

Darcia Prince

SWK 658

Dr. Anderson Yoon

Support Group Meeting

Centers for Disease Control and Prevention (CDC) estimates one in five Americans suffer from a debilitating mental health condition. The National Alliance on Mental Illness (NAMI) is considered the nation's largest grassroots mental health organization dedicated to improving the lives of individuals affected by mental illness. I recently had the opportunity to attend a Family Support Group hosted by NAMI in partnership with New York City Health & Hospitals' Corporation, conducted at the Kings County Hospital Center's Behavioral Health Center. This initiative serves to provide essential support for mentally ill persons, and any individual/s with some level of interaction with said individuals, namely; care-givers, family members, friends, and associates.

Consumers and Family & Friends Education (C.A.F.F.E.) Family Support Group is operated by Peer Counselling Department, staffed by individuals with lived mental health and/or related substance abuse experience. It "was created to provide psychosocial education and support regarding multifaceted issues families/care-givers of consumers often face. The forum includes education and resources on psychiatric diagnoses, symptom management, treatment options, communication tools, community/financial resources" per program brochure. Membership is free of cost to participants, and open to all adults, meetings are held twice (Wed/Sat) weekly, with

individual sessions focused on targeted issues, participants have the option of attending in person or virtually to promote accessibility, and to minimize risk of covid exposure.

I opted to attend the Wednesday session which began promptly at 5 p.m, and lasted for exactly 2 hours. The meeting was held at Kings County Hospital-Behavioral Health Center, located at 451 Clarkson Ave, R' Bldg, Brooklyn NY 11203. It is important to mention that hospital predominantly serves a diverse west indian immigrant population, which is reflective of the ethnic/cultural makeup of community. Group meeting was conducted in a large conference room-adequately lit with appropriate room temperature, thereby promoting a comfortable and relaxed environment/atmosphere for attendees. Additionally, refreshments (observed to be culturally relevant) were provided and readily welcomed by all.

Group facilitators commenced meeting by making relevant introductions; both individuals identified as individuals currently living with mental illness (I was introduced as an independent observer) and outlining meeting guidelines (confidentiality practices were greatly emphasized) agenda, and overall goals/objectives. Facilitators, encouraged participants to spread awareness about group/recruit additional members, as this is an "open group" with no restrictions on number of attendees. Group consisted of a diverse group of participants of varied racial, ethnic/cultural and socio-economic backgrounds. Participants ranged in ages from 45-60, and largely comprised of women.

It is noteworthy, that a great majority of participants were family members of individuals currently receiving outpatient mental health services at hospital and/or with relevant history of treatment at facility, as group is highly promoted by inpatient/outpatient staff, given perceived need for additional support in satisfying needs of these individuals in the community. Group

facilitators, promoted a democratic leadership style, which was crucial in promoting vulnerability amongst participants-many of them shared that they often felt alone in their struggles and lacked a reliable and consistent support system/outlet prior to joining group. The group has restored a sense of hope, and resilience.

Some participants, went on to share relevant coping skills and mechanisms; meditation, exercise, journaling, etc. that are helpful in managing stress and burnout, especially the identified caregivers as they share a unique burden in managing the care of these individuals. participants were afforded autonomy in leading discussions-they were encouraged to engage in self-directed conversations and facilitators provided input as deemed necessary. Both facilitators demonstrated culturally competency, in their associated interactions with participants particularly in discussions centered around stigma, which continues to be a major barrier in accessing treatment, as perceptions about mental illness vary across cultures.

Participants, responded positively to cultural awareness and sensitivity that was demonstrated by the facilitators, this was evident in their comfortability and willingness to engage in dialogue about how stigma has shaped their own individual perceptions about mental illness, and relevant psychoeducation aimed at debunking some of the myths around mental health. They readily shared experiences with mental illness in their relevant countries of origin and made comparisons about how they differ in the United States. This proved to be an enriching discussion, however, facilitators had to table discussion in preparation for termination of meeting. As part of termination process, I was given the opportunity to express my gratitude to participants for being included in this experience and pledged to maintain their confidentiality.

The group ultimately terminated with guided meditation exercise which proved to be very therapeutic for participants.

My overall assessment of the group is the diversity of participants, proved to be a significant strength for the group as a whole- each member brought a unique perspective to group interactions which helped to further enhance and support overall group objectives. Participants, were generally supportive of each other and provided emotional support to each other as needed. Additionally, engagement style utilized in group dynamic fostered development of supportive relationships and sense of community amongst members. This was a positive learning experience, and I am looking forward to facilitating a support/clinical group in the near future. Heartfelt thanks, to the facility for allowing me this opportunity to further support my learning objectives.

See Group Flyer Attached

C.A.F.F.E SUPPORT GROUP

WEDNESDAYS 5p-7p and SATURDAYS 2:15p-3:45p

Welcome to Kings County Hospital Center C.A.F.F.E.!

Consumers and Family & Friends Education (C.A.F.F.E.) was created to provide psychosocial education regarding the multifaceted issues that families of consumers face. The forum includes education and resources on psychiatric diagnosis, symptoms, treatment options, communication tools and financial resources.

Wednesday C.A.F.F.E. group focuses on offering support to consumers, as well as their family and friends. In this support group, we share our pain and joy through

our recovery process in a space without judgment. We share useful information, expand our support network and gain hope.

Saturday C.A.F.F.E. group discusses The Eight Dimensions of Wellness in all aspects of our daily lives: When one part of the dimensions is affected, all are impacted. We share community resources, and informal and formal support to assist each other in need. The group reads relevant articles concerning mental health Issues. We lift each other Up!

Wednesday group will be in-person and virtual (hybrid group) and Saturday group is virtual. Please call the telephone number below or email Rebecca Finn for location and COVID-19 requirements.

For more information, please call or email Rebecca Finn at finnr@nychhc.org or Dessie Allison at Dessie.Allison@nychhc.org. The general line is (718) 245-8959.

