**Strategies for Navigating the Mental Healthcare System**

**What health professionals can do to support family members** (Schaffer, 2021)

* Explain privacy of health information rules (HIPAA) and provide opportunities for patients to sign a release of information.
* Provide information about support groups available at the hospital and through mental health organizations.
* Listen to what family members say about their relative*—*their symptoms, unique interests, social network, and any past episodes of mental illness. In a hospital setting, reassure family members that their relative is in a safe environment.
* Explain what family members can do based on their loved one’s current status. For example, if their relative is having psychotic symptoms, encourage short visits or delaying visits until symptoms have moderated.
* Encourage family members to take care of themselves and find ways to lessen the stress resulting from the current crisis.
* Carefully explain the treatment plan and what to expect from medications and other treatments, such as electroconvulsive therapy.
* Provide information about who is best to contact for information about their relative’s status, treatment, and discharge plans.
* Recognize that when a family member is in the early stages of shock and denial about their relative’s mental illness, unrealistic hope may help them to manage overwhelming emotions in the short term.
* Consider integration of interventions that encourage hope. Keep in mind that using the word “hope” or telling a family member “there is hope” may be deflating in the context of the adversity they have lived through in their attempts to help their relative.
* Remember that family members are a vital part of the team for supporting recovery. Using a respectful, caring approach to attend to information they contribute as well as information they need will communicate hope to family members and reassure them that their relative is getting competent care.

**Interventions that encourage hope**

1. Collaborate on strategies for illness management, including education on the mental health condition, finding medications that work, controlling symptoms, and creating a treatment plan finetuned to unique needs of individual. Emphasize goals for recovery desired by the person living with the illness.
2. Encourage positive relationships that communicate hope and reconnection with friends and a supportive social network.
3. Build in peer support.
4. Encourage the individual to take control over what they can do and assist them with planning realistic goals.
5. Find ways to support positive attitudes and behaviors that contribute to self-esteem and well-being.

Source: Shrank et al., 2012

**What family members can do to encourage hopeful treatment** (Schaffer, 2021)

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| **Problem** | **Response** |
| Patient is stuck in emergency room | Acknowledge that safety is the paramount need and the ER does provide a safe environment. |
| Cannot get information since patient has not signed a release of information. | Ask for release of information form to be signed right away. Although hospital and clinic staff may not be able to share information family members can share information with staff. Keep bringing it up. |
| Mental health staff act in an uncaring manner or seem to lack compassion | Speak up about what you believe the patient needs. |
| The patient does not accurately communicate symptoms and/or needs to mental healthcare providers and staff (e.g., “I am fine.”) | Make a list of your relative’s symptoms and behavior in writing and give it to the psychiatrist or relevant staff member. If possible, go with patient to meetings with mental health providers or staff and gently remind your relative of behaviors you have noticed. |
| You are given little information | Ask questions. Request information. Share what you know. Express gratitude for the hard work staff do to support the patient and keep them safe. |
| Concern about how police and mental health staff respond to diversity | When calling 911 in a crisis situation, ask for Crisis Intervention Team (CIT) trained officers. Inquire about options that integrate consideration of people’s diverse needs into treatment and therapy. |
| There are no openings in transition programs after discharge from hospital. | Ask about temporary crisis housing. Consider whether living with a family would be a healthy decision for the patient or family. |
| There is a long wait for a psychiatrist appointment. | Consider other categories of mental health experts, such as psychiatric nurse practitioners and social workers, who would be able to consult with a psychiatrist about medications. Walk-in mental health counseling may also an option. |

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