

The summary of the July 30, 2008 Integrated Plan Advisory Workgroup does not capture the point about families that NAMI California was attempting to make.

So far MHSA discussion about families seems to focus on educating and supporting families so that they can be an important “tool in the toolbox” to help consumers/clients on their path to recovery, wellness and resiliency.

This, however, is only half of the discussion that needs to take place regarding educating and supporting family members.

The terms “trauma,” “harm reduction,” “recovery,” “wellness,” “resiliency,” etc. need to be applied, not only to clients/consumers, but also to family members/caregivers.

An integrated system needs to educate and support family members in ways appropriate to the emotional stage they are experiencing.

Predictable Stages of Emotional Reactions among Family Members Dealing with Mental Illness

(Adapted from the NAMI Family-to-Family Education Program)

The path from onset to acceptance of mental illness in a family member is a long and difficult process. It's a family crisis, a marital crisis, and a personal crisis. From testimonies heard in thousands of NAMI family support groups, it is evident that family members (including parents of children, transition age youth, and adults; children of adults and older adults who are caregivers; siblings and others who are caregivers; and family members of color) go through a predictable emotional cycle of feelings that are normal responses to trauma.

I. Dealing With The Catastrophic Event

Crisis/Shock: Feeling overwhelmed, dazed. “We don't know how to deal with it.”

Denial: A protective response. We “normalize” what is going on, find reasons for what is happening that don't involve mental illness. We decide all this is not really serious or there is a perfectly logical explanation for these events or it will pass.

Hoping-against-Hope: The dawning of recognition, and the hope that this is not a life event, that somehow everything will magically go back to normal.

Needs: *Support *Comfort *Empathy for confusion *Help finding resources

*Early intervention *Prognosis *Empathy for pain *NAMI

II. Learning to Cope: "Going through the Mill"

Anger/Guilt/Resentment: We start to "blame the victim," insisting that he/she should "snap out of it." We harbor tremendous guilt, fearing that it really is our fault. We torment ourselves with self-blame.

Recognition: The fact that a mental illness happened to someone we love becomes a reality for us. We know it will change our lives together.

Grief: We deeply feel the tragedy of what has happened to the person who is stricken. We grieve that our future together is uncertain. This sadness does not go away.

Needs: * Vent feelings *Keep hope *Education *Self-care *Networking
*Skill training *Letting go *Co-operation from system *NAMI

III. Moving into Advocacy: "Charge!"

Understanding: We gain a solid, empathic sense of what the ill person is suffering. We gain real respect for the courage it takes to cope with mental illness.

Acceptance: Yes, we finally say, bad things do happen to good people. It's nobody's fault. It is a sad and difficult life experience, but we will hang in there and manage.

Advocacy/Action: We can now focus our anger and grief to advocate for others and fight discrimination. We join public advocacy groups. We get involved.

Needs: *Activism *Restoring balance in life *Responsiveness from systems *NAMI

How MHSA and an Integrated Mental Health System Can Help:

1. Remove feelings of blame.
2. Acknowledge denial and anger as normal.
3. Communicate empathy and compassion for the family member's dilemma.
4. Educate family members about trauma in mental illness (and co-occurring disorders) and support them so they can help in the recovery, wellness and resiliency of their ill family member.
5. Educate family members to recognize symptoms of their own trauma and support them in their own recovery, wellness, and resiliency.