

## Working with the Mental Health Service Users and their Family with Systemic Family Nursing Approach

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### *Abstract*

*Studies find that interaction among family members affect the rehabilitation process of the mentally ill. Also, mental illness disrupts the life of the family, and creates burden to the family. The mutual understanding and acceptance within the family provides a stable environment that promotes rehabilitation and prevents relapse for the ill member. Psychiatric nurses work closely with the mentally ill and their relatives daily. With training in systemic family nursing, they are competent in helping the mentally ill and their relatives to cope with their emotions influenced by the illness through identifying their strengths and work through their difficulties. In this article, the author illustrates a case and demonstrates how to apply the systemic family nursing assessment and intervention to help a patient and his parents to deal with the attack of auditory hallucination.*

*Keywords: family nursing, family nursing intervention, mentally ill*

### **Introduction**

De-institutionalization is the current trend in mental health service worldwide, the service model has shifted from hospital-based to community-based, where the mental health service users rely increasingly on the resources in the community (Lefley 1991). In 1948, Henry Richardson, a physician, put forward the concept of family care-giving in mental and physical rehabilitation; family is the major source of emotional and instrumental support for mental health service users (Kaufman 1998; Tryssenaar & Tremblay

2002). Perlmutter (1996) however identified that families were not considered to play a significant role in the treatment process by the professionals, which caused a lot of resource wastage.

In this evolutionary era of nursing, systemic family nursing is one of the distinct bodies of theoretical knowledge developed for nursing the mental health service users and their families; psychiatric nurses have been changing focus from individual approach to systemic approach. This article is going to explore the relationship between the mental ill and their families, demonstrating the

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efficacy of systemic family nursing interventions for mentally ill and their families with a case.

### Family and mental illness

Schizophrenia has long been understood as bio-chemical dysfunction of an individual (Coursey, Alford & Safarjan 1997). With advancement of medical technology, scientists further confirmed that genetic factors played a major role in the etiology of schizophrenia (Torrey 2001). Many studies however confirmed that interpersonal interaction and relationships within a family affected an individual's mental health and impacted on their recovery. Falloon (2003) supported that adverse family environment had been identified as one of the factors that caused negative impact on the mentally ill and the treatment processes. Butzlaff and Hooley (1998) found that the mentally ill, whose family members are emotionally over-involved, tended to have higher relapse. Families with a ill member always adopt a vicious interaction pattern; if the family members protect the ill member by means of intruding in his/her life, the ill member's self care function deteriorated; that creates a stressful environment in the family (Yang & Pearson 2002).

### Mental illness and family

Mental illness brings dramatic change to a family; family members will react differently to situations, this usually creates tension, conflicts and confused emotion within the family (Centrelink website 2010- <http://www.centrelink.gov.au>). Families are often the main support for people affected by mental illness, and the role of care-giving becomes a great burden to the families with mental illness – psychologically, financially and physically. Thompson & Doll (1982) found that families felt embarrassed and encountered financial overloading as they took care of ill members. Mental illness disrupts a person's daily living skills and social function, limiting their support network, hence their families usually become the last resource. (Vaughn & Leff 1981). Unfortunately, most of these families often have little knowledge of how to take care of their ill member and

often ignore their own needs and mental health (Centrelink website 2010- <http://www.centrelink.gov.au>). Eventually, interpersonal tension increases as family members are overloaded by day-to-day care role to satisfy the ill member's demand.

### Family support and rehabilitation

Families had been identified to be the main support of their mentally ill member (Warner 2000) and provide financial, emotional and social support at all times (Clark & Frake 1994). It is no doubt that positive family support contributes to recovery; mental health service users who are aware of their family's support are more active in their help seeking behavior than those who do not feel any support from their family (Corriagan & Phelan 2004). Studies found that mutual support among carers and care receivers enhanced both self-esteem and self-efficacy of the two parties (Brier & Strauss 1984; Bracke Christiaens & Verhaeghe (2008). High quality contact with family members promoted mental health service users' positive attitudes and beliefs toward the treatment processes, and pinned their hope on recovery (Francesca 2010).

### The family-nursing intervention and mental health

Fallon (2003) recommended that combining pharmacotherapy and family based treatments optimizes rehabilitation and prevents relapse of the mental illness. Educational approaches help reduce the environmental stresses for mental health service users by means of improving their social function. Family meetings provide a platform for the mental health users and their families to share their frustration and work out solutions for their problems. Prince (2005) supported that individual interviews with mentally ill and/or their relative, family counselling and multifamily group counseling, all facilitate the families to understand how to help each other to cope with the illness in an effective way.

In the history of nursing, nurses have always involved the health service users and their families

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in day to day care (Wright & Leahey 2000). Although there were a lot of studies and discussions related to nursing and families, the family-centered approach was unable to be put into clinical practice (Friedman 1997). In 1995, Robinson advocated a new trend in nursing practice and promoted a new focus on family-based nursing approach, taking care of the psychosocial needs of both families and their ill member.

Wright, Leahey & Bell (1996) believe that individual's illness is related to his or her family. Calgary Family Nursing model is one of the systematic family nursing approaches that provide a clear conceptual framework for nurses to help the families with ill members. The model incorporates the concepts of systems, cybernetics, communication and change. The model consists of Calgary Family Nursing Assessment and Calgary Family Intervention. The assessment model guides the nurses to identify the suffering, problems and strengths in the families with an ill members. The intervention model provided conceptual ideas that help the family to change the cognitive, affective and behavioural functions as a system. (Wright & Leahey 1984)

In Castle Peak Hospital, some psychiatric nurses received training (family nursing or/and family therapy) to apply the Calgary Family Nursing Model in their clinical practice. With a case illustration, the author demonstrates how to engage, assess and help the ill member and his family to identify their problems, develop strategies to cope with the illness, and provide mutual support to each other.

### Case illustrations

Paul, 30, was suffered from Schizophrenia. As he had poor drug compliance, he was often disturbed by a "voice" hallucination. As a result, he became agitated and displayed short temper at home. He often hid in his room and seldom sought help from his aged parents when the "voice" disturbed him. As Paul was emotionally out of control, his aged/(elderly) parents did not know how to help him. The only thing they could do was to call the police and send Paul to hospital.

One day Paul's parents were visiting him, he became grumpy and shouted loudly at his parents. Paul blamed his parent for sending him to the hospital; his parents were uneasy and confused, so they requested to see a psychiatrist in order to help Paul. The author invited the family for an interview; at the beginning of the session, Paul was very angry and complained about his parents.

### The vignette

Paul: Although I was mentally ill, I am a human being and have emotion too. Every time when I express my emotion, they (parents) treat me like a mad man and send me to the hospital. Why do "normal" people have the right to do so, but not the mental ill? I only expressed my emotion as a human being. Why did they send me to hospital?

Nurse: Yes, you're right. I agree that every person has the right to express their emotions. Can you tell me what happened on the day of admission?

Paul: I was very unhappy on that day, because the "voice" annoyed me. I just wanted to rest in my room. As I closed the door, my parents immediately called the ambulance. They told the ambulance men that I was crazy. Then I was sent here. I am their son. Why did they treat me like this?

Nurse: It is good that he calmed himself down in his room. I am interested in what had happened that made you to call for help?

Paul's father: On that evening, he went home with a sullen face. We knew that he was mentally unsound. I asked him what happened. He didn't answer me.

Nurse: You seemed to understand him.

Paul's father: Sure. Every time he feels annoyed, he has a short fuse with us. We understand that he is in great distress, but he should not express his emotion in the way that interrupts other people. Do you know when he went back to his room and slammed the door vigorously!.

Nurse: How vigorous?

Paul's father: Our neighbors four floors above, immediately made a complaint to the property management office. We didn't know what to do, so we called the ambulance. When the ambulance men arrived, they said that my son was crazy and asked why I didn't keep him in the hospital. (There were tears in corners of his eyes).

Nurse: You look very upset.

Paul's father: What they said really hurt me. It seemed to be my fault to keep my son at home. I knew he needed medical treatment. If I suggested to send him to hospital, he would strongly refuse and get totally out of control. To be honest, as a father, I really don't want to send my son to hospital. We don't know how to manage him.

Nurse: You are suffering from contradictory feelings.

Paul's father: (Nodding)

Paul: Now I understand why you were so restless in the A&E Department. (Silent and think)

Nurse: What did you understand?

Paul: In the A&E Department, I was restrained. I was angry at my father's decision, so I was shouting at him. At that moment, my father was wandering around anxiously by the door. Now I know he was hurt and he didn't send me to the hospital out of choice.

Nurse: Actually, you and your parents are both the victims of the "voice". At that moment, you needed your parents' advice and they were eager to help. Do you know why you all failed? Because you defeated each other instead of the voice. Your parents didn't know what to do to help you and you are used to dealing with your problem by yourself. What a pity!

Paul: Yes, The "voice" really confused me. I don't know how to get rid of "it". I didn't seek help from my parents because I don't want them send me to the hospital.

Paul mother: Every time you were out of control, I knew you hadn't been taking your medication regularly.

Paul: I was always very tired after taking the medication. I decreased dosage when the "voice" disappeared. So that I worked better.

Nurse: What are the difficulties that stop you from reminding him to take his medication before he has a nervous breakdown?

Paul's father: When we reminded him, he got cross. He scared us.

Paul's mother: So we just keep an eye out for any abnormal behavior, otherwise there is nothing we can do.

Nurse: Do you think they can help?

Paul: Yes

Nurse: If I were you, I would ask my parents to be my partner to defeat the "voice". Can they help?

Paul: (Hesitate for a moment) I want them.....

Nurse: Invite them.

Paul: If I was confused, can you give me some advice?

Paul's mother: Of course, we are happy to, but we are afraid to talk to you when you are cross.

Paul's father: You know we don't want to irritate you, because we don't know how to settle you down.

Paul: I will talk to you more and tell you what I need.

Paul's father: (Smile) I am happy to.

Nurse: That's a good start. At least you put your feelings and difficulties into words and communicate as a family. Do keep on finding a way to deal with the "voice" together (with?) your partners(parents?). (Do keep on finding a way to deal with the "voice" rather than your parents)

It was a one hour and thirty minutes session; the family had the opportunity to express their difficulties and feelings openly, resulting in a better understanding with each other. The author helped the family to externalization the problem of the "voice" without blaming any family member. In addition they were drawn to work together to solve their problem as an alliance, which promoted the family to utilize their own resources instead of solely relying on external assistance.

Eventually, Paul was on home leave for two weeks. As they returned, they were interviewed and checked the progress at home.

Nurse: How was your time at home?

Paul: Fine. Everything went smoothly.

Paul's mother: He followed the doctor's prescription well. He chats with us more than before.

Paul's father: (Look a bit worried and upset) He seemed to be ok, but he didn't really trust me.

Nurse: Can you tell me more?

Paul's father: Last Monday morning, he came to me. He looked really unhappy. Then I asked him what happened. He told me he heard some annoying "voice", and I asked him what the "voice" was. He told me that the new "voice" was different. It sounded like someone drilling at the wall. He complained that the "voice" had disturbed him for the whole morning and he couldn't get rid of it. Then I told him that there was people renovating work upstairs, but he didn't believe me.

Paul: I was really confused. I don't know how to distinguish between reality and the hallucination. So I sought help from my father. I wanted his confirmation.

Nurse: Oh, that's good. Eventually how did you settle your puzzle in the end?

Paul: I asked my father to take me upstairs to the renovation site. As I found that the sound of drilling was real, I felt relieved

Nurse: (Shaking hand with Paul's father) Congratulation! You really did an excellent job. Do you agree, Paul?

Paul: Yes, my father really helped me. Sometime I was told that what I heard was unreal, but it was. With my father by my side, I feel a lot more secure and I am not scared of the voice anymore. I now take their advice and take my medication regularly

Nurse: (Shaking hand with Paul) Congratulation to you too. You come a long way and won the battle with the help of your parents.

The author assessed their experience in the past two weeks and checked whether they were able to solve their problems together. As Paul was in doubt of his father, his father was irritated. He thought Paul rejected him. He was unsure what he did was helpful to Paul. The author highlighted Paul's new help-seeking behaviour and confirmed what his father had aided Paul to cope with his illness and prevent relapse. In fact they formed an alliance to face Paul's illness.

The family meeting provided a platform for the family to share their experience as a whole. To engage the family, the family members are encouraged to share their personal experience under the influence of the mental illness. The Calgary assessment model provided a framework that helped the author to identify their problem, relationships among family member, family interaction pattern and their attempted solution and goals in the interview. In Paul's family, his parents were supportive, that was the strength of the family, but they didn't understand Paul's suffering and didn't know how to help him. They just guessed and treated Paul with their good intention. Whenever, Paul objected their idea, they thought Paul was not co-operative and relapsed. On the other hand, Paul was confused by his psychotic symptoms. He was not able to express his suffering and needs clearly to his parents. He didn't think his parents helped him, because they send him to the hospital. Subsequently Paul treated his parents as opponents instead of alliance. He displayed great temper as a way to call for help. Paul's behaviour and emotional expression threatened his parents; that defeated the family cohesion and hindered the family to combat the mental illness together. After identifying their difficulties, the author, based on the Calgary intervention model, helped the family to regulate their circular communication pattern and reminded them that the mental illness was the problem instead of Paul and his parent. In addition, the author enhanced their partnership by highlighting their successful experience in dealing with the disturbance of the "Voice", and encouraged them to adopt a new effective interaction pattern in the family.

### Conclusion

Families are often the main support for people affected by mental illnesses, they play the role of day-to-day carer, and however, they often have little training or support and do not acknowledge their own needs and mental health.

In family nursing interviews, nurses helped the families and ill members to identify their internal strengths and resources; they are more flexible and competent in managing the illness in collaboration with the mental health professional and other social resources. In addition, nurses help them to adopt a structured and positive environment that promotes recovery and prevents relapses. Eventually, the families and the ill member form an alliance to combat the illness instead of defeating each other.

Of course, this case illustration only demonstrated a simple example of what psychiatric nurses encounter in their daily work. Having the training in systemic family nursing, psychiatric nurses are competent in helping the mental health service users and their families to resolve their own problems and promote the recovery process. To meet the challenge of "deinstitutionalization", it is not only the families who need to change; the nursing profession has to adopt the new working model through intensive training to echo the service needs.

Remark: The details of the vignette and the content of the interview have been modified in order to maintain the privacy of the mental health service user and his relatives.

### 摘要

#### 運用「系統家庭護理模式」協助精神健康服務使用者及他們的家庭

研究顯示精神病患與家人之間的相處會影響患者的復康進度。精神病亦為患者的家庭帶來沉重的負擔。彼此的體諒和包容能促進康復及防止復發。精神科護士需與患者及其家人接觸。「系統家庭護理」訓練能提昇護士確認患者「家庭力量」的能

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力，使他們一起解決困難和處理情緒困擾。作者透過個案分享「系統家庭護理」評估及介入如何協助患者和他的家人處理聽幻覺所帶來的困擾。

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