UNIT 2  FAMILY AND MENTAL HEALTH

Structure

2.0  Introduction

2.1  Objectives

2.2  Historical Aspects of Role of Family in Mental Health Care

2.3  Family Perspectives of Mental Health Issues
  2.3.1  Multi-generational Transmission
  2.3.2  Nature of Family
  2.3.3  Structure of Family
    2.3.3.1  Transition in Family Structure
    2.3.3.2  Implication of Changes in Family Structure for Mental Health Professionals
  2.3.4  Strategic Approach
  2.3.5  Experiential Family Approach

2.4  Role of Family in Mental Health

2.5  Role of Family in Mental Illness
  2.5.1  Mental Illness and Therapists/Family Relationship Service Providers
    2.5.1.1  The Interpersonal Nature of Mental Health Problems
    2.5.1.2  Untreated Disorders
    2.5.1.3  Managing Chronic and Recurrent Disorders
    2.5.1.4  Informal Caregiving
    2.5.1.5  Vulnerable Families
      2.5.1.5.1  Protective Factors
  2.5.2  Caregivers Burden
    2.6.1  Living with Someone Who has a Mental Health Problem
    2.6.2  Children of Parents with a Mental Illness
    2.6.3  Caring for Someone with a Mental Health Problem
      2.6.4.1  Particular Needs of Carers
      2.6.4.2  Stigma

2.7  Let Us Sum Up

2.8  Answers to Self Assessment Questions

2.9  Unit End Questions

2.10  References

2.0  INTRODUCTION

In the previous unit, you were informed about how an individual’s psychosocial and cognitive development takes place since childhood. In the present unit, you will be informed about the role of family, care taker and related environments in dealing with mental illness of a child and other related aspects. The term family has been derived from the Latin word ‘familia’ that indicates a household establishment, similar to ‘famulus’, which denoted a servant who came from that household establishment. Family has been defined in the Oxford dictionary as (i) The body of persons who live in one house or under one head, including parents, children, servants, (ii) The group consisting of parents and their children, whether living together or not; in wider sense, all those
who are nearly connected by blood or affinity. (iii) A person’s children reared collectively. (iv) Those have descended from a common ancestor.

In mental health, the term family denotes a group of individuals who live together during important phases of their life time and are bound to each other by biological and /or social and psychological relationship. It is a group defined by a sexual relationship sufficiently precise and enduring to provide for the procreation and upbringing of children.

Thus, the family’s part in mental health is inevitable and this unit will focus on understanding the role of family in mental health issues and its role in aspects of management.

2.1 OBJECTIVES

With the help of this unit, you will be able to:

- describe the nature and structure of family and their role in mental illness;
- explain the origin of family therapy;
- define family related approaches to wards illness;
- enlighten the importance of family in mental health and mental illness; and
- explicate the issues that influence management of mental illness.

2.2 HISTORICAL ASPECTS OF ROLE OF FAMILY IN MENTAL HEALTH CARE

There is no doubt that the significance of family, love and affection creates a healthy environment for the child to grow. In order to create a positive environment and well being of children, the movement of family therapy began way back in the 1950’s. One of the prominent names in the emergence of family therapy is Gregory Bateson. The central concept of family therapy stems from the understanding of how interpersonal issues affect mental health and also how resolving these issues can contribute in solving the problem of the individuals. Family therapist initially understood the limitations of individual focused interventions. The proponent of family therapy in United Kingdom was John Bowlby and in USA it was John Dell.

Family therapy came in to importance as a result of three movements:

- In the child guidance clinics, it was found that family intervention was essential for resolving child’s problems.
- In UK and USA, movement focused on marriage counseling eventually saw the need for family intervention and became centres for family therapy.
- Sex therapy movement which essentially was behavioural in approach in the 1970’s by Master’s and Johnson in the USA, later integrated with systemic marital therapy. Theoretically, Adler and Sullivan also at the same time pioneered the development of social psychiatry with emphasis on the ongoing family relationships. Banduras’s Social Learning theory also contributed to advent of family interventions (Carr, 2006).

In India, Dr. VidyaSagar in 1956 had pioneered the effort to involve family members in the treatment and management of mental illness. He was the first
to demonstrate that patients improve and recovered sooner with family involvement. This approach was followed soon after in Christian Medical College, Velore by establishing family wards. The result of these was positive and faster recovery, lower relapse rates was noted. Family members also served as change agents in their community as they identified other patients and guided their family members to approach psychiatric centers for help (Avasthi, 2010).

2.3 FAMILY PERSPECTIVES OF MENTAL HEALTH ISSUES

There are various viewpoints towards the contribution of family in the child development and mental health related issues. Some of the perspectives have been discussed in the subsections below.

2.3.1 Multi-generational Transmission

Murray Bowen suggested that the attitude of parents towards children is influenced by how they themselves were treated as children. Family emotional process is considered to be transmitted from one generation to another. Bowen introduced the use of genogram which involves a pictorial representation of the client’s family tree, normally reaching as far back as the client’s grandparents. It is a format for drawing a family tree that records information about family members and their relationships, spanning at least three generations. This visual aid quickly points out the patterns and multi-generational transmission of the family system and it helps in planning treatment for a care-seeker.

A genogram helps in understanding several issues like:

- It helps in assessing the strength of relationship with other family members.
- It provides a complete history of the client’s significant relationships.
- It helps to identify family histories of significant health issues or mental disorders and disturbances.
- It also gives a clue of gender role expectations of that family.
- The influence of birth order and sibling relationships on the person can be understood.
- It helps to understand cultural and ethnic influences.
- It provides traces of specific problem issues (if any) in the family.
- It facilitates to examine the influence of traumatic events on the couple.

2.3.2 Nature of Family

The nature of the family has also been considered as a significant aspect in transmission of mental health as well as mental disturbances. It is a well known fact that, a family is universal, permanent and nucleus of all social relationships. It has an emotional basis, has an influence over its members, teaches its members about their social responsibility and the necessity for cooperation and follows a social regulation.
In India the family is the most important institution that has survived through the ages. India, like most other less industrialized, traditional, eastern societies is a collectivist (a sense of harmony, interdependence and concern for others) society that emphasizes family integrity, family loyalty, and family unity. More specifically, collectivism is reflected in greater readiness to cooperate with family members and extended kin on decisions affecting most aspects of life, including career choice, mate selection, and marriage.

2.3.3 Structure of Family

Salvador Minuchin gave the structural approach which puts forth the idea that in normal families every individual has specific functions to perform. The members of the family usually have fixed boundaries of relationship. Disturbances happen when family members are either too close or too distant from each other. Salvador Minuchin discovered two patterns common to troubled families: some are “enmeshed,” chaotic and tightly interconnected, while others are “disengaged,” isolated and seemingly unrelated.

The structure of a family has subsystems with boundaries separating them. A healthy structure of the family organism requires clear boundaries, particularly generational boundaries. Unclear boundaries create a dysfunctional family structure, one manifestation of which is a symptomatic family member. It is assumed that if the structural flaw is corrected, the family organism will return to health.

The theory of structural family has stated three essential components of family: structure, subsystems and boundaries.

- **Family structure** is the organized pattern in which family members interact. It is a deterministic concept, but it does not prescribe or legislate behaviour.
- Families are differentiated into **subsystems** of members who join to perform various functions. Every individual is a subsystem, and dyads or larger group make up other subsystems, determined by generation, gender, or common interests.
- Individuals, subsystems, and whole families are demarcated by interpersonal **boundaries**, invisible barriers that regulate the amount of contact with others.

Minuchin developed a theory of family process. This theory views pathology of the family as arising out of problematic interpersonal boundaries within the family. Interpersonal boundaries between family members can vary from rigid to diffuse. Rigid interpersonal boundaries are categorised as disengaged subsystems and diffuse boundaries are categorised as enmeshed/trapped subsystems. That is, enmeshed subsystems offer a heightened sense of mutual support, but at the expense of independence and autonomy. In disengaged families, boundaries are rigid, emotional distance is excessive, and the family fails to mobilize support when it is needed. Enmeshed parents create difficulties by hindering the development of more mature forms of behaviour in their children and by interfering with their ability to solve their own problems.

Adaptive changes in structure are required when the family or one of its members faces external stress and when transitional points of growth are
reached. Family dysfunction results from a combination of stress and failure to realign them to cope with it. The family’s failure to handle adversity may be due to inherent flaws in their structure or merely to their inability to adjust to changed circumstances.

In India for example, the concept of family is considered as strong, stable, close, resilient and enduring. Since ages, the ideal and desired family in India is the joint family. A joint family generally includes three to four living generations, including uncles, aunts, nieces, nephews, and grandparents living together in the same household.

Generally, when the elderly parents expire, a large joint family gets divided because there is no longer a single authority figure to hold the family together. However, after division, each new residential unit usually becomes a joint family when sons of the family marry and bring their wives to live in the family home. The lines of hierarchy and authority are clearly drawn, shaping structurally and psychologically complex family relationships.

The major principle of joint family is to create and maintain family harmony. Women are especially strongly socialized to accept a submissive position to males, to control their sexual impulses, and to subordinate their personal preferences to the needs of the family and kin group. However the conditions are changing in recent decades as women are getting good education and optimal exposure. Reciprocally, those in authority accept responsibility for meeting the needs of others in the family group. Psychologically, family members feel an intense emotional interdependence with each other and there is strong interpersonal empathy, closeness, loyalty, and interdependency.

2.3.3.1 Transition in Family Structure

There has been a shift in family structure with the change of time. For example, in Indian traditional joint family structures, where family members used to stay together with their spouses and children, have been significantly replaced in urban areas by nuclear families. More importantly, the family system has become a highly differentiated and heterogeneous social entity in terms of structure, pattern, role relationships, obligations and values.

2.3.3.2 Implication of Changes in Family Structure for Mental Health Professionals

As we have seen earlier, the strength of Indian families lie in their traditional nature. But the emerging urbanization and industrialization has lead to a transition. The trend to change has shifted persons from rural to urban settings and this has resulted families to turn to nuclear kind from joint families. Due to this they are subjected to stress more in terms of readjustments, reorientation and the making-breaking of human ties. The populations that are vulnerable to face this stress are elderly, children and adolescents, and women. The range of disorders and deviancies associated with urbanization are enormous and includes adjustment disorders, depression, sociopath, substance abuse, alcoholism, crime, delinquency, vandalism, family disintegration, and alienation. As a result of this, there is a worldwide emphasis on reducing the psychiatric hospital beds and reducing admission into the mental asylums.

2.3.4 Strategic Approach

Jay Haley proposed a strategic family approach. This is also known as the General system’s theory. This approach views that the main cause of disturbance
in an individual is the patterns and power structure in the family. Jay Haley stressed upon the importance of the rules of the hierarchical structured family. He believed that the cause of most behavioural problems lies in ineffective parenting hierarchies, that is in a family if one parent is highly authoritative and does not allow the other parent or children to take part in any decision making, then this leads to psychological problems in the family. His approach towards these problems aimed to reorganize the family structures and make it more functional. He believed that if the boundaries of a family are clearly defined then there is clear cut clarity in the roles and positions of the parents and the children. The boundaries are designed primarily to help family members experience new ways of interacting so that they will have different experiences and feelings and therefore behave differently. For example, triangulation can occur in a family and that might lead to family conflicts.

Triangulation occurs when a dyadic relationship becomes too stressful or conflicted. A third person is involved as a way of diffusing the tension. This typically occurs in families, often with a husband and wife (or two partners) and one of the children. The more family members are differentiated, the less likely they are to triangulate.

Transgenerational therapy typically involves helping people learn to recognize emotional patterns that lead to triangulation, through more insight into how they learned these patterns through transgenerational transmission.

2.3.5 Experiential Family Approach

Virginia Satir, one of the few women family systems pioneers, believed that every human being had innate worth and that all individuals and families had the potential to grow and flourish. Her views towards humankind were very much similar to that of Carl Rogers’. She believed that any disturbance, problem or similar symptoms is a blockage towards growth of a person and for the family at large, and she was interested in what a family had to give up or sacrifice in order to maintain this kind of negative balance.

All individuals are born into a primary survival triad between themselves and their parents where they adopt survival stances to protect their self-worth from threats communicated by words and behaviors of their family members. Experiential therapists are interested in altering the overt and covert messages between family members that affect their body, mind and feelings in order to promote congruence and to validate each person’s inherent self-worth.

Self Assessment Questions 1

Fill in the Blanks

1) The major principle of joint family is to create and maintain ...........

2) The theory of structural family has stated the following three essential components of family: ..................... , .....................and ..................... .

3) Salvador Minuchin discovered two patterns common to troubled families: some are ..................... while others are ..................... .

4) The proponent of family therapy in United Kingdom was ........... ................... and in US it was ........... .............. .
2.4 ROLE OF FAMILY IN MENTAL HEALTH

The social aspect of mental health care has become increasingly important. Human behavior has to be understood in the context of interpersonal relationships and environmental factors. One’s immediate environment is the family and interaction with its members is an important influential factor in behavior. Sethi (1989) noted that for a mental health professional family denotes a group of individuals living together during important phases of their lives and that their relationship is bound by biological, social and psychological relationship. Therefore it provides scope for development of personality, behavior patterns, interpersonal responsibility and a context for emotional expression.

Robison, Rodgers & Butterworth (2009) mentioned that a family life provides positive and protective factors to its members. Social support and particularly the emotional support from a close relationship is one important protective factor for mental health problems. Anxiety and depression is higher with families that lack close supportive relationship. It has also been pointed out that families also influence quality of life in an important way. The potential of families in providing the earliest most enduring social relationships is a factor that influences feelings of competence, ability to be resilient and influence a sense of well being.

2.5 ROLE OF FAMILY IN MENTAL ILLNESS

In India, family is considered to be the key resource in the care of patients with mental illness. Families are considered to have the role of primary caregivers for two reasons: First, it is because of the Indian tradition of interdependence and concern for near and dear ones in adversities. Due to this most Indian families prefer to be meaningfully involved in all aspects of care of their relatives despite it being time-consuming. Second, there is a lack of trained mental health professionals and hence the clinicians depend on the family. Thus, having an adequate family support is the need of the patient, clinician and the healthcare administrators.

The traditional joint family is seen as a source of social and economic support and is known for its tolerance of deviant behavior and capacity to absorb additional roles in times of crisis, especially in Indian context. Leff et al (1990) have suggested that traditional joint families allow for diffusion of burden in families caring for the mentally ill and could be responsible for mediating the good course and outcome of major mental disorders. Reviews of the role of the family in relation to mental health have found that the nuclear family structure is more likely to be associated with psychiatric disorders than the joint family. Chandrashekar et al.(1991) reported that fewer patients from rural families sought hospitalization when compared to urban families because of the existing joint family structure.

2.5.1 Mental Illness and Family Therapists/Family Relationship Service Providers

Family relationships have been considered to be significant in the context of mental disorders. The therapists or the agencies that tries to provide family care services.
Those who seek help with regard to mental illness to the family therapist are dealt with the following problems:

- Mental disorders impact not just on the individuals affected but also on those around them—including immediate family and other relatives—and may be both a cause and a consequence of family/relationship difficulties.

- Although most common mental disorders are amenable to treatment, the majority go undiagnosed and untreated.

- Many disorders are chronic or recurrent and they often call for long-term management, not just acute care. A turnover role in trying to balance the relationship between the client and his/her family. The persons suffering from mental illness are taken care of at homes, but this leads to many difficulties for the care giver (family) and the care taker (person having mental disorder). Some

- Much of the care provided for people with mental disorders (even very serious disorders) is informal care provided by family members.

- Many of the “vulnerable” family groups that represent the clientele of family relationships services have a greater risk of mental health problems than the population average.

The role of the family therapist or family service providers helps in dealing with these problems as mentioned below in the following sub sections.

2.5.1.1 The Interpersonal Nature of Mental Health Problems

Mental health problems are often so deeply personal in nature that:

- They are often not visible to others;
- Most of the problems are characterised and identified by emotional and other subjective symptoms; and
- Many individuals experiencing problems attempt to conceal or downplay their difficulties.

At the same time, mental health problems have features that are fundamentally interpersonal. The clinical diagnosis of almost all mental disorders includes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The onset of illness can be identified by the immediate relatives and friends by observing the changes in a person’s behaviour. Mental disorders are also found to be linked with a range of adverse social outcomes, including marital dissatisfaction and the likelihood of marital breakdown.

An additional interpersonal feature of mental health problems is the importance of perceived stigma (when public endorsement of prejudice related to a stigmatized group occurs), and self-stigma (what stigmatized people may do to themselves, if the public stigma is internalized. Both types of stigma have impact on the likelihood of receiving help. Individuals may be particularly sensitive to the views or presumed views of relatives and friends about mental health problems and this can be a factor in their willingness to disclose their own problems or to seek professional help and then comes the vital role of family therapist.
2.5.1.2 Untreated Disorders

The lack of professional care for mental health problems has implications for family relationship service providers due to the following reasons:

- Untreated problems are likely to last longer and may worsen in terms of severity.
- Inappropriate forms of self-help, such as substance use, can lead to secondary problems (i.e. comorbidity).
- Clients with untreated disorders will be less likely to benefit from interventions provided by family relationship services.

2.5.1.3 Managing Chronic and Recurrent Disorders

Even though we have treatment available for common mental disorders, if the symptoms become ingrained before seeking treatment, the prognosis will be affected. The service providers help the client to care for self and also try to widen the role of interpersonal relationships and family responsibilities. For some therapies (e.g., behaviour marital therapy or family therapy) the importance of family relationships is an integral part of treatment.

This presents a challenge for both mental health services and for family relationship services to accommodate issues arising from mental health problems that can impact on families (just as chronic physical disease or disability affect families as a whole).

2.5.1.4 Informal Caregiving

The care that is provided by the family members to the person/member is considered as informal care giving. For those with mental disorders, a significant part of the care giving burden falls on family members. This role is often undertaken by parents when a young person or child is affected and when an adult is affected care-giving falls upon spouses, siblings or ageing parents. The important issues for care givers of people with severe mental disorders include access to specialist services and therapeutic support for themselves.

2.5.1.5 Vulnerable Families

The therapists have found that it is not only the client but the family members as whole becomes their target client group because of their susceptibility or vulnerability to some mental health problems. The research literature on risk and protective factors for adult mental disorders provides the evidence base for the characteristics of individuals and families that increase the likelihood of being affected by mental health problems. Some of research findings are as follows:

- Unlike the vast majority of physical disorders, mental disorders are more common in young and middle-aged adults, compared with older adults.
- Depression and anxiety disorders are more common in women than men, whereas substance use disorders are more prevalent in men.
- Family history of mental health problems, especially of parents or other first-degree relatives, is another important risk factor.
- The demographic and socio-economic factors that have the strongest association with depression and anxiety are lone parenthood and
unemployment (especially when the unemployment is long term). An underlying feature in both anxiety and depression is financial hardship. This is because of the dependence for essentials are on income alone.

- Adults with dependent children, especially mothers, are at increased risk for depression and anxiety, with the mothers of younger (pre-school) children having the highest risk.
- Past (own) relationship breakdown is also related to an increased risk of depression and anxiety (as seen in stepfamilies as well as lone parent families), as is parental separation in the family of origin even after many years.
- Occupational skill level as such is not strongly related to risk of mental health problems. Rather, work characteristics such as insecurity, high demands and low control are more pertinent, and having a combination of these poor characteristics may be worse than having no job at all.
- Stressful life events and transitions, whether expected or unexpected, or forms of longer-term disadvantage can influence the mental health status of one or more family members. Such life events and disadvantages include violence, death or serious illness of a family member, other relative or close friend, redundancy, financial crises, homelessness, incarceration, natural and other large-scale disasters, family breakdown, criminality in parents, and parental substance abuse.

2.5.1.5.1 Protective Factors
Social support and particularly the emotional support from a close relationship is one important protective factor for mental health problems. Often, this close relationship is with a spouse/partner or parent. People lacking such a close supportive relationship are at greater risk of anxiety and depression.

Additional protective factors are self-help strategies that aid recovery from mental health problems and may prevent difficulties progressing to diagnosable disorders. These include psychological strategies (e.g. increasing coping skills and cognitive approaches), behavioural strategies (e.g., exercise and relaxation techniques) and use of complementary therapies such as meditation and yoga groups.

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<th>Self Assessment Question 2</th>
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<tr>
<td>State whether the following statements are true or false-</td>
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<tr>
<td>1) Mental health problems are often so deeply personal in nature that they are often not visible to others ........................................... .</td>
</tr>
<tr>
<td>2) Even though we have treatment available for common mental disorders, if the symptoms become ingrained before seeking treatment, the prognosis will be affected ........................................... .</td>
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<tr>
<td>3) Mental disorders impact not just on the individuals affected but also on those around them ............................................................... .</td>
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<tr>
<td>4) Human behavior need not be understood in the context of interpersonal relationships and environmental factors ...................... ..................................... .</td>
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2.6 CAREGIVERS BURDEN

A sufferer is not only the person who needs care from his/her family members, but the family members who are providing care to those members also suffer a lot. Some of the problems faced by the family or the care givers have been mentioned in the subsections below.

2.6.1 Living with Someone who has a Mental Health Problem

Research in many countries has shown that mental illness in married couples co-occurs at a level far greater than expected by chance, i.e. that mental illness in one spouse is associated with mental illness in their partner.

A number of different explanations have been suggested for this co-occurrence (often called “spousal concordance”), including that:

- people marry partners who are similar to themselves, and this could apply either to mental health problems or to other characteristics which put people at risk of mental health problems in the future;
- spouses have similar environments and experiences (e.g., life events) after marriage and these contribute to the similarity in their mental health; and
- mental health problems in one spouse impact on the mental health of their partner, due to difficulties in their relationship, through any consequences on their economic or living conditions, or as a direct consequence of one spouse having to care for the other.
- Such associations between mental health and marital relationships are reflected in the application of marital therapy in the treatment of depression and other mental health problems.

2.6.2 Children of Parents with a Mental Illness

There has been increasing recognition of the caring role that many children play in supporting a parent with a mental illness. The effects of having a parent with a mental illness may impact on children in different ways. Children may be affected in terms of their own direct care, or indirectly through impacts on their social and emotional health and wellbeing. Core attachment needs such as love, physical and emotional nurturing and security may be at risk. For example, depressed mothers may provide less stimulation, support and responsiveness to children, which can affect children’s physical and psychological health, attachment and social problems. Children may be at an increased risk of developing mental health problems, either through genetic predisposition, parenting style or learned behaviour, with one study suggesting that approximately one-quarter of children living with a parent who has a mental illness are in situations of moderate, high or extreme risk of future mental health problems themselves. Poor relationships between parents and children may or may not result, but emotional safety and, particularly in cases of psychosis, physical safety may be compromised.
2.6.3 Caring for Someone with a Mental Health Problem

A “primary carer” is the person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities such as communication, mobility and self-care.

Two aspects of caregiving relate specifically to mental health—first, the care involved in looking after a person with a mental illness and the impact of caring on the mental health of the caregiver. The second type may occur in the caring of a person with a range of physical and intellectual disabilities, as well as mental illness.

One of the key aspects of caring that can impact on the mental health of carers is the level of burden involved in the caring role. Similarly to other caring roles, two types of burden associated with caring for a person with a mental illness are highlighted in the literature: objective burden and subjective burden. Objective burden relates to the specific tasks associated with caring, for example managing finances or doing housework, and subjective burden relates to the feelings and cognitive appraisals associated with caring, such as finding particular behaviours embarrassing, worrying about the future and dealing with excessive demands. The degree of burden is most often related to the degree of impairment or severity of the disability and symptoms associated with the illness of the care recipient.

It is important to state, however, that caring has positive elements for some caregivers and is not necessarily universally harmful to carers’ psychological wellbeing. Caregiving can be a source of achievement, bearing in mind that the experience of caregiving is not necessarily one-dimensional either—it can, for example, being difficult and rewarding or burdensome and gratifying.

2.6.4.1 Particular Needs of Carers

A recent report on people suffering from mental illness has identified the following needs from families and carers towards them:

- support, for dealing with issues such as challenging behaviours;
- education, particularly at the onset of an illness;
- understanding and empathy, for example, someone to listen to the difficulties they face; and
- kind of short break for exhausted families, who may also need assistance with feelings of guilt.

2.6.4.2 Stigma

Fear and stigma relating to mental health, in both professionals outside the mental health service system and in the community, cannot be underestimated. Many studies have indicated that stigma is the most prominent issue related to seeking help for mental health problems. As stated previously, family relationship services are in a good position to respond to mental health problems as they are not necessarily directly associated with mental health service delivery. A comprehensive discussion regarding stigma and responses to addressing stigma is dealt in another unit, it seems timely to consider the specific role that non-mental health services can play in ameliorating the damaging effects of stigma related to mental illness.
Self Assessment Questions 3

Answer the following questions in a single sentence-

1) Who is a ‘primary carer’?

.........................................................................................................................

2) What is ‘spousal concordance’?

.........................................................................................................................

3) Who is a care giver?

.........................................................................................................................

2.7 LET US SUM UP

Throughout the discussions done in this unit, we can summarize that family is the basic unit of our society. Family teaches its members about the social responsibilities. Thus the interaction between the family members is important in mental health. Moreover, the changes which are taking place in the traditional family structure due to industrialization also have the impact on mental illness.

Overall, in our country the mental healthcare needs are increasing but at same time one of our main resources which is the family, in the care of the mentally ill subjects is diminishing. Thus, it is important to take immediate steps to enrich the positive role of family in mental health care. Community mental health programs can be conducted to provide knowledge about the importance of family members in “well-being”, identifying the symptoms, and the availability of treatment.

It is important for the researchers to examine how the changing structure and functioning of the contemporary Indian family would impact care giving for people with major mental illness. Similarly, the contribution of family members who have played an all important role in the treatment and rehabilitation of psychiatric patients has to be recognized. Access to better treatment for patients, including medications, psychosocial interventions and rehabilitation services is to be ensured.

Moreover, caregivers need to be supported through active programs of support and guidance. Family interventions should focus on expanding training to patients and key relatives about wellness recovery, skills training, and task sharing of household and self-care chores. An improvement in these areas is likely to improve the quality of life of people with mental illness and their families. Researchers recommend that in addition to focusing on the symptoms of patients, more attention needs to be given to the mental health and well-being of family caregivers. Adequate information and support have to be extended to the family and caregivers.

The families need information, support, knowledge and specific suggestions for coping with mentally ill relatives. Caregivers must be encouraged to join such groups so that they can seek mutual help, learn from experience of others, can share their problems etc. Hence, the mental health professionals in India have an important role in promoting the preservation of family, if the needs of mentally ill subjects are to be cared for in a better way.
2.8 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) family harmony

2) structure, subsystems and boundaries

3) “enmeshed,” chaotic and tightly interconnected, while others are “disengaged,” isolated and seemingly unrelated

4) John Bowlby and in USA it was John Dell

Self Assessment Questions 2

1) True

2) True

3) True

4) False

Self Assessment Questions 3

1) A “primary carer” is the person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities.

2) A situation in which mental illness in one spouse is associated with mental illness in their partner.

3) A care giver is a person who takes care of the person suffering from mental illness in the family.

2.9 UNIT END QUESTIONS

1) Define family.

2) Explain the structure of family and effect of changes in family structure on mental illness.

3) Describe Bowen’s theory.

4) Explain the structural approach given by Salvador Minuchin.

5) What are the vulnerable factors and protective factors?

6) Describe about care givers’ burden.

2.10 REFERENCES


