

Working with Carers and Families

Family Inclusive Practice

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The Bethlem Royal Hospital

*Founded in 1247 but
didn't accept
patients until 14th
century.*

*Various names including: St Mary
Bethlehem; Bedlam – uproar &
confusion, synonymous with madness*



Fact: People could pay 10 shillings (80p) to visit the Bethlem to watch patients

What would you like to gain from this session?

Rationale for Family Involvement

- Criticisms of Acute Care
 - Schizophrenia Commission (2012) found acute inpatient settings to be ‘anti-therapeutic’ with medication being prioritised over psychological interventions
- Families provide a lot of the care that we can’t
 - Resource and valued asset. Central role in care and recovery.
 - First aware of relative’s mental health difficulties.
 - Save the public £1.24 billion/year (Schizophrenia Commission, 2012)
- Families often experience high stress and burden
- Lower family stress means better outcomes for family members and service users
 - High EE is linked with higher levels of carer distress and poorer coping abilities. It is also a predictor of relapse in schizophrenia
- National and local policy guidance requirement
 - NSF (2010; 2011), NICE (2009), CQC (2009; 2010), Triangle of Care (2013).

Family Work and Support Service

Staff Training



Carers' Clinic



Rumina



Susanna



Bernie

A **Carers' Clinic** is available to all carers and relatives of Gresham 1 Ward patients.

It is facilitated by Rumina (Clinical Psychologist), Susanna (Psychiatrist) and Bernie (Staff Nurse).

If you have any concerns or questions about your relative's care please come along to our clinic. We believe carers are an asset and we know even close relationships can be put under strain by mental health problems. We know that family members, partners and friends can feel unsure about the best way to support someone with these sorts of difficulties.

Family Work and Support Service Gresham 2 Ward

Our service works with families where a member has a diagnosis of psychosis, or has experienced hearing voices or strong, unusual or upsetting beliefs.

Even close relationships can be put under strain by mental health problems. We know that family members, partners and friends can feel unsure about the best way to support someone with these sorts of difficulties. Similarly, service users can find it hard to explain how they are feeling to those close to them.



A particular way of working with families in these situations has been developed. It aims to support both the service user and anyone who lives with them or sees a lot of them. This way of working is described as 'family work'.

Pilot Family Work Support Service

Outcomes:

- 48 ward MDT staff have attended training
- There was an increase in the number of families seen on PICU following training
- Since April 2013, 44 carers/family members have attended the Carers' Clinic
- Since November 2013, 8 families have engaged in BFT
- Ward complaints have remained low but some evidence that carers' clinic has benefitted
- Less carer and relative specific complaints since clinic introduced on Gresham 1 compared to Gresham 2

Pilot Family Work Support Service

Outcomes:

- Following BFT:
- Carer and client distress has reduced and wellbeing increased
- Family members felt less burdened with scores moving to the non-clinical range
- Carers perceived their loved ones' illness as less threatening
- Readmission rates have reduced

Pilot Family Work Support Service

Feedback: *Carers' Clinic & Family work*

- 100% very satisfied with clinic and 100% would recommend to others.
- “It was nice to be able to speak to someone that listens to you. I was able to explain my situation having all the team together to help clarify my concerns.”
- “They explained the next stage of my sister’s care plan and reassured me of the help and assistance we should receive.”
- “Just know how grateful I am that I am not on my own battling to get the care my sister needs.”
- “These meetings have made me feel that someone cares and was willing to listen to my concerns. I feel a lot better and not so alone.”

How are we doing?

Take a few minutes to discuss:

- What are the different ways in which you currently include family members and carers?
- In an ideal world, without resource restrictions, what else would you like to be doing to involve/support families and carers?

Group 1: Rationale for Family Involvement

Why should we involve families?

How is this helpful:

- For you as a practitioner?
- For your clients?
- For families?

Group 2: Engaging Carers

How can we further engage carers and family members whilst working on a PICU?

Group 3: Barriers to Family Inclusive Practice

- Why don't we always manage it?

Influences on delivery come in three main categories:

- Family / service user
- Organisation
- Clinicians