

2018 FAMILY MENTAL HEALTH PROJECT SUMMARY

Key Findings Across Toronto, Ottawa, and Kenora:

Grief

- i** Across all sites, many group members expressed that a mental illness diagnosis felt like the ‘death’ of future expectations, potential, and relationships. Consequently, they acknowledged that a person’s identity often goes through grieving process when adjusting to the “new normal” of their diagnosis.

Stigma

- i** Many group members shared that the stigma associated with mental illness continues to be a major barrier on an individual, family, community, policy, and institutional level. During group discussions, it became evident that policies and institutions can perpetuate harmful discriminatory and stigmatizing practices. Mental illness needs to be destigmatized and decriminalized.

Funding

- i** Group members advocated for more funding for youth and adult mental health services, housing, and staff (i.e. psychiatrists). Community-based interventions (both formal and informal) should also be funded to support families during the recovery process (i.e. family councils).

System Navigation and Un-Siloed Care

- i** At present, mental health services are fragmented. System navigators and a centralized resource network were proposed by the groups as an intervention that could help communities access care in an efficient manner.

Education

- i** Individuals (including young children), families, law enforcement, and healthcare clinicians need to be further educated about mental illness and *how* to advocate. In short, the entire community must be educated.

Family Involvement

- i** The healthcare system often excludes family members (both biological and chosen) from important conversations about discharge planning and future care. This can lead to poor outcomes for the entire family.

|| Next Steps (2019 and Onwards)

More Family Mental Health Cafés

Our research team is planning more cafés that will continue to explore relationships and caring in families that have an adult member who has been diagnosed with a long-term mental illness.

Family Interviews

We are moving into the family interview phase of the project. We are seeking families (2-4 participants per interview, must include at least one person diagnosed with a mental illness) who would be willing to share their experiences of how their family has managed family life that includes mental illness over time. For more information on this please email us at fmhproject@gmail.com.

Key Informant Interviews

The research team is planning to interview 12 family caregiving advocates to seek their perspectives on family experiences navigating caregiving systems. These interviews will be conducted later in the project to complement the information collected from interviews and café events.

Advisory Council

This group will be composed of individuals diagnosed with mental illnesses, family members and service providers/advocates from family support organizations. They will provide invaluable contributions to the process of transforming the research findings into educational materials for the public, professionals and policymakers.

Social Media

You can follow our Facebook page to keep updated about the progress of this important study by searching - **@familyMHcafe**



Contact

Please contact Professor Charmaine Williams (Principal Investigator) at charmaine.williams@utoronto.ca or Joelleann Forbes (Research Coordinator) at fmhproject@gmail.com if you have any questions or want to participate in future phases of this project.

