

A Dimensional Approach to Family Involvement in Forensic Mental Health Settings - Prevention of the Systemic Replication of Abuse, Need for Accepted Falsehoods and Family Guilt and Shame

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Abstract : The interactions between family dynamics and environmental factors with mental health vulnerability in individuals are well known and are a theme for on-going research and debate. The impact upon mental health issues and forensic issues on family dynamics, experience, and emotional wellbeing cannot be over-Emphasised. For forensic patients with diagnosed mental disorders, these relationships and environments may have also been functionally linked to the development and maintenance of those disorders; with significant adverse childhood experiences being a common feature of many Patient's histories. Mental health hospitals remove the patient from their home environments and provide treatment outside of these relationships and often outside of the home area. There is, therefore, a major focus on Services ensuring that patients are able to build and maintain relationships with family and friends, requiring services to involve families in Patients' care and treatment wherever possible. There are standards set by Government and clinical bodies that require absolute demonstration of the inclusion of family and friends in all aspects of the care and treatment of forensic patients. For some patients and family members, this push to take on a "role" in care can be unhelpful, extremely stressful, and has constant implications for the potential delicate reparation of relationships. Based on work undertaken for over 20 years in forensic mental health settings, this paper explores the positive psychology approach to a dimensional model to family inclusion in mental health care that learns from family court work and allows for the maintenance of relationships to be at both proximal and Distil levels; to prevent the replication of abuse, decrease the need for falsehoods and assist the recovery of all. The model is based on allowing families to choose to not be involved or be involved in different ways if this is seen to be more helpful. It also allows patients to choose the level of potential involvement that they would find helpful, and for this to be reviewed at a timeframe agreed by all parties, rather than when the next survey is due or the patient has a significant care meeting. This paper is significant as there is a lack of research to support services to use a positive psychology approach to work in this area, the assumption that being asked to be involved must be positive for all seems naïve at best for this patient group. Work relating to the psychology of family can significantly contribute to the development of knowledge in this area. The development of a dimensional model will support choice within families and assist in the development of more honest and open relationships.

Keywords : family dynamics, forensic, mental disorder, positive psychology

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