



Rhonda Wilson

THE PROBLEMS OF LIFE: FAMILIES
HELPING YOUNG RURAL MEN WITH
EMERGENT MENTAL HEALTH PROBLEMS

Introduction

- This research reports the story of families' journeys before and when a clinical threshold of care is reached for their sons.
- Helping and help-seeking behaviours within rural families.
- The emotional impact of helping is an intrinsic part of the story.

Study Aims

- To understand the lived experience of young rural men with emergent mental health problems, and their families.
- To explore their experiences of early identification and helping/ help seeking.
- To explore barriers that might prevent young rural men from accessing early intervention services.

Significance

- Close the gap between service providers and help-seeking
- Inform early assessment processes
- Lengthy duration of untreated psychosis
- Improve MH awareness and literacy / nurture social capital to support vulnerable residents

Timeliness

- Governments have been attempting to improve YP MH services across Australia.
- Attempts to integrate primary care services and improve accessibility.
- Models proposed and discussed
- No easy answers for rural and remote

Participant Recruitment

- Media – print, vision and radio
- Snowballing
- UNE ethics obtained
- Site specific ethics obtained from HNEH.

Participant Selection Criteria

- Rural young men (18+) or close family
- Some experience of emergent mental health problems with features of prodromal psychotic symptomology
- No current orders under a Mental Health Act
- Resident of northern inland NSW
- Willingness to participate in 1 or 2 digitally voice recorded interviews

Participant Profile

- 13 individuals (17 interviews)
- 2 Koori Aboriginal
- Something not right – child x 4; mid adol x 9;
- 12 employed 1 pension
- 8 long term r'ship

Methods

- 17 qualitative in-depth interviews
- Interpretive phenomenological analytical framework
- Thematic analysis
- Interpretation drawn from transcripts and audio recording participant interviews .

Findings

T 1 Help seeking

- ST 1 – Reluctance to identify as having a mental health problem
- ST 2 - vocabulary barriers

T 2 Unpredictability and social discomforts

- ST 3 – Geographical issues of social stigma and social proximity
- ST 4 - Emergent symptoms of psychosis and depression

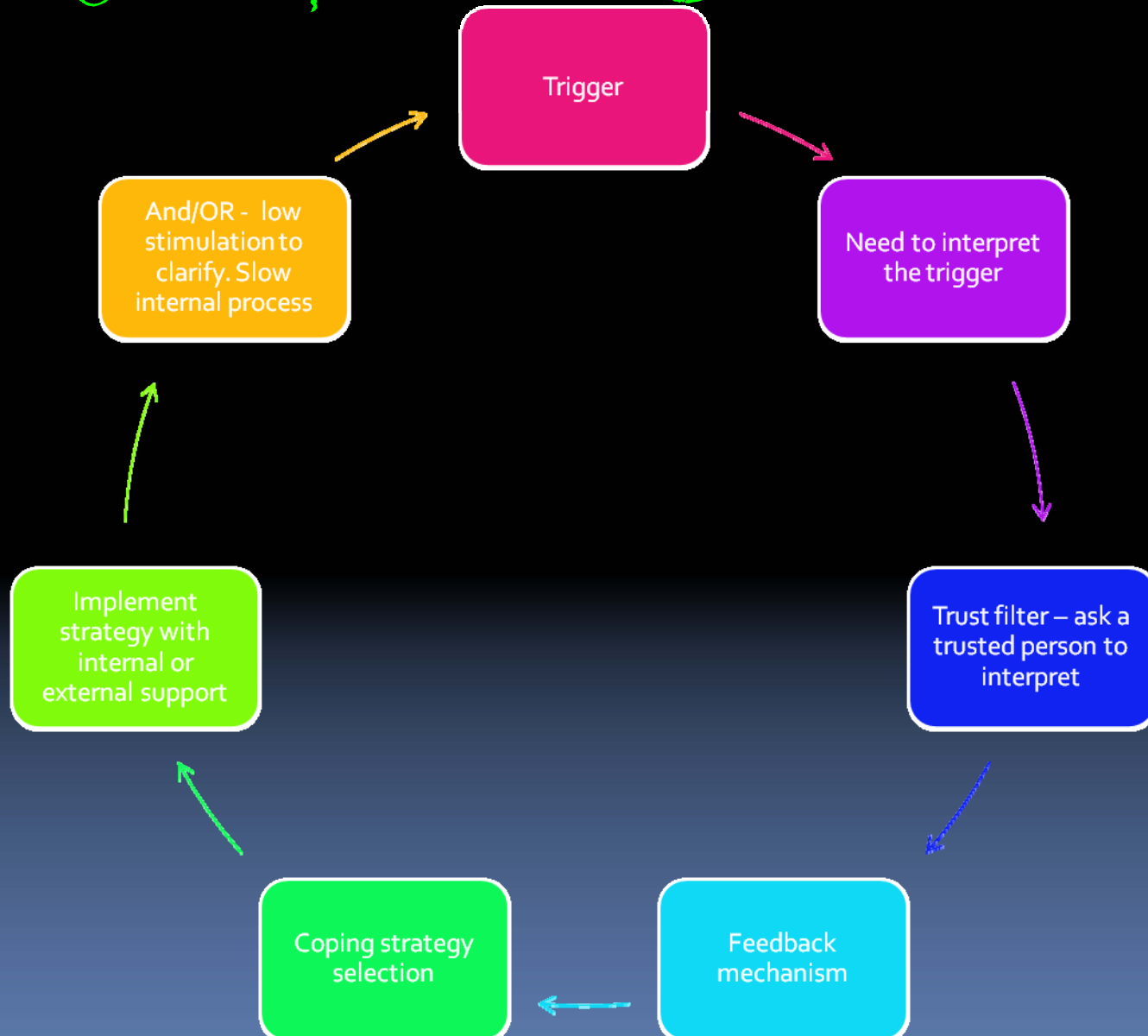
T 3 Parents struggle to find help for their sons

- ST 5 – How long is a piece of string?
- ST 6 – Parental roles and concerns
- ST 7 – Parental emotional burden

Help Seeking in Families

- Commences early in family setting – part of the day-to-day functioning of the family
- Problem not identified as a MH issue – lack of vocabulary to describe
- Help giving is an established skill within families
- History of years of successful helping within the family
- Not viewed as MH support
- Not associated with problem solving around a MH problem

Early Help Seeking Model



Trigger

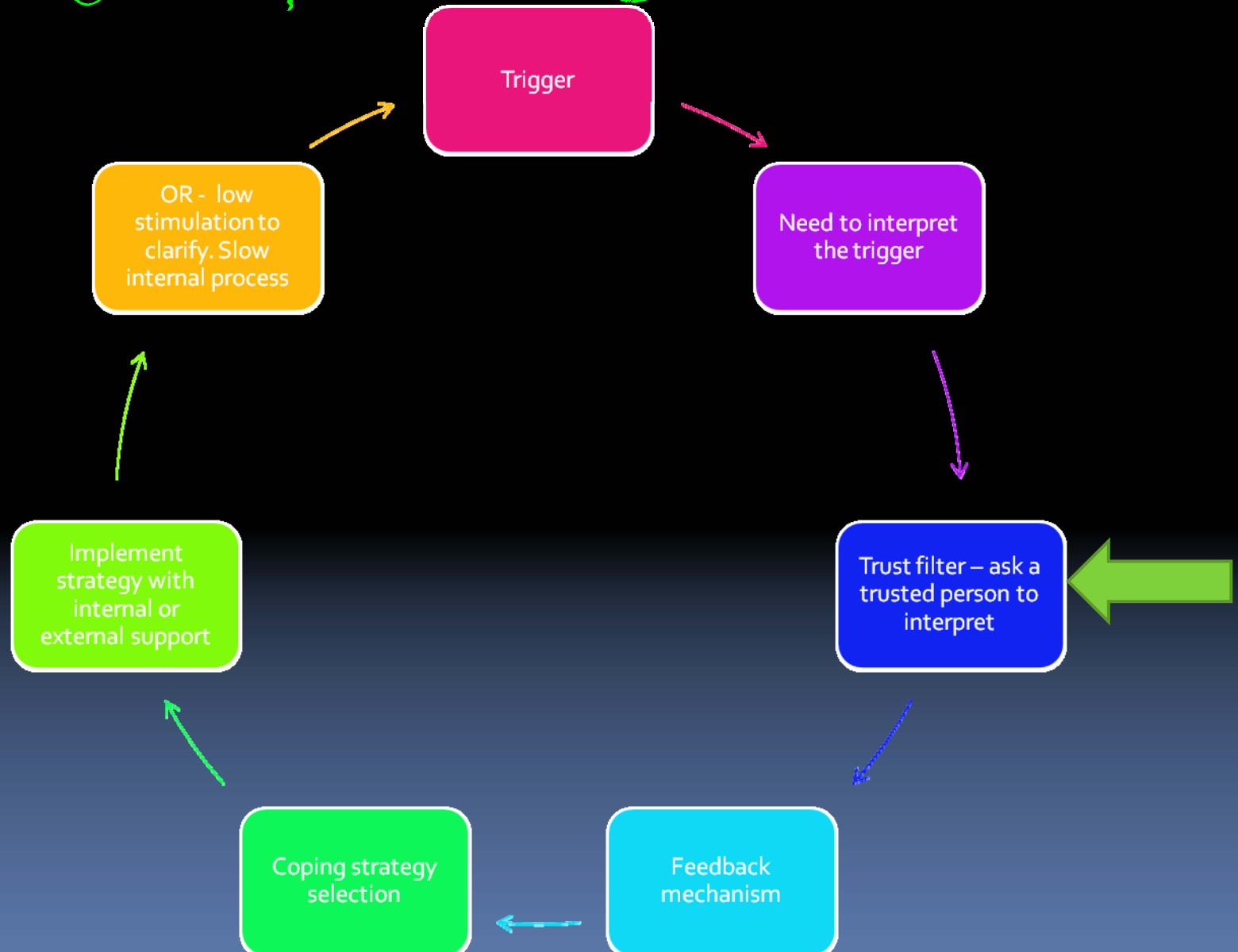
Trigger – need to talk to someone about a problem

Probably talk to mum ...she is mainly able to listen to me. Sometimes talk to dad. (Pm₄)

Referral?

...Why can't you help? ...sometimes she (mum) can help with reality....I just can't handle it (reality) (Pm₄)

Early Help Seeking Model



Trust



- *People you think you can trust, you just can't trust them. So I find it hard to tell people things like at the hospital... I just keep to myself... (Pm4).*
- *...when you have got a problem... There has to be somebody ... To talk it over with and say 'Did I get this right in my mind?' (Pp2).*


Help seeking from a clinician perspective

- Help seeking commences at first service presentation.
- Skills in framing presenting problems within a MH paradigm.
- Commencing assessment –care activities, and not being aware of family helping activities.
- Immediately obvious that a gap in communication exists!


The Gap Widens ...when a first service presentation is initiated after the threshold for family-based help is surpassed.

- *...(I) took him to outpatients... 2 hours...fixed his arm and said "off you go to your GP" And he's BAD. I tell you he is really bad. ...they are either untrained or uncaring those people that go through that system (Pm3)*

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- ... *"No can't fit you in for a fortnight" and then you leave. Then, "oh no I'm not that sick". But you are really that sick. It is very hard to access even what is there. ...I don't think you should have to get this bad before you can access help. (Pm3)*
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His odd behaviour is escalating... He has changed...it bothers me that he might suicide...he doesn't have anyone he can talk to...it comes down to how long is a piece of string mostly... (Pm1)



I am really worried about who'll look after him, who'll see him every day like I do, who will ring him everyday like I do? Just to check he is alright. And even if someone does that, will they notice all of the things I do? ... How will I know he is OK? (Pm3)

" ...I listened to a mental health worker tell a mother that her son is better off in gaol. ...do you know what they do? (Emotion welling in her tone). After they send a kid to gaol...they buy morning tea. Chocolate cake! And celebrate... the mental health staff. (Loud anger filled tone). Yep. An orange cake today or a tea cake?

The mental health workers said to me: 'Are you coming'? 'Are you coming to have cake'? 'To celebrate? He is GONE, he is off our hands'.


... all those kids have SO many problems and SO many issues, the mental health people don't know how to address them, and I think they are just leaving them down there (in gaol) to get them out of the way. ...they are getting sent (quiver in her voice) for so long, by the time they get out, the next generation is coming through. And it is just going to go on like a cycle.


But, how could they buy morning tea? (Disgust in her tone) ...and celebrate when a kid goes to gaol?

Mmmmmm sad... (a long silent reflective pause). There is a BIG gap between the mental health workers and the client."
(Pm5)

Practice Implications


- High priority to build **trust** with the family. Our collective track record is that we are *not* trusted at the early end of the spectrum.
- Understanding families during the early help seeking phase informs practice development.
- Rural families had no concept of emergent mental illness, they had strong intra-family strengths which contained emergent problems for a long period of time


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- Health workers should reconsider what they mean by early help seeking.
 - Families commenced helping years earlier.
 - Recognise families as skilled and trusted helpers.
 - Health workers should move to close the gap in this regard by collaborating with families as co-helpers.

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- Develop assessment tool to discover family strengths.
 - Integrate the strong family helping into care planning because this helping will endure longer than the episode of clinical care.
 - Recognise families as skilled and trusted helpers.
 - Identified singular client with a medical diagnosis - framework doesn't 'fit' client type.
 - Develop a new entry point to clinical support which can accommodate the WHOLE family INCLUDING the 'client'.

Discussion

- Families reported a profound depth of emotional burden.
- Stories of searching for inner strength to cope and to care for their sons.
- The helpers psychological well-being diminished as they increased their active care-giving
- Indicated that the 'system' had let them down.
- They could not understand why early help had not been more readily available to them and their sons in their rural settings.

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- The findings suggest that the families had difficulty *identifying* appropriate and timely pathways to access help.
 - That they have developed their own ways of helping within the internal structure of family.
 - This may explain why some rural young men experience a lengthy duration of untreated psychosis.



The burden of care which families experience during their son's emergent phase of illness, creates a substantial burden on the emotional and social integrity of the family, and that this burden causes some parents to question how long they can cope, before they reach *'the end of their strings'*.



Conclusion

This research provides an insight into the experiences of families caring for their young adult sons with emergent mental health problems in their rural communities.

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Questions...