

family inclusive practice handbook





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introduction

This handbook supports headspace staff to work with family in a sensitive and inclusive manner in the context of a young person's care.

It provides guidance for how to:

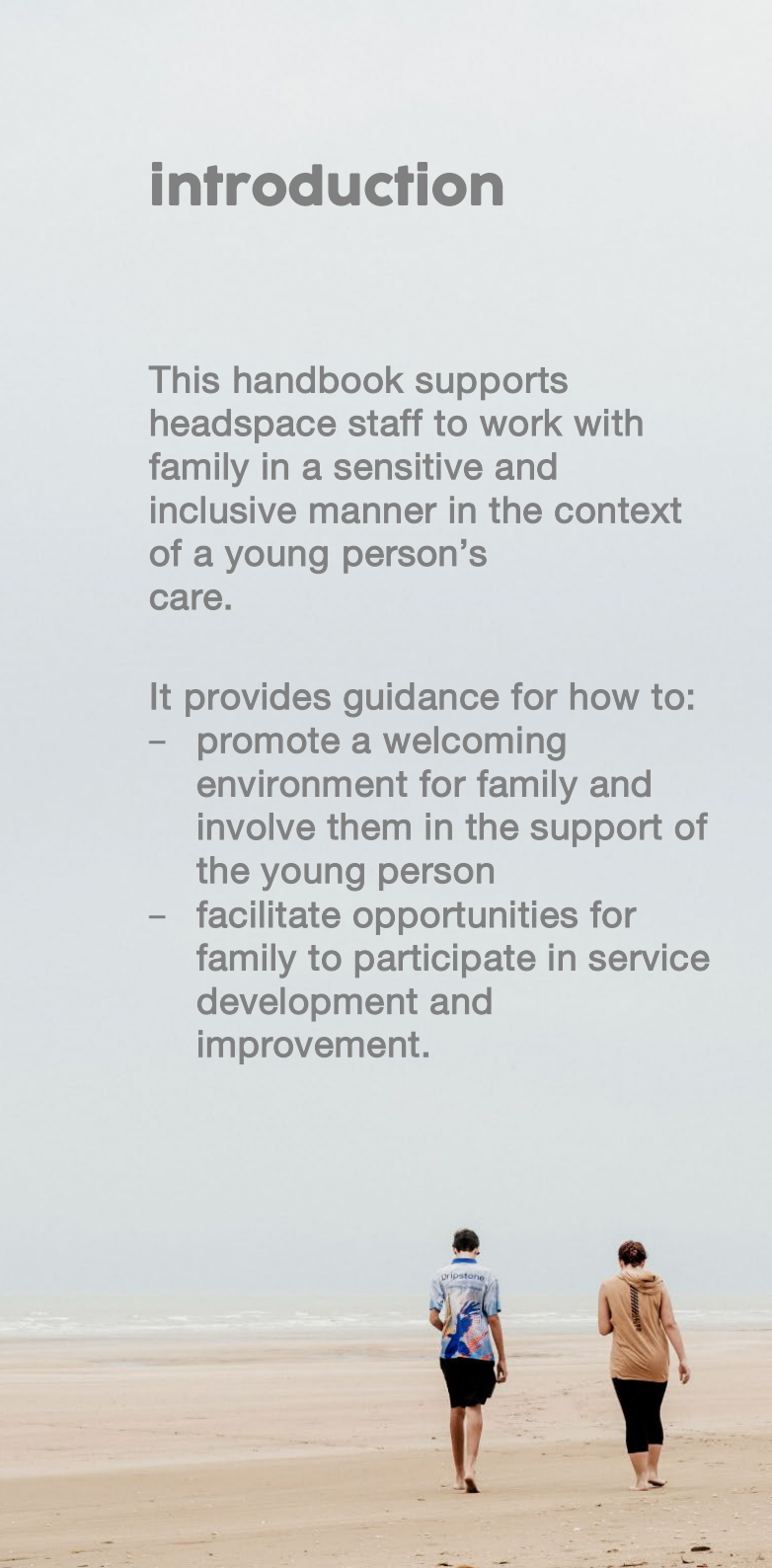
- promote a welcoming environment for family and involve them in the support of the young person
- facilitate opportunities for family to participate in service development and improvement.

Our aim is to provide a simple guide that will support and embed family inclusive practice at all levels of headspace

At headspace, family is defined uniquely by each young person. Family is an integral part of a young person's circle of care. Family and other caregivers – whether by birth, choice or circumstance – hold a significant role in supporting a young person by fostering a sense of belonging and connection through their shared experience.

The term family may include parents, caregivers, siblings, partners, Elders, mentors and others who are viewed by youth as people who play a significant emotional, cultural or other role in their life. At headspace we acknowledge and respect the diversity of families across Australia.

headspace is committed to the reflective practice of cultural humility and the need to meet families where they are at.



why involve family?

Strong family support is pivotal to young people's health and wellbeing.





Young people between 12 and 25 years of age tend to be living with family members, and if they experience significant mental health difficulties it is often their family who become their primary supports. Even when young people are living away from home, they can still have significant contact with their family, and may continue to rely on them for support and guidance.

Young people are most likely to talk to family or friends as the first step in help-seeking¹, and family is often the first to notice a change in a young person's emotions or behaviour that may signal the onset of a mental health or substance use problem. Family also frequently encourage the young person to seek help or attempt to access help on their behalf.

There is strong evidence that most young people want family involved meaningfully in their care. Members of the headspace National Family Reference Group tell us that family is often an untapped resource, and in many cases, family wants to be positively involved in the professional care of the young person.

We know from research that involvement of family in a young person's mental health treatment can contribute to improved psychological adjustment and quality of life, a quicker recovery process, improved family interactions and decreased parental stress². Engaging with the family of young people acknowledges the important role that family plays in the young person's life, and helps to better support family to care for the young person outside of the professional care setting.

“ At times I have felt really fearful and ashamed of telling my family what I'm really feeling. If I had had the courage to ask my parents for help, or if they had known about the services and support that headspace could provide to both of us as a family, I feel that my struggle with mental illness would have been easier for them, and less isolating. I feel they would have been better able to support me and wouldn't have felt so frustrated and alone. It's so important for family to feel welcome to share in the recovery journey of a young person they care so much for, from a service delivery perspective! ”

¹ Rickwood, D.J., Deane, F.P., & Wilson, C. When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 2007. 187(7): p. S35-39.

² Best Practices in Engaging Families in Child and Youth Mental Health; Ontario Centre of Excellence 2016

headspace position statements – family

1. Where appropriate, clinicians should actively encourage the involvement of family.
2. Families can play an important role in supporting a young person's recovery as they have valuable knowledge and resources that will assist in the treatment of the young person. It is imperative that mental health services include family and acknowledge and respect their contributions.
3. Including family has benefits for the young person, the family, and clinician. Involving family allows the clinician to see the issues from a range of perspectives and gain a more complete picture.
4. The role of supporting a young person with mental health difficulties can be challenging. It is important that family is supported to care for their own wellbeing, as well as caring for the young person. Families need to be provided with information that is useful, practical, and supportive, and be referred to support services where appropriate.
5. Clinicians and services need to establish prior agreement at the beginning of contact with the young person regarding the extent to which information is to be shared with family. This agreement needs to be revisited and reviewed on a regular basis.
6. Families deal with a range of issues that impact their ability to care for a young person with mental health challenges. These include cultural understandings of mental health and wellbeing; inter-generational trauma; work and financial pressures; and the health and wellbeing of family. The family should be viewed as doing their best to manage the situation with the available resources.
7. Clinicians should aim to support and strengthen the relationships between the young person and their family, and where this is not achievable within the service, refer family members to services that can offer further assistance.
8. It is important to use a strengths-based approach that is recovery-oriented and hopeful rather than having a focus on individual or family deficits.
9. When engaging with families, clinicians and services need to actively collaborate with families in the care of the young person, including involving them in developing and implementing care/treatment plans.

family inclusive practice

Family inclusive practice refers to a way of working which acknowledges the significance of family in a young person's life, and actively promotes and supports their involvement in the treatment process.

The extent to which family are involved may differ depending on a range of factors – including the wishes of the young person and the availability of family, - however the underlying principles and assumptions remain constant and should guide the attitude and behaviour of all headspace staff.

Family inclusive practice principles

1. Family of young people experiencing mental health challenges are welcomed and included at headspace.
2. The young person's choices, confidentiality and privacy is paramount and any sharing of information is negotiated with the young person's knowledge and consent.
3. The young person's mental health is the central focus of family inclusive clinical work.
4. The voice of family is invited and valued as an important source of information.
5. A strengths-based approach recognises that most families are doing their best with the available resources to support their young person.
6. Family inclusive practice is not an exclusive or a specialist intervention and can be delivered by clinicians from a range of disciplines and qualifications.
7. The safety of the young person and others is crucial and informs all decisions regarding family inclusive practice.

Understanding the family context

Understanding the young person's context and the network of support around them helps to understand their relational experience and behaviour, and provides a fuller understanding of the presenting issues. Work with a young person can include a gathering of information about the young person's family of origin, past and current living situations, romantic relationships and other significant relationships including their friends, teachers or mentors. This may be gathered over time and can build a picture of a young person's family and current support.

The support network of young people is varied and will differ across cultures and at different stages of development. For many young people, their primary support will be their biological family and the people with whom they live. For many Aboriginal and Torres Strait Islander young people their primary support will be a carer within their kinship connections. Adopting a position of respectful curiosity, and listening to the young person describe their relationships (or constructing a genogram or relational map in collaboration with the young person), can be helpful to build a good understanding of their family and support network.



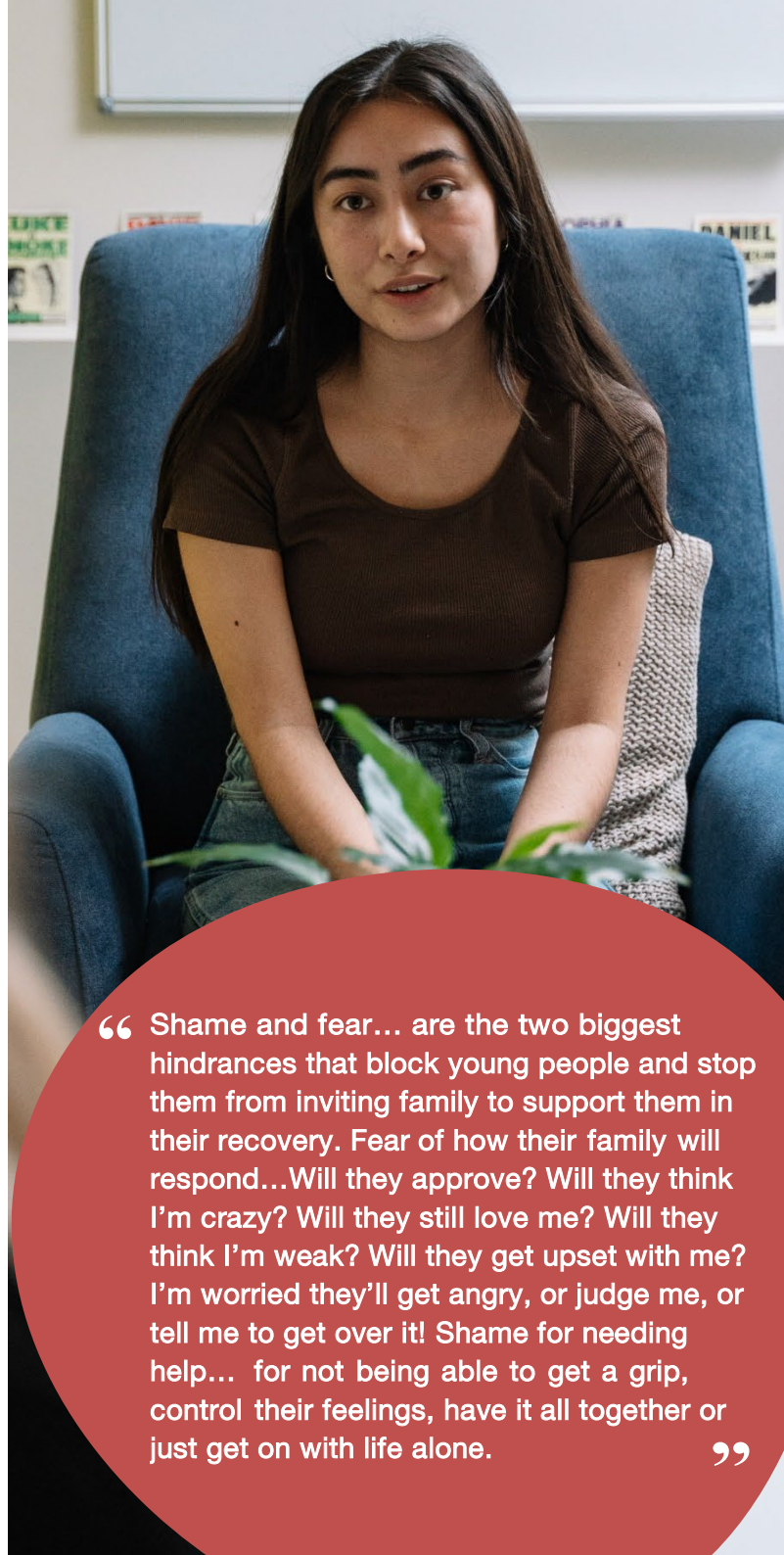


“ You want your parents to be proud of you, and you don't want to cause them more stress than they are already experiencing. There's always the fear of them becoming angry or upset. I remember seeing my mum cry and that really hurt me, I felt so responsible for her suffering. If headspace could support parents to feel less alone, supported and informed of what they can effectively do to help when the young person is going through a rough time, I feel that would be an incredible gift to parents and family everywhere! ”

Including family in professional care

Young people may feel reluctant to have their families involved in their professional care. Similarly, family can be hesitant to have contact with a young person's clinician. Clinicians too can also face barriers to family being involved in a young person's care. This might be a result of their training, or attitudes and beliefs they hold.

“ When I suggested that my partner seek help for an issue I didn't feel I could support him with, I was terrified. I felt it was controlling of me and that he would become angry. I was worried that he wouldn't want to seek help from headspace and that our relationship would end because I couldn't give him everything he needed. However, he did take my advice on board and made the choice to see someone. He received far more support and guidance than I felt I could give to him, which was incredibly life altering for him. ”



“ Shame and fear... are the two biggest hindrances that block young people and stop them from inviting family to support them in their recovery. Fear of how their family will respond... Will they approve? Will they think I'm crazy? Will they still love me? Will they think I'm weak? Will they get upset with me? I'm worried they'll get angry, or judge me, or tell me to get over it! Shame for needing help... for not being able to get a grip, control their feelings, have it all together or just get on with life alone. ”

Barriers to family involvement

For Young People	For Family	For Clinicians
Concern about confidentiality and privacy.	Fear of being blamed for the young person's problem.	Lacking confidence or skills to work with family.
Concerns about getting in trouble, disappointing or burdening family.	Geographic distance from the service.	Viewing work with family as being outside their role.
Stigma regarding disclosure of mental health difficulties.	Time constraints, inflexible work hours.	Time and resource constraints.
Conflictual family relationships.	Frustration with the young person, feeling overwhelmed.	Fears of being overburdened by requests and information.
Fear that others won't understand or will be dismissive of their difficulties.	Stigma surrounding mental illness and mental health services.	Inflexible funding sources.
Lack of knowledge of family support services.	Lack of knowledge of family support services.	Concerns about breaching confidentiality.
		Assumption that the young person doesn't want to involve their family.
		Belief that family is to blame or is perpetuating the problem.

Overcoming the barriers

Talking to young people

Finding ways to talk to young people about having their family involved in their care is important in helping to break down some of the barriers for young people and clinicians.

The following tips may be helpful in talking to young people about involving their family:

- Encourage young people to think about what it might be like to have their family involved in care, and the possible benefits.
- Validate any concerns that a young person might have around talking to their family about their mental health difficulties, and discuss ways they might start a conversation about it.
- If the young person and family see things differently, normalize this experience and suggest that this may be improved with more open communication.
- Reassure the young person that in most situations family appreciate knowing something about what is going on so they can provide appropriate support and care. If they're not aware of what's going on, then it's difficult for them to know what is needed.
- Suggest that the knowledge, perspectives and strengths of family can help the clinician understand the young person's context and plan for support.
- Establish prior agreement from the start of work with the young person about what information will be shared with family. This agreement can be revisited and reviewed on a regular basis.





Talking to family

Overcoming the barriers to involving family can also be a challenge, especially when clinicians feel that the limited time and resources should be spent with the young person. It's important to remember, however, that involving family can potentially reduce the workload for clinicians. Strengthening the support for a young person can lead to earlier identification of and management of difficulties, and better mental health.

The following tips may be helpful in the initial contact with family about a young person's care:

- Remember that initial contact may simply be an introductory phone call or greeting in the waiting room. This can be significant in helping family to feel acknowledged and welcomed.
- Keep in mind that if families have felt blamed or misunderstood from previous experiences of help-seeking, they may initially present with frustration or defensiveness. Let families know that their involvement is important and that you can work together to support the young person.
- Build rapport with family and actively encourage them to talk about their experiences and concerns, and respond in a non-blaming, non-judgmental way.
- Offer hope and encouragement.
- Provide opportunities for varying levels of involvement – not all family will want to be involved all the time, and this is often not appropriate or necessary (i.e., attending sessions, phone contact, family work, support from family worker, external referral, groups etc.).

Upholding confidentiality while including family

Confidentiality is important. There is a need for staff to uphold service commitments, the legal rights of a young person to privacy and the desire of those supporting the young person for information. It is possible to balance maintaining confidentiality and sharing appropriate information with family.

headspace staff must operate within the legal and professional frameworks that exist both nationally and at the relevant state level.

headspace provides a confidential service with clear exceptions in relation to risk, however this should not act as a block to involving family in the care of the young person. Clinicians can uphold the confidentiality of the young person and also involve family appropriately. At the outset, be clear with young people about the limits of confidentiality and the situations where information would need to be provided to others.

Some important practices regarding confidentiality include:

- **Consent:** Ask the young person at the earliest opportunity about whether they give consent for their family to be provided with information about their care. Ask the young person about what information they are comfortable with being shared.
- **Information giving:** If family contacts the service about the young person, information should not be given without consent from the young person.

- **Case notes:** Make clear notes in the young person's file about what they have (and have not) consented to share with family. This is important for ensuring the young person's wishes are followed and their trust is maintained.
- **Transparency:** Encourage family to talk with the young person openly about the information they'd like to know and the contact they're having with the clinician. It's preferable that young people and their family communicate directly about these things, even if it's difficult or if they have differences of opinion.

“ My dad didn't want to know all the ins and outs of what was going on for me, he simply wanted to know more about what I was experiencing, from a clinician's perspective, so he could best support me on the road to wellness. He often reflected that he would have loved to have chewed the ear of a clinician, not to pry or invade my privacy, but to equip himself with the skills and tools that would empower him to best support me. He wanted factual, straightforward information about my condition, so he didn't feel useless or in the dark. He wanted to entrust me to find my own truth, as he could see how important this was for me as a young adult. ”

Even when a young person has stated their wish that information should not be disclosed to their family, there are still ways of connecting with and supporting their family.

The following responses may be helpful when talking to family:

- What sort of things would be helpful for you to know?
- Clearly you are concerned about (X). I can speak to you about this (X) but not that (X).
- I can't talk to you at this time, but there are support services and groups that you might find helpful.
- I can't talk about (X) specifically, but we can talk about mental health issues generally. Perhaps I could help to explain anything that is confusing or unclear.
- We can't talk about confidential stuff but we can talk about some strategies for how to manage difficult situations or behaviours.
- Have you read things about mental illness that you don't understand?
- Would it be helpful to have some resources or materials that provide information about young people's mental health or the experiences of families who support young people?



Engaging and inclusive services

Connecting with and involving family in a young person's care doesn't only occur at the individual level, but also extends to the 'culture' of headspace centres and programs.



Barriers and enablers to creating engaging and inclusive services

Creating services that are welcoming and engaging for family, includes consideration of the environment, the attitudes of staff, workplace culture, language, and the processes that either facilitate or create barriers to family involvement.

headspace values the knowledge and experience of family members. Opportunities for them to participate meaningfully in service development and improvement are integral to ensuring that services are welcoming, accessible and responsive.

Barriers	Enablers
Negative attitudes held by staff.	Shared understanding by all staff that family are welcome and their attendance encouraged.
Lack of acknowledgement of family, and the role they play.	Respectful attitudes towards family.
Lack of practical resources.	A range of practical resources for family.
Fear of breaching confidentiality of young person.	Clearly articulated policies and practices regarding confidentiality.
Lack of knowledge, confidence and skills by staff to engage family.	Training in family skills.
Lack of opportunities for feedback from family regarding the experience of services.	Opportunities for family participation in service development and quality improvement activities.
	Community awareness and health promotion activities targeted towards family.

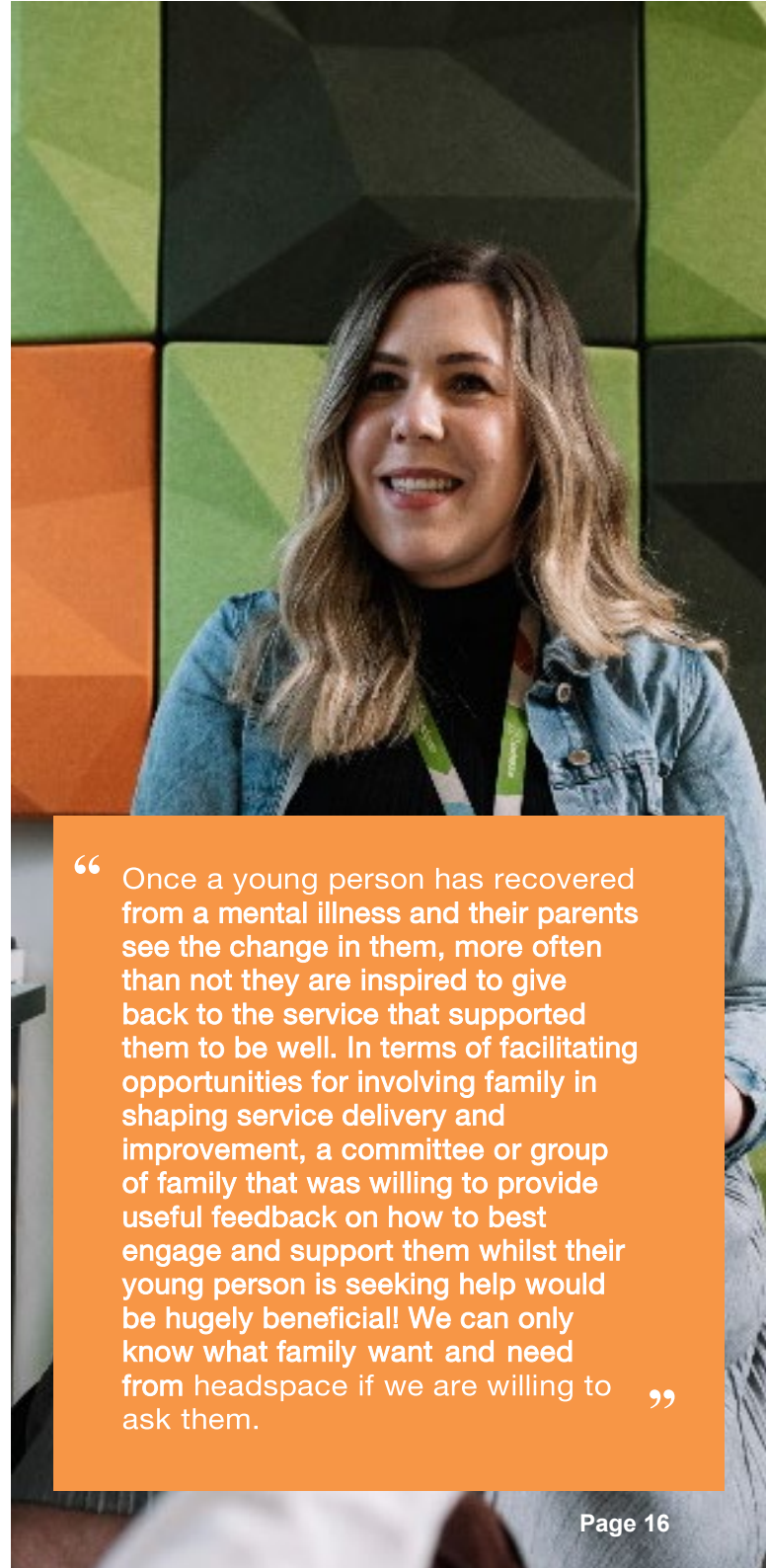
Workforce training and education

Training for all staff at headspace about the importance of family inclusive practice and the ways to support their involvement is vital in creating a culture and environment which is engaging for family. It also provides the support for headspace staff to overcome their fears and uncertainties about working with family so they can fully implement headspace policies and values.

While some clinicians may be sufficiently trained to provide formal family therapy, this level of training is not necessary in order to work in a family inclusive way. Training provided by centres and headspace National can focus on core skills needed to engage family and provide support including:

- strategies for connecting with family
- information gathering about a person's relational context, including genograms
- provision of psycho-education
- knowledge of self-care strategies
- ability to collaborate with family in the young person's care
- knowledge of referral pathways and available community services and supports
- knowledge of rights and responsibilities of family, and policies and procedures regarding confidentiality.

Training and education can include face-to-face workshops, webinars and other online formats, or written manuals and guidelines. Training that incorporates the perspectives of those with experience of supporting a young person with mental health difficulties can enhance training.



“ Once a young person has recovered from a mental illness and their parents see the change in them, more often than not they are inspired to give back to the service that supported them to be well. In terms of facilitating opportunities for involving family in shaping service delivery and improvement, a committee or group of family that was willing to provide useful feedback on how to best engage and support them whilst their young person is seeking help would be hugely beneficial! We can only know what family want and need from headspace if we are willing to ask them. ”



Resources

A clear message is sent to family that headspace values them and normalizes their needs when resources designed specifically for them are available in waiting rooms and counselling rooms. Resources can include fact sheets and psycho-education materials, information about support groups and services, books and articles. headspace staff need to have knowledge of headspace website resources and other websites, forums, social media and e-mental health services.

headspace centres should provide resources with information about headspace services – including contact numbers, hours of operation, after-hours procedures, care pathways and rights and responsibilities. These can be developed at a local level and made available to all young people and their family. Resources developed by the family of young people experiencing mental health difficulties can be particular helpful, as they can normalize the experience of the family member and provide an important perspective that comes from the lived experience of supporting a young person with mental health challenges.

Community awareness

Community awareness initiatives are particularly important for family of young people who are unaware of headspace or do not use headspace services. Engaging with the wider community ensures that headspace is known and easily accessible to young people and their family.

Improving mental health literacy and encouraging help-seeking behaviours are key messages for family of young people.

Making connections with family of young people can be done through holding activities and events with the intention to:

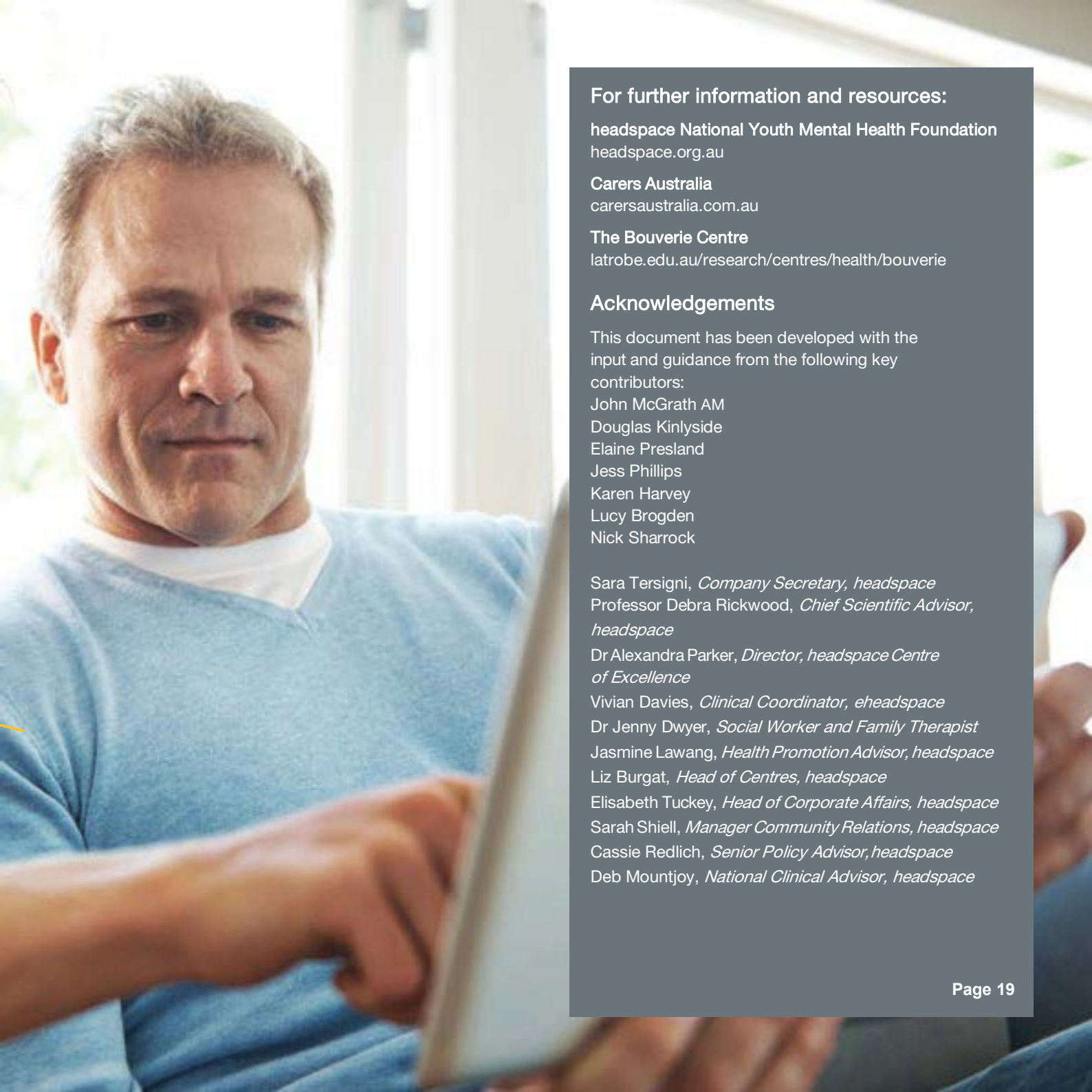
- Reduce the stigma associated with young people and mental health issues.
- Increase mental health literacy among young people, their family, and the broader community.
- Orient family to headspace services.
- Encourage and support family to be involved in the health and wellbeing of their young person.

Examples of ways to engage with family can be done through:

- workshops and information days/evenings
- 'ask the expert' sessions
- family day community events
- headspace centre orientation
- healthy morning/afternoon teas
- exhibitions
- peer support groups

Developing partnerships with local organisations that already provide services for families, can provide additional support and strengthen pathways for referral. This might be particularly helpful in situations where families want to access support for their own needs.





For further information and resources:

headspace National Youth Mental Health Foundation
headspace.org.au

Carers Australia
carersaustralia.com.au

The Bouverie Centre
latrobe.edu.au/research/centres/health/bouverie

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headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.



headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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