

Commonwealth Improving Family-Centered Mental Health Care by Supporting Siblings of Psychiatrically Hospitalized Youth Emily Rubin, MA, Eunice Kennedy Shriver Center of UMass Medical School; Elisa Friedman, MS, Institute for Community Health; Adele Pressman, MD, Cambridge Health Alliance; Kathleen Regan, BSN, MHA, NE-BC, Cambridge Health Alliance; Heidi Katz, MA DMT, Cambridge Health Alliance; Hillary Black, BA, Cambridge Health Alliance; Jacob Venter, MD, Cambridge Health Alliance For information about the project, contact emily.rubin@umassmed.edu

Background:

There is a widely recognized lack of services for haviors. The Sibling Support Demonstration Project, developed at the Eunice Kennedy Shriver Center of UMass Medical School, is a mental health care initiative that aims to fill the gap in service for these siblings and their parents/caregivers. The project is ongoing at Cambridge Health Alliance, a safety-net hospital in Cambridge, Massachusetts. Evaluation is provided by the Institute for Community Health in Cambridge, Massachusetts.

The Sibling Experience:

Siblings of children with mental health needs may experience a range of dysfunctional behaviors from the brother/sister, including rapidly shifting moods, explosiveness, and withdrawal. The sibling

experience can include: Confusion Safety Concerns Anger and Resentment Shame Competing for Attention Parentification Independence Overprotectiveness Love/Hate Relationship

 Peer support/education groups for siblings aged 5-18, siblings of children with mental illness. They live in offered 2x/week for 90 minutes, using the Sibshops model a world of unpredictability, "walking on eggshells," adapted for mental illness and led by medical trainees are often subjected to physical and verbal aggres- • Parent/caregiver education groups offered 2x/week for 90 sion, and are at risk for developing maladaptive be- minutes, focusing on strategies to support siblings, led by parent mentors who share the experience of a child's psychiatric hospitalization

Post-hospitalization interventions to help restore family stability and potentially reduce readmissions are in development

1. Does the intervention increase sibling and parental caregiver knowledge about coping strategies and resources related to the patient's mental illness? . 2. Does the intervention increase the ability of parental caregivers and siblings to connect to a support network? . 3. Does the intervention increase parents' understanding of the impact of mental illness on siblings, and increase the likelihood of them sharing specific strategies and resources about coping with mental illness with siblings? . 4. Does the intervention increase trainees' knowledge of how siblings and families are affected by mental illness?

Project Goals:

1. To increase sibling resiliency and decrease trauma during and after a brother/sister's psychiatric hospitalization

2. To increase parental awareness of how siblings may be affected and facilitate effective coping strategies

3. To increase family stabilization during and following psychiatric hospitalization

4. To attempt to reduce hospital readmission rates 5. To increase awareness of family-centered mental health care among medical practitioners

*Anecdotal evidence suggests that some siblings may have answered "Maybe" or "No" because they did not know other siblings of children admitted to a psychiatric hospital, not because they were not satisfied with the group.



Nterventions conducted at Inpatient Psych Unit:

Research Questions:

Select Survey Data: Siblings

(N=145, results in %)

Gender/Age							
Male	49	5-6	7-8	9-10	11-12	13-14	15 & older
Female	51	8	19	21	28	20	6

Previously Talked to an Adult about Brother/Sister

Yes	No	Unsure
50	32	17

Would Recommend Group to Others*

No	Maybe	Yes	
4	28	68	

Select Survey Data: Parents (N=196, results in %)

Primary Language							
English	Spanish	Portuguese	Haitian- Creole	Other			
92	4	2	.5	1			
	Prior Experience with Support Groups						
	Yes	No	Not Sure				
	11	85	4				
Education Level							
High School or less	Some college	Undergraduate Degree	Graduate Degree	Other/Declined			
24	25	24	24	4			

Parental Level of Satisfaction with Group

	Not at all	A little	Somewhat	Very
Helpfulness of group	0	2	29	70
Comfort level in group	0	0	10	90
Overall satisfaction	0	0	11	89
Will recommend to others	No — 0	Maybe – 2	Yes – 98	N/R - 0

Capacity Building:

Sibling support groups were facilitated by 11 trainees from the following disciplines as part of their medical education:

General Psychiatry Child Psychiatry Psychology Social Work Expressive Arts Therapy

Trainees informally report their participation Gave them critical insights into the impact of mental illness on typically developing siblings Reinforced the importance of providing family-centered mental health care Provided an overall sense of hopefulness about the field of mental health care



Quotes from Siblings:

Siblings describe why their brother or sister is in a locked psychiatric unit:

"He threatened to kill me with a knife."

"One day she was out of control and an ambulance took her to this hospital. I was scared."

"He was thinking about hurting himself—about trying to kill—he had been cutting himself."

What was the most helpful part of today's group? "Saying what is happening to my sister and being understood."

"Getting out trapped feelings."

"It was helpful to know that there were other people" going through the same thing."

Now that the sibling group is over, I feel...

"Relieved because I let out my feelings and like all these emotions have been lifted off."

"Happy that I know more about my sister's problem." "Scared, because I'm leaving a safe place."

Quotes from Parents/Caregivers:

What did you learn at today's group? "To validate the sibling's feelings." "Spending one-on-one time with siblings." "Resources available in my community." "How to talk to sibling about his brother's hospital stay." "We're not alone."

What will you do or think about differently?

"Be more aware of what my son's actions might be telling us about how he is feeling inside." "I will try to reassure my daughter that we are handling the situation so she will worry less." "The need to go further than merely explaining behavior and make sure the sibling knows she does not bear responsibility for either cause or care."

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