**MULTIFAMILY GROUPS IN MENTAL HEALTH (FA.M.HE)**

**2nd** **TRANSNATIONAL** **MEETING**

**LISBON** – **PORTUGAL**

**February 24, 2023**

**Importance of Multifamily Groups in Mental Health**

**Occupational Therapist and Multifamily Groups**

**The patient, the family and the "DOING”**

The person experiencing mental illness is prevented from engaging in their daily occupations, such as caring for themselves, performing their work, relating to others, maintaining healthy habits and routines, and is thus unable to maintain the skills necessary to perform and participate in their occupations.

Mental illness interferes with the ability to make decisions, decreases the sense of self-efficacy and competence, makes it difficult to maintain the skills necessary to participate in daily life, and leads to a loss of a sense of well-being, which consequently leads to Occupational Deprivation, making the person sicker and starting a cycle.

It is necessary to break this cycle in order to promote mental health, and for that, the Occupational Therapist in his intervention, promotes the involvement of the patient in what he desires, in what is meaningful to him, and/or is expected by the environment, that is, promotes the involvement of the patient in Occupation.

Through Occupation, the patient's Occupational Identity will be restored, but it will be necessary to understand the patient as a being of competencies and potentialities, as an Occupational Being, independent of the limitations caused by the disease. It is fundamental to understand how the person "feels he was?", "How the person is?" and "How he would like to be?", because the patient is not the disease and all the symptoms that arise from it.

For the patient's Occupational Identity to be restored, a natural and balanced pattern of occupations is necessary, for Occupation is all that the person accomplishes, what gives value and meaning to life.

Here comes the family, which also has a very important role in the existence of this pattern and in this process of restoring the patient's Occupational Identity, however, the family itself is unaware; it cannot deal with and/or is afraid of the changes that arise; it usually focuses on the symptoms and the disabilities and feels lost with the impact that all these changes have on the patient, in his daily life and in the family itself. This impact makes families want a quick improvement, without thinking about the consequences that this "pressure", "imposition" has on the patient.

By participating in the Multifamily Group, the family should become aware that:

* The patient is in a time of "NOT DOING", because he does not identify desires and motivations;
* The patient cannot BE WHO he/she IS (false Self), since he/she plays imposed roles;
* The family doesn't know how to help, the patient has unhealthy Habits and Routines;
* Feeling understood and supported, the family is already able to help the patient to "DO";
* The patient is in the time to come to be WHO IS, (true Self).

In an initial phase, in the Multifamily Group, it is observed that the family does not know how to help, because in reality the patients' habits and routines are unstructured and very difficult to change. Many communications from the family, in this initial phase, are critical and humiliating and illustrate the parents' complaints about their children, very focused on the disability and limitations.

* “He/She does nothing”;
* "He/She has no willpower";
* “He/She is an incapable";
* “He/She spends the day lying down”;
* "He/She doesn't leave the room and does nothing";
* “He/She sleeps so much";
* "He/She is always tired”;

In a next phase and in the mirroring of other families, the family feels understood and supported, as does the patient, since it is on the path to promoting change and reunion. It is in the Multifamily Group that the patient is able, historically, to build the relationship with the family.

In short, families are not always able to identify and understand the impact that their patterns of relationship, communication, and behavior have on becoming ill, making it difficult to understand and accept the patient's inability to engage in occupations (such as caring for themselves, working, relating to others, and maintaining healthy habits and routines).

The person gets sick in the family, and can get better in the family, provided the family is supported.