

Lecture Notes

Relatives and Depression – April 2009

Panel of Speakers

The April lecture in the Aware Dublin Monthly Lecture Series involved a panel of speakers, looking at *Relatives and Depression*. Dr Declan Lyons, Consultant Psychiatrist at St Patrick's Hospital also spoke on the night about the importance of family in supporting a loved one through depression. The following is based on notes from that lecture.

The Family

The words 'family' and 'familiar' originate from the Latin *familia* which implies something that is well known to us. In general terms, a family is a close unit which we understand, sometimes take for granted and is potentially a source of identity, reassurance and safety. It is important to remember though that it is not a single static entity, and is made up of *individuals* who share relationships with each other.

Family Reaction to Illness

When a member of the family becomes ill, family members may react with:

- ~ *Sadness* In some cases depression may even occur.
- ~ *Anger* Towards the individual or towards professionals.
- ~ *Guilt* For instance, parents may feel they passed on 'illness' gene.
- ~ *Anxiety* About the future – career, relationships, risk of suicide
- ~ *Paralysis* In the face of new terminology, treatments, medication, altered perception of their loved one.

Supporting someone who is ill is very valuable and people can learn the main elements of a caring dialogue. When a family comes into contact with professionals, they have a number of needs:

- ~ Time and space to ventilate.
- ~ Information and access to other carers.
- ~ An understanding of the illness and treatment, to diminish fear and anxiety.
- ~ Permission to feel the way they do and say things that need to be said.
- ~ Permission to support and help in the way they really want to.
- ~ A sense of hope.

Things Every Carer Should Do

- ~ Offer help: This may be implied but don't prejudge your usefulness.
- ~ Think of the person's needs.
- ~ Decide what you want to and can do. Start with small practical things e.g. accompanying them to hospital visits, supervising medication, childminding, finances.
- ~ Avoid excesses – largesse may spring from guilt and may also induce guilt.
- ~ Listen. Be reliable, be there for the person.

Sensitive Listening

Get the setting right and understand whether *they* want to talk. Listen and also *show* that you are listening. Remember that silence and non-verbal communication are important in listening

sensitively. Don't be afraid to describe your own feelings. Changing the subject or giving advice too early is unhelpful. Encourage reminiscence and also respond to humour.

Children's relationships with parents vary. They can be close and loving, but it can also be a constant 'cat and dog' struggle (which may contain intimacy, love and dependence). The relationship may also be distant and remote or deeply antagonistic and hostile. Independence is reached when children can be friends with their parents. Both children and parents have to accept each other as they are and stop expecting them to change. Illness may bring family relationships back to an earlier level mature stage.

Family Therapy

In family therapy the focus is on relationships between people (can involve person alone, nuclear family or an extended network). Some psychopathology reflects recurring problematic, interactional patterns among family members. Therapy aims to education about illness, provide a forum for discussion, and clarify the role of family conflict in the illness. It also aims to evaluate the impact of illness on the family, both as individuals and collectively, and to resolve conflicts, which may be due to the illness or worsened by its demands.

Questions Asked in Family Therapy:

- ~ Who is the family spokesperson?
- ~ What are alliances within the family?
- ~ How well do family members communicate with each other?
- ~ How do they deal with conflict?

Family therapy can be unwise if the person is likely to find it too stressful, if relationships are too fraught or if conflicts are too bitter or too long-standing.

The family can be the focus of other types of therapy e.g. interpersonal therapy, transactional analysis (analysing childhood roles that play out in adulthood), and psychoanalysis. It is central in cases of eating disorders and disorders affecting children and adolescents. It can be difficult to measure the outcome of family therapy and to understand which components are most beneficial. On one meta-analysis (Markus et al, 1990) 75% of patients receiving family therapy had a better outcome.

The Support Network

Where can families turn for support and information? There is a wide variety of information services, and probably too much information available on the internet. Some groups may have a particular bias or view of mental illness. More reputable sources of information include Aware, St Patrick's Hospital Information Centre, College of Psychiatry in Ireland (www.irishpsychiatry.ie), Console (for those bereaved by suicide), Samaritans, GROW/Recovery. *Understanding Mental Health* by Siobhan Barry and Abbie Lane is also useful.

Looking After Your Own Needs

- ~ Caring can be exhausting so do acknowledge this.
- ~ Don't be afraid to ask for help and support: the more you get, the better you will be able to sustain the caring role for your family member.
- ~ If the person with depression is aged over 65, community services such as home help, day centres or respite care may be available and can prove invaluable.
- ~ Do claim all benefits and entitlements e.g. carers allowance.
- ~ Family support groups can help and these need significantly greater focus.

- ~ Do not neglect your own physical/emotional needs. Rest and relaxation, variety, physical exercise and diet are all important.

Alternative Families: Friendships and other sources of support

Friends are God's apology for relatives.

~ Hugh Kingsmill

Isolation worsens depression but good friends can raise low mood. It's never too late to make new friends: find something you have in common with others e.g. hobby/voluntary work. Someone who has experienced mental distress personally can be the only person who really understands what another is going through.

Tips for Dealing with Professionals

- ~ Try to develop a good working relationship with a wide variety of professional sources such as the GP, Community Psychiatric Nurse, Psychiatrist and members of the treatment team.
- ~ Utilise different methods of communication e.g. a note to describe progress of weekend leave; coming to the clinic with the person but keeping in mind confidential aspects of doctor-patient relationship.
- ~ If the person has trouble remembering their medication, try to help with this.
- ~ Decide what kind of consultation you need – is it information about the illness, to impart information to the professional about the person, to request additional services or support for yourself?
- ~ Determine the urgency of the conversation and how long you will need.
- ~ Consider using the phone – it can be quicker.
- ~ Try to be specific and to the point, although it's understandable that you will be anxious.
- ~ Expect some degree of uncertainty.
- ~ Keep updated on your loved one's progress e.g. call the ward.
- ~ Acknowledge what's right – an appreciative note makes the day of a doctor/nurse.
- ~ If you're angry – pause. Are you angry at the illness or what you perceive as unsatisfactory care?
- ~ Blaming the bearer for bad news is common. Voice your complaints clearly and ask for an improvement.
- ~ If you have to complain, make the complaints specific and ask for prompt resolution.
- ~ Putting trust in the clinical team and being patient with the treatment process is a great example for the individual with the illness.

Conclusion

- ~ Emotional support from family/friends is vital in recovering from psychological distress.
- ~ Remember that there is no such thing as a perfect family – each has its own rules.
- ~ Many struggles for growth, development and independence are played out through the family.
- ~ Health services need to prioritise understanding the needs of families and carers. We need more research, protocols and standards of care.

- ~ Doctors put a greater therapeutic value on human contacts and interpersonal relationships.
- ~ Doctors need to be more honest about what they can/can't do, and share responsibility more openly with families.

Finally ... A Carer's Job Description

- ... the diplomatic skills of an ambassador
- ... the wisdom of Aristotle
- ... the patience of Job
- ... the virtue of Joan of Arc
- ... skin as thick as a lizard
- ... the humility of Ghandi