

Match Summary

Name of Match:	Families and Carers
Location of Match:	Victoria, British Columbia, Canada
1. Brief summary of the outcomes of your match	
<p>Participants were appreciative of the opportunity to connect and share ideas and best practices in an informal setting. The group discussed models of family and carer engagement in the health system, and barriers to that engagement. There was a strong focus on legislation and misunderstanding about continuity of care legislation among health system staff, families and carers that acted as barriers to participation. Participants acknowledge that guidelines and toolkits are useful, but lack 'teeth', and called for minimum standards of care that include family and carer engagement. The group developed a concise and articulate call for a Family-Centred, Family Recovery Model system of care that is outlined in #3 in this document.</p>	
2. Resources used in your match	
<p>Nicholson, J., Wolf, T., Wilder, C. and Biebel, K. (2014). Creating Options for Family Recovery: A Provider's Guide to Promoting Parental Mental Health. Marlborough, MA: Employment Options, Inc. Available at www.employmentoptions.org</p> <p>MHCC National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses. http://www.mentalhealthcommission.ca/English/system/files/private/document/Caregiving_MHCC_Family_Caregivers_Guidelines_ENG.pdf</p> <p>MHCC Taking the Caregiver Guidelines off the Shelf: Mobilization Toolkit. http://www.mentalhealthcommission.ca/English/issues/caregiving/family-caregivers-guidelines</p> <p>MHCC Guidelines for the Practice and Training of Peer Support. http://www.mentalhealthcommission.ca/English/system/files/private/document/Peer_Support_Guidelines.pdf</p> <p>Peer Support and Accreditation and Certification Canada Handbook. https://psac-canada.com/certification-handbook/</p> <p>Healthy Minds, Healthy People: a 10-year Plan to Address Mental Health and Substance Use in BC</p> <p>The group also utilized two briefing documents written by the lawyer who participated in the match. The documents provided information about British Columbia legislation related to mental health, and addressed privacy, confidentiality, and informed consent. These documents are included with this report.</p>	
3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion	
<p>Many participants described personal changes and new insights as a result of attending the match discussions. The group was action-oriented, and as we developed our messaging for the</p>	

Match Spotlight, became very clear about what we would like to see:

A Family Centered, Family Recovery Model system of care throughout the United States and all of Canada would support the health and well-being of adults in mental health recovery. A minimum standard of care must be articulated to ensure that families and the family approach are at the core of the continuum of services in the adult mental health system.

In addition to guided principles and guidelines there is a need to develop/implement standard policies and practices throughout all services that are family centered within the adult mental health system. This innovated standard of care must both be implemented in the United States and Canada and that the federal, province and state level must ensure consistency of this family centered system change.

Research and Perspective: Our work group acknowledged all the research that indicates the evidence for a family centered system of care and that it is already developed and implemented in care for physical conditions, such as diabetes and cancer care. Mental health care treatment in Child and Adolescent Mental Health Systems in the United States and Canada also reflect a family-centred system of care, for example with eating disorders.

However, when adolescents transition into the adult system, this critical family-centered approach falls away, hindering family involvement and recovery for adults. This hinders the recovery for all young adults transitioning into the adult mental health system.

Additionally, by utilizing a family centered/recovery model, we maximize valuable natural resources and its cost effectiveness and long term benefits to the system.

Barriers: Our work group identified Privacy and Consent laws as one of the specific barriers in the change and philosophy of approaches from the child and youth mental health system to the adult mental health system. These laws are not well understood by system staff or families, which hinders the engagement of families in planning and care for family members dealing with mental health problems.

Conclusion

It is critical that the adult system evolves - with reference to the learnings and successes from the child and adolescent mental health system. We recognize that the field has developed family engagement guidelines and tool kits and we want to acknowledge the work and its vision. We now must move further and not consider family engagement as an add-on perspective within the adult mental health system, but the CORE of the mental health system. We must invest in our families.

We must train our workforce to recognize:

1. That every adult in mental health recovery is part of a family.
2. That adults in mental health recovery have their own families.
3. The whole family is impacted by the illness and that family recovery is critical and possible.

To involve the "family" as identified by the adult service user is a cost effective comprehensive model.

4. Brief description of how your match has built leadership for the future

It was acknowledged that the match provided participants with opportunities for knowledge, learning, and exchange. They felt that the knowledge and energy for change would bring them back to their respective organizations and communities with new ideas, practices, and

frameworks that could be built upon for future success in changing family and carer engagement in the mental health treatment system. Participants were excited about the call for action and ways to begin to work for that articulated change in their own communities. Participants expressed an interest in staying connected to continue to share knowledge and action in their communities, workplaces and families.