

**MODEL OF INDEPENDENCE AND WELL-BEING IN MENTAL HEALTH:
INSTITUTING CARING TOGETHERNESS AS PRELUDE**

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ABSTRACT

Mental health is a worldwide healthcare concern, and mental illness affects not only the ill-members but the family as well. This affects all aspects of family functioning, wherein family relationships, family roles, and family identity are altered, more often permanently. Thus, treatment should not be focused mainly on the ill-members but it should include the family members, and these members should also be included in the plan of care. This is called participative care, an approach to planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships with patients, families and healthcare practitioners. Anchored in Gabriel Marcel's Philosophy of Participation, as well as with the different nursing theories of caring, the caring togetherness theory proposes four processes: recognizing, informing, believing, and enabling/participating. The ultimate goal of this theory is the attainment of independence and well-being, which is congruent with the aimed objective of enhancing the helping relationship.

Keywords: *caring together, participation, mental illness, mental health*

INTRODUCTION

Mental Health is a worldwide healthcare concern and by 2020 it is estimated that, fifteen percent increase contribute to the total disease burden among the mental and behavioral disorders (Sakellari et al., 2011). Immense family burden had been the description of this disturbing disease. The severe mental illness affects all aspects of family functioning, and all family relationships and roles are altered, sometimes permanently (Marsh, 1992). These alterations include finances, employment, social life, physical health, marital and family relationships, and daily household activities (Saunders, 2003). Furthermore, changes in family identity may be experienced. For families who are already confronted with a range of day-to-day problems that affect all aspects of their lives, a family member with severe mental illness may have a significant impact on the entire family system. Regardless of the age of onset of the number of years since diagnosis, families describe that the most devastating effect of mental illness to the entire family is “the loss of normal life” (Stein & Wemmerus, 2001).

Individuals with severe mental illness will be typically unable to fulfill roles in society, normally expected of individuals of their age and intellectual ability; thus, they are most likely to receive family care-giving (Saunders, 2003).

Families are the single largest group of caregivers, often providing financial, emotional and social support. Thus, family involvement is necessary and should be an integral part of mental illness management. Implementing family involvement in mental illness management is considered not only a preferred practice in the field but also a standard in mental health care (Mueser et al., 2003; Spaniol et al., 2000). Not only family participation is an asset to the treatment process of the ill-member, but it also benefits the caregivers themselves, with reduced stress associated with their care-giving roles (Falloon, 2003). Hence, the needed care is not only experienced by the ill-member but the entire family.

Statement of Purpose

This paper aims to address the immense family burden experienced by the family of having a mentally-ill person in the family. The theory of caring togetherness will facilitate further understanding of the need of the entire family with a mentally-ill member, thereby promoting family empowerment.

Philosophical & Theoretical Underpinnings

Togetherness is cohesiveness. It simply means sticking together, being together. In mental illness management, wherein the family is inevitably involved in the provision of care for their ill-member; a high level of cohesiveness – the family’s sense of togetherness – improves family functioning. Caring together is all about family involvement and participation in the implementation of care.

Gabriel Marcel’s Philosophy of Participation

Caring together – or participative care – is drawn from Gabriel Marcel’s Philosophy of Participation. To Marcel, participation is the essence of man (Geralde, 2011). Being a “being among beings,” every individual should seek out others and interact with them. In doing so, man becomes a participant in the lives of others through love, hope, faith, and freedom. In the process of participation and performance of roles, the importance of presence, communion and availability were stressed (Randall, 1995). Availability means being at the service of others; it connotes openness, release, abandonment, welcoming, surrender, and readiness to respond and to participate (Geralde, 2011). The unavailability of man results in despair and hopelessness. In contrast, “the person who is animated by hope is borne up with the presence of being, the principle of inexhaustibility,” (Keen, 1967, cited by Geralde, 2011). Thus, availability and participation lead to hope. In the course of mental illness management, instilling hope for the family is very important towards the journey to recovery.

Caring in Nursing

The role of caring in the nursing profession is very important. Just as the role of the nurse is vital in meeting the needs of the profession, so is the task of caring. It is believed that caring enhances patient's health and well-being and facilitates health promotion (Khademian & Vizeshfar, 2008).

Several popular theorists today believe that caring is as essential to the well-being of patients as the medication that nurses give (Deerman, 2009). Florence Nightingale used actions to show caring by focusing on the most basic needs of the patient (Dorn, 2004). Jean Watson described caring through the "caritas processes" which represents charity, compassion, and generosity of spirit. These caring behaviors should be an innate nature of nurses and should be present at all times. Watson stresses that nurses should be more "in tune to the moment," making our interaction with the patient more humane, significant, and caring (Jean Watson: Caring Theory of Nursing. 2009).

Madeleine Leininger believes that "care is the essence of nursing, and the central, dominant, and unifying focus of nursing" (Vance, 2003). Her theory goes on to state that the major focus of care includes individuals, families, and groups. Thus, the nurse should not only meet the needs of the patient. They should also provide care for the family. Involvement of family in the caring process is a very important factor in mental illness management. Undergoing an immense level of burden, nurses should extend their care to the family members, extending compassion, understanding, respect and encouraging participation.

Swanson (1991) defined caring as "a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility." The five categories/processes of Swanson's Theory of Caring are: (a) Knowing, (b) Being with, (c) Doing for, (d) Enabling, and (e) Maintaining belief. Although her theory of caring focuses on teaching and healing during pregnancy, it can also give an insight on how families and health care providers deal with mental illness management.

DISCUSSION

Structure of Caring Togetherness

Caring is defined as “a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Swanson, 1993). Drawn from Gabriel Marcel’s Philosophy of Participation, caring togetherness includes participative and collaborative interactions between the nurse, family, community as well as other members of the health team. This theory focuses and proposes four (4) phases to describe the structure of this caring relationship: (1) Recognizing, (2) Informing, (3) Believing, and (4) Enabling/Participating.

Recognizing

Families experiencing severe mental illness provide evidence that the illness creates continuing caregiver burden and psychological distress to families (Saunders, 2003). Some caregivers even claimed that they suffer more than those who are ill (Ae-Ngibise, et al. 2015).

In caring together, it is not only important to attend to the need of the ill member. Recognizing the need of the caregiver is also needed. Carers have distinct needs from those who they care because of the nature of their responsibilities and the activities in which they are involved. It may include physical, psychological and social losses associated with the caring role, including high levels of stress, poor physical health, isolation, anxiety, and depression, or career sacrifices (Schofield et al., 1998; Braithwaite, 1990). Recognition and respect of the carer, as well as the person needing care, is needed in every care relationship.

Informing

In all aspects of nursing care, families of patients have enormous questions which they want to be answered – honestly and comprehensively. In mental illness, the impact of the disease is very detrimental to the family. Although families take on significant

caregiving roles, they are usually ill-prepared for the challenges associated with this role. Family members often face mental health problem with little or no knowledge and orientation. They may lack information regarding the problem, treatment, available resources, and the system itself. As a result, family members are often left frustrated, not understanding what is happening to their family member, and not knowing how to support them in the process.

Research shows that families who receive education about mental illness and help to develop coping and problem-solving skills can help to ensure improved outcomes. Access to information about their loved ones care, and treatment enables families to provide the best possible care for their ill-member.

Believing

Families want to be an integral part of treatment and community rehabilitation teams as they are deeply concerned about the recovery of their loved one. However, families report that their perspectives, their observations and their opinions are rarely sought, and often discounted, by healthcare providers.

Research has shown that when families engage in family educational programs and are included in the care of their ill-relative, there are positive results: increased empowerment, a decrease in perceived burden despite the fact that the actual burden stays the same, and improved self-care (Dixon et al., 2004).

Believing in the capability of the family to participate in the caring process of their ill-member lifts their self-esteem and eases their burdens. Families have strengths, resources, and expertise that they can utilize in order to deal with the effects of crisis or stressors of severe mental illness (Saunders, 2003). Thus, mental health professionals need to collaborate with families in the care and rehabilitation of family members with severe mental illness.

Enabling

Caring is about enabling others to practice self-care. It is defined as “facilitating the other’s passage through life transitions and unfamiliar events” (Swanson, 1991). Enabling includes coaching, informing and explaining, supporting and allowing the other (patient and family) to have their experience, assisting them to focus on important issues, generate alternatives, offering feedback; and validating other’s reality (Swanson, 1993). The ultimate goal of caring is to enable clients (patient and family) to achieve well-being. The potential for well-being rests on the capacity to practice self-caring to the fullest extent possible. Thus, in caring together, letting the family participate in the caring process enables them to achieve well-being and self-healing that will facilitate them through difficult events and life transitions.

Implications to Practice

Nursing is caring, and all humans – by virtue - are caring persons. Caring is a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility (Swanson, 1991). In the caring together theory, participating in the care for someone enables a person to fulfill the need to be committed and responsible individuals.

In the four (4) processes of caring together – recognizing, informing, believing and enabling – therapeutic relationship is being nurtured between the nurse and the client – which includes the individual, family, and community. By recognizing their needs, the nurse displays sensitivity and instills hope. Through informing, the nurse builds mutual trust and respect. In believing, faith to the capability of the client/s is being nurtured, and enabling promotes independence. The ultimate goal of these four processes is the attainment of independence and well-being, which is congruent with the aimed objective of the helping relationship. In this theory, independence is attained when the patient, family as well as the community are given the opportunity to participate in the caring process.

In mental health, participation in the planning and delivery of

care is a central feature. Participation must occur at all levels, which means that the individual ill-member, supported by their families and their community, must be actively involved not only in the planning and evaluation of services but also in the planning of their treatment and continuing care. Family members mentioned that participatory care led to an improved health and feelings of well-being of their ill-member (Nelson et al., 2001). Also, family members strongly felt that making them a part of the helping relationship greatly helps in the coping process not only for the ill-member but as well as for themselves.

Lastly, community participation in the care of the ill-member and their family through establishing social networks and mobilizing social support promotes cohesion and assistance in their difficult transitions and periods of vulnerability, resulting to a higher degree of individual and family empowerment and a stronger sense of belongingness. Since empowerment and independence is a multidimensional process through which individuals and groups gain better understanding and control over their lives (User empowerment in Mental Health, 2010), empowered individuals and families eventually led to empowered, independent community that promotes the well-being of all its members.

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