One promising approach to meeting the needs of families of the mentally ill is through
the use of support groups. The organization, format, and evaluation of a support group
for families of the chronically mentally ill is described. The program was designed to
provide support and guidance, increase understanding of mental illness and its impact
on the family, and encourage family members to become more active in the treatment
process. Preliminary findings suggest that families gained a more realistic understanding
of mental illness and recognized the important role they play in providing support to the
patient. At follow-up, participants' social networks had grown and many were more ac-
tive and involved in the treatment process.

It is estimated that each year approximately one million psychiatric in-
patients in the United States return to their families upon hospital discharge.1
Unfortunately, little effort has been made to prepare families for their role as
primary care givers. Although many families are interested and willing to care
for their disabled relative, the burden incurred by this enormous task can
deplete a family's resources and limit their effectiveness. Mental health profes-
sionals need fully to recognize the important role families can play in the treat-
ment, rehabilitation, and maintenance of the patient in the community.

One promising approach to meeting the needs of these families is through
the use of support groups. This form of intervention is becoming increasingly
popular and many mental health facilities now offer such groups.2-4 This article
discusses the organization, format, and evaluation of a support group for
families of the mentally ill. Recommendations are offered for improving the ef-
ficacy of this treatment approach.
COMMON PROGRAM ELEMENTS

Although formats for support groups differ, many have elements in common. Their primary functions are to provide support and guidance. Most families who attend these groups have suffered severe physical and emotional strain. Through identification with others who share a common problem and ventilation of feeling and frustrations a heightened sense of well-being may be achieved.

A second function of support groups is to educate families about the etiology, symptomatology, treatment, and outcome in mental illness. This process not only increases understanding, but often serves a therapeutic function in and of itself. Families can learn about available mental health resources and effective management techniques that benefit both family and patient. Most importantly, group members learn primarily by sharing experiences and management techniques. Often both the helper and the helpee benefit from the exchange.

Support groups provide the opportunity for family members to enhance their social networks, an important benefit in light of data showing that schizophrenics and their families have limited extrafamilial contact. Many families are afraid to leave patients home alone or are overridden with guilt if they do. The support and encouragement that families receive within the group may enable them to take small but significant steps toward independence. Close bonds may form among particular group members that develop into lasting friendships. After the formal group ends, it is not uncommon for families to continue meeting or to join already existing self-help organizations. The enlargement of a family's social network can serve as an important buffer against stress and in mediating a life crisis.

GROUP ORGANIZATION

Participants were recruited from the families of patients registered in the Extended Care Clinic, a part of a university affiliated community mental health center. The clinic provides comprehensive psychiatric services to individuals with chronic psychiatric disabilities.

Letters were sent to 156 patients requesting their permission to invite family members to the support group. Responses were received from 48 (31%) of the patients. Of these, only nine (6%) indicated that they would like their families to attend. Of the 19 family members contacted, 14 (74%) indicated that they were interested in participating, two were interested but unable to attend due to scheduling difficulties, and the remaining three family members were not interested. A core group of ten members representing six patients attended the majority of meetings. Five of the patients were diagnosed as chronic schizophrenic, the other as having a personality disorder.

Prior to the first meeting, family members completed a brief needs assessment that served to guide group leaders in presenting information and leading discussions. The most important need expressed by families was to learn