



SJAF e-magazine



St Jeanne Antide
Foundation

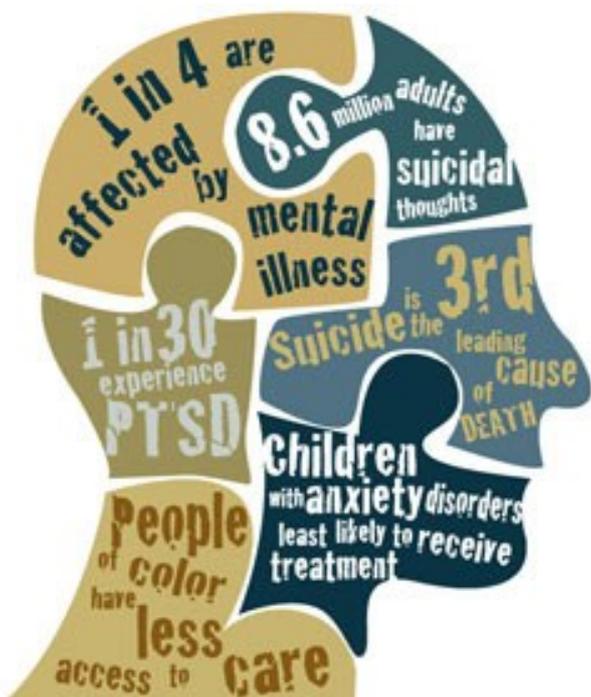
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KIN CARE - the urgent need for professional support to relatives who care for a mentally ill loved one

by Connie Magro, Senior Practioner (Psychiatric Nurse), LWIEN Service



The LWIEN Service of the St Jeanne Antide Foundation has been providing support to families of mentally ill persons since August 2010. Families have the opportunity to discuss in depth and obtain advice about their pressing concerns and anxieties related to the illness of their loved one, its management and the care that they constantly provide.

*Together with the Mental Health Association that has been offering caregivers an annual course on mental health issues, the Foundation has published two educational and support books for caregivers: *Il-Kwiekeb fid-Dlam Jixegħlu* and *Bdoti fil-Maltemp*. (<http://www.antidemalta.org/books.html>).*

The SJAF e-Magazine regularly features articles on mental ill health aimed at enabling caregivers to learn more about their invaluable care role. The past few issues have included tips for caregivers on a number of common mental health problems. (<http://www.antidemalta.org/tips-for-family-caregivers.html>)

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The transition from hospital care to community care poses significant challenges and difficulties for families of the mentally ill. The reality is that families constitute the most natural and sustained form of support for those suffering from a mental illness. The unpredictable nature of mental illness makes informal primary caregiving a very difficult responsibility to shoulder and sustain. The caregiving experience is intense, overwhelming and life-changing. There is the loss and grieving for the person they knew before the onset of the mental illness. There is the struggle to learn to adapt and cope with the new life circumstance. There are a host of other short-term and long-term repercussions.

In dealing with the obstacles strewn in their way by the mental health system, family caregivers have to be or become very resilient. If not, the constant stress and anxiety will take their toll and depression sets in. Very often, family caregivers are left to their own devices to help their loved ones deal with the illness, recover or go into remission. Hitting rockbottom and becoming mental health service users themselves is the hidden reality of community mental health care policies and practice.

Apart from the constant battle with a system that is not geared to affirm their contribution and respond to their own needs, relatives of mentally ill persons struggle with self-stigma and with the stigma that surrounds the illness itself. We can therefore no longer afford to save billions by dumping mental health caregiving responsibilities on unsupported families without acknowledging the rise in mental illness among family caregivers.

The caregiving role of the family

Families assume a distinct and important role by providing a crucial support network. They strive to reassure the ill loved one that they will continue to be there to love and support them. This reassurance contributes to the quality of life in the sick person's troubled and bumpy journey to remission and recovery.

People with severe mental illness rely heavily on their families for this constant and sustained support. Their families become a lifeline when many doors are closing and the world as they knew it starts falling apart around them.

Families fill a distinct role in advocating for their ill relative to help them in their recovery process. They cannot afford to take anything for granted and hence end up making huge personal and familial sacrifices to ensure their mentally ill loved one is given access to all the available support services they require.

Family caregivers urgently need to be acknowledged as major partners in community mental health care provision. Governments need to review the situation of unsupported and uncompensated informal family caregiving. There exists a body of research highlighting the impact of informal family caregiving on relatives who assume the primary caregiving responsibilities. Many end up quitting the job to provide care, others manage to adjust their work schedules, while others take time off without pay.

Today, families are acknowledged as one of the most significant sources of support to the mentally ill. In fact, the majority of persons with severe mental illness either live at home with their families or live independently while retaining very close ties with their relatives. Families often

provide accommodation to prevent homelessness, especially when, despite all efforts to nurture independence and self-reliance, the relative drops out of independent or sheltered accommodation.

The support that relatives extend to the sick family member varies. They make use of their own funds to purchase medication when it is not being offered free by the state. They pay the hefty fees charged by private practitioners whenever



hospital appointments are far and in between. They fund the daily needs of their relative such as food, clothing, personal care items and transport costs.

Relatives make special efforts to involve their sick family member in recreational and social activities. They also provide other types of direct assistance and guidance on personal care and grooming, administration of medication, management of daily routines, cooking and washing of personal items, accompaniment to medical and other appointments. Family support thus becomes a key factor for successful outcomes in the treatment of mental health problems. Following assessment, diagnosis and treatment, it is the family that is expected to provide daily encouragement to comply with treatment and to see that appointments are kept. It is the relatives who make sure that medication is taken according to a prescribed regimen and taken regularly to avoid relapse and to sustain self-reliance efforts. It is the relatives who advocate on behalf of the sick person when the latter is too ill to be able to speak for themselves.

During routine follow-up hospital or mental health clinic visits, it is the relatives who are best placed to provide useful information to the professionals; information the sick person is often unable or unwilling to communicate. It is the relatives who often assume roles that fill gaps in service provision.

Understanding the burden of family caregiving

The lives of family members change in many respects. At times they feel helpless and disempowered, afraid and tense, kept in the dark, resented by other family members who feel neglected, judged and misunderstood despite their good intentions, isolated from relatives and friends and stigmatised. Individual family members struggle to deal with the family's collective sense of helplessness, shame and social ostracisation that accompany mental illness. These struggles are much worse when the problem of either alcohol or drug abuse co-exist with a mental illness.

Sustained feelings of anxiety, sorrow, guilt and fear cause psychological anguish. Add self-stigma and social stigma to these emotions and you have a family that is retreating inwards and suffering in silence. Unless the family decides to reach out for help, it will continue to struggle in the dark, unable to confirm whether the support being provided is enough and effective. The inner turmoil is draining, pushing caregivers into a slippery slide towards mental illness as well.

Family caregivers find it difficult to deal with such symptoms as aggressive behaviour, delusions and confusional states, apathy and resistance to self-care, and extreme reclusiveness. Having to constantly face very tough

situations overwhelms and tires out caregivers who end up neglecting themselves and the other family members. Family members constantly struggle to make adjustments to family life, routines and working patterns. Work-life balance, for them, is often impossible to achieve. Moreover, their freedom is curtailed and their relations with persons outside the family and at work are undermined.

The impact of care can tax the caregiver's patience and resources to the limit. But the frustration felt by families of persons with a dual diagnosis is much greater since the added burden is enormous. In such cases, the relative's symptoms are more severe, there are more incidences of suicidal behaviour and more non-compliance with the treatment regimen. Apart from these, there is more verbal hostility, disruptive behaviour, aggression and poor management of personal affairs.

Practitioners need to be aware that the burden shouldered by caregivers of mentally ill persons is different from that experienced by caregivers of persons suffering from other illnesses. Practitioners need to be aware that their objective perception of caregiver burden differs from the subjective one of caregivers. Practitioners need to be adequately trained to assess the specific effects of the care burden of patients with different disorders. For example, it is acknowledged that family caregivers of persons with bi-polar disorder express cyclical high levels of emotion linked to the symptoms of each manic period of the ill family member.

An emergency! - the need for family caregiver support

Family caregiving merits affirmation and recognition by all stakeholders since they are essential partners in care. One needs to remember the tendency of caregivers to ignore or downplay their own physical and mental ill health. A 2015 EUFAMI Survey in 28 EU countries found that between 60-80% of family caregivers ignored their own needs for support.

It is important for professionals to understand the daily reality of family caregivers, the uncertainties they face, the overwhelming nature of the difficulties they encounter and the myriad questions that they have which often remain unanswered. Many caregivers openly lament the fact that

mental health practitioners are not bothered to take the time to explain things to them and to do so in plain simple language.

Families and carers need to be acknowledged and recognized for the crucial care role they play and to be meaningfully involved in assessment, treatment planning and care plan implementation. Better communication is needed between professional mental health personnel and families to enhance their coping skills so that they can continue to effectively provide the right support needed by their loved ones. Families also need a point of reference with whom they can share their views and discuss their subjective experience. Families need to be encouraged to nurture interests outside their caring role in order to remain mentally and physically healthy. Unless professionals recognise this urgent need to support relatives of their patients, we are going to have collateral casualties of mental illness.

Conclusion



There is no substitute for families who live with, and care for, the mentally ill member on a 24/7 basis. There is nobody else who can provide such care on a full-time basis. This fact is often forgotten or ignored by professionals, policy makers and governments.

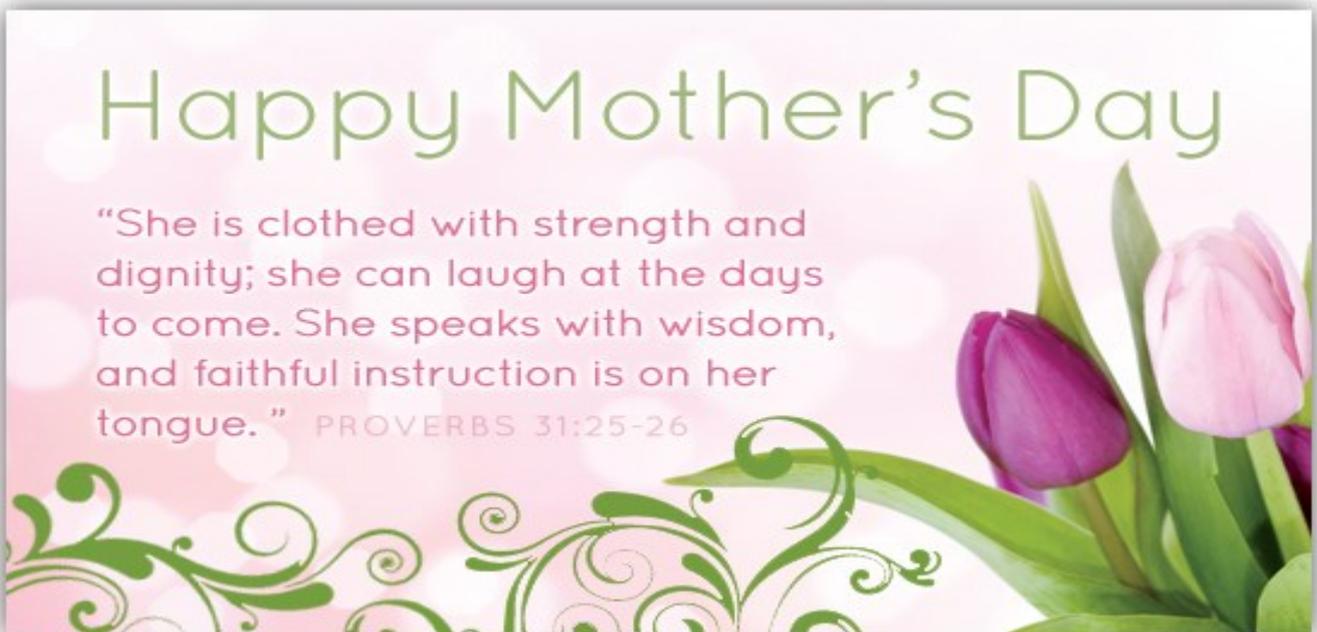
Families are an irreplaceable yet fragile gift to society. The fragility can be overcome through acknowledgment and affirmation of the role the family plays in caring for their mentally ill loved ones.

Families have much to give. They can no longer be ignored in policy-making processes and therapeutic partnership frameworks. In supporting them to fulfil their role more effectively, we would in effect be supporting the family structure and fabric to become stronger, more resilient, more capable and healthier.

Families have a life beyond caring. They have their own needs which must be recognised. Practitioners take leave but family caregivers often sacrifice their own personal needs to the detriment of their families and to society. Caring for caregivers essentially means investing in the prevention of the escalation mental health problems.

Happy Mother's Day

"She is clothed with strength and dignity; she can laugh at the days to come. She speaks with wisdom, and faithful instruction is on her tongue." PROVERBS 31:25-26



SOAR Conference - part 4

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St Jeanne Antide Foundation held a Conference on 4th December 2015 on the collective experiences of domestic violence survivors. We shall be featuring the speeches of this conference in the coming 5 issues of this e-zine, one speech per issue. Each speech will address a specific area that survivors feel strongly about: Crisis and Protection, Homelessness, The Search for Justice, The Separation Contract, Prevention and the Way Forward.

In these speeches, survivors challenge stakeholders to take affirmative action, in line with the Istanbul Convention, that already recommends solutions to the problems faced by victims and survivors of domestic violence.

Separation Contract and Domestic Violence

Family mediation is the most commonly used approach in cases of legal marital separations. It is acknowledged that effective mediation requires an equal balance of power between both parties...however, where domestic violence is present...there is no equality...but an imbalance of power exerted in over control. This imbalance can also make the most skilled mediator less able to compensate for the disparity. Research also observes that confrontation in cases of domestic violence should be avoided. The mere fact that the court allows mediation of cases where family violence is present sends a message to both the abuser and the victim that violence is not a serious complaint. Parties can never negotiate as relative equals. Negotiation hinders the offender from being accountable for his own actions and allowing batterers to negotiate with their victims weakens the criminal justice's efforts to recognise battering as an illegal and wrong conduct.



So, we ask.....

- Should family mediation remain a key legal tool to address family disputes and marital separation where domestic violence is concerned? If yes, can it be tackled more safely and effectively?
- Are courts effectively tackling domestic violence as a criminal act?
- Is domestic violence given its due consideration in mediations?

If mediation is still the chosen approach...can it be dealt more safely and effectively?

MARVIC 'The mediator downplayed my experience. She informed me sweetly that my husband can't help abusing me because he's ADHD, like I can't help him being ill with ME.'

YVONNE "I didn't know if the mediator knew there was domestic violence. I tried to tell her but she didn't let me talk."

ELAINE "My ex and his lawyer constantly tried to label me as being demanding and controlling throughout the sessions. I was very determined and assertive but this does not make me demanding and controlling person."

So...does this mean that cases of marital separation need to be all referred to court?

There are many arguments in favour of tackling marital separations through family mediation, even in cases of domestic violence. It is said that benefits can be derived out of this process. It can be argued that despite the drawbacks, mediation is more appropriate than the adversarial court process, even in cases of abuse. Experts have argued that the overwhelming nature of the adversarial court process can actually exacerbate the abusive relationship as this might escalate conflict, encourage scapegoating and victim behaviours. Thus, reinforcing those factors that contribute to the cycle of abuse in the first place.

Screening

Screening can be an effective measure in assuring that inappropriate cases are excluded from the family mediation process. Cases entering a court mediation program must be categorized into three groups:

- appropriate for standard mediation (these are cases where there is no domestic violence or power and control relationships),
- appropriate for mediation but necessitating some modification in form (here we include relationships with a level of DV);

It is a known fact that during separation proceedings, women give in to the excessive demands of their spouses out of fear, intimidation and lack of adequate legal advice. Most women would be living in chaotic situations due to homelessness, lack of financial stability, anxiety and a sense of helplessness when faced with what seem like insurmountable difficulties. They either lack the adequate support to be able to take up or keep a job and suffer from depleted mental and physical energy due

to repeated abuse. Most women have children who are also facing emotional turmoils of their own. Hence, the need for modification in the form of mediation.

And finally....cases which are inappropriate for mediation. (these are cases where following a risk assessment, it is obvious that the victim is at risk of further abuse).

Mediation should be completely avoided when:

There is a culture of battering

Ongoing abuse

Threats of weapons

In such cases, the only solution is to go straight to court.

Suggestions for a screening process to identify the different types of violence:

- To be done in private to minimise intimidation,
- To be done by a different person rather than the mediator to minimise bias,

Needs to involve verbal prompts so as to make provision for illiterate persons.

Mediators should liaise with social workers to assess risk; alternatively, the court should appoint a social worker for this assessment. At all points, the court should consider any or all resources possible to protect the victim, including shielding the victim from the perpetrator in court and in the waiting room and should actively consider the option of video conferencing.

Training

Mediators, judges and lawyers should be given effective training to understand the specifics of domestic violence.

Mediators must be well informed to serve as competent and sensitive assessors of the presence of domestic violence with knowledge of its effects on the victims.

Training can heighten awareness of the difficulties surrounding family violence.

The judicial system should include continuous lifelong learning in the area of domestic violence to judges, lawyers and mediators.

Such training should help minimise intimidation and fear on the victim.

During the mediation and court process, the presence of a social worker is strongly recommended. This will help address issues such as homelessness, financial benefits and child access.

Mediators and judges must be made aware that victims are often unable to place their own needs before their perpetrators, and must take this into account during procedures.

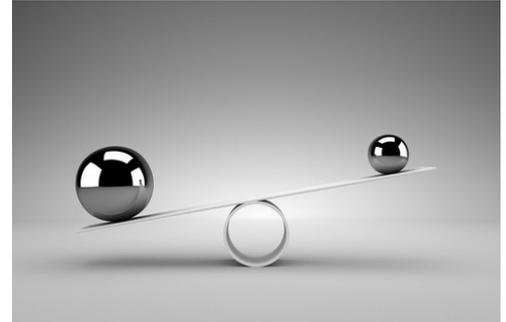
Promoting a safe environment

It is critical that courts take safety measures to protect all mediation participants during the process. Even parties who do not have a past history of violence could react unexpectedly under the stress of a family mediation. Careful attention should be paid by mediators to the physical layout of the building, internal alarm systems, and access to security personnel. Currently, for example, the waiting room for the family court is a tiny room...some 12 feet by 15 feet, which is expected to serve for at least 20 people at a time. Similarly, mediation rooms are so small that one can hardly open a door when all the participants are in the room. This puts the victim in a difficult and sometimes dangerous and overbearing situation; making the victim more vulnerable and allowing further power games on the part of the perpetrator. This situation is sometimes exacerbated with the unforgivable habit of court services asking for personal contact details of participants in front of each other. It is the responsibility of court-connected mediation programs to provide for the safety of participants and mediators at all times during mediation.

Court-connected programs should provide participants information and access to community resources.

Conclusion

It is said that unless attitudes change, people will remain stuck in the same pattern. However, attitudes don't change overnight. Unless you and I stop looking upon battered women as 'victims', nothing or very little can change. Beneath such women, there is a great amount of strength, hope and perseverance waiting to be constructively unleashed. It is the time where such women are acknowledged, empowered, protected, validated, dignified, guided and supported.....and we can do with YOU!!!!



Pagna Poezija

Barra u Ġewwa

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ilmijiet imdawlin u qamar:
barra, hemm barra qegħdin
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tal-ġewwieni-tassew
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b'dija tal-ġewwieni
meta l-ġewwieni-tassew
jinkixef
bħala l-wieħed u l-kollox
meta glorja w imħabba
jiżvelaw
bħala ġewwa u barra
u tal-ġhaġeb.

*Kliem u pittura:
tony macelli*

Ma Nafx

Jekk wieħed ġeneruż, li jagħraf:
jifraħ, jiċcelebra
jintwera' bħala jien
bħala bhejjem u sigar
sħab u sema
stilel
xmux jinfaqqgħu
dawl u dlam

Jekk tiegħu hija
lejn tramuntana
ġibda li ebda boxxla
ma tiflaħ ittemm

Jekk, bħal xi xbiha ġol-mera
ma jista' jkolli xejn li mhux tiegħu
ma nista' nkun xejn li mhux hu

Allura għala jien, din-naħa ta' velu
dan nafu biss bil-moħħ iż-żgħir
waqt li taħt, hemm taħt
wieħed għaref jaf?
Qaluli li l-velu magħmul mill-jien,
minn ħsieb li jaħtaf
ta' moħħ li jaħtaf

Allura kif nista' jien inċedi l-jien
waqt li għaref moħbi
taħt qiegħ qalbi
jibqa' hawn,
iħares, jagħraf?



#TheseHandsDontHurt



On 29th February, SOAR, in collaboration with Men Against Violence and St. Ignatius College, held an activity at St Ignatius Middle School in Tal-Handaq to raise awareness on dating violence and invite young students to take a pledge to never commit violence in their relationships. In some parts of the world, February is Dating Violence Awareness Month, so we thought we should join in and organise a fun activity to raise awareness among middle school students.

Taking advantage of the beautiful weather that day and using an outdoor space, a large banner was set up over two rows of tables. The school's staff, including PSCD, guidance and art teachers helped in setting things up. A number of containers were filled with bright paints and teachers helped to sponge the paint onto the hands of participating students. The students then made their own palm print on the banner as a personal and public pledge to never commit any form of violence in their future relationships. A notice board displayed information on Dating Violence and printed information was given to the college counsellor to distribute to the students. Once dry, the banner was then to be exhibited in the school.

No doubt, it was quite a messy, fun and popular activity that girls and boys both enjoyed participating in! The activity is to be used as a precursor for future discussions in PSCD lessons on the topic of making commitments and respect in relationships.



Successful fundraising concert Oldies but Goldies



“How about we organise a fundraising concert? How about we ask Mark Spiteri Lucas?” These were the exact words my sister Melaine told a few years ago. Time passed and last year we did manage to contact Mark of Spiteri Lucas Band and he was more than willing to fulfil my sister’s dream for a fundraising concert in aid of the St Jeanne Antide Foundation.

On the 9th of April this year, the concert *Oldies but Goldies* was finally held! A night that my sister and I will surely never forget.

Both of us wish to take this opportunity to thank all the sponsors who supported this initiative— Mr John Buttigieg, KSI, Charles Darmanin & Co, Ms Anna Muscat, AX Foundation, Pedro Plus, Mr Emmanuel Peresso, Mr Lawrence Zammit, Mr & Mrs Goddard, Mr & Mrs Chetcuti, Dolceria Bonta, Best Print, General Cleaners, Benna, Marindex Trophies, WATT Garage, Radisson Blu, AMC Marketing Limited, Miracle Foods, Alf Mizzi & Sons, General Soft Drinks, Multi Print, Fornaio Fgura, McSims Ghajn Dwieli, Mr Christian Gialanze, and Mr Ronnie Caruana.

A BIG thank you to all the SJAF Volunteers who gladly gave a helping hand before, during and after the concert. Another thank you goes to all the singers, the band, John Bundy and the Paul Curmi Dancers.

Above all, we would like to thank the Sisters of Charity for all their patience and constant support - We love you dearly!

To our CEO - thank you for believing in us and giving us your full support to organise this event.

And finally to all of you who attended, you were the cherry on the cake! THANK YOU.

Miriam Grech & Melanie Piscopo





Candle Holders €2



Clothes hangers €2.75



Pot Holders €4

Ideal Gifts for Mother's Day



Make Up Bags €4



Oven Mitt €3



Oven Glove €3



Clothes pegs apron €3



Sewing Set Pocket €3



Pot Pourri Bags €1.50



Beaded Covers €1.50

Items are on display and for sale on Wednesday and Friday mornings.



Find us on:
facebook®

<https://www.facebook.com/SjafAntideCentre?fref=ts>



DONATIONS

Your donation is truly appreciated. It enables us to sustain our services to vulnerable and poor individuals and families.

Donation to the St Jeanne Antide Foundation can be made as follows:

Cheque issued to The St Jeanne Antide Foundation and posted to the Foundation: 51 Tarxien Road, Tarxien TXN 1092

For **local bank transfers**: **APS** 2000 0681 886 **HSBC** 013175021001
BOV 4002003379-0 **BANIF** 00210404101

If you are a Go/Vodafone/Redtouch subscriber you can donate by sending a **blank SMS** (SMS tariffs applicable):

€2.33 – 50617371 €4.66 – 50618095

€6.99 – 50618909 €11.65 - 50619217

You will receive a text message of thanks and acknowledgement

For **bank transfers from overseas**: APS Bank, 146/147, Antoine De Paul Square, Paola PLA1260

Bank Code (Swift) APSBMTMT IBAN No: MT03 APSB 7708 0005 5047 2000 0681 886 (last 11 digits are the account number).

HOW YOU CAN HELP US - OTHER OPTIONS

- If you are getting married: make a donation instead of buying wedding souvenirs.
- If you are having a birthday party: ask friends to make a donation instead of buying a gift.
- If you are having a wedding anniversary celebration: convince your guests to make a donation instead of buying a gift.
- For funerals: you may wish to make a donation instead of buying flowers.
- Get Together: organise a spontaneous collection.
- You may wish to send us a monthly or annual donation, whatever the amount.
- You can encourage others to consider donating to the Foundation.
- Ask your employer for a matching scheme which will make your contribution go even further!

Become a HELP-SJAF Champion and ask friends and family to make a donation.

CONTACT US: sjafngo@gmail.com

Foundation SERVICES

1. Family Resource Centres:

- **Ċentru Antida** Family Resource Centre, 51, Tarxien Road, Tarxien. Open from 7.30am to 5 pm daily in winter time (sometimes later as well); up to 1pm in summer Serves localities of Tarxien, Paola, Fgura and Santa Lucia. Social Work, community outreach, advocacy, referral, information, emotional support, support groups.

Volunteering opportunities, included inclusive volunteering for service users.

Volunteer Handymen in support of vulnerable and poor families.

Learning Support for vulnerable persons supported by Foundation Social Workers. Includes: *For Children*: weekly learning support for primary level students; *For adults*: non-formal learning opportunities such as self-esteem groups & literacy.

Volunteer Befriending for lonely, home-bound elderly persons **Counselling**;

Bazaar in Tarxien (recycling and fundraising).

- **Ċentru Enrichetta** Family Resource Centre, Misraħ il-Pajtjer, Birżebbuġa. Open Mondays, Tuesdays and Wednesdays from 8am to 2pm. Social Work service; Family Literacy Support Programme; MCCF service on Tuesdays from 8am to 11am. Tel No. 21652038—99960381.

2. LWIEN Service – support for family carers of persons with mental health problems. Includes family consultations, counselling, support groups, home-visits, social work.

3. IRENE Service in support of very vulnerable women involved in street prostitution. Dar Hoesa drop-in centre. Tel no. 27133684—99508954.

4. SOAR Service: advocacy and support for victims and survivors of domestic violence. Includes workshops on dating and domestic violence for young persons. Tel No. 99927872 from 9:30am to 5pm. Email: soar-malta@gmail.com.

5. Emotional Freedom Service for persons wanting to be free from their anger, fear or other emotional distress;

6. Overseas Development Projects: SJAF works with partners in developing countries to formulate anti-poverty projects. It has also arranged for public funding of such projects in Pakistan, Central African Republic, South Sudan and Malawi.

7. Centering Prayer Group for contemplative prayer practice.

PUBLICATIONS: ask us for list or visit our website www.antidemalta.org

See "Services" & "Reports" on www.antidemalta.org