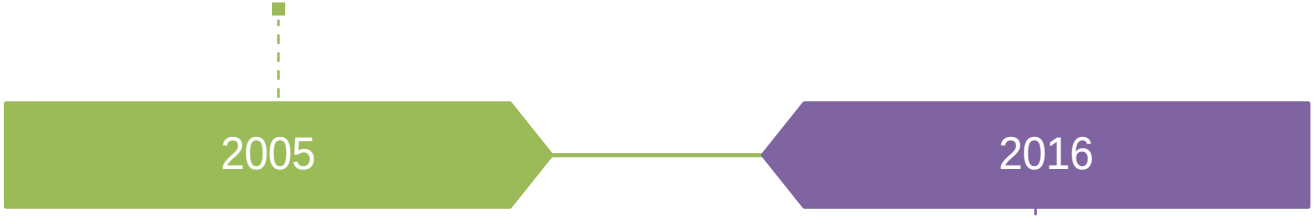
- Service delivery contexts
- Lived experience context
- Stigma and self-stigma
- Occupation, meaning, spirituality and mental health and well-being
- Professional boundaries and professionalism

Recovery movement

- 1970s – early work of Dr Patricia Deegan, Dr Mary Ellen-Copeland
- 1980s – Services more open to learning about the client/consumer experience
- 1990s – Development of various Recovery Models,
  - from both person perspective & service delivery perspective (e.g. Dr Daniel Fisher and the development of Fisher & Ahern Empowerment Recovery Model 1998; Anthony 1993; Mary Ellen-Copeland's WRAP Model)
- 2000s – Integration of a recovery-oriented approach to mental health service delivery
  - (e.g. Scottish Recovery-oriented Services Framework; Anthony's Recovery-oriented Services Assessment (ROSA) 2000; National Framework for Recovery-oriented Mental Health Services 2013; National Standards for Mental Health Services 2010)

Queensland context

Recovery paper 2005, partnership with consumer advocate Helen Glover and state government to develop policy, guidelines and staff training (Queensland Government, 2005)



Amendments and revision of Queensland state mental health legislation, new Mental Health Act 2016 enacted 5th March 2017 (Queensland Legislation website, will be updated in Sept)

COPMI – identifying an area of need

- Evidence from literature:
  - Still not enough data in Australia
- Risk factors: behavioural, education, social, developmental, mental health
- Not all children
- Social environment (friends at school, neighbourhood, family supports, connections with others)
- Individual personality
- Other adults in life (supports & role models)
- Prevention strategies work
  - Early intervention
  - Family-focussed approach
  - Teamwork!

Support & Service Options for COPMI

- Australian Institute of Family Studies (AIFS)
- Beyondblue
- The Black Dog Institute
- The BRAVE Program
- Parent Easy Guides
- Sane Australia
- Siblings Australia
- Young Carers
- Alateen
- Mater Hospital – Kidz Club (Queensland)
- Kids Matter Program
- Australian Child & Adolescent Trauma Loss & Grief Network (ACATLGN)

Adult COPMI – where are they now?

- May be parents
- Mental health & wellbeing (learning to look after oneself)
- Workaholics & perfectionists

- Effects of childhood experiences (Murphy, Peters, Wilkes & Jackson, 2016):
  - Unsure of own emotions
  - Sense of identity
  - Trust
  - Guilt & shame
  - Confused sense of reality

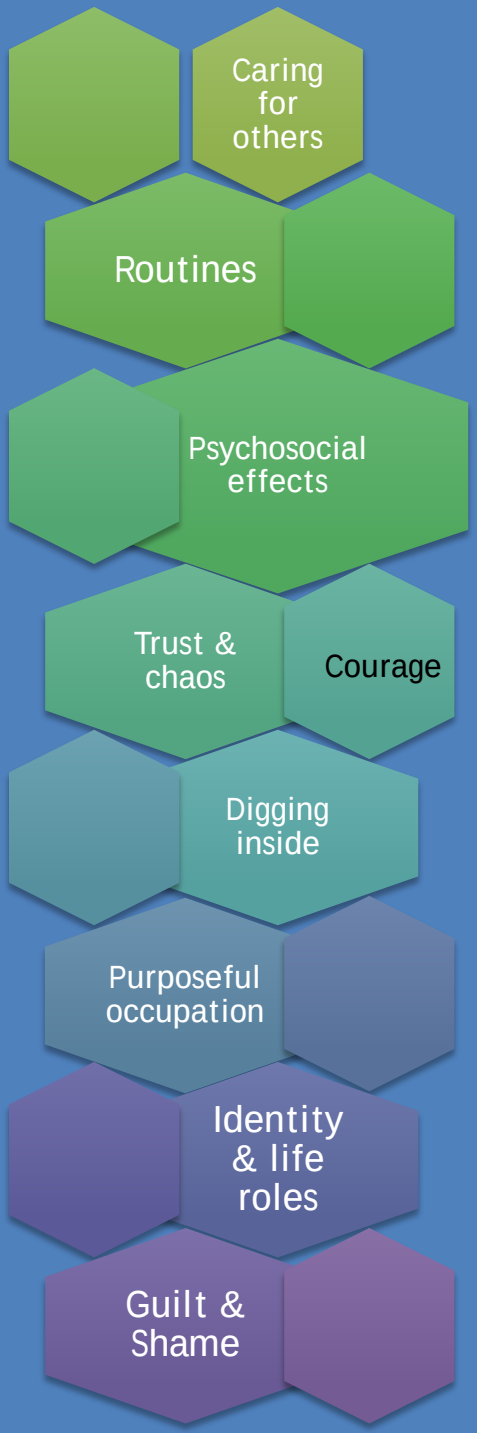
- Stigma – lasting effects (Murphy, Peters, Wilkes & Jackson, 2017)

A phenomenological perspective –

one person's lived experience

Understanding	Understanding the uniqueness of individuals
Learning	Learning from lived experiences of self and others to better support understanding, respecting people (clients and carers)

The frightened & bewildered child-parent



Social Skills

When there is no safe and close parental role model

What therapy types does this relate to?

Schema Theory and Object Relations Theory; trust, shame, guilt

Occupational therapy principles of interpersonal & intrapersonal skills in daily living environments

Being Acceptable

When there seems no place –

an outcast

What therapy types does this relate to?

Solution-focussed Brief Therapy; occupational therapy principles- meaningful occupational roles (life roles)

Environments that support growing children to develop psychological & social identity (occupational identity)

Hope

When there seems no hope –

a hopeless situation

What therapy types does this relate to?

Solution-focussed Brief Therapy

Acceptance Commitment Therapy (ACT)

Seeing & looking for strengths in parents & self

Occupational therapy principles of meaningful & purposeful occupations (routine and established meaningful activities in one's life)

Resilience

When the tanks are empty – exhaustion at it's best

What therapy types does this relate to?

Solution-focussed Brief Therapy

Psychological skills in coping & managing stress

Martin Seligman & Van der Kolk's books

Social support (someone safe to talk to – my Dogs)

Occupational therapy principles of meaningful & purposeful activities which occur in routines that balance:

(1) work/productivity (school), (2) leisure, (3) self-maintenance & self-care

Stigma

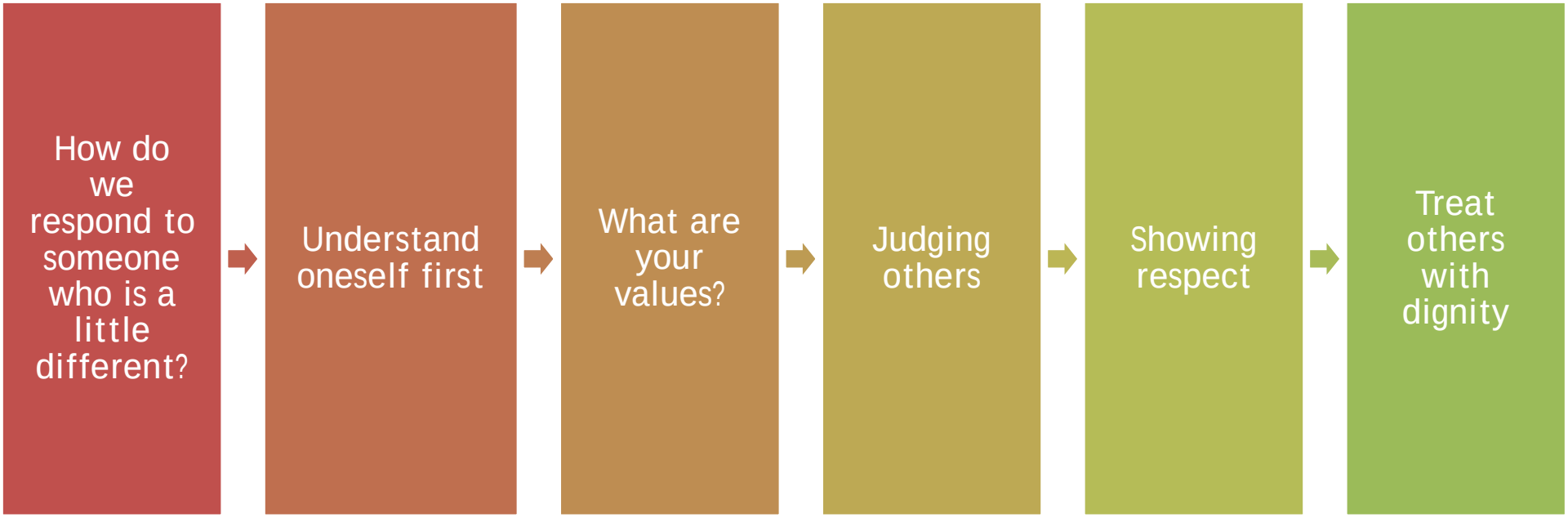
When the self cannot be integrated into social contexts – not showing one's face in the public domains

What therapy types does this relate to?

Psychology of identity, self-esteem & developmental theories

Sociology of groups & group-think, group process dynamics

Occupational therapy principles of meaningful and purposeful occupations in the context of the social environment (interactions with others and community); Ecological Theory



Stigma – reflecting on attitudes & assumptions

Stigma – concepts

(Ostrow, Manderscheid & Mojtabai, 2014; Saridi, Kordosi & Souliotis, 2015; Ungar, Knaak & Szeto, 2016)

- Self-stigma
- stigma from health professionals
- stigma from local communities or cultural influences
- Structural stigma (discriminatory policies, procedures, gaps in legislation)
- Interpersonal stigma (attitudes, behaviours, distancing, status in social group)

So what?

- How do we process this? Is there a structured self-reflection process? Is the other person responsible?

- Biases & stigma amongst mental health professionals (Ungar, Knaak & Szeto, 2016)
  - exhaustion (burn-out risk) affects stigmatizing attitudes;
  - limited personal experience ***OR*** intense personal experiences of lives being touched by mental illness;
  - seeing people when most unwell;
  - limited access or time to access skills-based training
  - Implicit (unconscious) bias

Kindness and Compassion

(Greater Good Science Centre, University of California, Berkeley)

- **Compassionate instinct** – 'suffering together' (refer to works of Dacher Keltner & Paul Ekman, UC, Berkley)
  - Differs from empathy – ability to take the perspective of another, may feel a sense of the other's emotions
  - Compassion = feelings and thoughts *result in a desire to help;* more action oriented

- **Intelligent kindness** – recognition of being same nature as others, of kinship
  - Informed (intelligent) attentiveness
  - Cycle of action to create conditions needed for kindness (Ballant & Campling, 2011; Campling, 2016)

Professional Boundaries – How does a lived experience affect this?

- Self-awareness
- Mental health continuum (not illness focus)
- Positive twist: understanding the 'humanness' of others supports compassion, kindness, respect others, considering dignity of the client/consumer

- Supervision relationship (Carroll & Gilbert, 2006):
  - Safe confidential space
  - Trust and trustworthiness
  - Knowledge, professionalism, continuous improvement
  - Enables or disables the supervisee to honestly explore the influence of personal experiences on clinical practice

Thank you for your attention and presence

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