

The Experiences of Adult Siblings of People Affected by Mental Illness

Report on the TheMHS Conference Workshop September 2011

The workshop commenced with Francesca Coniglio providing an overview of the work conducted by MIFA in the previous year, including the literature review, the review of MIFA members' relevant activities, and the Delphi process.

Power Point Presentation ([Link Here](#))

The next part of the workshop included small groups reviewing a number of questions. There was a great deal of interest in the first two questions – “What do you currently do in way of services and programs for siblings of people with mental illness?” And “How do these match up with what is needed?” and the final question – “If we could only address 3 things from the list of supports identified, what would be your 3 highest priorities?”

What is currently happening?

Participants identified that there are several programs available that address the needs of people who identify themselves as “carers” but no program content that addresses the specific needs of siblings. One exception was the online tool ‘Navigate’ developed by Centacare in Adelaide, with assistance from Siblings Australia.

There are specific programs in many localities, but not universally available, that are aimed at the children of people with mental illness. These programs are highly valued by those who have access to them and to service providers who either refer participants to them, or conduct the program locally. These programs were seen to have some transferrable content that the workshop participants identified as important for any family member.

Generic carer education, information and support programs were viewed as highly valuable, with transferrable content and information, but workshop participants concurred that siblings did not necessarily view themselves as carers, and would therefore believe that programs were aimed at people such as primary live in carers (predominantly parents, spouses).

Some participants identified themselves as coming from organisations that currently provide support to child and teen siblings of people with mental illness in the form of peer support groups and respite groups. These organisations identified the difficulty in identifying the population of siblings with the family unit and then once identified, then recruiting siblings to participate in their activities.

All participants agreed with the findings of the literature review and Delphi study in endorsing the attitude that siblings valued their sibling role as the primary role and did not necessarily identify with the definition of carer and that this is one reason that important education and support does not effectively reach siblings.

Sibling specific supports were generally agreed to be an important supplement to existing programs aimed at families and friends.

3 highest priorities

The workshop participants were asked to identify the three key priorities that should be pursued in developing support for siblings.

A clearer understanding of the needs of siblings

It was apparent from the workshop that people valued the findings of both the literature review and the Delphi study, but that the Delphi needed to be validated with a larger group to ensure that a wider demographic and cultural context could be analysed and used in program development.

Workshop participants clarified these findings by including comments like:

More NGOs and other community agencies need to understand the specific needs of siblings.

Further work is required to ensure that siblings are supported in their roles.

Self Care

The need of siblings to take adequate physical and emotional care of themselves was identified as important and reinforced the findings of the Delphi study.

Workshop participants clarified these findings by including comments like:

Identifying their role as sibling first as the primary relationship

Understanding family dynamics

Having adequate time to pursue own needs and interests apart from the sibling and family including work and leisure

Nurturing other relationships such as partners, spouses, parents and friends

A range of 'entry points' for siblings to access information and support

The requirement of the system to make 'no wrong door' options available – that is wherever possible websites, community agencies and other health resources should point to sibling specific information.

Workshop participants clarified these findings by including comments like:

Content and message of links will vary with the location and type of organisation

Community resources such as schools and churches, GPs and pharmacies need to be able to point siblings in the direction of specific content, not develop new content

Health services are not the appropriate location for sibling specific information, but should be able to provide advice as to where the information is available

Any information and education needs to have flexible access and delivery – out of hours, weekends, on line.