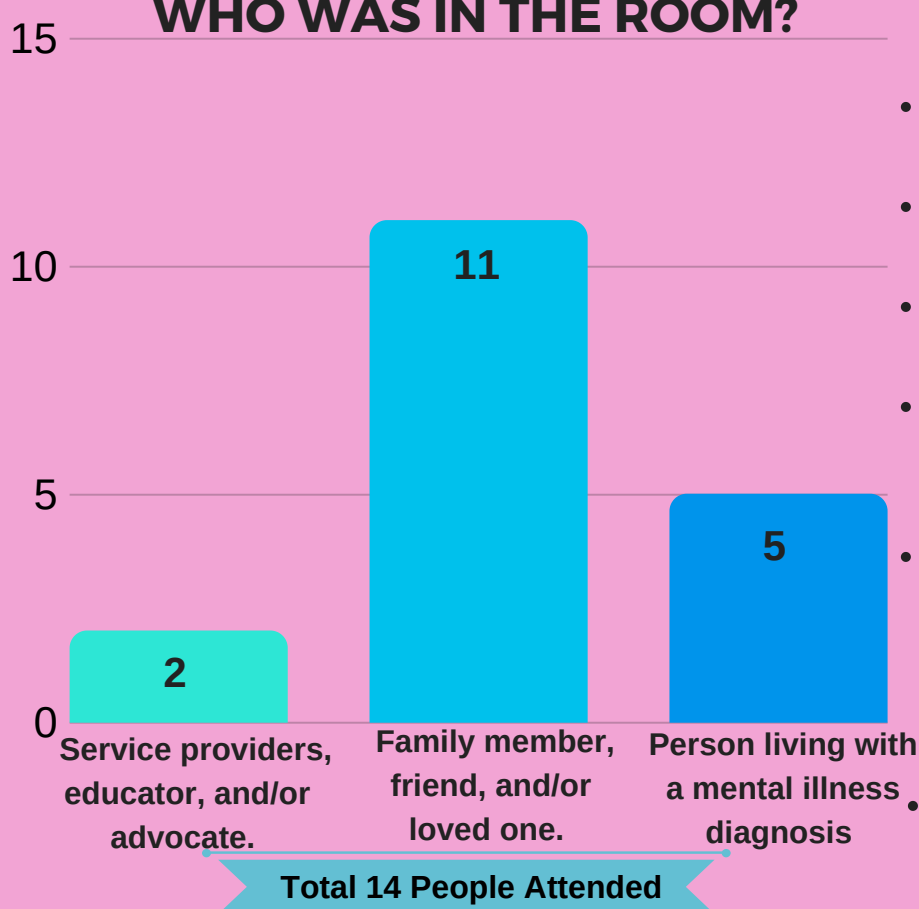


BRAMPTON FAMILY MENTAL HEALTH CAFÉ 2019 PROJECT SUMMARY

On June 22, 2019, the Family Mental Health Research Project made its fifth stop in Brampton, ON. This study is led by Prof. Charmaine Williams and was hosted by the Canadian Mental Health Association, Peel Dufferin Branch (CMHA Peel Dufferin). Thank you for joining the conversation!

WHO WAS IN THE ROOM?



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
- 92% strongly agreed or agreed that they met people at this Café that they would like connect with in the future

ROOM FOR IMPROVEMENT

- Broaden the conversation to include the intersection of addiction and mental health, police encounters, and mental health first aid.

KEY AREAS OF CONVERSATION

'CAREGIVING FAMILIES'

- Families are diverse and may consist of relatives, friends or professionals (i.e. doctors, nurses).
- Families provide guidance, support and validation to one another.
- Families may maintain silence around multigenerational mental illness.



'CAREGIVER' ROLE

- People who provide support, help and advocacy
- Feeling tired, judged, blamed
- May need to advocate
- Conflict between wanting to be involved and enabling
- We should start using the term caresharing instead of caregiving

'CARE RECEIVER' ROLE

- May not want to receive help
- Can also be a caregiver
- Education is key; helpful to know about illness and its impact
- There may be secrecy around being ill

GROUP REFLECTION: This is not a fixed binary, sometimes the caregiver needs to receive care.

CHALLENGES

- Stigma of mental illness
- Silence and denial
- Delayed diagnosis
- Lack of knowledge and resources
- Balancing other aspects of life (i.e. social, relationships, work)
- Lack of coordination between services
- Caregivers being excluded due to consent and confidentiality
- Racism
- Trauma
- Criminalization of mental illness; there's risk in reaching out for help

HELPFUL STRATEGIES

- Being knowledgeable of how to access different supports/services
- Having a crisis plan
- Empathy, validation, curiosity
- Clear communication
- Accepting that things are "going well"
- Proper diagnosis and medication
- Doctors advocating on behalf of service users by completing letters and forms (i.e. DTC, ODSP)
- Being social and active (i.e. walking, animals, art, planned activities)

WHAT DO FAMILIES NEED?

- Flexibility in privacy laws
- Access to thorough and early assessment, diagnosis and specialized psychiatric care
- Individualized care with smoother transitions (aftercare, outpatient)
- Ongoing relationships with professionals
- Centralized database, electronic records
- Peer support hotline for families (peer support)
- Respite for caregivers
- Workplace accommodations
- Compassion, acceptance
- Resources: stable housing, legal support, pharma care, guaranteed basic income
- Access to effective crisis intervention
- To be included in the circle of care
- Making education about mental illness part of preparation and support for parenting
- Mental health first aid training in the workplace, schools and other community spaces
- Public awareness on mental health