

## Time to focus on carers

Family members caring for a relative who has psychosis need support from mental health professionals – and that support should be tailored to the way they react to and cope with the caring situation in which they find themselves.

All families cope with the responsibilities and demands of supporting a relative with psychosis in a different way – but researchers have found three very common caring styles, and say each one needs a targeted package of support.

The authors of a new piece of research published in the *British Journal of Psychiatry* include Professor Elizabeth Kuipers and Dr Juliana Onwumere who answer the *Ask the Psychologist* questions on [mentalhealthcare.org.uk](http://mentalhealthcare.org.uk)

Using their experience of working with families and looking at all the research that they and others have carried out, they argue that support for carers should be shaped to meet the particular needs of the most widely-found styles of caring.

The shorthand they use for the three types are ‘positive’; ‘emotionally over-involved’; and ‘critical and hostile’.

Those who are ‘positive’ carers realise their relative is not to blame for the illness, and recognise he or she needs help for their problems. They are less likely to become isolated and more able to ask for help from both services and friends.

Those who are ‘emotionally over-involved’ are more likely to be parents and are over-protective. They focus on caring and caring alone, letting other aspects of their lives go by the wayside. They often blame themselves for the illness.

Those who are ‘critical and hostile’ blame the individual who is unwell, thinking his or her personality and behaviour is responsible for the development of the illness and for the continuing problems.

The relationship before the individual became unwell has a lot to do with the style of care-giving offered by family members, say the researchers.

‘Positive’ carers usually had a good relationship with the person who has become unwell. Those who are ‘emotionally over-involved’ had a positive relationship when the individual was a child, but this may have deteriorated in adolescence. Those who are ‘critical and hostile’ will often have had ongoing difficulties before their relative became unwell. Their relative may have taken street drugs and been in trouble at school, for example.

‘In families providing care, not all carers will fit these types of caregiving,’ say the researchers. ‘Families have widely varying structures, relationships and histories. ‘ However, what the researchers hope to do is to put the spotlight on carers’ needs and start the process of the development of packages of support for carers themselves.

All carers need information about psychosis, time off from caring responsibilities, and the chance to share experiences with other carers, they say. There is a danger that those who are ‘positive’ will be ignored by mental health professionals who believe they are coping well. Even though they may be ‘stressed and sad’, they are rarely clinically depressed.

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## Time to focus on carers/2

Family members who are emotionally over-involved will need help to build a life outside of their caring responsibilities, and to appreciate the positive aspects of the person who is unwell, rather than always looking back towards the past. As well as stress and anxiety, they often feel depressed and exhausted and they need encouragement to look after their own health.

Those who are 'hostile and critical' will need emotional support and information over a long period of time to help them understand that their relative is not necessarily in control of their thinking and behaviour.

These type of carers are more likely to be angry with both their relative and professionals who are trying to help. They are also more likely to be anxious, upset and depressed. They need emotional help to process their anger and upset and to cope in a more positive way. They may also need practical help.

'Carers remain a resource of the greatest importance in the effective management of psychosis, and they very much merit the attention of clinicians in their own right,' say the researchers.

Family members' reactions and caring style contribute to the well-being of the individual they are supporting, so helping family members will also benefit people who are unwell.

*Cognitive model of caregiving in psychosis,  
Elizabeth Kuipers, Julia Onwumere and  
Paul Bebbington, British Journal of Psychiatry,  
2010, 196, 259-265*

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