

# *The Impact of Mental Health on a Family's Wellbeing*

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## Disclaimer

### **WARNING TO READERS:**

This IRP is based on a true story of a local family and their struggles with mental illness, topics discussed throughout the IRP may cause distress to some readers.

This IRP is based on general discussion and research which is gathered on mental health related topics. It is not to be interpreted as specific advice for an individual's own personal situation. Every mental health illness is unique and requires advice to be tailored and adapted to the individual's situation, this information should not be relied upon for the diagnosis or treatment of a mental health illness

The colour green is used throughout the booklet as green is the awareness colour for depression and mental health conditions.

If you are looking for advice or help use the below hotlines:

Emergency	000
Lifeline	13 11 14
Beyond Blue	1300 224 636
Kips Help Line	1800 55 1800
RU OK?	<a href="http://www.ruok.org.au">www.ruok.org.au</a>
Black Dog	<a href="mailto:clinic@blackdog.org.au">clinic@blackdog.org.au</a> OR <a href="http://www.blackdoginstitute.org.au">www.blackdoginstitute.org.au</a>





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## Student Declaration

I Meg Southcombe, recognise that all information within this Individual Research Project is my own and any information or data gained from other sources whether it be primary or secondary, has been acknowledged and has been referenced thoroughly in the bibliography and foot notes

Meg Southcombe:

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## Acknowledgment

Throughout this research project, the following individuals are to be acknowledged for their contribution to this Independent Research Project;

- **Mr Dent**, for providing information shared and for giving help and guidance throughout the duration of the IRP processes, and for the time spent reading and keeping me motivated in this time I spent working on my IRP.
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- **Mrs Tilse**, for always keeping me motivated and for helping select a topic and proof reading any parts of my IRP and answering questions and giving me feedback and advice.
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- **The Green family**, for both extended and immediate, for sharing their story with me and how mental health had impacted their family to collect data. The bravery and honesty of the family allowed me to draw on a conclusion for my hypothesis.
- **Aneria Bray**, for providing support through all the highs and lows of completing the IRP and helping me with the layout and structure.
- **The Southcombe family**, for supporting me in this time and always being there when I needed someone to talk to about the stress of the IRP.



## “The Impact of Mental health on the family’s wellbeing”

### *Project Plan:*

#### **Aim:**

The aim of this independent research project is to research a in depth analysis of the impact mental health illnesses have on a family and the family’s overall wellbeing. This project will explore immediate family, additional family members as well as general practionares and how they reflect on their own families and other family’s wellbeing and how it becomes impacted through the time they are diagnosed. Through interviews with professionals and family members and a case study, the researcher will be able to obtain relative, and reliable data and statics, which will assist in an informative IRP through the relationship and experiences of family members and a general practitioner.

#### **Justification of this topic:**

A mental health illness (mental disorder) may be caused due to environmental stress, genetic factors, biochemical imbalances or a combination of these. The disorders are related to low dopamine levels effecting individual’s moods, resulting in low levels of serotonin.<sup>1</sup> Obvious symptoms of mental illness vary widely and effect individual differently, some common indications are confused thinking, feeling sad, excessive fear and extreme mood changes.<sup>2</sup> Individuals who are suffering from mental health disorders and illnesses may face emotional, physiological and social difficulties due to their disorder or illness creating burden. Mental illness has the ability to be highly hereditary, unfortunately meaning close family members affected by a mental illness have a higher risk and degree of putting their own wellbeing at risk. As a result of the seriousness of mental illness and the pressure it can place on an individual coping with the disease, it also places extreme impacts on the family’s wellbeing whilst caring for their loved one. The research throughout this IRP aims to explore the impacts socially, spiritually, physically, emotionally, culturally and economically which are the levels of distress the family members are faced with whilst in this situation. The research is putting focus on the observations made by a general practitioner (GP) who works on a daily basis with patients facing the illnesses to allow the observation to be influenced by their professional views on the impact the illness has on families. As the researcher has a close connection to the topic on a personal level, they believed it would be an interesting topic to research and develop a understanding for this topic in great depth for their own personal understanding as well as others.

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<sup>1</sup> <https://www.jax.org/news-and-insights/jax-blog/2015/december/happy-or-sad-the-chemistry-behind-depression#:~:text=Low%20dopamine%20levels%20make%20people,of%20serotonin%2C%20dopamine%20and%20norepinephrine.>

<sup>2</sup> <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>



## Terminology/Definitions:

**Mental health:** Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community<sup>3</sup>

**Family:** A basic social unit consisting of parents and their children, considered as a group, whether dwelling together or not: *the traditional family*. A social unit consisting of one or more adults together with the children they care for: a *single-parent family*.<sup>4</sup>

**Wellbeing:** Wellbeing is not just the absence of disease or illness. It's a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life.<sup>5</sup>

## Hypotheses:

The family's wellbeing would be negatively impacted after a family member has been diagnosed with a Mental health illness, due to the immediate change and will specifically impact the family emotionally and socially.

## Focus Question

The impact of mental health on a family's wellbeing

## Methodology:

- Literature Review
- Case Study
- Interview – written and verbal

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<sup>3</sup> [https://www.who.int/mental\\_health/who\\_urges\\_investment/en/](https://www.who.int/mental_health/who_urges_investment/en/)

<sup>4</sup> <https://www.dictionary.com/browse/family>

<sup>5</sup> <https://www.google.com/search?q=wellbeing&oq=wellbeing&aqs=chrome..69i57j46l6j69i61.1774j0j4&sourceid=chrome&ie=UTF-8>



## Relevance to the Syllabus:

The preliminary syllabus stage six contains the following units: resource management which refers to fundamental concepts of wellbeing of individuals and groups. Unit: families and communities referring to the type of families involved and how their wellbeing is affected as a whole. The main focus of the research is based on the preliminary course. The conducting of the research refers to the HSC unit: Research methodology in reference with the data and how the data has been gathered, and the way in which the methodologies are used.

**Resource Management:** This module highlights the fundamentals of skill and resource management, and the way in which individuals use their skills and knowledge to help satisfy specific needs in order to achieve a stable wellbeing. Throughout my IRP the information researched will indicate how all six factors of wellbeing impact a family's overall wellbeing. Implication such as resources will also indicate the ability in which a family has in meeting their specific needs. The study will reflect personal management skills and the way in which the family uses these skills to gain effective wellbeing. To have a more in-depth IRP a collection of interviews will be taken to better the overall information and data.

**Families and Communities:** This module explores the structure, and the roles individuals adopt within groups in meeting specific needs for families and communities. Throughout the research the importance of building positive interpersonal relationships allowing individuals to promote a sense of belonging whilst faced in a group situation. This topic will also investigate the types of support available to families through this time such as formal and informal support groups. It will also allow an understanding of how family's with impacted by a mental illness undergo internal and external forms of change. Furthermore, the research will indicate the social interaction between family members once effect by a mental illness. *"This module provides opportunity for introductory research experience, including conducting observations and case studies."*<sup>6</sup>

**Research Mythologies:** *"This module builds upon introductory research opportunities integrated throughout the Preliminary course"*<sup>7</sup> the data through which will be connected and contained as a result of the IRP will be conducted in the forms of a case study, interviews and a literature review which has been explored in this unit. The research will be laid out and planned through the three stages studies in this unit; planning for research, conducting and then interrupting research. The research which is gathered will indicate secondary and primary data sources. The qualitative data is collected to draw conclusion from the literature review, interviews and the case study.

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<sup>6</sup> <https://educationstandards.nsw.edu.au/wps/wcm/connect/e6637974-cd2e-4a77-8d88-47141d8cdbf6/cafs-st6-syllabus-january-2017.pdf?MOD=AJPERES&CVID=#:~:text=During%20the%20school%20years%2C%20students,development%20of%20effective%20social%20structures.>

<sup>7</sup> <https://educationstandards.nsw.edu.au/wps/wcm/connect/e6637974-cd2e-4a77-8d88-47141d8cdbf6/cafs-st6-syllabus-january-2017.pdf?MOD=AJPERES&CVID=#:~:text=During%20the%20school%20years%2C%20students,development%20of%20effective%20social%20structures.>





## Methodologies:

### Literature Review:

A literature review is a logical and methodical way of organising and retaining information that is already an existing body of knowledge about mental health as an illness. This will allow the ability to obtain background information from professional research which has been gathered. By conducting a literature review, it will ensure that all information contributes to a complete understanding of mental health on a family's wellbeing. The literature review will not only outline the required impacts on the topic, but it will also indicate what mental health is and how it develops. As a result, on conducting a literature review it will assist the understanding of information gathered throughout interviews and will allow a more in depth understanding prior the competition of interviews.

### Case Study:

A case study allows for a in depths analysis of the impact mental health has on a family's wellbeing. Through the reflection of a case study the researcher will develop a in depth understanding of a family's wellbeing whilst impacted by a mental illness. The data sourced through the case study will be relevant and a realistic view, and how these implications have affected their daily lives. This form of methodologies allows data to be collected and to ensure information is collected before proceeding with interviews. Follow up interviews will be conducted as a reflection to develop and enhance the research displayed in the IRP. The extended family interview will be recorded as a transcript.

### Interview (Verbal):

The verbal interviews will allow research in the perspective of a medical professional who treats patients diagnosed with mental health. The general practitioner will allow insight into day to day routines when dealing with patients who have a mental illness. The medical professional will open up a broad range of information due to their experiences and understanding of the impact felt by the family. This is of a clinical observation and form of research which will be obtained through the perspective of the families. As the medical professional has worked with a number of families facing mental health-based illnesses it will allow information to be broader based on the overall impact of families. Thus, this will help maintain and overall view on how mental illness can have an overall impact on a family. Interviews will also be conducted with an extended family member to further the understanding of the impact in which mental health has on a family's wellbeing from a family members perspective. This will allow a more in-depth response to the impact of mental illness on a family's wellbeing. The interviews will allow an overview from both perspectives of someone who is closely involved with the family member and a medical professional whose role is to provide support for the individual.



## Timeline:

<b>Week:</b>	<b>Proposed Plan/ Outline:</b>
Week 1 13 <sup>th</sup> – 18 <sup>th</sup> October	<ul style="list-style-type: none"> <li>- Have a theme-based topic</li> <li>- Commence diary entries</li> <li>- Seek advice from past CAFs students</li> <li>- Start thinking about people who I need to contact for assistance with the IRP</li> <li>- Commence background research and find any relevant data</li> </ul>
Week 2 19 <sup>th</sup> – 25 <sup>th</sup> October	<ul style="list-style-type: none"> <li>- Have timeline completed</li> <li>- Continue to read more information to allow more depth and understating about my topic</li> <li>- Commence project plan</li> <li>- Seek feedback from teachers on possible topics</li> <li>- Gather sources and potential information forming basis for my literature review</li> </ul>
Week 3 26 <sup>th</sup> October – 1 <sup>st</sup> November	<ul style="list-style-type: none"> <li>- Have my topic picked</li> <li>- Start writing my literature review</li> <li>- Hand whatever information written for literature review into teacher to be checked</li> <li>- Completion of my project plan (seek feedback from Mr Dent and Mrs Tilse)</li> <li>- Contact people who will be involved in the project directly</li> </ul>
Week 4 2 <sup>nd</sup> – 8 <sup>th</sup> November	<ul style="list-style-type: none"> <li>- Start methodology process</li> <li>- Find methodologies which will be best suited for my topic</li> <li>- Have set times chosen for interviews</li> <li>- Have majority of the literature review written out and have a draft. Get it checked by Mr Dent</li> <li>- Finish my methodologies section</li> </ul>
Week 5 9 <sup>th</sup> – 15 <sup>th</sup> November	<ul style="list-style-type: none"> <li>- Have completed interviews with family and carers</li> <li>- Contact the medical professional for interview times</li> <li>- Start writing case study based on the family. Taking information from interviews with the family members</li> <li>- Form questions for the interview with the medical professional</li> <li>- Have a set date and time for the interview with the Medical professional</li> <li>- Source feedback on interview questions</li> </ul>



Week 6 16 <sup>th</sup> – 22 <sup>nd</sup> November	<ul style="list-style-type: none"><li>- Have all needed data collected</li><li>- Draft written for the case study contact Mr Dent and Mrs Tilse about reading over them</li><li>- Commence writing the result section of the IRP</li><li>- Commence the discussion of the results section for my IRP</li><li>- Hand all draft into teachers to the teacher</li></ul>
Week 7 23 <sup>rd</sup> – 29 <sup>th</sup> November	<ul style="list-style-type: none"><li>- Finish writing up the discussion of results</li><li>- Start to write the conclusion for the IRP</li><li>- Hand in all work it can be checked. (Results, discussion, and conclusion, to be checked at least twice by Mr Dent and Mrs Tilse)</li><li>- Literature review should be completed and not being needed to be being tweaked anymore</li></ul>
Week 8 30 <sup>th</sup> November – 6 <sup>th</sup> December	<ul style="list-style-type: none"><li>- Continue to change and polish discussion and conclusion</li><li>- Begin writing the limitations and recommendations</li><li>- Gather all resources which need to be placed in the final bibliography, and being referencing links properly</li><li>- Start appendices</li><li>- Send in any drafts that need to be checked</li></ul>
Week 9 7 <sup>th</sup> – 13 <sup>th</sup> December	<ul style="list-style-type: none"><li>- Continue to neaten up all the content which has been completed to ensure that drafts that can be looked after</li><li>- Form acknowledgments, know who needs to be included</li><li>- Start laying out the IRP neatly with a title page</li><li>- Check to make sure the drafts are being checked and the layout is correct</li></ul>
Week 10 14 <sup>th</sup> – 16 <sup>th</sup> December	<ul style="list-style-type: none"><li>- Ensure everything is presented in a neatly manner</li><li>- Tweak spelling, grammar, punctuation and final read over</li><li>- Making sure it has reference to the making criteria</li><li>- Print, bind and finalize</li><li>- Make sure to send a direct gift to those desired acknowledgments</li></ul>



## Literature Review

### *“The impact of mental health on a families’ wellbeing”*

*“A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardised criteria.”*<sup>8</sup> It is understandable that mental health is a serious illness that not only effects the individual diagnosed but can also have a negative impact on their surrounding families sate of wellbeing. *“While most people will manage with the support of family and friends, there are still times when someone may need some extra help and support.”*<sup>9</sup> Although mental health illnesses can create stressful situation for the individual diagnosed and their surrounding families, this stress can be maintained through support programs and seeking ongoing support from professionals. Despite this the families’ wellbeing may be affected through a positive outlook, some aspects of the illness display positive outlooks once the illness is overcome by the patient from a family’s perspective.

In a modern society such as today, the awareness and treatment for mental health has increased due to advancements in research and awareness campaigns encouraging individuals to speak about how they feel, allowing medical professionals to develop an understanding for the disease. *“17.0% of Australians aged 16 to 85 have experienced an anxiety and/or affective disorder in the past 12 months. This is equivalent to 3.2 million people today.”*<sup>10</sup> Due to the heightened number of Australians effected by mental health concerns it has allowed for the growth of awareness and concern for those individuals facing mental illness. Families which deal with the reality of the illnesses and the sever effects it has on a family’s wellbeing, especially their emotional wellbeing. *“People with severe mental illnesses on average tend to die earlier than the general population. This is referred to as premature mortality. There is a 10-25-year life expectancy reduction in patients with severe mental disorders”*<sup>11</sup> However, for some individuals the illness may not be life threatening, but the elements of the illness can still have an impact on sounding families and impacted on their overall wellbeing. *“Care is now delivered primarily in community settings, compared with the previous heavy reliance on inpatient services that characterised Australia’s mental health system.”*<sup>12</sup> Over a duration of time support programs and advanced research has allowed and increased medical understanding which allows a family’s emotional state to be a more positive experience in relation to caring and support a family member coping with a mental illness.

Depression can result from a chemical imbalance in the brain resulting in the chemicals not working properly or as well as they should. However, no two people have exactly the same type and degree of symptoms therefore symptoms may appear at different times and will carry different impacts on wellbeing from individual to individual. There are different kinds of brain chemicals that can play a role in the overall development of a mental illness. These

<sup>8</sup> <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>

<sup>9</sup> [https://www.health.nsw.gov.au/emergency\\_preparedness/mental/Pages/default.aspx](https://www.health.nsw.gov.au/emergency_preparedness/mental/Pages/default.aspx)

<sup>10</sup> <https://www.beyondblue.org.au/media/statistics>

<sup>11</sup> [https://www.who.int/mental\\_health/management/info\\_sheet.pdf](https://www.who.int/mental_health/management/info_sheet.pdf)

<sup>12</sup> <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-con~mental-pubs-f-plan09-con-pro>



include; *“serotonin, helping to regulate sleep, appetite and moods. Noradrenaline regulates our feelings and overall motivation, this may trigger anxiety. Dopamine is vital for movement and how we view the world and is also involved in perception.”*<sup>13</sup> Some population groups however are more vulnerable to mental illness, this is dependants on the local context such as *“household living in poverty, people with chronic health conditions, minority groups and people exposed to war/conflict”*<sup>14</sup> which as a consequence can lead to a higher rate of exposure to a mental health condition. *“well-being is influenced not only by individual characteristics or attributes, but also by the socioeconomic circumstances in which persons find themselves and the broader environment in which they live”*<sup>15</sup> as a result there are a number of factors that contribute to an individual mental capacity and their overall bearing of mental stress.

Throughout a time of stress and whilst the individual’s mental capacity feels overloaded their family can be one of the individual’s primary forms of support, families tend to see the initial change in behaviour, emotions. In saying this *“Mental illness is very common. One in five (20%) of Australians aged 16-85 experience a mental illness in any year.”*<sup>16</sup> A mental health concern become a mental illness when ongoing signs and symptoms cause frequent stress and affect the individuals daily function. Symptoms may vary and can be whole dependent on the individual and their mental illness circumstances. *“Symptoms may include; feeling sad or down, extreme mood changes, withdrawal from friends and family, tiredness and detachment from reality (etc.)”*<sup>17</sup> If family members are detecting symptoms early on it is important to remember to conduct an honest discussion with them about your overall concerns and questions. However, research indicates that married couple’s mental illnesses co-occurs at a great level, this is due to people marry partners who are similar to themselves, and they tend to share similar life experience, environments which are leading factors effecting health status. Due to this a family member caring for someone suffering from a mental illness can have a strenuous impact on their overall clarity of wellbeing.

*“Whilst not all these carers look after a person with a mental illness, there is consistent evidence that informal caregiving is associated with poorer mental health.”*<sup>18</sup> The burden of caring can create wellbeing complications for the family therefore have an arduous effect on their overall all life style influence by how stable their own wellbeing. The immediate effects economically, emotionally, physically and socially are felt by all family members due to a sudden change of lifestyle this is reflected in their overall wellbeing.

When a family member is initially diagnosed with a mental illness immediate change can contribute to the imbalance of a family members wellbeing, having a family member diagnosed with a mental illness can placed increased stress on individuals throughout this time. *“treatment can also trigger things like anxiety, fear, stress, and depression.”*<sup>19</sup> Mental illnesses tend to often have a ‘ripple effect’ creating tensions, uncertainty, and troubled

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<sup>13</sup> Princeton health works Dr Thomas Mayze & Dr Chris Andrew

<sup>14</sup> [https://www.who.int/mental\\_health/mhgap/risks\\_to\\_mental\\_health\\_EN\\_27\\_08\\_12.pdf](https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf)

<sup>15</sup> [https://www.who.int/mental\\_health/mhgap/risks\\_to\\_mental\\_health\\_EN\\_27\\_08\\_12.pdf](https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf)

<sup>16</sup> [https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/1-facts\\_figures.pdf](https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/1-facts_figures.pdf)

<sup>17</sup> <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>

<sup>18</sup> <https://aifs.gov.au/cfca/publications/family-relationships-and-mental-illness-impacts-and-service/resource-sheet>

<sup>19</sup> <https://www.brightquest.com/blog/the-importance-of-mental-health-support-for-your-family/>



emotions, as a result sometimes these effects are not acknowledged by a health professional or the knowledge of their state of wellbeing is kept private. Whilst a loved one is diagnosed it is a challenging time for those around them, the family needs to find a balance in how to deal and undertake the challenge, finding a sense of stability. Skills that an individual may develop whilst caring for a family member may include communication skills, encouraging the person to not be unrealistic, expressing a caring nature and acknowledging the effects of the illness. As a result of this, families need to prioritise their needs and wants and to adopt new roles within the family. Throughout this time daily routine such as social and work life can alter dramatically. Individuals may face difficulty to earn sufficient amounts of money to support a family, due to time of work to care for their loved one and may be unable to do things such as family holidays and leisure activities. The initial diagnosis can be a *“traumatic time for all of the family and have huge impact on a family's financial and emotional components of wellbeing.”*<sup>20</sup>

Daily routines for family and caretakers will change occur throughout the time of the diagnosis and treatment stage. Illnesses such as a mental health which require large amounts of time away from their family increasing stress and anxiety on the family's wellbeing. Treatment throughout the time can prove to have a negative impact on a family's wellbeing in this time. Some patients may be scheduled which is *“a legal document that, once completed, means that a person can be taken to and detained at a declared mental health facility against their will, so that a further assessment of their mental state can be made.”*<sup>21</sup> Due to an individual being scheduled as a result of their mental health can have a negatively vast impact on a family's economic, emotional, and social wellbeing. A family member who is scheduled may be a primary income earner for the family, therefore as a result of them not being able to continue with their employment, their family may financially grapple and seize due to this family members may need to adopt multiple roles to help support the family needs and wants throughout this period of time, which may increase stress on the family member and result in a poorer sense of wellbeing. *“Living on a low income can bring multiple stresses such as food and fuel poverty, debt, dispossession, and restricted social opportunities – affecting family relationships.”*<sup>22</sup> As a result this places unwanted distress on a family throughout this time period. If an individual who is ill with mental health is scheduled away from home this can prove to be an exceedingly challenging time for families to adapt to any ongoing change throughout the family's stereotypical roles and expectations such as providing income.

Along with numerous changes to daily routine and day to day life. Individuals will as logo change through receiving daily treatments for their illness, and will attend regular medical check-ups, to ensure their health is at a stable level. Mental health has a higher chance of relapse occurring after being diagnosed and following recovery from the illness. *“Mental health symptoms can relapse. A relapse is when symptoms recur after at least four months*

<sup>20</sup> <https://www.priorygroup.com/blog/does-mental-health-affect-and-impinge-on-family-relationships#:~:text=A%20survey%20showed%20that%20more,family's%20financial%20and%20emotional%20components.>

<sup>21</sup> <file:///Users/megsouthcombe/Downloads/Fact%20Sheet-Voluntary%20and%20Involuntary%20Admission.pdf>

<sup>22</sup> <https://www.poverty.ac.uk/report-parenting-families-low-income-households/parents-living-low-income-are-under-stress>





of being illness-free.”<sup>23</sup> The fear of relapse can create greater emotional and social stress on an individual family.” *One study found that 50% of all people who treat their mental illness will have at least one more episode during their life.*”<sup>24</sup> Treatments and restrictions are taken to reduce relapse from occurring throughout this time for patients mental illness may be treated with physiological therapies and medications, doctors are able to prescribe an antidepressant, helping to restore the chemical imbalance in the brain and can effectively improve mood and attitude towards their day to day life. However, it may take up to 2-3 weeks until carers notice an improvement in the individual’s mental health, they may not benefit from the drug until 8 weeks after being prescribed to the antidepressant. Carers need to ensure that the correct intake of medication is taken daily. Not only physical, but emotional treatment such as counselling and psychological treatment can help. *“Counselling aims to help find strategies and techniques to cope when life feels difficult”*<sup>25</sup> This allows patients to appropriately cope with the extent of their illness as a form of medical treatment. Whilst a loved one is undergoing therapy of taking medication it can prove to be a confronting time for the family, especially with a family with young children, as children struggle to understand what is occurring. The emotional wellbeing of families can be impacted by the unfamiliar circumstance of treatments such as antidepressants, and also when a patient is scheduled. Patients and loved ones are not alone throughout this time, as their emotional experiences may be shared. *“Beyond Blue also encourages family and friends to share their experiences of providing support to someone they care about.”*<sup>26</sup> The wellbeing of the family, due to caring for their loved one whilst going through their treatment requires to be treated as well, such as the stability of their own personal emotional health. Medical check-ups with general practitioner are vital in ensuring important information is obtained and the patients progressive is positive.

The initial impact of a mental health illness can be testing for the patient but also the family. Patients will often face a number of physical barriers due to the illness which has a significant impact on a families’ physical health. *“Sleep and mental health are closely connected. Sleep deprivation affects your psychological state and mental health.”*<sup>27</sup> Chronic sleep problems effect 50-80% of those effected by mental illness. As a result, the unrest of a loved one not sleeping can have a ‘ripple’ effect on the sleep partner of their children or partner putting them at a higher chance of not sleep and impacting their physical health. *“If you’re truly sleep deprived and on the tired train, it may not actually be safe for you to exercise.”*<sup>28</sup> Therefore reducing a patient and carers motivations desire to compete daily exercise, effecting their overall health. Physical implications such as sleep can also cause further emotional stress on a family.

Mental health illnesses cause damage on the family’s emotional wellbeing during this time period of the patient’s life. Moments of guilt may occur when the carer feels they have not been able to meet the needs of adequate care at home. The continuing effect of the illness

<sup>23</sup> <https://www.healthline.com/health/depression-relapse?fbclid=IwAR14bDPSsmOYxCUO07FNcy59MY8cKAQOsXE8YUuzKHryZkmFFqcZ3BRBSwQ>

<sup>24</sup>

<sup>25</sup> Princeton health works Dr Thomas Mayze & Dr Chris Andrew

<sup>26</sup> <https://www.beyondblue.org.au/who-does-it-affect/personal-stories>

<sup>27</sup> [https://www.health.harvard.edu/newsletter\\_article/sleep-and-mental-health](https://www.health.harvard.edu/newsletter_article/sleep-and-mental-health)

<sup>28</sup> <https://www.livestrong.com/article/466754-should-i-exercise-when-im-exhausted/>



means family experience sad, and upsetting days as a family, even so the illness impacts further onto the family's emotional wellbeing. *"Supporting someone who experiences anxiety and/or depression isn't easy – it's often physically and emotionally draining, which can affect your health and wellbeing."*<sup>29</sup> Emotions such as frustrations, sadness, anxiety and guilt may affect a carers wellbeing. These emotional influences can cause the family as a whole to become overwhelmed and suffer physically, emotionally, socially and spiritually. *"Mental exhaustion can happen to anyone who experiences long-term stress such as mental illness, it can make you feel overwhelmed and emotionally drained."* This emotional stress may cause the family to become overwhelmed whilst caring for an ill family member, therefore increasing the negative impact of a family emotional wellbeing.

As a result of caring for a family member with mental health, it proves to be challenging to maintain a healthy social wellbeing. However, its indicated that an individual with a mental illness may benefit from spending time with family, and friends who are surrounding them throughout this time. *"Helps you cope with stress. People who spend time with family and friends find healthier ways to cope with stress."*<sup>30</sup> However some individual isolate themselves throughout this time, this can cause cares to be drawn away from their social lives as well whilst looking after the individual. *"People with mental illness are, however, less likely to have such protective relationships, and when their social links are poor their recovery is compromised"*<sup>31</sup> Thus, the result of being socially remote heightens the chances of mental relapse. Having a mostly negative impact on cohesive social wellbeing for the family.

Once the immediate diagnosis has occurred, this time can be viewed as a negatively challenging time for the family of that effected and the possible outcomes. *"Evidence has consistently shown that patients with mental illness have greater physical health morbidity and mortality compared to the general population."*<sup>32</sup> As a result mental health can have a extensive and ongoing negative effect on a family's emotional wellbeing. As time goes on it is becoming more common for individuals to become diagnosed and seek medical help regarding mental illnesses which increases the rate of successful recovery.

*"Information can be used to strengthen mental health care systems which will result in better care and services to individuals and communities."*<sup>33</sup> In saying this, negative impacts of mental health are still felt by the whole family unit and impacting their health as well, causing stress on the emotional wellbeing of the family post living with a mental illness.

As reflected in my research, many sources have indicated similar information and statics that show it is evident that the impact of mental health on a family wellbeing is significantly negative. This is shown through the extensive impact on the family emotional, economic, social and physical toll in which the illness has on the family on a day to day basis. Many sources have indicated that emotional toll occurs due to the 'ripple' effect of stress placed

<sup>29</sup> <https://www.beyondblue.org.au/the-facts/supporting-someone>

<sup>30</sup> <https://www.piedmont.org/living-better/4-reasons-friends-and-family-are-good-for-your-health>

<sup>31</sup> [https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-bas~mental-pubs-p-mono-bas-alt~mental-pubs-p-mono-bas-alt-soc#:~:text=Social%20relationships%20are%20protective%20of,\(Pevalin%20%26%20Goldberg%202003\).](https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-bas~mental-pubs-p-mono-bas-alt~mental-pubs-p-mono-bas-alt-soc#:~:text=Social%20relationships%20are%20protective%20of,(Pevalin%20%26%20Goldberg%202003).)

<sup>32</sup> <https://www.bjmp.org/content/physical-morbidity-and-mortality-people-mental-illness>

<sup>33</sup> [https://www.who.int/mental\\_health/evidence/en/](https://www.who.int/mental_health/evidence/en/)





on supporting family members and the increased emotional support requires. However, the degree of negative influences can plateau dependant on the stage the patient is going through with the illness as well as the resilience of the family. In conclusion through a range of reliable sources its evident that the family's emotional, social, spiritual, physical, economic and cultural wellbeing are all negatively affect by mental health illness.



## Case Study: The Green Family

\*Family's names have been changed for privacy and confidentiality

In 2018, the Green\* family's lives were remarkably impacted when Mr Green started to show signs of depression and anxiety in early November of 2018. Before this point Mr and Mrs Green and their son (13) and daughter (15) were a small family of four, always known to be a happy and an easy-going family. Until this stage the family had no interactions with any mental illnesses.

Before the November of 2018, the Green family were regarded as a healthy family located in the heart of the Upper Hunter, Muswellbrook NSW. Which was regarded as home for their small family of four, their two children were raised in Muswellbrook and both attended school in Aberdeen. Prior to this Mr Green was working at the local BHP mine, Mt Author Coal mine. Mrs Green held employment at Northwest Mining Company Muswellbrook, both having employment in the industrial estate of Muswellbrook. Having a busy family of four meant keeping a very balanced and stable daily routine which included; starting the morning very early, the kids would get themselves off to school, everyone arriving home in the afternoon, then traveling the highway to Newcastle for sport training on alternate nights, heading home for a shower and then heading to bed. The family are very active they also included exercise into their daily routine whether this was prior to work/school or in the afternoon towards the conclusion of the day.

Mr Green's family started to notice change in his mental state and emotional wellbeing after the death of his work colleague and mate, who committed suicide as a result of poor mental health conditions and was found by one of Mr Green's best mates. This resulted in a 'ripple' effect on to Mr Green's mental health and his coping mechanisms after the death of his mate which was a very challenging time for him and the Green family. After the death of his mate this led to a collation and range of negative thoughts affecting his overall thought process and purpose of life. Furthermore, impacts such as family illness also impacted Mr Green's capacity to cope with his mental health and wellness, and also the illness of another one of his work colleagues who was only given days to live affected his mental health. Mr Green also had an encounter with a near death experience with his mum when she was placed in the ICU – intensive care unit- at John Hunter Hospital, this placed great burden on the family and intensely impacted Mr Green as he felt he had the ongoing responsibility to look after his partner, children, his mum and dad, and work colleagues throughout this time, he placed tremendous stress on himself. Consequently, this is when the signs of Mr Green's mental health illness started to be evident to his partner and two children who noticed on the spot signs of stress and anxiety which would lead to Mr Green contracting depression further down the track in December 2018.

As a result of Mr Green being professionally diagnosed with mental illness, the family's routine and their day to day lives were 'flipped upside down'. The diagnosis was an emotionally challenging time for the family. Many things were affected as a result of the diagnosis including the emotional and economic stability which had the most significant impact on the family as a whole. When Mr Green informed his family about his current



mental health diagnosis this had an immediate impact on his children's emotional wellbeing, however although this also impacted Mrs Green significantly however she never expressed it she kept it under the surface and remained with a brave face for her family who she needed to support throughout this hard and growing time. Due to the mental illness impacting the family as a whole the children experienced a traumatic emotional experience as a reflection of the event, the result of seeing their father in the state he was in whilst starting treatment and undergoing counselling had an instantaneous impact on their social, emotional and physical wellbeing due to the initial diagnosis. The first moment of 'luck' occurred for the family when Mr Green was diagnosed giving relief to the family for the way in which he had been feeling and expressing his emotions. Due to the way in which Mr Green was feeling after initial diagnosis it was then when his family GP became overly concerned with his illness and the progression of the illness, this was due to seeing a lack of positive results.

During the initial stages of the diagnosis Mr Green was unable to see improvement in his health. On the 5<sup>th</sup> of November he was scheduled - a person can be taken to and detained at a declared mental health facility against their will – meaning that Mr Green was placed in Warners Bay private hospital in Newcastle, therefore he had to have time away from his loved ones, mates and family, due to being scheduled at Warner's Bay Private Hospital.

Whilst Mr Green was scheduled to Warners Bay Private hospital this proved to be a challenging time for his partner Mrs Green who had to 'hold up the fort' at home meaning she was upholding her employment through this time to satisfy the needs financially of her family whilst Mr Green was unable to work. This created greater stress onto Mr Green as she was working a full eight to ten hour day shifts, plus commuting to Newcastle on a Tuesday, Thursday and Sunday for soccer for her son, also taking her daughter to Newcastle for Netball training of a Saturday and Monday night, this meant therefore Mrs Green had little time to herself and wasn't arriving home until 10:00pm most nights and was having to start the morning early at 5:00am to get to work, throughout this time the illness of her husband also placed great stress and worry onto her individually as she was terrified of losing her best friend and husband as a result of the illness.

Mr and Mrs Green still communicated daily whilst Mr Green was scheduled to Warners Bay, the family were kept informed about Mr Green's progression and how they could help him in this challenging time, this proved to be a confronting time for Mr and Mrs Green's two children who were immediately emotionally impacted. *"We were all upset but I had to put a brave face on for everyone and get on with life, and even till this day today my emotional wellbeing is fluctuated"* said Mrs Green. The family's wellbeing was previously impacted before the diagnosis, however the confirmation of the diagnosis when announced to the whole family, did implicate it further. At this time the sole major concern for the family was to care for Mr Green, and improve the family wellbeing throughout the initial two weeks of Mr Green being scheduled.

In the time when Mr Green was discharged from Warner Bay Private hospital, it was then required that the family would take care of him and ensure his state of wellbeing and mental health was maintained at a positive level whilst back at home, this still included regular appointments with the family's general practitioner, these appointments were now valued more than ever by Mr and Mrs Green. The amount of time Mrs Green spent



looking after Mr Green increased placing a dramatic change on the family's daily routine, decreasing the social and physical state of wellbeing. Impacts of change were seen through sleeping patterns due to late nights and lack of sleep which resulting in extra strains being placed on Mrs Green affecting them chronically. On average, to this day even two years after the diagnosis Mr and Mrs Green still only get on average 3-5 hours of sleep per night.

As time has gone on however the family has been able to seek care from medical professionals such as a psychologist to help reduce stress placed on the family's emotional wellbeing when caring for Mr Green. As a result of the constant care and requirements of looking after the family, the time Mr Green spent with the psychologist was valued allowing Mrs Green to have time to herself to organise the family and knowing that her husband was being cared for. This boosted the family's emotional wellbeing and reduced the amount of stress placed on Mrs Green to care and provide all the necessary support for her husband.

Mr Green's routine had changed significantly as a result of the mental illness impacting the family's overall daily routine. The Green family tried their hardest to stick to their normal daily routine as much as they could. In the morning Mr Green would normally start the day early with a 4:30am start to make time for exercise which he valued, however change started to occur once the mental illness overtook his ability to cope and find daily motivation. This motivation included things such as getting out of bed, wanting to eat, wanting to go to work at least 2-3 days a week, and spending time with his family. It is evident that the mental illness had an impact on Mr Green's sleeping routine affecting his physical wellbeing and therefore influencing his negative emotions. Resulting in a lack of motivation and purpose to life. It was then required that Mr Green was to take prescription medication for his depression and anxiety, this included sertraline which increased the levels of serotonin in the brain, by blocking and recycling the serotonin back into the nerve endings of the brain. Mr Green was on a 150mg prescription, taking two tablets each morning to replace the loss of chemical imbalance which was occurring in his brain. He was also taking melatonin which is a prescribed drug that regulates the sleep-wake cycle. As a dietary supplement, it is often used for the short-term treatment of insomnia. Taking these medications increased the noticeable side effects such as lacking motivation and feeling tired, throughout the course of the whole day. Mr Green went from previously having a busy day and finding energy to complete daily tasks, to not being able to find the energy to get out of bed. The family was emotionally impacted heavily from this as a result of seeing Mr Green in the uncomfortable state he was in. This led to a large amount of created stress on Mrs Green and the children.

Later in December, Mr Green headed back to work. A lot of Mr Green's anxiety was produced as a result of feeling like he was unable to financially support his family and meet their needs. Therefore, having time off work while ill created more stress on Mr Green. Work placed more stress onto Mr Green and the family's wellbeing as a result of him coming home tired, stressed, exhausted and angry which impacted his family whilst he was still fighting his battle with mental illness.

The family valued their time spent together as this meant everyone knew that Mr Green was safe, and his children knew they had made another day knowing their dad was safe and okay. Mrs Green expressed *"Dinner time was a time we valued every evening where we*



*were able to tell each other how our day was, and we were all so lucky to have all four-family member make it through the day.”* The daily routines always concluded with dinner to appreciate what the family had.

It is clearly evident that throughout the time Mr Green was scheduled and discharged home, Mrs Green felt a great need to satisfy the needs of the family, which she was only able to do to a limited degree, creating more stress on the family as a result of the mental illness. The economic and financial wellbeing of the family was negatively impacted as there was only one main source of income to the family as Mr Greens employment had seized to only a small amount, when compared to what he would've earned with over-time during week shifts. Due to the ongoing illness there was incredible financial and economic stress placed on Mrs Green.

Socially, the family kept the diagnosis quiet and didn't make it general knowledge to friends and those members of their extended family. Immediately after the diagnosis occurred Mr and Mrs Green discussed their options before telling their two children. The two children where made aware when Mr and Mrs Green sat down and told the children what had happened and their plan for the duration of the time the illness would affect the family. Before Mr Green was scheduled to Warners Bay Private the family cared for his needs and didn't find it appropriate to leave him home alone, while everyone was meant to be at school or work. Their youngest child would stay home from school to provide care for his father and spend time with him, trying to encourage him to be active and spend time out of the house. Mrs Green was also having time of work ensuring Mr Green was well cared for and driving him to appointments in Newcastle ensuring he had support. Due to the illness the family was restricted to the house, always trying to be around Mr Green. The children missed days at school whilst the illness was affecting the family to an extreme extent. When the youngest child was given the opportunity to go to soccer training he used this time as an outlet of his emotions and to talk to his mates at the time. *“I thought it was a way to escape and get away through being with my mates and having a good time.”* said the youngest Green child.

Not only was it a challenging time, it was hard to express this to their family's friends. The Green children didn't express their emotions throughout this time and only told two of their closest friends who they have had a long pre-existing relationship with from the junior years of high school until this day. The children didn't tell people why they were at Warners Bay on the weekends, whilst they were visiting their father. The family shared a strong bond and connection with Mrs Greens parents the children valued their time spent with their grandparents. They provided support and would cook meals for the family when Mrs Green was emotionally and physical worn down and was unable to find time or energy to cook dinner for the family. Thus, this lack of understanding of the children's friends made it a hard time for them as their friends were unable to experience and understand the traumatic experience that the Green children were going through at the time. However, the time the children spent at school helped to take their minds off what was occurring at home with their dad.

Through the time when Mr Green was away from home the family he used social media to stay connected and in contact with the rest of the family. On the weekends Mrs Green



would take the two children to visit their father in Newcastle, they would do activities such as going out for lunch, mountain bike riding and swimming at the beach. Leisure activities such as this had a positive impact on the family's wellbeing, they cherished these times spent together as a family.

It was clear however from the initial diagnosis of depression and anxiety that it would prove to be a challenging 'emotional rollercoaster' for the family. Mrs Green expressed *"My emotions fluctuated each day and dependant on how each day panned out, my emotions have been mixed but I always tried to stay positive, with a get on with it attitude. As a mum and a wife, I had to be strong and hold the family together."* However, the children were impacted as well *"I feel like the children knew exactly what was happening because we were up front and honest with our two children at the time, I feel like they tried as hard as they could to stay positive."* Meaning that the two children relied on Mrs Green majority of the time for support, guidance and reassurance in this time whilst mental illness was impacting their lives.

The couple were both fortunate to have two very understanding children who were able to understand and be independent throughout this time. *"After Mr Green had overcome the illness to what we thought was the end of it all, the children started to open up more to adults in their lives such as teachers and older friends, trying to advocate and raise awareness for it."* Especially through these times when Mr Green was scheduled to Warners Bay Private hospital the children were able to stay motivated and empowered with their school work, as well as continuing to play sport and train throughout the week days. The two children had a clear understanding of what their father was going through. *"However, you could see when the kids were worried, but they would try their best to hide it from us."* Said Mrs Green. The oldest child tended to do more advocating for mental health through raising awareness with the Where There's a Will Organisation based in the Upper Hunter and promoting wellbeing through the 'R U okay?' campaign. However, throughout this time no one knew of the significant impact mental health had had on the eldest child until this year (2020). It was similar for the younger Green child who felt it was his responsibility to make sure this didn't happen to anyone else or any of his mates who may have been facing mental health themselves. *"My husband was able to have very truthful, down to earth and meaningful conversations with our youngest son, they seemed to lean on one another throughout this time. My husband relied on our youngest as a form of support."* Said Mrs Green. Due to our children not needing to seek any medical professional help we were very fortunate that this was the outcome, however the children used other ways to help cope with their wellbeing and this allowed them to stay mentally fit throughout this time.

It was very important that throughout the first six to nine months of the diagnosis that Mr Green participated in heavy counselling and appointments weekly via phone call with his psychologist. The family would sometimes attend appointments with the family's general practitioner to discuss their mental health plan as a family. At this time none of the family however were seeking their own professional help.

Physically, due to the lack of sleep Mrs Green found it hard to keep her exercise levels up. However, when given the chance Mrs Green would attempt to go for a walk and use this time to clear her head and gather her thoughts and enjoy time to herself. The gym in the



families shed was a great way to exercise without having to leave the house whilst caring for Mr Green throughout this time, while still being in the vicinity of the household. *“I got tired, I was stressed, I just changed my exercise routine. I was not receiving enough sleep at all and therefore I wasn’t able to find the energy to exercise. However, throughout this time we still valued eating a clean health diet and encouraging the kids to exercise every day.”*

Said Mrs Green. Mrs Green would normally have very disrupted sleep, only receiving 2-3 hours of sleep per night whilst caring for Mr Green. Mr Green wasn’t sleeping at this time due to numerous panic attacks and night terrors which would haunt him at all hours of the night. These implications of inadequate sleep nightly had significantly inflicted negative impact on the couple’s physical wellbeing.

*“My husband doesn’t sleep, he is medicated to try and get him in a regular sleeping pattern.”* Sleep was the most havoc and unsettled parts of their whole day. Which created enormous strains on their energy levels throughout this time. The children were impacted slight with their sleep patterns, when being woken up by their father. However, this wasn’t as nearly significant as Mrs Greens lack of sleep, as most of the care was attended to by Mrs Green throughout the night time.

At the time of the diagnosis, Mr Green took immediate time of work as his sleep was affected and work was a place in which created more stress, and anxiety on him, as there was talk he would be losing his job. Mrs Green took time of work to whilst caring for Mr Green however this time was limited. This meant during this time the family only had access to one stable net income.

Economically, *“There was a change to our income as we weren’t working much due to the illness, but now on the flip side we were able to sort our self out. Now we are feeling like we are in a more stable place financially”* At the time of the diagnosis the family where forking out money through costs of schooling, electricity bills, fuel money when traveling to and from Newcastle nearly every day. The family would also spend money on accommodation whilst down at Warners Bay Private hospital when visiting Mr Green. *“We had to adjust through this time financially”* The initial cost that placed immediate strain on the family was car costs including fuel, these cost where significant whilst Mr Green was scheduled in Newcastle as well as on top of traveling for the children’s sport requirements. However, despite the finical stress that was placed on the Green family. Every year the family would still make time for a family holiday, the family holiday which was the most valued was the trip to Fingal Bay with a group of the family’s closets friends, the family valued this time and enjoyed catching up with their closest friends. They found it as a time to relax and have a break from reality. Times like these held great value to the family allowing them to step back and ‘relax with good vibes’ and enjoy the activates which the family would not normally consider encountering.

Culturally as a family, *“Christmas placed stress on the family, as at this time Mr Green was sick, and it did place more stress on Mr Green.”* The family would always spend Christmas together and this was the time when the family would all catch up. Cultural event however where never cancelled or put on hold, therefore mental illness didn’t affect them culturally.





Spiritually, before and after the diagnosis Mrs Green and her children where not spirituality inclined and didn't view themselves to be individuals with strong religious views. *"I said a couple of prayers each night asking God to look after us, and to look after Mr Green, I questioned why this happened to us, but hopefully it will all come to light one day. As a result, now, I think we all look at life differently"* This gave Mrs Green a source of spiritual support, but this was the extent of their spiritual support network.

Overall, the family was and still is currently affected in all aspects of wellbeing. Mental illness was a scary, daunting and uncertain time for the family. Placing large amounts of stress and anxiety not only on Mr Green but his wife and two children as well. Mr Green still is seeking supportive professionally today (2020). The impact has changed as Mr Green tends not to be nearly as much effected in 2020. The degree of wellbeing which is impacted is now dependant on the current situation. The whole family was affected in all areas of wellbeing and experiences a range of negative but also slightly positive impacts of the illness affecting their family.





## Interview Transcript: Extended Family Member

**Meg:** Firstly, we will be starting with the impact on social wellbeing. Do you feel like your social life has been put aside through this time?

**Family Member:** No not really, I thought it was a way to escape and get away while I was with my mates and having a good time.

**Meg:** Did you feel like you supported your sister and mum through this time?

**Family Member:** Yea but I also think my mum supported me and my sister. She looked after us the most and really supported us as she is the adult in the situation, she had more of an idea then we had.

**Meg:** Do you feel the impact of the mental health effect your overall social life?

**Family Member:** Nah I reckon it was pretty much normal I tried to go out and get away from it all to help me with it all. There were lots of times I had to be at home, just to make sure that my dad was ok? But that was all okay as it was for a good reason.

**Meg:** Do you feel now as a result of the mental illness your family shares a stronger social interaction?

**Family Member:** Definitely a lot more. A lot of stuff happened throughout that period of time and for us to come out the other side, we came out a lot stronger and being able to open up to each other every night at the dinner table is something I value.

**Meg:** Now we move into the emotional questions, how did you feel when the initial diagnosis was made aware to you?

**Family Member:** I was pretty upset, very upset. There isn't much I could do, I had to try and take the positives out of it which was hard. I found it a very tough time.

**Meg:** Did you ever seek someone to talk to in this time such as a councillor/social worker?

**Family Member:** No, I didn't. I spoke to my family and friends.

**Meg:** Do you feel that throughout this time your emotional wellbeing was stable?

**Family Member:** Yea, I was upset but at the same time I knew everything was going to be okay.

**Meg:** Did you feel that you were an important family member when supporting others wellbeing?



**Family Member:** Yea especially with mum as I spent lots of time with her, and a lot of time talking to her about it. Not so much with my sister but I tend to talk to her about other topics. I also think talking to my dad helped we used to have pretty big talks because we were aware of it and we weren't afraid to talk about it, knowing that we didn't have to worry.

**Meg:** The physical questions include did you feel that your exercise habits increased or decreased throughout this time?

**Family Member:** Well I know I was unable to go to soccer training because my mum was exhausted from looking after me and my dad, as she was staying up crazy hours of the night to make sure he was okay, so I know sometimes we didn't go to training which is completely understandable.

**Meg:** Did you ensure you had adequate standard of sleep?

**Family Member:** Yes, my sleep wasn't affected.

**Meg:** Have you ensured you maintained a healthy and balanced diet throughout this time?

**Family Member:** Yea I have kept it all the exact same.

**Meg:** Throughout the time mental illness effected your family did you feel your sleep, diet or exercise patterns change as a result of the diagnosis?

**Family Member:** Obviously like I said a little bit with the exercise but not the sleep or diet, we still had nice meals every night with your balanced diet, I was going to bed from 8:30pm and getting up at 6:30am so most things stayed the same.

**Meg:** Now for the economic questions did you feel required to financially support your family in this time?

**Family Member:** No, not at all.

**Meg:** Have you ever offered financial support to your family?

**Family Member:** No, I haven't I think my parents wouldn't take it seriously if I tried to offer them money.

**Meg:** Was there any time you felt as though you had to stop extra activities such as sport to reduce financial stress on your family?

**Family Member:** As bad as it sounds, no because playing my sport was a way to get away from it, especially in Newcastle with a different brunch of boys who had no idea what was going on. Which made me feel better, I used it as a place to forget about what was going on.

**Meg:** Did you tell any of your current friends about it?



**Family Member:** I didn't tell anyone at the time, but after people found out through general conversation, such as at school we have been doing mental health first aid training and I have started to share my story. Because I was in that situation and I wouldn't want people to know or suffer the same way my family did.

**Meg:** Next, we have cultural questions, did you feel cultural events such as Christmas were different in this time?

**Family Member:** We still had our Christmas as a family, I feel like this was a good time to have the family around and got dad to appreciate what he has, and allows us all to spend time together, and gave him something to remember and keep in the back of his head.

**Meg:** Where cultural events such as Christmas placed aside during this time or did you celebrate them?

**Family Member:** No, I feel cultural celebrations uplifted dad he always seemed to be happy when out and about which helped take his mind off things, we didn't miss any events such as Christmas and Easter we just had them as normal.

**Meg:** The last section is spiritual. Do you find yourself a religious person and if so did you use your faith for support you in this time?

**Family Member:** I'm not a very spiritual person, I go to a catholic school but no not really. I don't need someone else to help me through it.

**Meg:** Did you believe that a connection with faith improved your emotional wellbeing?

**Family Member:** I asked questions, like why did it happen to my dad, because you always want something to blame so you know it's not your fault but after that denial section you realise it's not anyone's fault it's just how it is and you can't do much to prevent it and it's something that happened overtime, most people don't even realise, until there at the point where they have voices in their head and can't sleep at night.



## Interview Transcript: Brook Medical Centre - General Practitioner

**Meg:** Firstly, regarding social wellbeing. Have you noticed different families affected by mental illness become isolated from friends or family?

**GP:** They definitely do it tends to be a sign of their illness that they isolate.

**Meg:** Are you aware or know of any community organisations that assist families coping with mental health and how has this impacted their family?

**GP:** The organisation I would recommend, or use would be through the Muswellbrook district hospital, and the local social worker is what I would recommend or at times they may need individual medical treatment or physiological treatment, I'm unaware of any organisation that is specifically set up for families to support them as a whole.

**Meg:** At Muswellbrook hospital do they have to be referred by a general practitioner?

**GP:** No, they can go to hospital at any time and see the social worker or psychologist dependant on who is rostered on for that day if they need the help. They are able to link in with a mental health unit if they need to.

**Meg:** What do you think is the most common way in which families cope with facing a mental illness?

**GP:** Some don't cope, they feel lost, and they feel like they want to fix it. They generally try to seek other professional help. They may seek acute medical care.

**Meg:** Do you believe that is because they see it as a broken leg for example and just want to treat it like another medical illness or injury, and they don't realise it takes time?

**GP:** I think they don't know what to do and they want to make sure the patient is safe, families normally tend to outsource information and help as they are unable to cope with the relationship of a family whilst influenced with a mental health condition.

**Meg:** Have you noticed a connection between patients who both have a mental illness disease?

**GP:** They like to share their experiences often. Sometimes when they have been through a difficult mental illness themselves, they feel more empathy to others who have been affected. I feel although the community is supportive of people for coming out with their illness which is normalizing it, which it should be.

**Meg:** Have you noticed children/parents of a patients be affected socially by their family members diagnosis? (is it either positive or negative)



**GP:** It's mostly affected them in a negative way, they don't want anyone to be isolated, so people tend to work around the patient, a partner of someone with a mental illness tends to stay home and look after them instead of socialising. They would rather go out as a couple opposed to going out by themselves. I don't think there is any true positive things.

**Meg:** Do you believe the diagnosis had a positive or negative impact on the family's communication?

**GP:** I think it can work either way. Sometimes the diagnosis give relief to the family, as now they have a reason for the way someone has been acting the way they have. This allows the family to understand that they are dealing with something personal and therefore is affecting their emotions. Some families, this brings out communication difficulties. It is a very individual thing which varies from family to family. Treatment does aim to increase communication skills, so they are able to talk about how they actually feel, which takes the blame away if someone is feeling rejected.

**Meg:** Next, we move into them emotional questions first up, I understand that confirming a diagnosis with a patient would be challenging. How do you help the families cope emotionally?

**GP:** I try and acknowledge that it is actually very difficult to seek help, and I think that is a very positive step as I often believe that being diagnosed is the hardest thing to do, which is true. There is a sense of relief when a diagnosis has been achieved, however sometimes a diagnosis takes time to evolve. Its more commonly not a true psychiatric disease itself.

**Meg:** Is immediate help provided such as a councillor?

**GP:** If they are severely mental ill, we will have to schedule them, we do have emergency mental health facilities available up at the Muswellbrook hospital that you are able to accesses 24hours a day via tellie health which is a mental health service in the valley. There is a gap of people who don't need to be scheduled they're not at the point of suicide, but they have to wait because the services aren't as good as they should be in the country and isn't available. Therefore, we have to support those people to get through that time, which can be hard.

**Meg:** Is there a definite change in their emotional state whilst going through treatment?

**GP:** Yes, if they are on the right treatment is definitely does improve, if they are receiving the right support and treatment they need. These types of treatments may include drug treatment or therapeutic treatment, or it may just be validating that they are able to feel the way they are. Meaning they don't always have to feel happy all the time.

**Meg:** Do you check in with family members, so you can see how they are coping emotionally, or is this more common with the patient?

**GP:** It's both, when the patient comes by themselves you are able to talk about the family with them, but it's actually better if the family comes with them, this can often happen. If



the family chooses to come with them then the confidentiality and privacy isn't an issue as they are in the consultation together and you are able to ask how the rest of the family is coping in front of the patient, you do tend to ask how the family is going, but however sometimes family members need independent help and sometimes I offer separate support to those family members. Or they see their own family doctor or counsellor.

**Meg:** Generally, how do you notice the families cope on an emotional level?

**GP:** It's relatively good as they feel it is something that they can overcome. People feel it is a sign of weakness when it isn't. We talk about taking their mind to the gym to help them cope during this time.

**Meg:** So now we move into the physical questions. Do you find patients becoming more or less physically active whilst diagnosed?

**GP:** As you know Meg my patients have to exercise. Generally, people who are depressed do less of everything meaning they are doing a lot less physically. Part of the treatment is to actually get them out doing exercise for the therapeutic benefit.

**Meg:** Does this change with the age of the patient?

**GP:** They still need to do exercise within their age limitations and tolerance, this may mean trying to get back into things they used to enjoy exercise wise and often tend to do it with others. Often with a family member is good too such as going walking together.

**Meg:** Have you noticed the family member's becoming fatigued/tired whilst caring for someone with a mental illness?

**GP:** They do watching anyone you care about go through any illness is hard. Whether this is a physical or mental illness.

**Meg:** The last one from your observations of working one on one with families, do you believe they uphold their own physical state of health and wellbeing throughout this time?

**GP:** No often not as they don't want to leave their partner or loved one alone, they restrict their social enjoyment and they restrict their exercise tending to isolate just at home

**Meg:** Do you find this has a rippled effect?

**GP:** It may put family members at risk sometimes of a less severe form of mental illness but likes attract likes. So, you often find someone with mental vulnerability may be attracted to someone else with the same mental vulnerability, as they tend to understand each other and connect.



**Meg:** The next question is based on economic challenges. Having time off work can place an economic burden on the family, not including the cost of treatment. Is there any funding offered to families coping?

**GP:** There is the Medicare funding, at the sense if they have a mental health plan they can have Medicare benefits and that has now been extended so they can see a psychologist for ten visits a year and it is covered, it has now been changed to twenty due to COVID-19 which actually covers them for majority of the visits. However sometimes it doesn't cover all the cost it is subsidised through the government, or otherwise you can go through Centrelink as a low-income earner.

**Meg:** I'm guessing that the PBS scheme would cover some of the drug treatments?

**GP:** Only if they are on a health care card.

**Meg:** How do you go about being balanced on a mental health plan to be covered with the benefits?

**GP:** You have to come to a GP, in which the GP charges a fee, some GPs charge a full bill however some chose to bulk bill I think majority would tend to bulk bill because it is a time of distress, as they might also have employment insecurity's.

**Meg:** Has a family of a patient ever knocked back treatment as they are unable to afford the cost?

**GP:** Yes, they have. That could be for the drugs and taking time off work which can be an indirect way which can affect the family. Sometimes online things can be quite good as it doesn't cost them so there are alternatives too. However, they may need more GP involvement and sometimes that can and can't be available at certain times.

**Meg:** Does having time of work, place stress on the families who are supporting the patient?

**GP:** Yes, especially if they hang around the house all the time.

**Meg:** Do some patients continue to work whilst being diagnosed?

**GP:** The majority do actually sometimes this may be reduced through a couple of weeks off work just to allow them to pull things together especially if they are in an acute crisis and then allows for a reduced demand or reduced hours.

**Meg:** Do you feel as though work helps them?

**GP:** Yes, I feel although it does help, due to the social interaction and work is a form of distraction for the patients as they are not focusing on their health all the time. Sitting at home thinking about how bad you feel doesn't help at all.



**Meg:** Now we move into the cultural questions. Do you find those families affected by a mental illness still tend to celebrate cultural events such as Christmas, Easter etc. Are the families still making time and effort for these celebrations?

**GP:** They do but they tend not to enjoy it's as much and sometimes those celebrations can be a cause of stress, sometimes their mental illness may be linked to spending times in family interaction such as events like Christmas and can cause trauma to the patient. They celebrate but I feel although their enjoyment is lessened.

**Meg:** Have you noticed the family feeling down or sad during these important times of the year?

**GP:** Yes.

**Meg:** Are families willing to communicate with their extended families at this time

**GP:** They tend to keep to their own nuclear family because every social event tends to be more difficult if you are feeling down and don't want to express how you are feeling. Therefore, you don't really want other family members to know how you are feeling if you are feeling unwell, some people are embarrassed to tell everyone about it.

**Meg:** The final section is based on spiritual health. Has anyone refused treatment due to the religion?

**GP:** Not that I'm aware of.

**Meg:** Have you noticed patients change their religious views as a result of their mental health?

**GP:** Some people find strength with their spirituality and others can feel let down by it as a result of being ill. So, it can work either way.

**Meg:** Lucky last question, are many of the families strongly religious?

**GP:** I feel like majority, of patients are in the general population and I haven't noticed any bias of one way or another.

**Meg:** Perfect, thank-you so much for your time!





## Discussion

*The family's wellbeing would be negatively affected due by mental illness due to the initial change and stress placed on the lifestyle affecting all areas of wellbeing.*

During the time spent researching many sources and gathering information, there has been a very clear indication that shows mental illness impacts a family's wellbeing in all different ways. Using both primary and secondary data sources it showed there where countless connections between both sources of data. Making a clear manifestation of the highly similar effects that mental illnesses has on a family's wellbeing. These impacts where mainly highlighted as negative implications on the family.

It was highly evident that mental illnesses had a large impact on the family's daily routine. It was noted in the case study a defendant changes in the family's daily routine before encountering the mental illness. There was a considerably large difference in the daily routine. It was noted *"Prior to this Mr Green was working at the local BHP mine, Mt Author Coal mine. Mrs Green held employment at Northwest Mining Company Muswellbrook, both holding employment in the industrial estate of Muswellbrook."* This daily routine indicated the 'normal' life and routines which were experienced daily whilst living in a healthy family.

The case study highlighted *"Having a family of four meant keeping a very balanced and stabile daily routine"* this routine involved starting the day early which meant going to work, their two children getting themselves off to school, having a normal busy day at school and work, coming home, travelling to sport training, eating dinner, and then getting ready for bed. This routine was non-complex and unaffected by the abnormal occurrences throughout the day. Similarly, the children's lifestyle was unaffected at this time.

Consequently, there was an immediate impact on the family's daily routine. It was made obvious in the case study that there was a significant change brought upon the family *"their day to day lives where 'flipped upside down'."* This phrase shows a negative impact on the family's day to day life and daily routine, their routine became more complicated and stressful with the constant worry whilst taking care of Mr Green. Due to this large impact on the family's daily routine, leading to an impact on all aspects of wellbeing therefore becoming altered due to the change of lifestyle after diagnosis.

The case study explored the continuous change in lifestyle and the constant requirements whilst looking after Mr Green. It was shown that the change created high stress levels. Establishing when the diagnosis occurred the family had to adopt new roles within their nuclear family to help support each other, proving to be a challenging time. The GP expressed that, *"a partner of someone with a mental illness tends to stay home and look after them instead of socialising, as they would rather go out as a couple opposed to going out by themselves."* It was clearly obvious that this had a large impact on the family's social wellbeing. Therefore, the family was living a very different lifestyle to what they did prior to the diagnosis. The family now put their normal day to day life on hold to care for their father/husband, which placed a great burden onto the family's social wellbeing.



Throughout this time the extended family, wasn't as closely affected as the immediate family. The interview the case study family member explored the immediate impact's when mental illness effected the family. It was firstly indicated that throughout this time the immediate family was of a higher significance of being impacted, the extended family however wasn't affected to the same extent. *"The in-laws were unable to notice change, immediately. However, the family found out and noticed change later down the track."* This meant that through this time whilst the family where exposed to the mental illness they were not receiving support from there extended family. This lead to a negative impact on the family's coping mechanisms throughout this time. The impacts of mental illness placed great change on the family's emotional wellbeing and reduced their social wellbeing throughout this time. During this time the family struggled to satisfy these needs to the extent in which they were being meet during the original daily routine.

Alternately, the changes throughout this time placed huge stress on the immediate family. These where identified, through the change of the daily routine. In the case study the family's daily routine was unstable and not kept at a constant daily ritual. The family relied upon assistance throughout this time to reduce the stress placed on the family, this included professional care and assistance such as receiving support from a phycologist. Whilst the family was still challenged through this time they tried to remain organised in the way in which they combated their day to day lifestyle.

Socially, the needs of the family where unable to be stateside through this time. it was noted that throughout this time mental health affected the family's relationships with friends and extended family. *"Throughout this time, the family pulled on some of their closet family friends, which allowed us someone to touch bases with."* Said Mrs Green. As stated this connection the family shared with one other family, gave them someone to talk to about their experience and to express their feelings. Reflected in the literature review *"The burden of caring can create wellbeing complications for the family therefore having an arduous effect on their overall life style influence by how stable their own wellbeing is"* This expressed that the time in which the family spent time with their friends allowed them to sustain their social needs throughout this challenging time. Boosting the family's emotional wellbeing as they were able to express their journey and communicate their current thoughts and feelings. However, on the flip side this can place a negative impact on the family's wellbeing. The general practitioner stated, *"they don't want anyone to be isolates so people tend to work around the patient, a partner of someone with a mental illness tends to stay home and look after them instead of socialising."* This can cause a negative impact on the family's wellbeing as a result of caring for Mr Green. Caring can create a negative relationship due to the loss of connection throughout this time with the friends.

It can be identified that in the case study, *"In some families, this brings out communication difficulties. It is a very individual thing which varies from family to family. Treatment does aim to increase communication skills, so they are able to talk about how they actually feel, which takes the blame away if someone is feeling rejected."* Despite this it can be seen that the mental illness increases the communication between immediate family's members and as a result can increase communication. This allows for the social needs of the family to be meet through the need for clear communication whilst caring for Mr Green.



Furthermore, the case study indicated that the family tried to limit their number of social outings and overall reduced their time spent away from home, which led to a decrease in their 'social life'. Mrs Green's social life was no longer existent. It was noted *"before we go somewhere you would constantly worry and check on Mr Green, we preferred to stay home and care from him instead of going out."* Socialization away from the family home caused ongoing stress, which was placed on the family. Despite this the family tried to keep their social life as 'normal', however this proved to be a challenging process. Mr Green didn't particularly enjoy time spent with other people whilst he was exceedingly ill, it was evident through physical characteristics of wellbeing such as the lack of sleep impacted the family.

Meaning the family was generally exhausted by the end of the day because of multiple factors such as, lack of sleep and the constant stress and worry about Mr Green. In addition, due to the lack of sleep both Mr and Mrs Green were unable to attain during the night, this influenced their lack of motivation to participate in socialisation with extended family and their friends, proving to be demanding on the family throughout this time. It can be identified through daily routine changes and the reduction of sleep has had a negative influence on the degree to which the family obtained social satisfaction.

Correspondingly, the family's general practitioner noted that families who have been affected by the illness tend to find a connection together. *"They like to share the experiences often. Sometimes when they have been through a difficult mental illness themselves, they feel more empathy to other who have been affected. I feel although the community is supportive of people for coming out with their illness which is normalizing it, which it should be."* This showed the connection family's shares, and they are an important way to reduce emotional stress. Furthermore, this allows friendships to flourish with others who are experiencing the same situations at home.

Alternatively, due to the case study family having two younger children, the children received little insight into the illness whilst their father was scheduled to Warners Bay Private hospital. Throughout this time the children had very slim social interactions with their friends, as they were constantly with their father on the weekends, which was their priority. The youngest child reduced his sport training in Newcastle to lessen the stress placed on Mrs Green whilst she was the only adult supporting the family in this time. Once Mr Green was discharged from the hospital Mrs Green still struggled to take their youngest to Newcastle for training as she was emotionally drained due to constantly caring for Mr Green. Throughout this time the eldest child maintained their relationships with all of their friends, however they chose to lower their time spent away from the family, as they valued time spent with their father because of the constant worry the illness placed in her mind.

Even so, Mrs Green's mum and dad took care of the children and their needs in this uncertain time. The relationship the children shared with their grandparents established a relationship which allowed for some of their social needs to be met during this time.

It was clearly evident though all the data collected that mental illness has a considerably large impact on the family's emotional wellbeing. This became clear through the collection of data which was noted in my case study and interviews. It was evident that there are many layers which overall contribute to the family's emotional wellbeing. Immediately the family's emotional wellbeing was 'flipped on its head' as a result of the family facing mainly negative emotions throughout this time.



It is recognised that throughout this time the family used different coping mechanisms, to help support them through this traumatic event. It was stated in the literature review, *"While most people will manage with the support of family and friends, there are still times when someone may need some extra help and support."* It is evident through this reflection that a great emotional toll is placed on the family during this time period, and therefore the most families require extra support prior to the initial diagnosis. The emotional toll started to be seen prior to the diagnosis, this was evident through changes in mood, behavioural change, the constant feeling of being exhausted and lacking motivation to complete daily jobs. Throughout the interview with the general practitioner they highlighted the effects which are associated with a mental health diagnosis in saying *"Some don't cope, they feel lost, and they feel like they want to fix it. They generally try to seek other professional help. They may seek acute medical care"* The general practitioner tends to offer support to the family throughout this time and instant information and sources are provided to those effected by the diagnosis, helping to reduce the burden placed on them individually. However, in saying this sometimes family are unable to access support or chose not to. As reflected in the case study, concern started to arise through the initial detections of symptoms which were displayed by Mr Green. This influenced their reaction to the original diagnosis when they were given the news. At this time, the diagnosis proved to be a very challenging time which was emotional growing. *"I was pretty upset, very upset. There isn't much I could do, I had to try and take the positives out of it which was hard. I found it a very tough time."* For the family as a whole throughout this time there were many complications which continued to accumulate resulting in negative situations which impacted the emotional wellbeing and the emotional toll placed on the family. However, this was only a reflection of one families experience and their individual story. The general practitioner made it clear that each family reacts differently and has their own experience.

When the family received the information about the diagnosis, they all shared different reactions towards the news and this developed a very different emotional journey for the whole family. It was noted in the case study that Mrs Green said *"I tried to find the positive throughout this time and I just had to get on with it, as being the mum that was just the role I adopted"* Mrs Green had a very optimistic perspective towards approaching the mental illness and how she individually would cope with it emotionally. When approaching different situations, she allowed herself to take a more positive outlook towards any situation. However, it was indicated *"My children coped very differently with the news of the diagnosis this proved to be a traumatic experience for the two of them."* The emotional stress the illness placed on the both of the children was significant and had a negative impact on the stability of their emotional wellbeing. Their mother observed that the children *"spent a lot of time trying to keep themselves busy, with school or work or trying to get away from home on the weekend, we found this might have been a way the children coped to avoid reality throughout this time."* The eldest child spent a lot of time wondering why this had happened to their family and to comprehend the extent of the mental illness and how it was going to affect the family, focusing on the more negative impacts in comparison to their mother's optimistic perspective. In saying this, Mrs Green still suffered, however she tried to stay positive. The continuous stress and worry caring had placed on her individually which had the ability to bring down her positive outlook, especially when requirements



from her daily routine where not completed or when the stress from her caring daily becomes overwhelming.

It is evident that the extent of a mental illness can form negative impact on a families' overall wellbeing. It was noted in the literature review that *"immediate change can contribute to the imbalance of a family members wellbeing, having a family member diagnosed with a mental illness can place increased stress on individuals throughout this time."* In contrast the interview with the extended family member, indicated that the time in which mental illness effected their family there was great emotional stress placed on the family and creating a toll of ongoing anxiety and worry. This affected the family's ability to be able to cope with the illness whilst trying to provide care. Throughout this time added growing gloom to the already grim outlook of the illness. It was clearly indicated again by the general practitioner that every family finds their own way to cope throughout this time of change, it is dependent on the resilience and ability to 'bounce back' after the diagnosis.

However, throughout this time there have been many identifications of assistance which was available to assist the family whilst coping with the mental illness. In the interview with the general practitioner she gave multiple examples of services that provide support, however she emphasised on the local hospital having twenty-four hour facilitates available, these support services are available after initial diagnosis but are also available to provide support throughout the journey of the diagnosis. *"The organisation I would recommend, or use would be through the Muswellbrook district hospital, and the local social worker is what I would recommend or at times when an individual may need medical treatment"* Through the listed above support network the family can limit exposure to stressful experiences. However, it was noted in the interview with the extended family member that he accessed more informal support through friendship groups. He now speaks more frequently to his mates about the illness and tends to be more open about it with peers, and teachers in his school community. Mr Green himself was receiving formal counselling and attending psychologist appointments at this time, however Mrs Green was not receiving any form of formal treatment, due to her lack of time whilst she was caring for Mr Green. Although, this year (2020) Mr Green has experienced a relapse. The family used their family GP as a form of information and as a form of consultation to reduce stress and ensure the stability of their emotional wellbeing. Overall, it is highly evident that the organisation the GP recommend was the Muswellbrook district hospital, and the local social worker. Hypothesising that a family's wellbeing is negatively affected by mental illness is due to the instant change in lifestyle whilst living with a family member facing mental illness.

Physically, there were many changes that were made which impacted the family due to the mental illness. It was highlighted in the literature review that a family undergoes multiple changes to the physical wellbeing. *"Chronic sleep problems effect 50-80% of those effected by mental illness. As a result, the unrest of a loved one not sleeping can have a 'ripple' effect on the sleeping patterns of their partner."* This can cause the formation of stress onto the family which can come about due to a lack of sleep whilst living with a family member who is diagnosed with a mental illness. Due to the constant care which the family was providing and wanting to stay by the patient's side the family members found it hard to get out and exercise, and look after their own wellbeing. It was identified by the extended family member that there had been a strain on their social relationships, these strains





where caused due to physical stress which was placed on the family. Establishing a range of negative factors which arise as a result of being linked to physical wellbeing within the family and places a larger amount of emotional stress on the family. However, it was mentioned that the family made very slim changes to their diet and lifestyle choices throughout this time.

However, it was found in the case study that Mrs Green who is a part of the immediate family was affected in many more ways than the extended family member. She tried as hard as she could to maintain a fit and healthy lifestyle throughout his time, in attempt to look after her own wellbeing. However, Mrs Green struggled to do this daily. She expressed *“f\*\*k no I do not get near enough sleep and I still don’t get enough sleep to this day, as I constantly get up all hours of the night with my husband who is having anxiety attacks.”* This constant requirement of care and worry influenced the proportion of sleep Mrs Green was able to enjoy each night. This lack of sleeps is a massive contribution to emotional stress placed on the family whilst caring for her husband. Lack of sleep created her to become exhausted which lead to s shorter temper and lessens the ability to be able to think ‘straight forward.’ Also contributing to their energy levels and in result decreasing their motivation daily. The emotional burden of stress which is place on a loved one whilst caring for someone with a mental illness has affected the family negatively due to lack of sleep and insufficient motivation to look after themselves. It is made clear that Mrs Greens wellbeing was negatively affected by the immediate change of lifestyle prior to the initial diagnosis and is still deprived up until this day.

Furthermore, through this time the general practitioner encourages all family members to engage in physical activity daily. The GP made clear *“Part of the treatment is to actually get them out doing exercise for the therapeutic benefit.”* This also ensure that the family are able to look after their own wellbeing as well as their loved one. The GP encouraged that the family must try to maintain their level of exercise whilst undergoing treatment for the illness. It was also clarified the importance of eating well. However, as determined sleep can be affected due to waking up all hours of the night to provide care.

In comparison, the children’s physical wellbeing was also affected, due to their mother being too emotional drained and exhausted whilst caring for their father, sometimes this resulting in them being unable to participate in sport training in Newcastle as their mother was too exhausted to drive them to training. However, this only impacted them slightly as they were still able to maintain physical traing in the local area. In this time the children were often required to be independent with their training to maintain their physical wellbeing.

Much of the data discovered showed that economic stress and burden which was placed on the family whilst caring for their husband/father, this established and negative implication of economic wellbeing. It was identified through the case study that finical stress was placed on the family. *“A lot of Mr Greens anxiety was produced as a result of feeling like he was unable to financially support his family and meet their needs.”* In this time the family was unable to cope with economic stress which was placed on the family leading to a more negative outlook on the family’s wellbeing as a whole. Due to Mr Green constantly being worried about financial matters this had a ‘ripple effect’ onto his emotional and physical



wellbeing in a negative way. However, as the general practitioner highlighted, *“Medicare benefits have been extended so they can see a psychologist for ten visits a year and it is covered, it has now been changed to twenty due to COVID-19 which actually covers them for majority of the visits.”* Through this government funding this has helped reduce stress placed on the family throughout this time. Although, majority of financial stress isn't caused due to treatment and appointments but is caused due to the feeling of being out of control and unable to cope economically with everyday expenses. Therefore, this ongoing feeling by which the family was experiencing had an everlasting toll impacted their wellbeing in a negative form.

Yet, as made evident by the general practitioner there is relief funding used to take financial strain and burden off the family. The general practitioner highlighted *“There is the Medicare funding, at the sense if they have a mental health plan they can have Medicare benefits”* However she did also make clear that some costs are unable to be subsidised through the government, however if a patient is financially struggling they may be able to receive ongoing support and assistance from centrelink. It is made evident that this lifts some financial requirements and stress brought upon due to mental illness.

Additionally, not only did the visit to the psychologist place economic burden on the family it was also incidental cost which created the most stress on the family's wellbeing. These things included; fuel for travel, car cost and maintain, electricity and household bills, registration bills involved with sport and school fees. This would not only impact the case study family but would also have impacts on the extended family's wellbeing, when visiting or participating in sports and extracurricular school activities. Overtime, and still currently today it is these additional financial costs that places economic stress onto the family.

Despite extra non-essential costs creating stress on the family, Mr and Mrs Green didn't let their children miss out on any regular lifestyle or school activities. As a result, the family has become very savvy with their money and making sure to save for holidays to give them time to relieve stress on the family. This allowed the family to have a more 'normal' lifestyle and created a positive impact on their family's wellbeing to relieve the stress placed on them.

The extent of the economic requirements which were created due to mental illness constantly makes an agreement with the original hypothesis that family's economic wellbeing is negatively affected by the illness due to the changes in lifestyle created by the initial diagnosis.

By researching into the cultural aspects of wellbeing and how it impacts on the family's wellbeing, it was noted through the interview with the family members that this time of year did tend to place extra economic stress on the family, she states *“I feel although throughout this time leading up to cultural events we were constantly stressed as our family hosted these celebrations such as Christmas.”* However, in saying this the family valued their time spent together and cherished it, making it a time in which was enjoyable and had a positive impact on their wellbeing. This time allowed for a boost in the children's emotional wellbeing especially as this was an enjoyable time for the children such as Christmas and Easter. Similarly, the interview with the extended family member highlighted how the family used this time to come together, as this was the only time throughout the year the whole family was able to all 'catch up', this allowed the family to create a positive



space for all of the family to enjoy together. Similarly, in the case study it was highlighted that this time isn't affected by mental illness as significantly as the other aspects of wellbeing.

Furthermore, it was found through the interview with the general practitioner that some family's may find this time tricky or challenging to celebrate as a whole family. *"They tend not to enjoy it's as much and sometimes these celebrations can be the cause of stress, sometimes their mental illness may be linked to spending times in family interaction such as events as Christmas."* It was made evident by the GP that they try to encourage those individuals diagnosed with mental illness to enjoy these cultural events of the year.

However, this may create burden and stress on the whole family. The GP also made it clear that its evident that some family's tend to feel sad or down throughout this time of year.

Overall, the impact that mental health has on a family wellbeing is very individual and a reflection of that's family's experience with the illness, in saying this a family's wellbeing can still be impacted negatively throughout this time.

Whilst a family is going through this tough and challenging time they may turn to faith, for a source of guidance, allowing them to have hope and resilience. This is independent on the family's values and can be a source that is able to support a family's wellbeing throughout this time. The general practitioner stated, *"some people find strength with their spirituality and others can feel let down by it as a result of being ill."* However, the extended family member expressed that they didn't turn to faith and spirituality throughout this time, even though things were uncertain, they stated *"everything happens for a reason, and I thought that everything would turn out ok at the end of the day."* Yet, faith and spirituality can vary dependent on the connection the individual shares with their faith.

However, it was viewed in the case study that Mrs Greens views changed throughout the duration of time in which mental health impacted the family. She held onto religion to ask for answers and support throughout this time. In saying this she didn't go to church or practice a religion, she said *"I would say a couple of prayers of a night, asking god to look after my husband, our children, and pray to keep my husband alive for another day."* She used this time as a way to reflect on reasoning to why this happened to her family. This created deeper understanding to her own individual faith.

The general practitioner noted that she is unaware of any family that said no to treatment due to religious beliefs, stating that majority of my patients have strong faith but however their faith does not come in-between treatment for the illness. Faith gives families a sense of direction throughout this time and a meaning to the immediate change of lifestyle cause by the mental illness. In relation to the hypotheses, spiritual wellbeing is not necessary impacted in a negative way, however it has opened up the way in which family's use their faith daily.





## Conclusion

### *“The impact of a Mental illness on a family’s wellbeing”*

This independent research project was based on ‘the impact of a mental illness on a family’s wellbeing’. It was hypothesised that; the family as a whole would be negatively affected by the cause of mental illness due to the immediate change in lifestyle after the initial diagnosis. As a result of gathering data and research this independent research project, demonstrates a clear understanding that the hypotheses were mostly correct.

It was clear that a mental health diagnosis has an immediate impact on the family’s wellbeing, however it was made evident that throughout the research a family also is exposed to negative wellbeing prior to the initial diagnosis. This was noted through the case study, and interviews with the medical professional and extended family members. It was made evident that ongoing stress was placed on the family throughout this time and created great emotional burden on the family, as well as placing ongoing forms of financial stress onto the family. In this time the family tended to spend time apart placing stress onto the family and impacted them on all forms of wellbeing. The time in which the family was coping with the strain of the illness also place physical tension on the family and limited the family’s social interaction. This clearly indicated that the effect mental illness had was mainly negative on the family’s wellbeing. Therefore, proving the hypothesis that the family’s wellbeing would be negatively affected due to the changes prior and after the initial diagnosis.

There was no hesitancy in saying that throughout the time whilst treatment was being undertaken the immediate family was affected in all aspects of wellbeing. It was shown especially through the case study based on the family and aspects of the interview with the medical professional (GP). The information that was gathered through from my literature review lined up with my hypothesis that the family would be impacted, and this would place initial stresses on all aspects of wellbeing for the family. The time consumed whilst family members are scheduled or are undergoing treatment with a phycologist, or a medical professional, created economic, and physical limits on their wellbeing. It was concluded that the extended family member was only affected if they had to help the family with required care and support throughout this time. It was shown by the medical professional that sometimes as a result of the diagnosis that some family may become closer due to the situation. As a whole, however it was indicated that the social wellbeing of the family was still negatively affected as it limited the family’s social interactions.

It is clear that emotional wellbeing had the largest negative toll on the family. Due to the ongoing uncertainty that the illness has placed on the family, which was clearly understood through the literature review, as the family’s emotional wellbeing was strained. It was clearly highlighted through the interviews with the extended and immediate family members that has a collective family unit the family experienced negative impacts of wellbeing due to the mental illness. It was found through the GP interview that sufficient help is provided to the family throughout this time providing support networks to the



family. Overall it completely proves the hypothesis that the family's emotional wellbeing is without any question negatively affected due to the change as a result of mental illness.

It was also made defiant through research that great financial stress was placed on their economic wellbeing, due to the indirect cost factors which effected that family throughout this time, caused by time off work. It was clearly noted in the case study with the family that after initial diagnosis the family struggled economically as a result of the illness. Through this time there was generally only one income that was supporting the household, evidently lowering the ability to money. However in the case study it was stated that post the illness that family are now financially on track due to the financial stress which they faced in the time Mr Green was diagnosed. As a result, this proved to have a great toll on the immediate family.

From a cultural aspect, the investigation showed no initial impact on the family's sense of cultural wellbeing. It was identified through interviews and the case study that there was no immediate change to cultural events such as Christmas. However, the family found this time to come together and enjoy time spent as a family unit with their immediate and extended family. As a result, cultural wellbeing contradicts the original hypothesis and shows that a family's cultural wellbeing isn't negatively affected by mental illness due to the change in lifestyle.

It was made evident that spiritual wellbeing, stayed natural throughout this time and there was no noticeable change which effected the whole family. However, it was identified that throughout the time some of the family members found strength with their spirituality and used pray as a form of support throughout this time and allowed them to feel boosted and gave them a feeling of purpose. The results of spiritual wellbeing have not concluded that the hypothesis was correct, however due to the impact of the illness it changed the way the family felt connected to their spirituality.

Overall, majority of the areas of wellbeing proved they hypothesis that *'Family's wellbeing would be negatively affected by the implications of mental illness, effecting all areas of wellbeing'* in conclusion, from the findings of this independent research project, it can be identified that as a whole the family's wellbeing is negatively affected by mental illness. However, it can be understood that some areas of wellbeing are more negatively affected compared to others throughout this time, although a family's wellbeing can also be positively affected throughout this time.



## Limitations

During the duration whilst researching for my IRP, there were many bumps and complications that I had to overcome with my choice of topic. These complications in some respects restricted my ability to complete a deep analysis and develop a more detailed understanding of this topic.

When it came time to complete interviews with the general practitioner, I was restricted to the local area. It was indicated that to talk to a specialist in the mental health field this would require a trip to Newcastle to visit Warners Bay private hospital, which would prove to be challenging with a busy schedule. However, speaking to the local doctor provided a large amount of the information and provided an in-depth understanding of how this effected the family unit as a whole. Being able to speak to the psychologist would've given more direct responses on the way in which wellbeing is affected. This is as they are a specialist meaning they are only trained in the mental health aspect of the medical field when compared to a general practitioner who needs to be educated on multiple matters. A more in-depth analysis would have been developed as the family still has close conversations with this psychologist to this day.

During the investigation, a methodology used was a case study to collate information based on a single-family's understanding of their personal experiences with mental health and its impact on their family's wellbeing. This restricted the understanding of the extent of mental health only to their own individual family. Therefore, the case study was only based on a singular family situation, it is evident however that every family has a different experience in their journey with the illness. Due to the case study only being completed on one family it could only be understood from their perspective and based upon their journey.

Whilst interviewing the extended family member this only gave insight to one experience of the extended family throughout this time the illness had impacted the family. The collation of gathering more information from other family members would have offered a more deeper understanding of the further implication felt by other family members. A comparison could've been drawn on how the illness affected the family.

It was also noted that finding sources of information proved to be challenging. Finding information on this topic was hard as mental health is only a recently new illness which has become professionally diagnosed. Due to the family having a positive outcome with the illness a negative outcome such as the death of a family member would have altered the change in perspectives of the illness and the everlasting effect.

Furthermore, as stated sourcing information was challenging, it was even more so challenging to source information that was based specifically on the family. It was understood that finding information that related to the impact but not to specific questions which was being studied. There was no research based on the impacts on a whole family, but however there was information based on separate aspects of wellbeing.



## Recommendations

From the research of this topic and the understanding of the limitations, there are many areas for improvement and recommendations which could be completed more in depth to gain a further understanding of the topic.

When studying this topic, it could be advised to study more than one family in particular. This would create a broader understanding allowing for greater depth and understanding of the true implication it has on a family. Allowing for more comparison throughout the IRP and would allow for different of similar responses which would indicate whether the experience is the same for all families.

If the same topic was to be studied again, it would be advised to seek more information from medical professionals as they allowed for the development of information in greater depth and where able to connect their responses with real life situations, which has occurred in the community. It would be recommended to talk to a social worker from the Muswellbrook District Hospital, to understand the lengths and extreme toll mental illness places on those families who seek support from The Cottage daily in Muswellbrook

To gain a more extensive knowledge of the impact on a singular family, it may be advised to interview multiple extended and immediate family members. This could include their own personal impact due to the illness, allowing for a further range of questions and would enhance the depth of the case study. This would allow the researcher to draw a more conclusive extent to which the family is impacted and allows the researcher to have more information to find similarities and differences in the family members experiences. This would draw on a greater comparison in the conclusion of information.

Other variations of this topic are encouraged to be researched, this would offer a wider understanding of Mental illness and its impact could be studied on rural and remote populations in Australia, the elderly or Aboriginal and Torres Strait Islanders groups, and the comparison between men and women who are facing the illness. Through the information drawn from these potential topics, it could become evident that wellbeing is also affected by, geographic location, age, culture and sex. Impacting their ability to seek support throughout this time.

Another variation of the topic would include talking to a family who have experienced the passing of a family member due to a mental illness. This may prove to be challenging topic to complete, however as a result it would offer information regarding the continuing impact on the family's wellbeing. However, it may be challenging to find a family who would be interested and willing to complete an interview due to the very negative and raw impact it has on a family.

Overall, realistic recommendation would include, time management and to make sure you work around other subject's assignments. Setting goals daily and weekly when you want to start tasks and have them complete making sure to set deadlines, this way you won't feel overwhelmed. Complete interviews and collate results as quickly as possible. Finally pick a



topic which you will enjoy, it wouldn't be fun if you were researching something you didn't enjoy.



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## Appendix

### Appendix One:

#### Interview Questions: Case Study Family

**All information from this interview will be confidential and only used for the purpose of my community and family studies independent research project.**

#### Social

- Did your social life significantly decrease in the time mental health had affected your family?
- Did you put leisure activities to a side? How did you find a social outlet throughout this time?
- Do things such as the daily routine, change and effect the social life of the family?
- How has this impacted on your children's wellbeing?
- Do you feel the situation has impacted there social and emotional wellbeing?
- Do you feel as though you can't talk about certain topics with you husband, as it worries you it may cause him to have a anxiety attack?

#### Emotional

- When you found out about the diagnosis. Did you feel like you had been affected emotionally when your husband was diagnosed?
- During this time did your emotional wellbeing stay stable or did you feel it fluctuated during the first stages of diagnosis's?
- Have your emotions remained positive, negative or have they been mixed?
- Have you noticed any change in your children's emotions or your parents in laws?
- How did your youngest child feel when they found out? – have you noticed a change in their emotional behaviour and wellbeing?
- Do you feel as though you can pick up and notice change?
- Did you talk to anyone during this time? e.g. social workers/councillors?
- Did any of your children express their emotions to anyone?

#### Physical: About your/their day

- Do you believe they continue to look after their physical wellbeing such as exercise and eating healthy?
- Do you believe your physical health declined somewhat whilst caring for your husband?
- Do you feel you receive adequate hours of sleep per night?
- Do you believe your sleep has been an effect of the illness; and how does your husband cope with sleeping?



- Is adequate sleep, exercise and healthy eating important to you? Do you believe your family values this?

### Economic:

- Have you noticed a large change to the family financial situation?
- How did you cope with any economic requirements?
- Did you feel that financial concerns influenced stress levels? – if so do you now have a financial plan?
- Where you both working when the diagnosis occurred?
- Whilst your husband was going through treatment, did you have an income?
- Do you still both continue to work now?
- Do you prioritise the needs of the children's wellbeing in your family?
- Do you put away money for leisure activities, such as a yearly holiday?
- Do you value family time and do you feel this is an important thing to do?

### Cultural:

- Was any of your cultural traditions such as Christmas effected during the time of treatment and diagnosis.
- Do you feel like it is now more important since the diagnoses to spend time such as Christmas as a family?

### Spiritual:

- Did you feel before the diagnosis you had strong religious beliefs?
- IF yes, did your faith continue during this time?
- IF not, when your husband was diagnosed did you turn to religion for a source of guidance?
- Have you ever questioned the meaning of life or the reasons for things that occurred during this time?





## Appendix Two:

### Interview Questions – Extended Family Member

**All information from this interview will be confidential and only used for the purpose of my community and family studies independent research project**

#### Social:

- Do you feel like your social life has been put aside through this time?
- Did you feel like you supported your sister and mum through this time?
- Do you feel the impact of the mental health effect your overall social life?
- Do you feel now as a result of the mental illness you family shares a stronger social interaction?

#### Emotional:

- How did you feel when the initial diagnosis was made aware to you?
- Did you ever seek someone to talk to in this time (e.g. a councillor/social worker)?
- Do you feel that throughout the time your emotional wellbeing was stable?
- Did you feel that your were important family member when support others wellbeing?

#### Physical:

- Did you feel that your exercise habits increased or decreased throughout this time?
- Did you ensure you had adequate standard of sleep?
- Have you ensured you maintained a healthy and balanced diet throughout this time?
- Throughout the time mental illness effected your family did you feel your sleep, diet or exercise patterns change as a result of the diagnosis?

#### Economic:

- Did you feel required to financially support your family in this time?
- Have you ever offered financial support to your family?
- Was there any time you felt as though you had to stop extra activities such as sport to reduce financial stress on your family?

#### Cultural:

- Did you feel cultural events such as Christmas where different in this time?
- Where cultural events such as Christmas placed aside during this time or did you celebrate them?

#### Spiritual:

- Do you find yourself religious person and if so did you use your faith for support in this time?

Did you believe that a connection with faith improved your emotional wellbeing?

## Appendix Three:



## Interview Questions: Medical Professional

**All information from this interview will be confidential and only used for the purpose of my community and family studies independent research project.**

### Social

- Have you noticed different families affected by mental illness become isolated from friends or family?
- Are you aware or know of any community organisations that assist families coping with mental health and how has this impacted their family?
- What do you think is the most common way in which families cope with facing a mental illness?
- Have you noticed a connection between patients who both have a mental illness disease?
- Have you noticed children/parents of a patient be affected socially by their family members diagnosis? (is it either positive or negative)
- Do you believe the diagnosis had a positive or negative impact on the family's communication?

### Emotional

- I understand that confirming a diagnosis with a patient would be challenging. How do you help the families cope emotionally?
- Is immediate help provided e.g. a counsellor?
- Is there a definite change in their emotional state whilst going through treatment?
- Do you check in with family members when you can to see how they are coping emotionally, or is this more common with the patient?
- Generally, how do you notice the families cope on an emotional level?

### Physical

- Do you find patients becoming more or less physically active whilst diagnosed?
- Does this change with the age of the patient?
- Have you noticed the family member's becoming fatigued/tired whilst caring for someone with a mental illness?
- From your observations of working one on one with families, do you believe they uphold their own physical state of health and wellbeing throughout this time?

### Economic

- Having time off work can place an economic burden on the family, not including the cost of treatment. Is there any funding offered to families coping?
- Has a family of a patient ever knocked back treatment as they are unable to afford the cost?
- Does having time off work, place stress on the families who are supporting the patient?
- Do some patients continue to work whilst being diagnosed?



### Cultural

- Do you find those families affected by a mental illness still tend to celebrate cultural events such as Christmas, Easter etc. Are the families still making time and effort for these celebrations?
- Have you noticed the family feeling down or sad during these important times of the year?
- Are families willing to communicate with their extended families at this time?

### Spiritual

- Has anyone refused treatment due to the religion?
- Have you noticed patients change their religious views as a result of their mental health?
- Are many of the families strongly religious?



## Appendix Four:



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### Family relationships and mental illness: Impacts and service responses

AFRC Issues No. 4 – June 2008

#### Living with someone who has a mental health problem

Research indicates that mental illness in married couples co-occurs at a greater level than expected by chance. Explanations for this co-occurrence (or spousal concordance) include that:

- People marry partners who are similar to themselves, and this could include existing, or a propensity for, mental health problems.
- Spouses have similar life experiences and environments after marriage and these contribute to mental health status.
- Mental health problems in one spouse impact on the mental health of his or her partner.

The intrinsic connection between mental health and marital relationships is complex, and additional aspects of a spouse's behaviour, such as violence, sexual or psychological abuse, or more common forms of negative marital interactions, such as hostility or threats, may have strong effects on mental health.

The experiences of children living with a parent who has a mental illness has attracted greater attention in recent years, with Australian estimates of between 21-24% of children living in such households (Maybery, Reupert, Patrick, Goodyear & Crase, 2005). Outcomes may include a detrimental impact on their direct care or socioemotional wellbeing, an increased risk of developing mental health problems, and a range of feelings, emotions and reactions such as confusion and fear. Children may grieve for the relationship they once had with the parent who has a mental illness.

#### Responding to mental health problems in a family relationship service

Despite the challenges, there is an undoubtable public health opportunity within the family relationship sector for mental illness prevention and early intervention. The capacity of a service to deal with clients' mental health problems is likely to vary according to resources, knowledge and skills, but three approaches seem appropriate:

- Mental health problems of a less serious nature may be amenable to being dealt with in the context of family or relationship counselling or therapy, depending on the skills and knowledge of the professional involved.
- Serious mental illness, substance use or dual diagnosis issues may require referral to specialist care before family or relationship issues can be addressed.



- A collaborative approach between specialist family relationship services and mental health treatment services, with a close interface between sectors at a local level.

Caring can have an impact on social networks, in particular at the onset of caring. This is an important consideration, as social support for carers can serve as a protective factor against stress associated with the role. Stigma associated with mental illness may erode the morale of carers and result in a withdrawal of support. This may be especially true for culturally and linguistically diverse (CALD) families, as beliefs about the causes of mental illness amongst some CALD communities can impact on the acceptance of families dealing with these issues. For example, beliefs such as mental illness being the result of bad deeds, criminal behaviour or bad karma, or that mental illness is contagious.



## Appendix Five:

Visit the Coronavirus Mental Wellbeing Support Service



Search

Beyond Blue Support Service  
Support. Advice. Action

1300 22 4636  
Chat online  
Email us  
Online forums  
Register | Login

Home > Media > Statistics

Message: One in seven Australians will experience depression in their lifetime.

Breakdown: 15.0% of Australians aged 16 to 85 have experienced an affective disorder<sup>1\*</sup>

This is equivalent to 2.83 million people today. ^

Message: One quarter of Australians will experience an anxiety condition in their lifetime.

Breakdown: 26.3% of Australians aged 16 to 85 have experienced an anxiety disorder.<sup>2\*\*</sup>

This is equivalent to 4.96 million people today.

Message: One in 16 Australians is currently experiencing depression.

Breakdown: 6.2% of Australians aged 16 to 85 have experienced an affective disorder in the last 12 months.<sup>3</sup> This is equivalent to 1.16 million people today.

Message: One in seven Australians is currently experiencing an anxiety condition.

Breakdown: 14.4% of Australians aged 16 to 85 have experienced an anxiety disorder in the last 12 months.<sup>4</sup> This is equivalent to 2.71 million people today.

Message: One in six Australians is currently experiencing depression or anxiety or both.

Breakdown: 17.0% of Australians aged 16 to 85 have experienced an anxiety and/or affective disorder in the past 12 months.<sup>5</sup> This is equivalent to 3.2 million people today.

Note: the percentage of Australians who have lifetime experience of anxiety and/or an affective disorder is unknown.

Message: Support-seeking appears to be growing at a rapid rate, with around half of all people with a condition now getting treatment.

Breakdown: The estimated population treatment rate for mental disorders in Australia increased from 37% in 2006–07 to 46% in 2009–10.<sup>6</sup>



## Appendix Six:



### RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS

#### BACKGROUND PAPER BY WHO SECRETARIAT FOR THE DEVELOPMENT OF A COMPREHENSIVE MENTAL HEALTH ACTION PLAN

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The value of mental health and well-being: Mental well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form relationships, study, work or pursue leisure interests, as well as to make day-to-day decisions and choices.

- Determinants of mental health and well-being: Mental health and well-being is influenced not only by individual attributes, but also by the social circumstances in which persons find themselves and the environment in which they live; these determinants interact with each other dynamically and may threaten or protect an individual's mental health state.
- Risks to mental health over the life course: Risks to mental health manifest themselves at all stages in life. Taking a life-course perspective shows how risk exposures in the formative stages of life – including substance use in pregnancy, insecure attachment in infancy or family violence in childhood - can affect mental well-being or predispose towards mental disorder many years or even decades later.
- Vulnerability to mental disorders: Depending on the local context, certain groups in society may be particularly susceptible to experiencing mental health problems, including households living in poverty, people with chronic health conditions, minority groups, and persons exposed to and/or displaced by war or conflict.
- Vulnerability among persons with mental disorders: Person with a mental disorder have their own set of vulnerabilities and risks, including an increased likelihood of experiencing disability and premature mortality, stigma and discrimination, social exclusion and impoverishment .

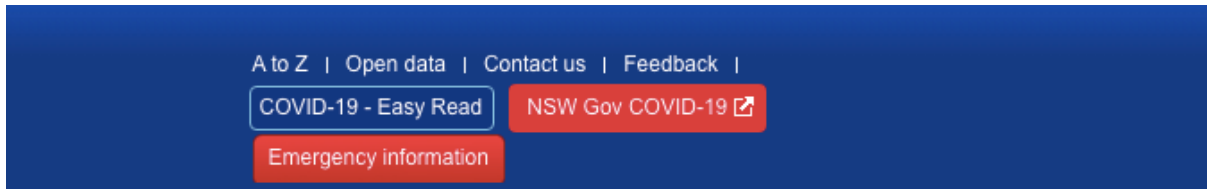
#### Context, objectives and scope

Mental health or psychological well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form and maintain relationships, to study, work or pursue leisure interests, and to make day-to-day decisions about educational, employment, housing or other choices. Disturbances to an individual's mental well-being can adversely compromise these capacities and choices, leading not only to



diminished functioning at the individual level but also broader welfare losses at the household and societal level.

## Appendix Seven:



Health

Search...



### Mental health impacts

Distress is an understandable and normal response to trauma. Common causes of distress may be related to having been directly at risk from the events, being concerned about family and friends, witnessing injuries and the distress of others or being caught up in the panic and confusion at the time. In addition, feelings and memories related to previous experiences of disasters or other grief and loss may resurface. For some, where the harm has been caused intentionally, this may be an added source of stress and generate a sense of insecurity or distrust.

For most people, these feelings usually settle over the early weeks, particularly as practical problems are solved and support provided. However, sometimes it is only later when frightening thoughts or images are recalled that some of the stressful effects start to show. While most people will manage with the support of family and friends, there are still times when someone may need some extra help and support.

People who readily use formal and informal support from family, friends or other support organisations are generally found to recover better from stressful situations. Sharing the information on this website with family and friends may help you, and help them to better support you.





## Diary Entries

### Monday 12<sup>th</sup> October

I used my time to understand the structure and layout of my IRPs, I started throwing around ideas for possible topics and starting to formulate possible questions, during this process I used consideration of accesses to relevant information and data which will assist me in the collaboration of my IRP. I'm leaning towards forming my IRP around mental health and how organisations help those in the community. I have also put thought into developing my project plan and necessary things resources and ways which will be most useful when sourcing and collecting data, to allow more depth to my overall IRP and statics. I have also looked over previous IRP examples and have been in contact with Ellie Tiles and Georgia Watts, about possible topics and receiving feedback and information on their IRPS and what worked best for them, they have also answered any questions I have had regarding the IRP assessment.

### Thursday 15<sup>th</sup> October

Trying to find a topic proved to be hard for me, I have made multiple topics which could be a possibility to use for my IRP, however I'm still struggling to find the one that I am really interested in. I have spent a few recesses with Mrs Tiles either while she is on canteen duty or with her either at student services, this allowed me to get her opinion on possible questions she helped me gather my thoughts and make my questions of research as specific as we could to narrow down the research which would have to be completed. I'm aiming to have my topic locked in by tomorrow.

### Tuesday 20<sup>th</sup> October

Today I finalized my topic and sourced ongoing information from past CAFS students and further my knowledge on my topic with the guidance of Mr Dent and Mrs Tiles. During this week I visited Brook Medical centre to organise an interview with Dr Mullins regarding my CAFS IRP, this allowed me to organise my interview questions which I completed. Once I completed my questions Mr Dent checked and approved them, after final touches the questions then were emailed to Dr Mullins assistant. I commenced my project plan at the duration of week 1 and completed it at the conclusion of week 2 term 4.

This has allowed me to seek feedback from other students and teachers regarding my work which I completed on my project plan. I plan to start reading information from reliable sources such as government websites to further my knowledge and understanding regarding the information I will be researching in aspects of how mental health effects family whilst caring for a family member who is sick with mental health. My aim by the end of this week is to have completed one quarter of my literature review.

### Friday 23<sup>rd</sup> October

I'm feeling very happy with my processes although it is still only early on in the term, I'm feeling confident with the progress which has been made with my project plan, I follow my daily timeline faithfully, and check it at the start and end of every week allowing to keep myself on track and making sure that my goals are meet by the Friday that week, at the moment I'm running on track to reach my target goal.



### **Tuesday 27<sup>th</sup> October**

Yay! Today was super exciting I finished my project plan and was able to submit a draft to Mr Dent to be checked and proof read. I have been talking to Mr Dent throughout the week regarding my interview questions. My plan for the upcoming week is to set goals to have completed the introduction to my literature review, have an interview time set and organised with Dr Mullins, and make contact with her regarding any concerns with the questions I have put together. However, I'm super happy and am feeling comfortable with where I am at I'm making sure I stay on top of all my work and completing pieces of my IRP piece by piece. Through talking to other people in my class it has been an easy way to compare mythologies ideas and the ways in which we are thinking of collecting data which will be most effective. I have found this has helped as you are able to gain a peer's perspective before talking to a teacher about it, allowing you to have multiple people to check up on your work and source advice and any feedback. Overall super excited to conduct my interviews and I'm feeling very happy with my progress.

### **Friday 30<sup>th</sup> October**

Today I has a super exciting day I got to sit down and interview Dr Mullins, the interview went for approximately 45mins however we ended up talking for about 1 hour and I also received some extra information to help with my IRP. Dr Mullins provided me with three pamphlets to help provide extra research whilst putting together my literature review, she also gave me extra resources through the Muswellbrook hospital and gave me accesses to contacts there to provide me with more information. The interview ran very smoothly and was successful I gained a lot out of her time, now I need to start to transcript the interview. Overall, I'm feeling super stoked with my progress!!

### **Wednesday 2<sup>nd</sup> November**

I've been working on my literature review piece by piece putting it all together slowly whilst also doing some more reading on relevant websites to further my understanding on my topic. Today more exactingly I conducted another interview with my extended family member (my brother), I felt although this interview was tricky to conduct without asking to many emotional questions, it was an awesome interview which ran smoothly and allowed honest and truthful answers from Wil. I feel although now I have listened to his responses and his opinions I have been able to develop my overall understanding for what it was like for him to go through this hard time.

### **Thursday 3<sup>rd</sup> November**

Today I was super excited as I concluded my finally methodologies meaning that now I have plenty of time to start to conduct my literature review and another other aspect of my IRP. My goal was to have all my interviews completed by the end of week 4 which I achieved so I was over the moon about that and super happy. I am on track with my literature review and I have about one page until I am finished, I aim to have my draft completed before the start of week five allowing time for the draft to be read over and reviewed by other teachers and to have approval from Mr Dent, before having my finalised copy.

### **Sunday 8<sup>th</sup> November & Monday 9<sup>th</sup>**



I am super excited I have completed my literature review on time and I'm on target for the commencement of week six and all the jobs I was aiming to have completed by then. I'm now feeling very confident with my progress and as though I'm using my time and knowledge usefully.

On Monday I used my period two lesson to work on my IRP using the most of my time to seek feedback from Mr Dent regarding my literature review, I was aiming to seek feedback on my finished draft to see how my layout and structure looked. Mr Dent reassured me that it was looking good, I am aiming to proof read my draft literature review by the end of the week meaning that by week six I can be making the final touches to my literature review. As a whole I'm feeling very organised and on top of things.

### **Wednesday 11<sup>th</sup> November**

Today the fun begins, I have started to transcript all my interviews and write them word for word. I'm feeling stressed at this point as the process can be very time consuming however it has to be done. I was using my class time to write my transcripts whilst using time spent at home starting to gather ideas for my case study. However, my plans were to have completed all my transcripts before starting my case study, I wanted to do this, so I was able to then go through my transcripts and interview results and highlight key parts in which I wanted to really focus my case study on. I thought it made more sense and was more logical to do my methodologies in this order. However, I have been setting daily goals for my IRP which I believe has been helping me stay on track throughout this time.

### **Monday 16<sup>th</sup> November –**

I'm now well into my case study, although I am starting to feel like I am chasing my tail. My literature has been completed for some time now, in saying this I haven't started to proof read any of it as such, this is because I have been focusing primarily on completing my case study. I have been speaking to Mrs Tilse about it throughout this time she recommended talking to Mr Sukulsky about proof reading it, so I have sent him an email with my literature attached to gain some feedback before I wrap up my literature completely. I'm starting to feel stressed also with the due date close approaching. My goal is to start my discussion and have it completed by the end of week seven, I now also have a lot of other assessments starting to pile in so I'm trying to balance everything on my plate. I have been waking up really early or late to make sure I'm feeling fresh and ready to go when I start to work on my IRP I feel like this has worked very well and I'm feeling super productive!! I'm unsure that I'm writing all the correct stuff for my case study as I feel like I'm just repeating myself, but I'll be sure to seek feedback before I complete it. EEKkk, the more I think about the discussion I get stressed, but I think once I get started I'll be fine, which is my plan.

### **Thursday 19<sup>th</sup> November –**

Today, I was feeling productive and got my feet back on track, throughout the start of the week I had set goals, and I'm starting to tick them off YAY! So, Mr Sukulsky has checked over my literature review and has given me all necessary feedback my plan is to have the bulk of my IRP to be completed by the end of week 7, so that way I have plenty of time to seek feedback and source other ideas on what I have collated so far. I have started my discussion my aim is to have it written up in a week, with everything going to plan, I know my discussion is going to be very large considering how broad my topic is and there will be a lot



to talk about and discuss. I want to ensure all aspects of wellbeing are covered through the discussion.

### **Sunday 22<sup>nd</sup> November**

I have had a very busy weekend with work and everything in between, however on Sunday afternoon through tonight I sat down and compiled all my information into my discussion, I just kept writing, writing and writing. My discussion is currently sitting at four pages and I know it's going to go well over the limit, however I feel so passionate about my topic hence I'm putting so much effort into my discussion to make sure all topics are covered to the extent which I'm happy with. I'm feeling super comfortable at the pace I'm going at with my IRP, my main goal between now and Thursday is to have my discussion completed which may be hard, but I feel like if I just keep chipping away day by day it will all come together nicely, so that is my aim. I'm not focusing much of my time on other parts of the IRP as I'm just so focused on getting this discussion out of the way, which is my main goal!!!!

### **Tuesday 24<sup>th</sup> November**

I'm still plotting away on the discussion however all weekend I have been working on finishing my discussion. I'm still keeping busy with other school work and working two jobs over the weekend therefore I'm having to be very diligent with my time management skills and the way in which I use my time, I feel to be most effective while I'm writing my discussion I'm seeking feedback on other parts of the IRP to allow feedback to be coming in the reduce the time wasted while waiting on receiving feedback. However, I'm still feeling a little stressed over the discussion part of the IRP.

### **Thursday 26<sup>th</sup> November**

I DID IT!!! I'm feeling super over the moon today. I have completed my IRP discussion, I stayed back at school until 5:30pm and nussed it all out and I'm feeling confident with my discussion, I haven't read over it as yet or had it checked, my next goal is to have all my main components finished by the Monday ( 30<sup>th</sup> of November ) this way I will be able to sit down with Mr Dent throughout week 8 and make any necessary changes to my IRP and go through, I feel like this is a good safety net and gives me enough time in case some changes are more dramatic and require more time. Also, with Mr Dent going away during week 9 and 10 I feel like this is a great time to get recent feedback as it will be the last time I see him. However, I have some pretty big goals I want to achieve over the weekend (I would be stoked if all these things got done) So... I'm aiming to have my limitations finished this weekend and the start my conclusion, I also had been a bit slack with my diary entries, so I also had to catch up on a few of those, since I didn't do them last week, so I'm all caught up. I'm finding writing down my goals I my diary is working well to make sure I'm ticking things of each day whether there small or large things. We will see on Monday what I got up to over the weekend, finger crossed I get it all up to date!!

### **Sunday 29<sup>th</sup> November**

A very busy, busy Sunday today was spent doing school work all day! Meaning I didn't leave my desk unless I was hungry or needed to go the toilet. As a whole today I was very productive I completed my limitations and recommendation on Sunday, I feel although today was a long day just doing school work I spent a lot of my time organising my final touches on my IRP, my goals is to have my whole IRP read over and proofed by Mr Dent, I



also aim to sit down with him on Tuesday to gather verbal feedback and make and needed changes in this time. I'm feeling happy with my progress, but however I'm still aware of the amount of work I have to do, but overall, I'm feeling overall happy!!

### **Monday 7<sup>th</sup> December**

After a big weekend away at the Bay, I have come back to school and hit the ground running, my plan was to proof read my IRP whilst I was at the bay however that didn't happen, I was too busy at the beach or out and about, so my aim is to have all the IRP proof read and checked over by the Tuesday of this week that way I have a week up my sleeve to print a draft copy and make any changes to the lay out. I only have the literature reviews at the moment to read as in the double today in class I had read over the rest of my IRP in this time.

### **Tuesday 8<sup>th</sup> December**

OH MY GOSH!!! Today is the day I have put all my documents together and have started to collate all the information into on word document which will be my official IRP document. I'm feeling super proud after all the effort and energy that went into creating this IRP, like I have said this topic is very close to my heart and I feel like it is something my whole family is proud of!

### **Saturday 12<sup>th</sup> December**

Today I was at work and I ran into the medical professional who assisted me in the interview and with, providing resources to assist with my IRP, I was talking to her about the structure of my IRP, she made it clear to complete the discussion and that way I would be able to add more in-depth information into the evaluation of the effects mental health has on the family's wellbeing from all aspects of wellbeing. This would allow the readers to be able to understand the ongoing effect which mental health has on a family. Like she said to me on Saturday opening up about mental health would have been really hard for the green family and therefore I must highlight this in the IRP to show the ongoing effect which the illness has on the family.

### **Monday 14<sup>th</sup> December**

The IRP is due this week, EEKKK. However, I'm feeling happy with the IRP I have produced over the past three months I have spent working on it as a whole. Over the weekend I have read over my marking criteria. I read that I had to have twenty-one diary entries', so I had to go back today and write up a few more which I would be able to use to help me reach the twenty-one mark. Overall, I'm very very happy and I can't believe I did this!!!