

GAMH YOUNG CARERS PROJECT

Mental Health Young Carers and Resilience



What is resilience?

Resilience is not considered a static personality trait that stays the same throughout our life, but rather an adaptive process of interaction between each person and different aspects of risk and protection. (Luthar & Chicchetti, 2000; Seligman & Czikszenmahalyi, 2000). These include life events, individual characteristics, and environmental factors (Figure 1).

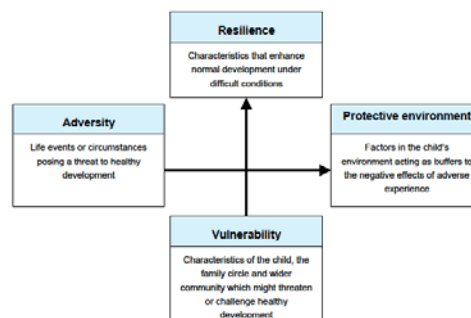


Figure 1 Resilience Matrix (www.gov.scot)

How do we develop resilience?

Building resilience involves the development of internal characteristics and coping strategies that decrease the psychological impact of negative life events. However it also involves external factors to do with our relationships, family, and socio-demographic status. For example having a supportive and consistent family network, opportunities to engage in the community, to develop hobbies, confidence, and self-esteem, may all mitigate the negative impact of experiencing adverse life events.



Figure 2. My World Triangle (www.gov.scot)

The Scottish government have developed their national framework 'Getting it Right for Every Child' in order to promote healthy development and resilience during childhood. In particular, the 'My World Triangle' tool (Figure 2) enables a holistic needs-based assessment of the child by considering their strengths or well-being concerns within the wider context of their life. The family environment plays an integral role in our capacity for resilience. During the period from infancy

childhood up to early adulthood the nature of our family relationships and situation may provide us with long term protection against adverse events that might otherwise have a negative impact upon our wellbeing. Therefore services have increasingly adopted a 'family based approach', addressing not only the functioning of the young person as an individual in isolation but addressing the needs of their family. This approach is particularly important for MHYC's given the cyclical impact that parental mental illness can have, where the parents mental illness can negatively impact on the young person, with the impact upon the young person exacerbating the parents mental illness (Figure 3).

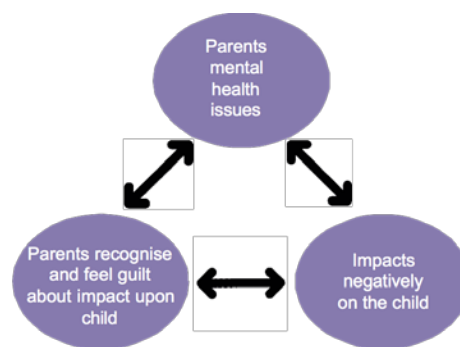


Figure 3. Cycle of impact

Resilience and mental health young caring

MHYC's often undertake practical duties associated with generic young caring such as household tasks, managing medication, and personal care. However additionally MHYC's may undertake emotional caretaking or maintain safety during mental health crisis, all within an often unpredictable or disrupted family context where relationships can suffer as a result. Research suggests that these challenges may negatively impact MHYC's emotional, social, physical, and academic development. Subsequently this can impact their capacity for resilience in the face of adverse events.

Resilience is an important concept in young caring research. A young carer's level of understanding about their parent's mental health may be related to their resilience, where an 'objective' perspective prevents the young person from blaming themselves for their parents' illness, and protects their sense of self-esteem, and promotes healthy attachments (Wolpert et al., 2014; Cooklin, 2013; Cooklin, 2010). However, some mental health young carers admit avoiding dialogue with their parents for fear of causing further distress (Van Parys & Rober, 2013). Additionally how we perceive and cope with our situation is important. For example facing problems head on e.g coping with stress by helping out an ill parent (Earley et al., 2007), is thought to be healthier than coping only through finding distracting activities (Connor-Smith, 2000), which is associated with more psychological issues (Ireland and Pakenham, 2010). As such much of the GAMH young carers programmes are dedicated to increasing emotional literacy, mental health awareness, and providing a safe forum for young people to discuss their experiences or gain support should they need it. However the research has also suggested lesser impact for young carers who are given opportunities for respite, self-identity, and skills development (Heyman & Heyman, 2013; Gilligan, 2000; Aldridge, 2007). This may decrease social isolation and increase the young persons' sense of value, self-esteem, and wellbeing (Skovdal & Andreouli, 2011; Doutre et al., 2013). Therefore GAMH young carers groups provide plenty of opportunity for social network building, respite, and skills development in order to promote healthy development and resilience.

What we've been doing

We have been providing a support service specifically for MHYC's since 2000. This project originally intended only to provide opportunities for group respite, however with our increasing awareness of the needs of this specific population we have developed and widened the remit of our service. The service now provides developmentally appropriate support in groups based on age and need. The weekly social groups form the main component of our project, and we encourage the young people to express what they would like to achieve in these groups. These include social and leisure opportunities, sessions to promote mental health and wellbeing, employment and aspirations. We can also provide time limited 1:1 support during family crisis, and time limited psychosocial groups for young people struggling with specific issues

such as bereavement or loss. We are currently developing a group for young adult carers (YAC's) aged 19-21 in acknowledgement of the specific needs of MHYC's who are transitioning to young adulthood. As per the 'family based approach' we run a parents support group in order to promote healthy and positive family relationships and to address the wellbeing needs of our parents.

We are able to collaborate in the development and evaluation of interventions, with other services involved with the young person, such as CAMHS, social work, and schools, to ensure a holistic approach to providing support for the young people. As our project workers are in contact with the young people on a weekly basis we are also in an excellent place to track how each young person is by 'checking in' with them, and providing signposting, time-limited 1:1 support during crisis, or feedback to other agencies involved with the family. As our young carers become familiar with our project workers, being able to offer this range of support ensures a level of consistency for the young people.

Glasgow Motivations and Wellbeing Profile to track resilience and wellbeing

Educational psychologists within Glasgow have been developing a measure of wellbeing called the 'Glasgow Motivations and Wellbeing Profile', with the GIRFEC frameworks SHANNARI indicators embedded within the questionnaire under the 3 A's: Affiliation, Agency, Autonomy. GAMH young carers project recently collaborated with them in the development of a young carers specific questionnaire specifically addressing aspects of wellbeing relevant for MHYC's. This questionnaire aims to track the strengths and issues faced by MHYC's both inside (YC's) and outside (generic questions) of the project. Findings are preliminary, but at present it seems that MHYC's self-identify more strengths and less issues within the project versus outside the project (Figure 7), across all SHANNARI indicators falling under the 3 A's. The project aims to track the young people longitudinally in order to evaluate their outcomes in line with project aims. Finally we will be incorporating qualitative data collected from the young people in order to include them more fully in the research and development aspects of the project.

For further information please contact;

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