

## Family Education and Support

### NAMI's Position

NAMI recognizes that family support and education is fundamental to early identification, effective intervention and long term well-being of children, youth and young adults who live with mental health conditions.

Families are often the first to know when something is going wrong in the life of a child or adult with mental illness. However, identifying mental illness and getting effective help are seldom straightforward. Lack of access to credible information about mental illness, fragmented and under-financed services, obstructive interpretation of confidentiality laws and stigmatizing attitudes toward families contribute to the challenges families face in getting care for someone they love.

NAMI's full [Public Policy Platform](#) on family education and support is available at [nami.org/policy](http://nami.org/policy).

### Overview

Millions of Americans face the day-to-day reality of caring for a family member living with mental illness. It can be overwhelming.

Mental illness often has a major impact on families; this often results in uncertainty in how people live their lives. Families often feel isolated and alone.

Families may also take on a role as daily caregivers, often with little or no support or training. When families are accepted as partners in care and have access to education and support, there is strong evidence that this leads to better outcomes for everyone involved. The positive impact of family-directed education and support has been demonstrated through research on programs led by families of adults<sup>1,2</sup> and caregivers of children<sup>3</sup> affected by mental illness.

The reality is that when families get support—from many directions and programs—outcomes in all areas are improved. Families don't always know where how to cope. And yet, education and support programs for families affected by mental illness have the power to change lives for the better.

Nationwide, in the course of more than twenty years, over 300,000 families of adults affected by mental illness have graduate from NAMI Family-to-Family, NAMI's 12-session family education program offered free in communities throughout the country. An evidence-based, highly structured course taught by trained family-member volunteers, NAMI

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<sup>1</sup> Dixon L, Lucksted A, Stewart B, et al: Outcomes of the peer-taught 12-week Family-to-Family Education Program for severe mental illness. *Acta Psychiatrica Scandinavica*. 109:207–215, 2004.

<sup>2</sup> Pickett-Schenk SA, Cook JA, Steigman P, et al: Psychological well-being and relationship outcomes in a randomized study of family led education. *Archives of General Psychiatry* 63:1043–1050, 2006.

<sup>3</sup> Brister T, Cavaleri MA, Olin S, Shen S, Burns BJ, Hoagwood KE. An Evaluation of the NAMI Basics Program. *Journal of Child and Family Studies*, 21:439-442, 2012.

Family-to-Family is free and provides information on major mental illness, mental health treatment and coping skills. Research has shown that families emerge from the course informed, with enhanced coping and problem-solving skills.<sup>4</sup>

NAMI Basics is a similar family-taught course for families and other caregivers of children and youth affected by mental health conditions.

In addition to education, families need support to reduce social isolation, share information and provide opportunities to contribute to the well-being of others. Through support and education, families affected by mental illness are better equipped to care for their loved ones and to advocate for their family through the health care system.

## Advocacy Priorities and Goals

- Educational programs delivered by and for families, at every stage of the life cycle, must be valued and promoted as an integral part of the service system.
- Resources must be made available to develop and evaluate family educational programs and to strengthen the evidence base comparable to the rigorous scientific studies conducted by professionally delivered programs.
- Financing mechanisms such as federal and state grants, reinvestment of managed Medicaid funds and corporate or foundation support must be made available for the development, administration and evaluation of family-directed programs.
- Faith communities, corporate employee assistance programs, community health and mental health centers, veterans' organizations and cultural organizations should actively partner to make family education on mental illness available.
- Virtual technology should be harnessed to make family education and support available online to those not in a position to access in-person support.

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<sup>4</sup> Dixon, L; Lucksted, A; Medoff, D; Burland, J; Stewart, B; Lehman, A; Fang LJ; Sturm V; Brown, C; Murray-Swank, A. (June, 2011) Outcomes of a Randomized Study of a Peer-Taught Family-to-Family Education Program for Mental Illness. *Psychiatric Services*, Vol. 62, No. 6 p. 591.