



**18th Canadian Collaborative
Mental Health Care Conference (2017)**

Connecting People in Need with Care

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

*How We Can Better Meet the Needs of
Parents of People with Schizophrenia
Susan Inman*

PRESENTER DISCLOSURE

- Presenter: Susan Inman
- Relationships with commercial interests: none
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 - Other:



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LEARNING OBJECTIVES

Learning Objective 1:

Describe the various needs that family caregivers and people with schizophrenia have, which are not adequately met by existing mental health practices

Learning Objective 2:

Describe some of the barriers to more effective policies that exist

Learning Objective 3:

Identify ways they can help improve the situations of family caregivers and thus improve the outcomes for people living with psychotic disorders



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How We Can Better Meet the Needs of Parents of People with Schizophrenia

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Quick Personal Summary



Unmet Needs of Parents Coping with Schizophrenia

- Need basic information about schizophrenia in national, provincial and local education campaigns
- Need comprehensive psycho-education for clients about schizophrenia – including info on anosognosia and cognitive losses

Unmet Needs, cont.

- **Need science based information on sz to be included in programs training all credentialed mental health clinicians**
- **Need collaborative relationships with mental health system**
- **Need family members to have access to best evidence-based psychosocial rehab programs**

Unmet Needs, cont.

- **Need family members to be protected from alternative messaging that can undermine medically necessary treatments**

Barriers to More Effective Policies

- **Two competing paradigms informing the delivery of mental health services:**

NIMH vs. SAMHSA

Dr. Elinor McCance Katz: “The Federal Government Ignores the Treatment Needs of Americans with Serious Mental Illness”

<http://www.psychiatrictimes.com/depression/federal-government-ignores-treatment-needs-americans-serious-mental-illness>

Barriers, cont.

- Lack of appropriate representation of people with sz and their family caregivers on decision making committees

eg., MHCC *Guidelines for the Practice and Training of Peer Support* – don't recommend including any information on severe mental illnesses

“Peer Mental Health Workers Need Better Training”

http://www.huffingtonpost.ca/susan-inman/peer-mental-health-workers_b_9009252.html



Barriers, cont.

- **Growing influence of misguided narratives about how to support families**

Examples of high profile, poor advice to families:

Teaching families they shouldn't tell family member to take meds

Training families dealing with smi “not to be co-dependent”

Barriers, cont.

- **Lack of inclusion of family caregivers in evaluating and planning services**

10 Ways to Improve the Situation

1. Work to improve mental illness literacy programs through national and local organizations

Support Dr. Stan Kutcher's school based mental health/mental illness program:

www.teenmentalhealth.org

Ways to Improve, cont.

2. Advocate for requiring all programs training mental health clinicians to include science based curriculum on psychotic disorders

3. Include basic info about sz in all programs training peers – also include info on value of family involvement

Ways to Improve, cont.

4. Train clinicians to collaborate with family caregivers

5. Improve and protect mental health acts – improve implementation of existing acts

“The BC Mental Health Act Protects My Daughter”

http://www.huffingtonpost.ca/susan-inman/bc-mental-health-act-autism_b_14137954.html



Ways to Improve, cont.

6. Work to improve psycho-education about sz for clients and families – include info on anosognosia and cognitive losses

7. Offer professional development to nonmedical colleagues to update them on current ways of understanding sz

8. Collaborate with family groups representing actual family caregivers



Ways to Improve, cont.

9. Promote the use of surveys, with open-ended questions, for families about their experiences of care and provide opportunities for them to identify services they and their family member need

10. Don't support services for people with sz that can undermine medically necessary treatments

Takeaway Message

- **Family caregivers for people with sz don't have a national voice.**
- **You and your organizations are the best chance to get their perspectives acknowledged and incorporated into the delivery of mental health care in Canada.**