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Beth Filzen

Minnesota State University - Mankato

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Social and Family Support for Individuals with Mental Illness

By Beth Filzen

Practicum Agency & Location: Immanuel St. Joseph's – Mayo Health System Inpatient Behavioral Health Unit

Agency Field Instructor: Lindsey Werner, MSW

Field Liaison & Academic Advisor: Robin Wingo, MSW, LISW



Significance and Purpose

Though the patient remains the primary focus throughout the hospital stay, family members of the patient play a crucial role in the patient's healing process and in helping them to maintain independent living in the community following a hospital stay.

The purpose of this project is to provide family members of individuals hospitalized with information regarding mental illness that is concise and easy to understand. The information will also include resources and supports for family members as they continue to support their loved one.

Methodology

Two literature reviews were conducted. One to determine the main areas of psychosocial supports that are important for individuals with mental illness, specifically Bipolar Disorder, Schizophrenia, Borderline Personality Disorder and Major Depressive Disorder, to maintain their mental health and feel adequately supported by their families within the community.

The second literature review was conducted to determine what challenges families face when caring for their loved one with mental illness and what psychosocial supports are crucial for them to provide adequate support to their loved one and remain healthy themselves.

Based on the findings in the literature, information regarding resources available to families in the rural and greater Mankato area were collected from information published by the National Alliance on Mental Illness (NAMI), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health (NIMH) and others and combined into a resource list for families.

Review of Literature

- Mental illness is a family affair (Downing, Jewell, & McFarlane, 2009)
- 65% of patients discharged from acute hospitalization return to live with a family member (Downing, et. al., 2009)
- Family members are often the front line serving as informal case managers or as crisis intervention workers who handle calls of suicidal behavior and emergencies (Buteau, Fruzzetti & Hoffman, 2007)
 - Family members provide as much as 2/3 of the supportive care given to people with severe and persistent mental illness (Downing, et. al., 2009)
- Family members are thrust into these roles for which they are ill prepared (Buteau, et. al., 2007)
- Family members are not trained and frequently are too deskilled to effectively manages these roles they did not volunteer to undertake (Buteau, et.al., 2007)

Key Findings – A Representation of Important Areas of Psychosocial Support for Individuals in All Four Diagnoses Reviewed

Family support
<ul style="list-style-type: none"> • Demonstration by family members of love, caring, esteem, value, empathy and sympathy, advice, feedback and appraisal were all identified as good social support • Individuals with higher identified levels of family support were significantly more often in full remission of their mental illness • Individuals who felt supported by immediate and extended family are more likely to sustain and do well • Connectedness to family reduces the likelihood of depression and negative or risky behaviors

Employment Support
<ul style="list-style-type: none"> • The level of unemployment among the population diagnosed with Bipolar Disorder is significantly above the mean level of unemployment • 88% of individuals with Bipolar Disorder reported that the illness affected their ability to perform tasks at work • Helpful actions by co-workers such as aid, actions and materials that enable fulfillment of everyday responsibilities and feedback on job performance are reported to be good areas of social support in the work place • Main social support resources identified by individuals with Bipolar Disorder in the workplace: Having a job and having positive interaction and good working relationships with co-workers

Spiritual Support
<ul style="list-style-type: none"> • 1/3 of individuals felt feelings of confusion about whether they were getting overly emotional about spirituality because of the disorder or whether it was a normal religious experience • Spiritual pursuits were seen as a way to maintain structure in daily life • Most feel that faith is increased when they are feeling low • Many individuals rely on churches for support

Other Psychosocial Supports
<ul style="list-style-type: none"> • Individuals with low levels of perceived social support took longer to recover and had a more depressive symptomology • Insufficient social support contributes to incomplete recovery • A social support network is vital in terms of helping to identify early warning signs of relapse • Social support enhances an individual's ability to cope and adapt with daily life events • Social support has been found to be important in keeping mentally ill persons functioning well in the community • Individuals who received more social support, even when they had more psychiatric symptoms, had fewer hospitalizations

Key Findings – A Representation of all Four Diagnoses Reviewed of a Family's Perspective of Caring for a Loved One with Mental Illness

Caring for a relative with mental illness can cause the following effects within the family

- Higher risk for depression
- Strain in family roles and relationships
- Marital strain
- Altered social relationships
- Strain in relationships between families and the mental health system
- Social withdrawal
- 93% of caregivers report high levels of caregiver strain
- Feelings of helplessness
- Self-blame
- High and chronic stress
- Feelings of burden, grief and isolation
- Burn-out
- Decreased quality of life
- Post-traumatic Stress Disorder from witnessing family members with self-harm or suicidal behavior
- Poor overall general health
- Higher risk for chronic medical conditions
- Become neglectful of health-promoting behaviors
- Financial shortages

Discussion and Next Steps

There was a gap in the literature surrounding employment and spiritual support in three diagnoses, Schizophrenia, Borderline Personality Disorder and Major Depressive Disorder with none of the literature reviewed addressing employment and spiritual support. A next step to this would be to conduct a study to see if and how patients with Schizophrenia, Borderline Personality Disorder and Major Depressive Disorder benefit from employment and spiritual support.

The literature reviewed was not specific to any region or demographic area. There could be variances to the types and amount of psychosocial support needed for both individuals and families depending on their geographic location. Taking this research one step further, a study could be conducted of patients and families who live in the greater Mankato area who have been acutely hospitalized for mental health reasons to see if these findings are applicable to this specific rural community.

