



## **Guidelines For Realising A Family Friendly Mental Health Service**

### **Introduction**

Recognising the knowledge and insight that family/supporters can contribute is a vital step in achieving a quality partnership as outlined in Vision For Change(2006). Appropriate involvement of all stakeholders in the planning and delivery of a recovery orientated mental health service is essential.

The purpose of this document is to inform practices, approaches and attitudes towards the role of the family and supporter within mental health services. This document describes the principles that would contribute to realising a family friendly mental health service.

### **Underpinning ethos**

**Recovery ethos:** The belief by all that each person can have more active control over their lives by seeing how others have found a way forward. Inherent in this is the validation of individual strengths and experiences and the development of a response specific to and in the best interest of each individual.

**Collaborative practice and shared learning:** Recognising the importance and benefit of shared experiences and learning within and between the different stakeholders.

**Informed choice and consent:** Each individual has a right to self-determination and choice regarding their own lives. Sufficient and appropriate information along with the necessary support to use that information is made available to allow informed choice and consent.

**Support and interdependence:** Families and supporters are an integral part of the support system. Good interventions for families promote better recovery. Equally, families and family members who provide support need support.

## **Realising a Family Friendly Mental Health Services: Key Areas**

1. Support for families
2. The promotion of family/supporter/chosen advocate involvement in the service user's care
3. The provision of relevant information reflective of the family/supporter's needs
4. The provision of crisis support for the family/supporter
5. Supports with both the service user and the family/supporter as part of the discharge process
6. Involvement of the family/supporter in the care planning process
7. Family awareness training for mental health professionals

## **Background**

There is evidence that suggests that families often play an important role in the recovery of people with mental health problems (Kartalova-O'Doherty et al 2006) and that family interventions can have a positive impact on service user outcomes, for example, rehospitalisation rates and adherence with medication (Pharoah et al, 2006; Fadden, G. 1998).

Families and supporters often know the individual better than anyone else. They may see signs of change and deteriorating mental health before anyone else. In these instances they need to be listened to and supported. Sharing consented information with the family may potentially bring benefits not only to the individual experiencing mental ill health but also to the family and the service provider. For example, information in managing behaviours, medication and its affects, and on access to local and national support groups is essential for families. (Fadden, G. 2013)

While there are many examples of service users, professionals and families working together in Ireland, some families and supporters report that they find themselves excluded and disempowered by mental health care and support services (even though they are often the primary supporter of a family member, partner or friend). Family members and supporters report poor access to general information about mental ill health and limited information regarding the wellbeing and treatment of their loved one (Kartalova-O'Doherty et al 2006). They believe that their voice often goes unheard even when the actions of the health services directly impacts on the family and supporter. This is particularly apparent at critical times such as admission and discharge from hospital.

In addition, the trauma and challenge of supporting a person who experiences mental ill health can often be detrimental to the wellbeing and mental health of the individual supporter and the wider family for whom there may be limited information or supports.

All professionals working in mental health services are bound by law and their professional codes of practice to maintain strict confidentiality between themselves and those who use their service. The rights of the individual to his or her privacy and integrity is both recognised and respected within this document. Families and supporters do not want or need to know personal details. They are often the primary supporter of a loved one, particularly at times of crisis and they want and need to know what they can do to support their family member's recovery in a constructive way.

Service users are most at risk in the weeks following discharge from hospital. The rate of suicide is higher in the first few weeks after discharge from psychiatric in-patient care (Crawford, M. 2004). The evidence suggests that the vast majority of people who die by suicide have a mental health disorder at the time of death, and up to one third had recent contact with mental health services (Foster et al, 1997). According to Crawford (2004), those who died by suicide were more likely to have had a past history of deliberate self-harm, had communicated ideas of suicide following their discharge from hospital and had a decrease in the level of care agreed at the last appointment before death. Crawford outlines some factors associated with increased risk of suicide in the post-discharge period as being, male, aged over 45, unemployed, social isolation, depression and affective psychosis, unplanned/early discharge, change in consultant/key worker, no follow up and a past history of self-harm.

The Mental Health Commission's code of practice on admission, transfer and discharge to and from approved centre's (2009) paragraph 4.12 discussed the development of a protocol for information sharing and discharge planning for homeless persons with mental illness with social, housing and homeless agencies. This includes joint working at the earliest possible opportunity following admission and the management of discharge. Similarly, the development of practices for liaising with families and supporters as outlined in this document are required.

There is growing recognition of the impact of supporting a person with mental illness on the family and supporters (Kartalova-O'Doherty et al 2006), and the need for a response that is inclusive of everyone's needs. The importance of the support offered by the family/supporter and their need for support to be able to perform this role is also recognised within this document.

In essence, home based and community based care happens in the home and in the community. To be effective it must recognise the involvement, role and needs of others in the home and community.

By its very nature, partnership in care must be inclusive of all three stake holders, the service user, the family and supporter and the health professional. (REFOCUS, College of Psychiatrists of Ireland 2013)

## **Guidelines for realising a family friendly mental health service**

The following guidelines are intended to recognise the need of families and supporters and to promote their inclusion as partners in care. It is recommended that they be reflected in the mission of services and incorporated into services' policy and practice.

### **1. Supports for families**

It is recommended that supports for families and supporters should include the following elements:

- 1.1. A named family liaison person.
- 1.2. Planned periodic contact with families/supporters.
- 1.3. Information about self-help, support groups and organisations.
- 1.4. Family advocacy.
- 1.5. Family education and psycho-educational interventions.
- 1.6. Counselling and family therapy.

### **2. The promotion of family/supporter/chosen advocate involvement in the service user's care**

It is recommended that the following practices be put in place:

- 2.1. Proactive dialogue is had with the service user (by the professional) regarding the role of the family/supporter and a named liaison person within the family is identified and agreed.
- 2.2. A family liaison person is nominated within the mental health team.
- 2.3. What information should and may be shared is identified and agreed with the service user.
- 2.4. The use of advanced directives should be explored.
- 2.5. With the consent of the service user, inclusive dialogue between service user, family/supporter and health professional is establishing.

### **3. The provision of relevant information reflective of the family/supporter's needs**

It is recommended that the following information is made available directly or through referral to an appropriate representative organisation or agency

- 3.1. General information about mental illness.
- 3.2. Information about local mental health services.
- 3.3. Information about support agencies and supports available within the local community.
- 3.4. Information about family education courses, counselling, support groups and self-help initiatives.

### **4. The provision of crisis support for the family/supporter**

It is recommended that the following provisions and practices are put in place at the earliest possible time in an emerging crisis:

- 4.1. Information is made available regarding Authorised Officers and assisted admission, including names and contact details.
- 4.2. A family liaison person within the mental health team is nominated and clear lines of contact and communication are established between the health services and the family/supporter.
- 4.3. A named contact person is nominated within the family.
- 4.4. Procedures are established to listen to the family/supporter.
- 4.5. Relevant information is proactively shared with family/supporters.
- 4.6. The family needs and the wellbeing of the whole family are assessed and considered.
- 4.7. Access to a family advocate is made available.

## **5. Supports with both the service user and the family/supporter as part of the discharge process**

It is recommended that the following provisions and practices are put in place as part of the discharge planning process:

- 5.1. A named family supporter/liaison is identified within the community mental health team.
- 5.2. Discharge and after care needs are assessed and proactive dialogue is had with the service user regarding the supports available to him/her in the community and the sharing of information with identified supporters.
- 5.3. A named liaison person is identified within the family.
- 5.4. An assessment of the need and capacity of the family/supporter is undertaken.
- 5.5. Agreement with the family/supporter regarding the extent and limits of the support they can give with due regard to their need and the needs of the whole family is established.
- 5.6. Discharge and aftercare arrangements are agreed with the family member/named supporter where the service user is being discharged into the family home.
- 5.7. Sufficient information is available and shared to allow effective support to be given.
- 5.8. A working relationship between the mental health team, service user and family/supporter is established.
- 5.9. With the agreement of the service user and where the service user is being discharged into unsupported accommodation, the family/supporter is included in discharge discussions and aftercare arrangements.
- 5.10. Access to information regarding family supports is made available.
- 5.11. Access to a family advocate where appropriate is available.
- 5.12. Additional supports are provided where appropriate.

## **6. Involvement of the family/supporter in the care planning process**

It is recommended that the following practices are put in place as part of the care planning process:

- 6.1. The service user's supporters are identified as part of the planning process.
- 6.2. The supporting roles of family and supporters is identified and agreed with both the service user and the supporter.

- 6.3. The future role of family/supporters is negotiated and agreed with both the service users and the family/supporter.
- 6.4. Procedures for liaising with families are agreed and established.
- 6.5. With the agreement of the service user, inclusive meetings (the service user, family/supporter and health professional) are held where appropriate, for example, case conferences and care planning meetings.

## **7. Family awareness training for mental health professionals**

It is recommended that family awareness training is provided to all healthcare professionals and that it includes the following elements:

- 7.1. The impact of mental illness on the family.
- 7.2. The role of the family and supporter as partners in care.
- 7.3. The importance of listening and developing empathy with family members.
- 7.4. The impact of stress on the family.
- 7.5. Assessing the needs of the family.
- 7.6. Recovery and the family.
- 7.7. The needs of family and supporters.
- 7.8. Recognising the support needs of the service user in the context of the family.
- 7.9. Recognising and agreeing the supporter's role in supporting the service user.
- 7.10. Recognising the needs of siblings and children of the service user.

## References

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