

Cross Cultural Newsletter

“Support Group for Chinese families of Patients with Major Psychiatric Disorders: An Evaluation and Lessons Learnt”

Presenters: Dr Cannis Siu-Chun Tse, Wendy Siu, Sue Wong

August 2017

Dear members,

This is to report once again that we had a very successful evening on the 28 of July 2017. About 45 of our members attended,

The topic for the evening was **“Support Group for Chinese families of patients with major psychiatric disorders: an evaluation and lessons learnt”**.

There were a number of speakers including two family members who asked for their name not to be mentioned.

Other speakers included, in order of presentation, **Ms Wendy Siu** (Social worker and Coordinator); **Dr Cannis Tse** Health Psychologist and Administrator for Vagus Centre; and **Sue Wong**, Counselor who was involved in the initial development of the Family group.

The presentation started with two family members presenting their experiences, and trials and tribulations as relatives of clients with severe mental illness. This was followed by **Wendy** who summarized on the needs, the dynamics and developments of the group over many years. These narratives were based on practical work with the group and the lessons learnt.

Cannis followed with a literature review providing a cross cultural perspective, serving a comparison between our experience and world literature. With this, **Sue** speaking from an organiser’s vantage point highlighted the issues and difficulties in starting such a group with little support and zero- budget. Last but not least, two of the members came back onto the podium to give their direct experience from a consumer’s perspective.



Two family members presented, from the consumers’ perspective, their frustrations and helplessness when first encountering the problems in dealing with beloved family members afflicted by the illnesses.

Wendy then portrayed the family’s frustrations and helplessness from lack of knowledge and skills and loss of hope during the early phases of their family member’s illness. Not knowing how to negotiate the system further compounds their sense of futility. These problems illustrate their dire need to learn to communicate with therapists, detect early warning signs, and be facilitated in their access to sources of support. All these needs raise the issue how such needs could be fulfilled. Initially, in the

development of support to families, they could only accept one-to-one approach. This is particularly so in a collective society like the Chinese where shame and face matter.

These individual approaches often deprive them of the mutual learning and support that could be offered by groups. Finally, through linking between families via the support worker who remained familiar to them all, it was possible to establish a close group with limited but gradual introduction of new group members. The limitation is that lack of resources made it difficult to allow a wider range of families to access such group supports. (This issue was discussed at the end of the presentation).

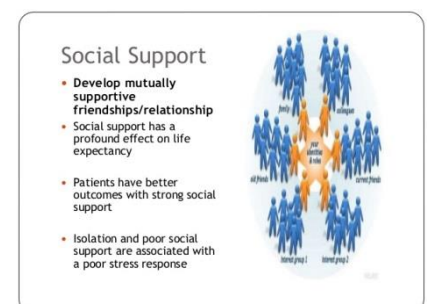


To provide a cross cultural comparison, **Cannis** did a literature survey. She noted that overseas, the impact and challenges to families are fairly similar: - e.g. the issues of shame and the conflicts between avoidance and loss of face, denial or embracing the problem, and lastly giving up or overcoming the changes, are common. **Three types of actual stresses** are encountered viz **situational stress**, **societal stresses** and **iatrogenic stresses**.

An example of **situational stresses** is the direct impact of the illness on the family, such as financial losses. **Societal stresses** include stigma, being influenced by social misconception of mental illness and fear of negative judgment by others. **Iatrogenic ones** include loss of privacy, and medical system intervention seen as intrusion into the smooth running of the family. Whilst all these might seem negative, when handled properly, the ability to cope with such stresses could lead to empowerment, sense of self –worth for family members and more importantly, lead to positive management and changes in their affected family members.

The negative impact of high EE from family members on patients could be buffered. Families could often be helpful to their family members. But they need education, and support to improve their help skills. **Cannis** described two processes where families could be helped viz during crises and high stress situations, and on a more prolonged basis, the low but continuous stresses experienced by family members during the more prolonged restitution phase of their members' illness.

During the acute phase, the needs are for families to be united together, for workers to be present to provide support, and the provision of early but timely intervention from the MH Services. To cope with the continuing but low stressful periods during restitution, the needs for the families are empowerment as in advocacy, sharing, mutual but continuous support, and positive engagement with the health system.



Sue then described from an organiser's perspective, the gradual formation for the group from zero budget, the effort to establish evidence base in order to prove to future funding authorities the efficacy of family support groups. She also described the nurturing of the support group through the preliminary educational phase to maturity when they can self-advocate.

She also highlighted the topics that need to be covered in order to assist the group to mature : -skills development , coping, communication, legal issues, dealing with emergency situations, positive psychology, use of CBT, negative symptoms and their management, employment support for clients , weight control and lastly, self-care for family members.



The above aims and needs were echoed by the two relative family members who provided a conclusion to the presentation. They gave the feedback how they gained from attendance of the group, emphasizing the importance of sharing and support, gaining of knowledge, learning new coping and management skills, and most importantly, feeling being empowered and aspiring to advocate for the needs of others.



The presentation was followed by discussions about future development. Whilst some in the audience emphasized the need to present this need to those authorities involved in service planning, in this climate of financial constraints, the group might not be large enough to exert substantial influence. Taking into consideration the shame surrounding mental ill health in a collective society, a closed group is still required. However, there are two ways of expanding the group viz via a semi-closed group structure; or the development of “satellite” subgroups. In this latter condition, mature family members could assist in the formation of such groups acting as volunteer peer support members.

There were many discussions. The meeting finished at 8.15pm.

By the time you receive this, the recording should be posted on the web. Please request for a password from Diane.

To preserve the family members’ confidentiality, much effort is taken to hide their identities.

Next Presentation:

The next presentation would be on the **11th of October** (please note that this is **WEDNESDAY**, 11th October). The topic would be on *identification and management of Elderly Asians at risk of self-harm in community rest homes*. A flyer would be out soon.

Thank you again for your support and looking forward to seeing you at our next meeting.

S Wong for Cross cultural interest group



The edited version of the presentation can be ordered in a DVD format - **please request the DVD** from Diane Evans. dianee@adhb.govt.nz (please send \$2 worth of stamps to help cover costs).

Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.

Most prefer to watch the edited version of the presentation, the Vimeo (video file accessed on the internet) which is usually available approximately 10 days later. Ideal for those who cannot attend or who want to share/discuss in a team situation.

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:

http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm