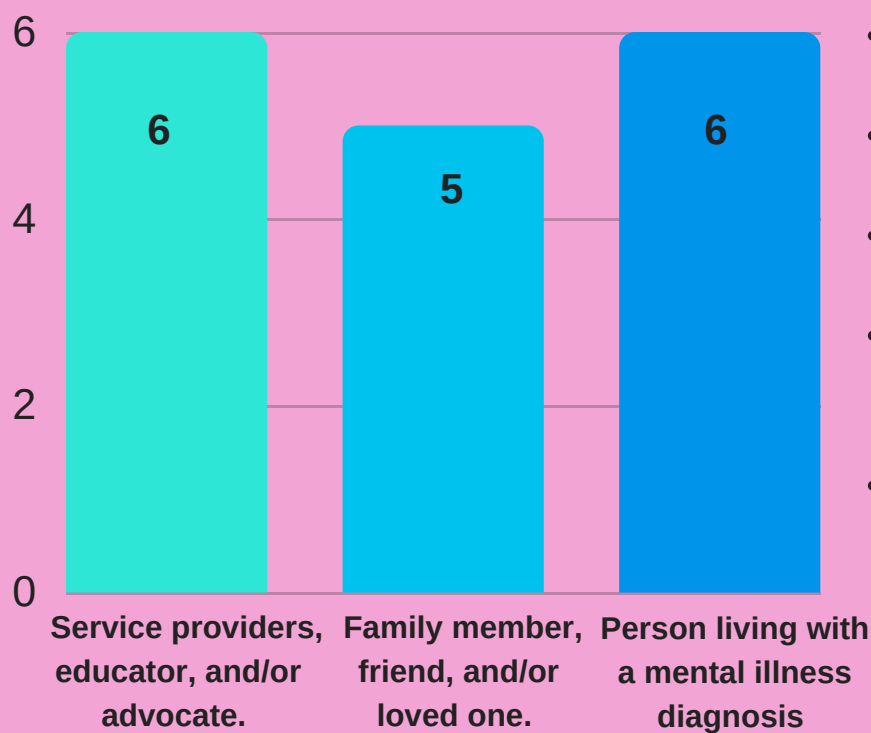


# KENORA FAMILY MENTAL HEALTH CAFÉ 2018 PROJECT SUMMARY

On October 13th, 2018, the Family Mental Health Research Project made its third stop in Kenora, ON. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Kenora Branch (CMHA Kenora). Thank you for joining the conversation!

## WHO WAS IN THE ROOM?



Total: 8 People Attended

## FEEDBACK FROM YOU!

- 100% strongly agreed or agreed that the topics discussed were relevant.
- 100% strongly agreed or agreed that the Café was well organized and planned
- 100% strongly agreed or agreed that the facilitators were engaging
- 100% strongly agreed or agreed that they would recommend this Café to others
- 100% strongly agreed or agreed that they met people at this Café that they would like connect with in the future

## ROOM FOR IMPROVEMENT

- More advertising. It was a small group.

## KEY AREAS OF CONVERSATION

### 'CAREGIVING FAMILIES'

- Families may choose not to help for various reasons (e.g. location and relationship)
- Family members take on multiple roles, sometimes incompatible (parent, pharmacist, and counselor).
- Service users are like family too



### 'CAREGIVER' ROLE

- Advocate for both the care receiver and themselves
- Feelings of guilt
- Feeling a sense of loss
- Feeling isolated

### 'CARE RECEIVER' ROLE

- Feelings of resentment and guilt
- Feeling a sense of loss (i.e. grieving over expectations and identity)
- Self-blame

**GROUP REFLECTION:** Caregiver and a care receiver can sometimes be one and the same.

## CHALLENGES

- Stress
- Lack of resources in Northwestern Ontario throughout the life course
- Proximity to care and travel costs (i.e. enduring a 5 hour trip to Thunder Bay for care)
- Lack of education available for families
- Delayed diagnosis
- Clinicians and the overall system not working *with* families
- 'Death' of the person's potential, relationships, and expectations.

## HELPFUL STRATEGIES

- Diagnosis can trigger reflection (e.g. realizing that other family members may have had an undiagnosed mental illness in the past).
- Sharing stories with peers, colleagues, and clinicians
- Proactive tools that help with crisis planning/relapse, such as the Wellness Recovery Action Plan (WRAP) and Family Recovery Action Plan (FRAP).
- Humour, friendliness, and self-care
- Promoting independence
- Somebody you trust that is non-judgmental and compassionate

## WHAT DO FAMILIES NEED?

- System navigators who know 'where all the back doors are'
- Individuals, families, and the overall society should be educated to fight stigma
- More respite to promote self-care
- Permanent 24-hour supportive housing
- More funding for staff (e.g. ACT team and Kenora Association for Community Living)
- More funding for programs
- Educate children from a young age about mental illness

- Meals on Wheels for people living with a mental illness
- Acceptance
- Holistic mental health services
- Feel comfortable talking about mental illness
- Education about formal and informal supports in the community
- Need a life that is not just about the illness...