



Helping families at time of discharge: What do families need to know when their loved one transitions into adult mental health system?

This information sheet was developed as part of the workshops held at the November 2014 *EPION Think Tank on Family Work*. It is intended for EPI programs in Ontario to use as a tool to promote discussion within their own organization and networks. There are 7 information sheets in total coming from the EPION Think Tank on Family Work. They are:

- Tips for EPI staff in working with families: What family members want you to know
- How to develop a family support network that is not dependent on EPI staff to convene
- Supporting families when their loved one comes in conflict with the law
- What other EPI team members need to know about family work: How everyone on the team can help support the family
- Choosing a family assessment tool
- Helping families at time of discharge: What do families need to know when their loved one is transitioning into the adult mental health system?
- Self care for family support workers

About this topic

Some family members report difficulty transitioning from supports obtained within an EPI service to those within the adult mental health system. This workshop explored ideas and strategies for EPI clinicians to consider in their work with families leading up to discharge from the program.

Themes:

- Provide family toolkits and resources, e.g. welcome package and a transition/discharge package (e.g. FRAP), safety plans, relapse prevention
- Referrals – family stays with EPI during transition to community service. Prepare family for how community agencies work e.g. more client focus and less family
- ‘Buddy’, peer support within EPI program or community programs
- How can families stay connected informally after service?
- Need to recognize gender differences e.g. mom vs. dad needs, partner, offering siblings support as well

Strategies:

- Develop transition checklist for family
- Start talking about transition early e.g. 1.5 years into service
- Begin family involvement with community agency/resource while still with EPI e.g. a month overlap
- Talk about discharge/transition early in service and throughout. Discussion is strength based/a celebration
- Graduation celebration in a group setting e.g. cake

Other Considerations:

- Language is important
- Family remains worried about their child's future – establish a buddy system, community group, group run by families who have completed service
- Consider a peer group -> peer led
- Have family connect to groups that are not EPI specific e.g. community cooking
- 'new' families able to hear from 'old' families - > change is possible
- Who can family call in the future? Can we orient other services to EPI? E.g. what family may need, how to support family. In most agencies service is for client and does not usually involve family
- Develop a family relapse prevention plan e.g. FRAP
- Families can call for brief assistance after closure/transition e.g. help to navigate the system
- Can families remain involved / return when the child is not an active client?
- LHIN does not recognize family as a client- how to record contact? Liability if service is provided after file closed. Client consent to share ends when file closes so how can we discuss client with parent?
- Families aware they can re-refer if client discharges early and return to service may be needed
- Clarify client and family needs/expectations
- Be clear if return is time limited
- May need to extend service until the community service is available
- Multiple referrals may be needed e.g. medical, social, ACT will come to the client
- ACT team may need more understanding about our clients e.g. engaging adolescents
- Linking family to services e.g. Family Outreach and Response

Other issues:

- May need a family alumni – occasionally meet as a group
- How do we count the family as receiving service to our funders e.g. OHIP cards
- Meds -> GP may change medications. Family should be advised this may occur
- Limited places to refer in some communities
- Primary care providers may refuse to manage medication