Family minded practice and mental health

Messages for recovery

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What is a 'whole family' approach?

- One that focuses on "relationships between different family members and uses family strengths to limit negative impacts of family problems and encourages progress towards positive outcomes" (Cabinet Office *Think Family*, 2007 p.30).

- Family members included as people in their own right with multiple roles and relationships inside and outside the family – goes beyond simplistic identities of 'service user' and 'carer'

- User-centred definition of who is to be considered 'family'

Family lens / individualised services

- It does not necessarily involve meeting with everyone at the same time – there are many ways of thinking abut, including and involving family members

- It includes 'family therapy' but also a range of other family-inclusive activities / ways of working

Family lens / individualised services

What's going on?

- Range of practice models / initiatives

- Can often be taking place 'under the radar' within organisations and wider policy and practice discourses that do not see engaging with families as a priority (or just pay lip-service to it)

What's going on?
Models and initiatives

- Family therapy
  - Systemic
  - Behavioural
  - Integrated
- Family Group Conferencing
- Open Dialogue
- Family recovery / intensive family support / 'troubled families'
- Young carers' / Triangle of Care / carers' recovery
- Personal budgets / Community budgets
- 'Think family' pilots

The research project

- Project title:

  Can whole family approaches contribute to the reablement of people with mental health difficulties?

- Phase 1: Scoping survey:
  - What practice approaches are taking place in different localities that involve families in decision making, problem solving and capacity building?

- Phase 2: Case Study Evaluation
  - in-depth studies of the experience of particular families who may have received whole family interventions

What is the study about?

- Value or otherwise of 'whole family approaches' in achieving *social reablement* outcomes – i.e. not *clinical* outcomes – for people with mental health difficulties

- Links to wider policy agendas
  - Putting People First
    - Choice and control
    - Social capital / accessing the social mainstream
  - No Health without Mental Health
  - Think Family
  - Focus on Early Intervention / prevention of long term disability

What is reablement?

- Focus on relatively intensive shorter term interventions that "assist an individual to improve their physical, mental and emotional well-being to … enable [them] to live as independently as possible within the community" *(Geisselmann and Woods, 2010 p.5)*.

Concept has so far been developed more in relation to older people and those recovering from debilitating physical illnesses

Reablement in the context of mental health

- ***Enhancing capability***
  - having a range of positive choices and opportunities within one's social context that offer the possibility of a 'life worth living' (*Sen, 1993; Hopper, 2007; Tew, 2012*).

- ***Combination of empowerment and social engagement***

- ***Links to idea of recovery in mental health as developed by service users***
  - 'getting a life' whether or not one still experiences symptoms

METHODOLOGY

- Realistic evaluation: focus on
  - Contexts
  - Mechanisms of change
  - Outcomes

- Case studies
  - Triangulation of perspectives of service users, family members and practitioners

Types of data

- Narratives – process and outcome
- Showcards – 'soft' measure of change in relation to short scales of grouped items
  - Empowerment) *combined to form*
  - Social engagement) *measure of reablement*
  - Interpersonal Relationships
  - Wellbeing - WEMBWS

Particular focus on evaluation of outcomes by service users and family members

Grading outcomes

- Changes recorded on 5 point Likert scales
- Wellbeing score based on service user self report only
- For other dimensions, service user and family member scores averaged
- Where gaps in data, practitioner score substituted
- Reablement score – average of empowerment and social engagement scales

<0	Negative
0	None
1	Small
>1	Substantial

All scores rounded to nearest integer

Some limitations

- No suitable already existing and validated scales for Empowerment, Social Engagement and Relationships
  - So new 'indicative' scales developed and adapted (but not psychometrically validated)
- All interviews took place after family work had been completed – so judgements were retrospective
  - However, independent triangulation of service user, family member and practitioner memories
- People often received family services alongside other mental health services – all of which may have contributed to changes over the same time period
  - Focus on what contributed to change in narrative interviews
- Narratives indicated that changes started during family work could take months / years to come to fruition
  - Difficult to define appropriate time period for 'before' and 'after' snapshots

Case Studies

- Aim to recruit 24 families from across England
  - 4 approaches
  - 6 families with experience of each approach
  - For each approach, deliberate sampling of both 'success stories' and families where approach may have been less effective
  - Separate interviews with service user, family member(s), practitioner and service manager
- Actually recruited 23 families from 6 sites / service providers
  - 1 turned out not to have received a whole family service
  - Study based on 22 families
  - Minimum of 5 families for each approach
  - Each sample contained a good spread of outcomes

The models

- Systemic family therapy
- Systemic / integrative
- Family Group Conferencing
- Behavioural Family Therapy

Systemic family therapy Service pattern

- Some practice clinic based – including some using reflective team / 1-way mirror
- Some flexible location – clinic and home

- Duration:
  - 6 months – 5 years.
  - Median - 2 years

- Intensity:
  - Weekly / fortnightly to start
  - Tapering to monthly / 3 monthly

- Who involved:
  - Typically service user and 1 or 2 family members with closest relationships would be seen together for most sessions
  - Additional family members (adults and children) joined for particular sessions
  - Sometimes opportunity for individual sessions

Outline of model

- Primary focus on enmeshed or problematic relationships within family – including situations of violence or abuse
- Opportunity for service user and/or family members to voice difficult issues in safe setting
  - *I was able to really voice how I felt. And, like now, it's like a - it was like a relief to be able to go there and tell them in public how I really felt about [ ] ...l and have no volatile situations where [he] would be emotionally vindictive and shout and bully (SFT1 - SU).*
- Questions, observations and 'homework' tasks that lead family members so see and interact with each other in different ways
  - E.g. Narrative reframing

Outcomes

Family	Relationship outcomes	Reablement outcomes	Wellbeing outcomes
SFT1	Small	None	Negative
SFT2	Substantial	Small	Small
SFT3	Substantial	Substantial	Substantial
SFT4	Substantial	Small	Small
SFT5	Substantial	Substantial	Substantial

Processes and mechanisms of change Understanding underlying issues

In all but 1 of the families, there were relationship issues, some of which predated (and may have contributed to) mental health difficulties. These included family violence, abuse and loss

- *We were like two poles apart. We weren't really getting on and, even though I know my husband loves me, I know, very, very much, but he had been getting quite aggressive and it wasn't, it wasn't physical aggressiveness; it was mental aggressiveness... He abuses me emotionally (SFT1 - SU).*

- *Some things were talked about... quite traumatic things... I found out things about [ ]'s past that obviously was directly affecting everything, that she might not have felt free to say otherwise (SFT2 - FM).*

Understanding could lead to substantial relationship change

- Space for mutual understanding
  - *It helped me to take a step back and to think about the rest of my family and for them to see how it was for me. So that we all got to understand one another better… My relationship with my husband has become very strong…I've become very close to my girls now (SFT5 - SU).*

- Resolution of an enmeshed family relationship:
  - *My mum sometimes involved me in her life a bit more than she should do and that I needed to be a bit more independent…. If my mum's got drama going on, then maybe, you know, that's just the way she is, and I should just let her do that. I should have my own life, where I can do my own thing (SFT3 - SU).*

What helped to translate relationship changes into reablement outcomes?

- Narrative reframing that empathised strengths and resilience
- Outward focus: being supported to (re)build a life 'out there'
  - *You're ill, so you can't work. You can't work, so you can't move out. You can't move out, so you're ill... So, having family therapy, sort of, broke me out of that a little bit more. I started to do courses at a local college, so I've been doing that for quite a while. So I've got a routine now....I was doing volunteering as well (SFT3 - SU)*
- More flexible / practical approach
  - *'She understood about the family and the practical… one time she came to do the shopping with me I didn't want to go on my own because you know it is difficult' (SFT5 – SU).*

Barriers to progress

When underlying issues were aired in the 'safe space' of the therapy session.

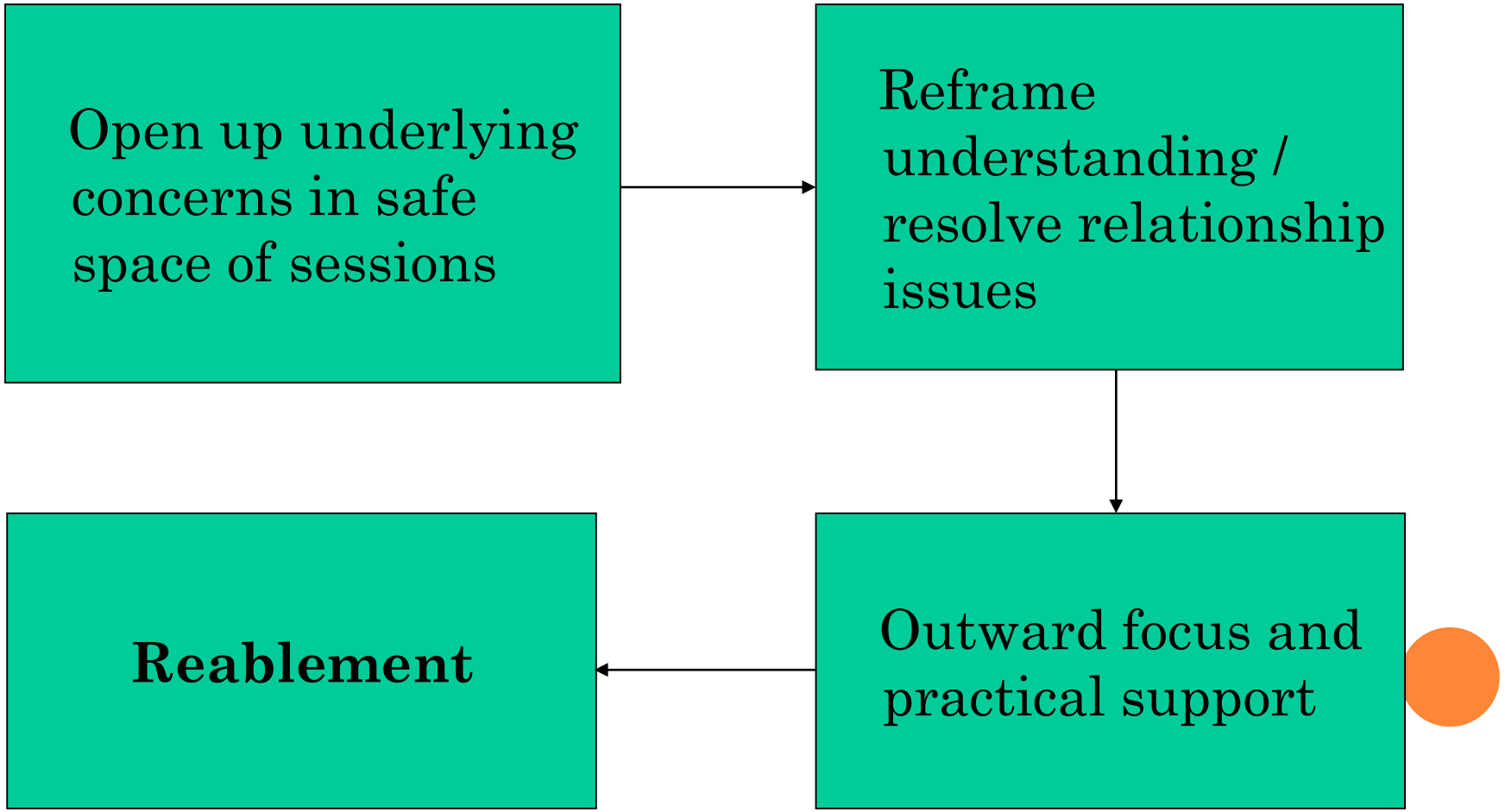
- In some instances, they were somehow 'left hanging' and constituted a barrier to further progress
- In other instances there was more support to acknowledge, act / let go and move on

- What makes the difference?
  - Persistence and continuity of support from practitioner
  - Being supported to build a life beyond the immediate family

What didn't work so well

- No evidence that reflective team approach contributed to positive reablement outcomes
  - More 'formal' approach can militate against flexible outward focus and practical support in accessing wider systems
- Where there was lack of motivation for change from service user or key family members, intervention could become long term but directionless

Typical mechanism of change: relationships then reablement



Systemic / integrative Service description

- Flexible location – clinic and home
- Duration:
  - 2 years – 8 years - but often comprising discrete periods of involvement .
- Intensity:
  - Usually monthly to start, tapering to 2 monthly / 3 monthly
- Who involved:
  - Typically service user and 1 or 2 family members with closest relationships would be seen together for most sessions
    - In 1 instance, service user chose not to join initially; in another service users involvement was sporadic
  - Additional family members (and occasionally other professionals) joined for particular sessions
  - Sometimes opportunity for individual sessions

Outline of model

- Integration of systemic and behavioural approaches
- Flexibility of focus on
  - Psychoeducation
  - Systemic interactional patterns
  - Communication
  - Individual and family coping strategies / skills
  - Planning and goal setting
- Usually focussed on present and future

Outcomes

Family	**Relationship outcomes**	**Reablement outcomes**	**Wellbeing outcomes**
SI1	Substantial	Substantial	Substantial
SI2	Substantial	Substantial	Substantial
SI3	Substantial	Substantial	Substantial
SI4	Small	Small	None
SI5	Small	None	Small

Processes and mechanisms of change: Service user as 'psycho-educator'

- *I knew what psychosis was because I was experiencing it, but they were in the dark about it and I think it was an educational tool as much as anything (SI1 – SU)*

- *We were focusing on … family expectations of [SU] …. and … to help them to understand, you know, [SU]s vulnerability to stress and to help them understand what his thoughts were around what those stresses were (SI2 – P)*

Reframing / Changing (mis)perceptions

- *'His perception was different to the reality, so that was the first sort of building block in realising that actually perhaps everyone else's perception was not quite how he was imagining it to be' (SI1 – FM)*

- *'She was suffering a lot of anxiety and intrusive thoughts and, and sort of paranoia, where she would think we were angry with her when we weren't' (SI3 – FM)*

- *Family Therapy helped boost my sense of self and therefore my perception … in my relationships with significant others as well (SI2 – SU)*

Relationship issues

- Some focussed around family responses to the mental health issue – e.g.:
  - Over-involvement and need to let go
  - Conflict triggered in response to 'illness' behaviours - with other parent stepping in to rescue
  - ***These seemed more easy to resolve through family work***.

- Others seemed more entrenched and probably predated mental health issue - e.g.
  - Unfinished business following on from parental divorce
  - Shared need to hold on to sick roles (in order to stay together?)

Family can become 'safe base' for reablement

- *'I .... felt more comfortable being at home, which means that I feel like I've got a safe haven when things might get a bit shaky ...*

  It gave me a good foundation, with helping me to - to socialise. I felt more comfortable going places after I'd been to family therapy. And that's continued' (SI1 – SU)

- *[SU] would decide he was going to do one specific thing... and the family would be aware of the fact that he was going to attempt that, and you know be there to support him through that. In the fact that they knew it was happening and be there to give feedback really as well (SI2 – P)*

Or family can support a space for independence

- *It became more about … how we reacted to her insecurities. And that, I think, has been particularly useful… Because she was constantly asking for reassurance …. But that wasn't the right thing to do, you know. You've got to build up their own resistance and resilience. So that was part of the family session sort of helped us do that (SI3 – FM)*

- *Family support has changed radically from being very kind and concerned and well meaning … but actually inadvertently maintaining or exacerbating a problem, to be … an appropriate level of support for a young adult and is enabling [SU] to start to build an independent life (SI3 – P)*

Coping strategies

- *The advantage of the group sessions are that when [SU] has been given sort of coping strategy mechanisms, then we're sort of party to that, so that we can reinforce them. So we don't do things we shouldn't be doing to sort of counteract (SI3 – FM1)*

- *I think it's taught us how to behave differently in, in the same circumstances...I've certainly felt that I've been given sort of tools to deal with [SU] which I didn't have before (SI3 – FM2)*

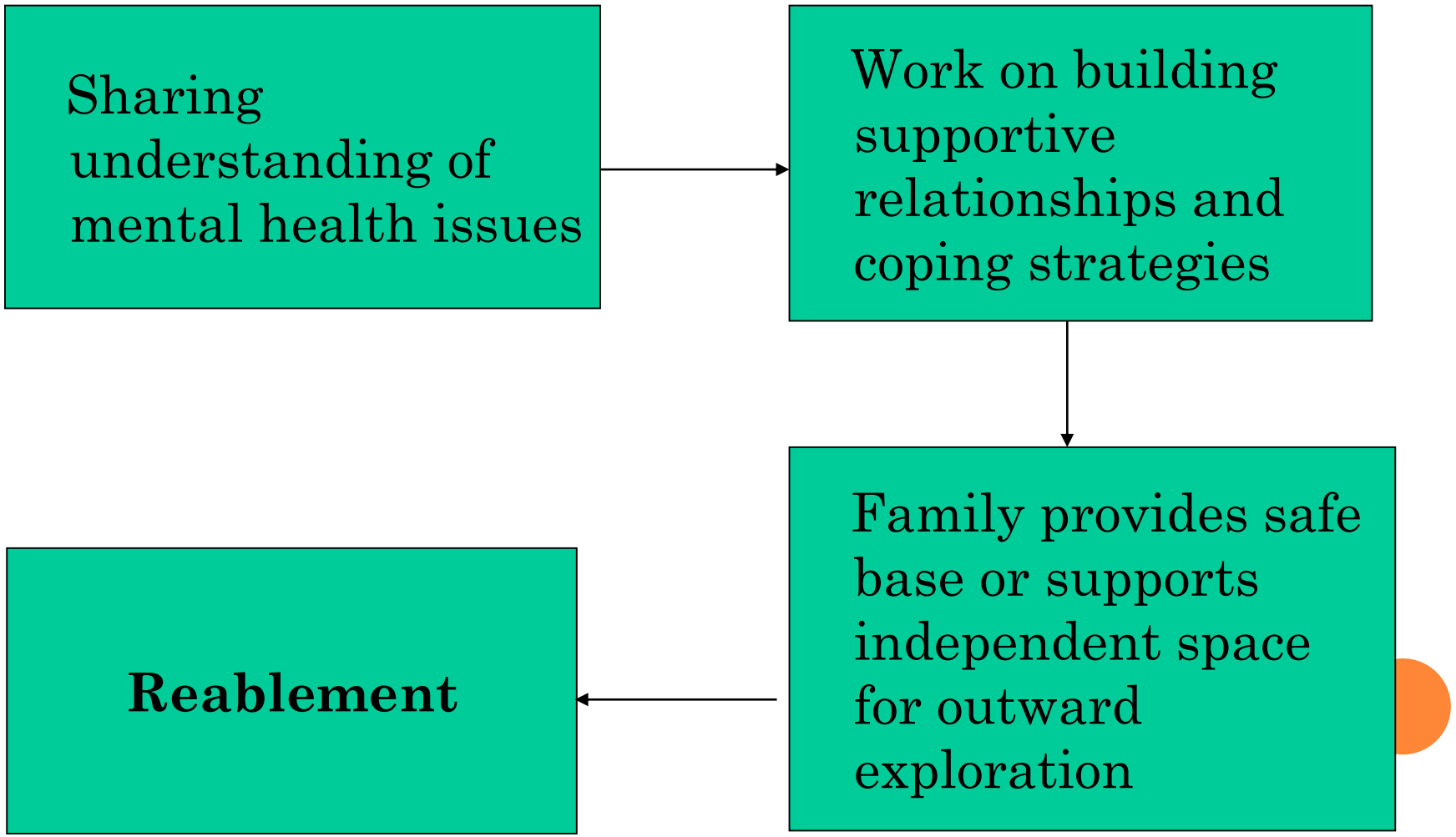
What didn't work so well

Where there was little progress, possible barriers included:

- Service user not (consistently) engaged with process

- Underlying relationship issue that predated onset of mental distress
  - Lack of motivation within family for change

Typical mechanism of change: family as providing 'safe base' / supporting independent space



Family group conferencing Service model

- Flexible location – 'base' (no longer available), hospital / family centre premises and home
- Preparatory meetings with service user and (some) family members
- Facilitated decision-making Conference
  - Family draw up recovery plan
- Some individual support from facilitator for service user and/or family members in carrying out agreed actions in the recovery plan
- Up to 4 review meetings over subsequent 12 months
- Who involved:
  - Typically service user and family members including wider network (e.g. in-laws) and sometimes involving 3 generations
  - Professionals invited for first part of Conference (on family's terms)

Outcomes

Family	Relationship outcomes	Reablement outcomes	Wellbeing outcomes
FGC1	Small	Substantial	Substantial
FGC2	Small*	Substantial	Substantial
FGC3	Small	Small	Small
FGC4	Substantial	Substantial	Substantial
FGC5	Substantial	Substantial	Substantial
FGC6	None	Substantial	Small
FGC7	Substantial	Substantial	Substantial

*Family agreed to be referred on for family therapy

Processes and mechanisms of change: Being heard / being understood

- Opportunity to share with family about past abusive experience that contributed to current distress
  - *I think they got that I wasn't very happy sometimes, but they didn't really understand the extent of, of what had happened (FGC1 – SU)*
  - *everything needs to come out and I think that is happening now. I think that's what it was – what was good about it (FGC1 – FM).*

- *In that environment with five or six people, three professionals in the room I did feel much more understood… It … didn't… fundamentally change my relationship with my mum but it made a big difference, and it made her understand my illness' (FGC2 – SU).*

Co-productive relationships with professionals

Service user and family members able to question professionals about implications of diagnosis / prognosis

- *The aim was 'to try and get a psychiatrist and my mum in the same room and me so it really is trying to aid that communication.' (FGC2-SU)*

- *'In a forum like that...the parents or the husband or whatever could...straightaway question that and say, 'Well, what are you talking about... that's not the case?' So... I think it...brings the balance back. (FGC6 – P)*

- *'Whatever you had to say, however it would have sounded...they...respected that... and they dealt with those questions that you asked'. (FGC6 – FM)*

Empowerment through being 'in the driving seat' in the FGC

- *'to have that bit of confidence and that bit of empowerment and control over what's happening to me … really helped… I think if I didn't have family group conferencing, I don't think I would have made a successful transition home' (FGC1-SU).*

- *'When I come away from them it was…quite amazing, because I … felt, like, 'Do you know what, I wanna be in control … of my own life.' And they gave me strategies … and I used them … and I felt good about it.' (FGC4-SU)*

- *'It felt like we were getting some control back and there was someone on our side' (FGC6 - FM)*

Family involvement in recovery plans

Practical focus for resolving (some) relationship issues and/or supporting wider social engagement

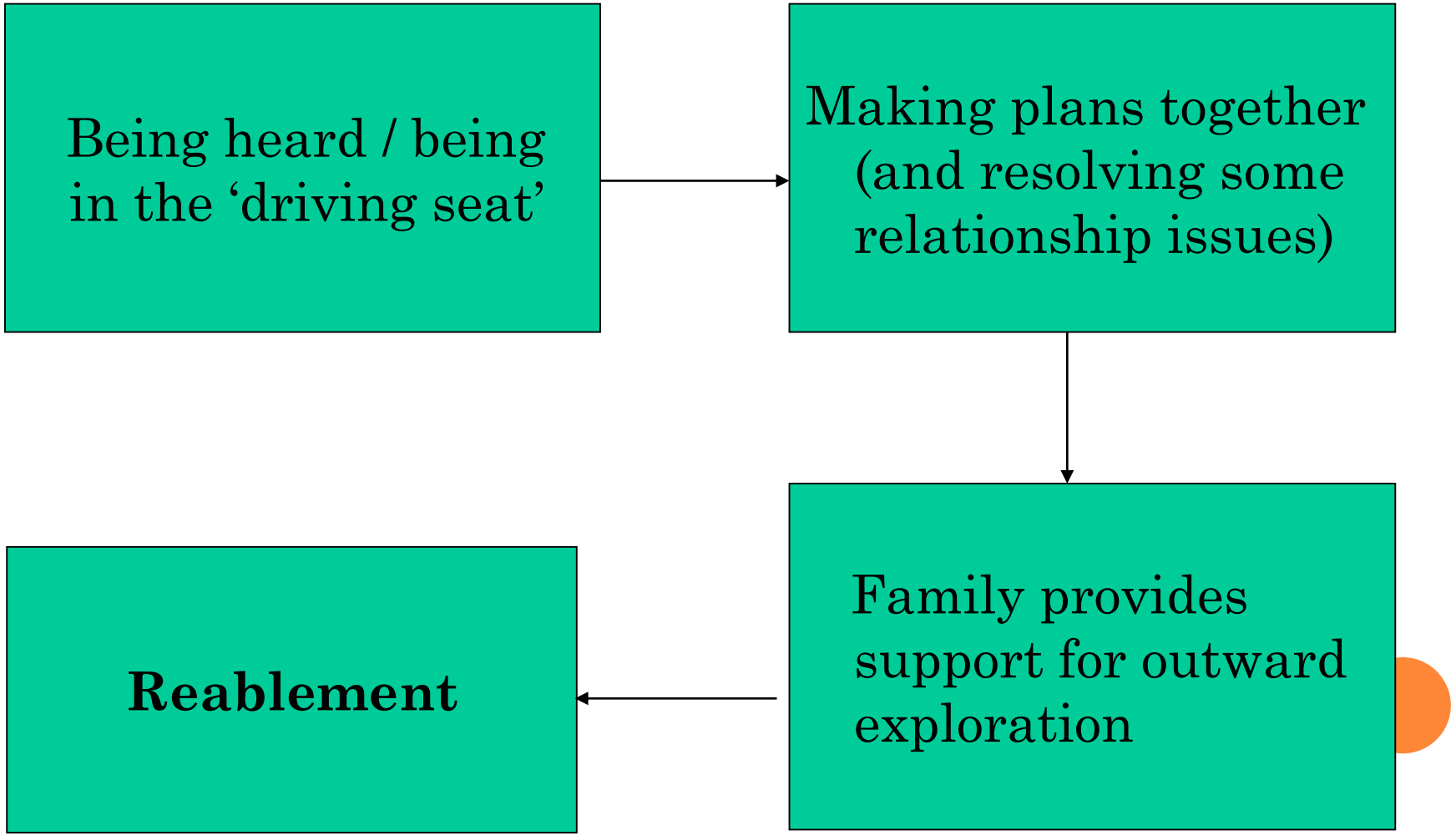
- *'They said 'that it'd be better if… we get this all together and we sort each other out,' and it did, and it worked'. (FGC4-SU)*
- *I found that we got better at being more open and [SU] was far more open about things as well and we were being truly honest about how we felt… There were all sorts of things that we decided we'd do and we made a really huge effort that we hadn't done before'. (FGC7 – FM)*
- *'I came away from there feeling really elated…because I really felt that…the whole experience had brought all five…of us together, much closer…. And that was so nice. (FGC7 – SU)*

What didn't work so well

The model was not effective in dealing with more entrenched relationship issues

- Insufficient support structure to enable all participants to be honest
  - *'I found out that people weren't telling the whole truth because… they didn't want to hurt other people's feelings.' (FGC3 – SU)*
- and see through issues raised
  - *'that's, you know, what breaks all the foundations… If people didn't turn to the drink… I think the scaffold would stay strong and stay up.' (FGC3 – SU)*

Typical mechanism of change: making plans together provides support for reablement



Behavioural family therapy Service pattern

- (Sometimes) preparatory meetings with service user and (some) family members before start of family work
- Package of 8 – 16 family sessions over 3 – 6 months
  - Sessions could be weekly, fortnightly or monthly
  - Took place in family home
- (Sometimes) opportunity for individual sessions alongside or following on after family work – particularly where one of the family practitioners was also care co-ordinator
- Who involved:
  - Typically service user and 1 or 2 family members with closest relationships would be seen together for most sessions
  - Additional family members (adults and children) joined for particular sessions
  - Sometimes professionals invited to join for particular sessions

Model

- Standard week-by-week programme of topics, activities and exercises – but material often used flexibly by practitioners

- Main areas covered:
  - Psychoeducation
  - Communication skills
  - Problem solving skills

Outcomes

Family	Relationship outcomes	Reablement outcomes	Wellbeing outcomes
BFT1	Small*	Substantial	None*
BFT2	Substantial	Substantial	Substantial
BFT3	Small	None	None
BFT4	Small	Small	Small
BFT5	Substantial	Substantial	Substantial

*Ratings were made on the basis of immediate changes at the end of the family work. The wider narratives describe substantial positive outcomes over a longer time period.

Processes and mechanisms of change: psychoeducation

This could also include an opportunity for the service user to share how they experienced their distress and for family members to share their observations and reactions to it

- *'He used to go through all the early warning signs with us. He did a lot of work with us on early warning signs, which was very useful... I'm very impressed with what he did with us'. (BFT2 – SU)*

Problem solving skills

- No service user or family member within the sample commented on how they had made use of problem solving skills or how this had contributed to their enablement.

Decision making and goal setting

- *'I remember sitting down and … explaining how, you know, if you're here, how are you going to get to here, how the building blocks have to be in. So let's look at independence at home' (BFT1 – P)*
- *'I suppose it gave him just more confidence, really, which is what it was all about, really, giving him the confidence to make decisions and to be, sort of, more positive' (BFT2 – FM)*

Communication and changing negative perceptions

- *'I felt rejected and I felt like they weren't – it wasn't their fault but they didn't understand so they were behaving in a way which made me like – made me frustrated and stuff' (BFT2 – SU)*

- *'I suppose we became more conscious of how we communicated, and a lot more conscious of giving positive, sort of, feedback … [and] the motivational pat on the back, so that was very useful. (BFT2 – FM)*

- *'He gave us stuff to say…ways we could improve on – like more positive – be more positive towards one another and make each other feel good so it was more of a positive environment to live in'. (BFT2 – SU)*

Communication skills could provide focus for working on relationship issues

- *'Well, it's just the fact that they made us realise that we'd got to let go of the girls a bit to get their independence... Because when you've got people who are ill like that, it's very hard to let them … go'. (BFT1 - FM)*

- *'Maybe it did show that the closeness of us could have been the detrimental thing actually to my health and recovery and progress …. So you can see where it probably did come in at the right time'. (BFT1 – SU)*

- *'I think that [family meetings] sort of showed me [how] to … step off a little bit and I'm sure she used to feel I interfered too much but that was in a way to make her life easier but maybe that showed me I've got to let her stand on her own two feet' (BFT3 – FM)*

Reablement outcomes

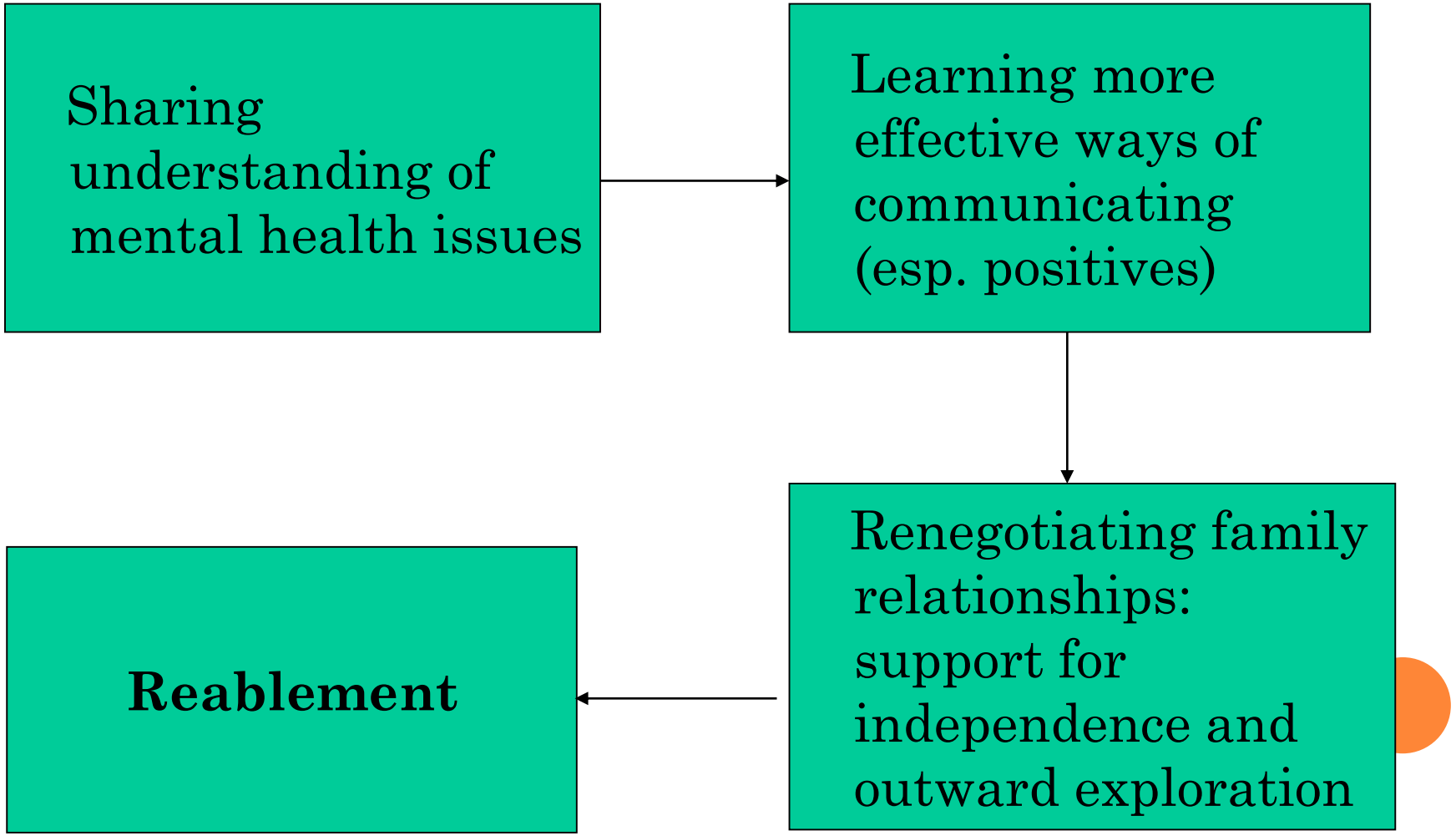
- In some instances, a focus on communication in the sessions could provide a platform for wider social engagement – e.g. Setting up own home, working up to going to College.

- However, building such an outward focus often resulted from additional work by practitioners outside the core model
  - *'A number of sessions in their home and communication and then it's the afterwards work, you know, with the family as well. It was a kind of, you know – that the family sessions finished … but then I continued working with the family as a family …you're not sitting down doing sessions, you're just including them in' (BFT1 – P)*

What didn't work so well

- Less effective with more entrenched relationship issues - not always able to follow through
  - *'When they went you just forgot about it for a month until they come back' (BFT 3 – SU)*
  - *'I'm sorry, I didn't think they were much help...the family work didn't do much good... I do have a job coping because you know, you can take so much verbal abuse.' (BFT 3 – FM)*
- Perhaps need for more explicit focus on supporting wider social engagement within the model

Typical mechanism of change: communication and renegotiation of family relationships provides support for reablement



Conclusions: Models and types of outcome

- All models have the potential to achieve positive reablement outcomes
  - However, significantly different mechanisms by which this is achieved
- Pre-existing entrenched family relationship difficulties, rather than severity of mental health issue can be main predictor of poor outcome

Models and types of outcome

- A focus on relationships may or may not be a pre-requisite for successful outcomes
  - The structure and focus of systemic models may be most effective in resolving more entrenched relationship issues
  - BFT and FGC models provide practical focus which can work in resolving some relationship issues
- There needs to be an explicit focus on engaging with the wider social world if reablement outcomes are to be achieved
  - This may involve flexibility and additional work outside family sessions
- FGC model provides most explicit focus on empowerment and social engagement through Recovery Plan process

Models and types of outcome

- The process of change may take a number of years (particularly where mental health difficulty may be severe) – and sustained support can achieve life-changing results.
  - 'Briefer' models (FGC and BFT) may need additional flexibility to support such slow and sustained change processes
  - Conversely some strong outcomes achieved through more intense shorter term burst of activity - and 'briefer' models may provide best focus for this
- Substantial wellbeing outcomes only achieved where there were substantial reablement outcomes

Conclusions across all models

- Being willing to tailor the model to the family, and integrating family work with individual support and care co-ordination linked to best reablement outcomes.
  - Opposite conclusion to conventional Evidence Based Practice model
- There needs to be an explicit focus on engaging with the wider social world if reablement outcomes are to be achieved
  - This may involve flexibility and additional work outside family sessions
- Best outcomes when family work (or preparatory work leading into it) is started when person is still quite unwell – e.g. before discharge from hospital

Implications for policy and practice

- Whole family approaches can contribute to the reablement of people with mental health difficulties – although they do not work for everybody in all situations
- Already validated in NIHCE schizophrenia guidelines for achieving clinical outcomes

However:

- In mental health services, 'thinking family' can still be relatively marginal in comparison to individual clinical model – even when there has been substantial staff training
- Not part of core qualification level training of any professional group
- Often not supported by organisational cultures and practices

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