

NSW Family and Carer Mental Health Program – Impact on the local delivery of mental health services.

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Abstract.

Objective:

Research demonstrates benefits of greater involvement of families and carers in delivery of mental health services. This paper highlights the positive impact of the NSW Family and Carer Mental Health Program (NSWFCMHP) in Northern Sydney Central Coast Mental Health Drug and Alcohol Service (NSCCHMHDA), and specifically within the Northern Beaches Mental Health Service (NBMHS).

Method:

Implementation of the NSWFCMHP across five sectors of NSCCHMHDA simultaneously took place from December 2006-June 2008.

The Family Work Training provides a clear framework, through guidelines for practice, skill development through clinical supervision and experience.

Results are specific to the NBMHS who were the only sector to complete all phases of the program by June 2008.

Results:

Evaluation included:

- Family Work Training Evaluation Questionnaires
- File Audit
- Review of Northern Beaches Working with Families (WWF) Action Plan and Evaluation Process

Standout outcomes include:

- 627% increase in number of family/carer contacts
- 560% increase in Registrar contact with families/carers
- 1150% increase in Nursing contact with families/carers

Conclusion:

Identifying challenges and improvements opens the way to collaboration and support of families and carers, ultimately improving consumer outcomes.

Data presented and review of the NBMHS WWF Action Plan and Evaluation Process, concludes that the NSWFCMHP has been instrumental in addressing all program objectives.

Key Words:

families, carers, mental health, collaboration, training, family work

Introduction

The NSW Family and Carer Mental Health Program, is overseen by the Mental Health and Drug & Alcohol Office, NSW Health and operates within a broader mental health and social policy context.

Research¹ shows that providing support to those who care for people with mental illness not only enhances health and general well-being, but also has important clinical benefits for consumers, and positive benefits for the health service as well as the community. Enhancing clinical outcomes for consumers by engaging with and supporting their families and carers is the central purpose of the Program.

The Program was established in the Northern Sydney Central Coast Area Health Service (NSCCAHS) in August 2006.

This paper outlines the evaluation of the Program². NSCCAHS is divided into 5 geographical Sectors where the Program has been implemented simultaneously. However, while Family Work Training, follow up supervision and evaluation – a core component of the Program, occurred consecutively through the sectors, only the Northern Beaches sector completed all phases by June 2008. Thus, the evaluation is specific to the NBMHS.

METHODS

Evaluation included:

- Family Work Training Evaluation Questionnaires
- File Audit
- Review of Northern Beaches Working with Families Working Party Action Plan and Evaluation Process

Family Work Training Questionnaires

The *Family Work for Mental Health Clinicians* training program was developed by the NSCCAMHDA Family and Carer Mental Health Project Team³. The program, based on an adult focused Family Work Model, seeks to provide a clear framework for family work by presenting a guideline for practice and further skill development through clinical supervision and experience. Training included a 3-day workshop and 12 hours of clinical supervision.

Evaluation through the Training Evaluation Questionnaire included:

- Part 1: Pre-Training Questionnaire
- Part 2: Post-Training Questionnaire
- Part 3: Follow-up Training Questionnaire

These were administered to the 12 NBMHS training participants.

The questionnaire gathered information about participants' workplace, views about psycho-social family interventions and their skills and to evaluate any change in relation to the training.

Questionnaires were administered prior to the training (August 2007), post training (August 2007) and 6 months post training (February 2008).

File Audit

The file audit across NBMHS included all adult and aged care mental health services with the exception of one community mental health team.

The File Audit Checklist gathered information on impact of the Program on family and carer *contact, mode* and *description*. The checklist also identified profession.

Thirty files were randomly selected from each service and this was divided into 10 files from three time frames:

- Pre-Program (April 2005 - Jan 2006)
- Pre-Training (November 2006 - August 2007)
- Post-Training (August 2007 – May 2008)

A total of 210 files were evaluated across the NBMHS with 70 files from each time frame.

The file audit was conducted by the authors - both Family Program Consultants.

Northern Beaches Working With Families Action Plan and Evaluation Process

The WWF Working Party commenced in December 2006 with the purpose of developing, implementing and evaluating sustainable, sector based strategies in line with the outcomes and recommendations of the FCMHP strategic plan.

A review of the NB WWF Action Plan and Evaluation Process identified achievements and highlighted strategies for continued advancements and developments.

RESULTS

Family Work Training Questionnaires

Data generated was grouped for analysis to maintain respondent confidentiality.

SECTION A: demographics

Response rate was 83% with a cross section of Professions and Years of Experience (1-31 years, average of 10 years experience), and a combination of community and hospital based clinicians.

Professions Represented	No. of Participants for Parts 1 & 2	No. of Participants for Part 3
Registered Nurse (community)	3	1
Registered Nurse (ward based)	1	1
Registered Nurse (community & ward based)	1	1
Physician/medical doctor	2	1
Psychologist/clinical psychologist	1	1
Occupational Therapist	1	
Social Worker	2	1
OTHER: Enrolled Nurse (ward based)	1	

SECTION B: work practice

The data collected in Section B of the Training Questionnaires was incomplete and therefore excluded from the evaluation. Nine participants did not complete items **1.7**, **1.8** and **1.9** of Part 2. Participants did consistently complete **1.10** regarding views about applying talking therapies with families and carers. Comments showed an increase in confidence from pre-training to post-training with a number commenting 6 months post-training that they felt confident within the 'Family Work' framework and the structure that the training had provided, as well as validated in their Family Work practice.

SECTION C: psycho-social family interventions

The framing of questions in Section C was addressed to enable summation, firstly, by rating each question as "positive" if the desired training outcome would have the respondent "strongly agree" and "negative" if the desired outcome would be "strongly disagree". Secondly, the rating was used to transform the data so that each transformed response was "positive" - the way this was done was to leave the response as it was if the rating was "positive" and to invert the response if the rating was "negative". The transformed data was then able to be summed over multiple questions, grouped into themes.

Scores for each transformed response in Section C were calculated using weights of -2, -1, 0, 1 and 2 for the 5 categories "Strongly Disagree", "Disagree", "Not Sure", "Agree" and "Strongly Agree" respectively.

A comparison of POST and POST-6 question scores showed no significant difference ($t = -0.72$, $df = 358$, $p = 0.47$) identifying that any gains made immediately post-training were maintained over the following 6 months.

The overall total score for each respondent in Section C was calculated and a statistical test performed, comparing the mean score PRE vs POST ($t = 2.64$, $df = 22$, $p = 0.007$) identifying that the training has had a significant overall effect.

Scores PRE and POST by theme, show gains made in all 5 themes, but only 2 are statistically significant:

Theme	PRE Average	POST Average	p-value	Comment
Knowledge/Beliefs of Family Work	4.50	5.75	0.047	Significantly higher POST
Clinical Skills	2.58	3.08	0.229	
Knowledge/Beliefs of Medication Intervention	3.08	4.17	0.107	
Factors Affecting Treatment Outcomes	2.67	3.25	0.120	
Knowledge/Beliefs of Psychosocial Intervention	1.50	3.08	0.034	Significantly higher POST

SECTION D: skills

Increased results related to clinical skills in POST and POST-6 were not statistically significant ($t = -1.75$, $df = 16$, $p = 0.099$), however, post training gains have been maintained after 6 months with overall total scores significantly higher. When divided into themes, Intervention Techniques has scored the most gain.

Theme	PRE Average	POST Average	p-value	Comment
Total Score	9.58	12.58	0.034	Significantly higher POST
Assessment	3.75	4.58	0.241	
Intervention Techniques	3.92	5.83	0.047	Significantly higher POST

Family Work	1.92	2.17	0.328	
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comments

Further qualitative comments regarding the training and/or goals for future practice over all 3 parts of the evaluation had 100% positive content. Key themes included an identification of increased awareness of and confidence in working with families and carers, and articulating goals for clinical practice in incorporating knowledge and skills developed through the training.

File Audit

Completed questionnaire data was grouped in the three time frames across the whole of the NBMHS. Team specific data was not analysed independently.

family & carer contact

Over the 70 files audited in each timeframe, 36% of families and carers were contacted by the service Pre-Program with this increasing to 86% Post-Training.

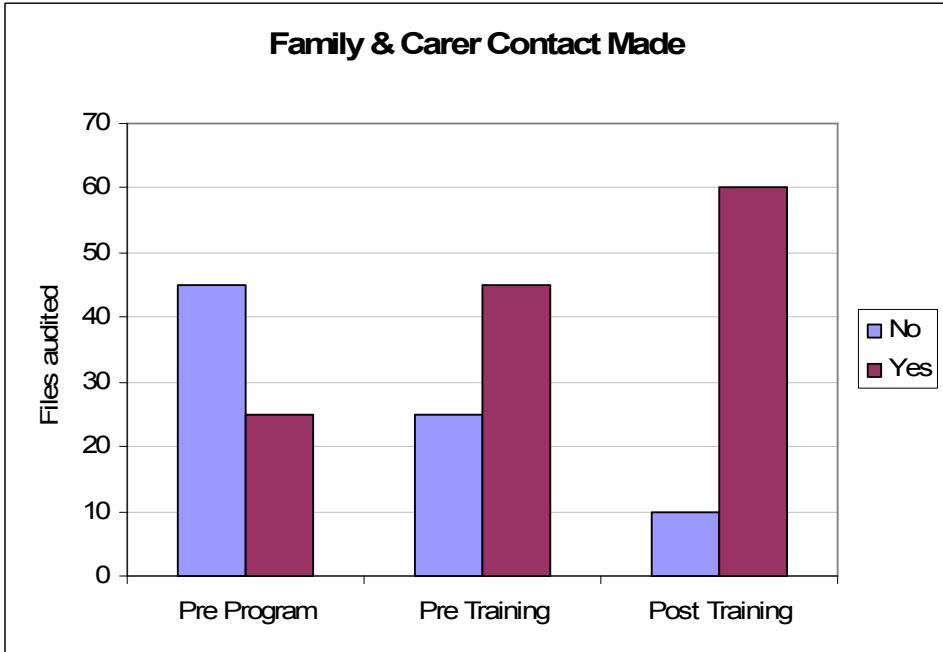


Figure 1

number of contacts

Contacts ranged from 75 contacts Pre-Program to 470 Post-Training. This is an increase of almost 100% between Pre-Program and Pre-Training, and then as increase of 326% between Pre-Training and Post-Training.

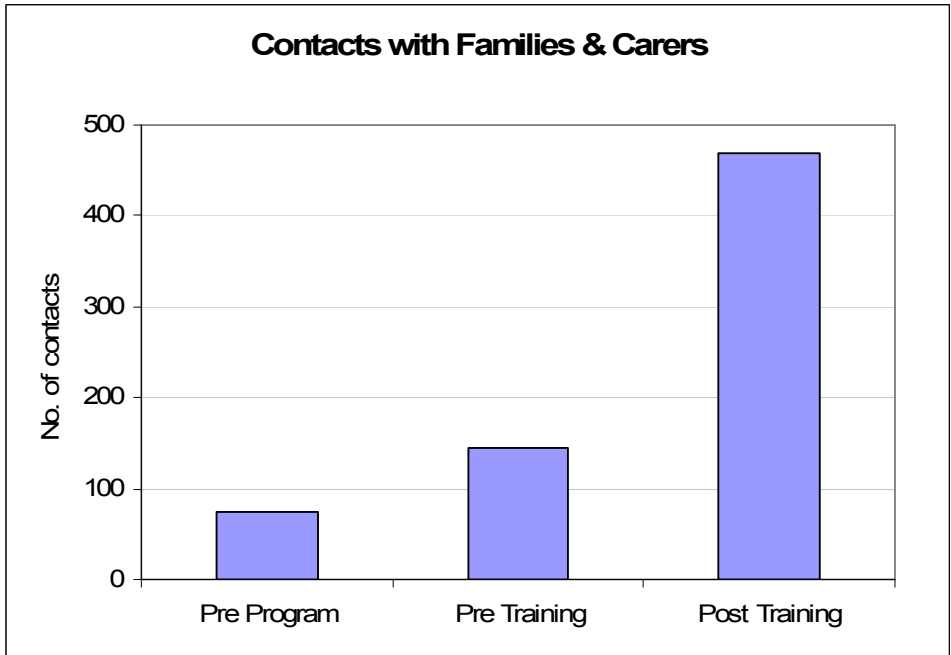


Figure 2

mode of contact

Families and carers are contacted primarily by phone and/or face to face contact. All modes of contact increased from Pre-Program – Pre-Training with phone and face to face contact increasing significantly. Face to face contacts increased by 25% between Pre-Training and Post-Training.

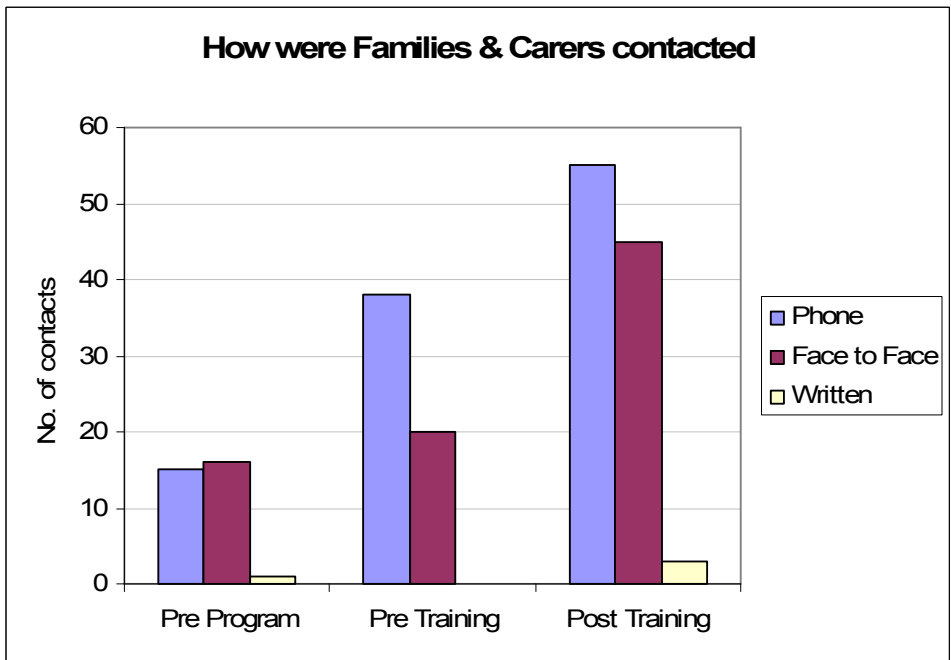


Figure 3

description of content

The description of contact was divided into two broad categories:

1. Contacts with a *family and carer* focus
2. Contacts with a *consumer* focus

Overall increases were made in contacts with a Family and Carer focus, with fluctuating increases in contact with a Consumer focus. *Discuss Treatment Plan* and *Providing Information re Client* showed little or no change from Pre-Program.

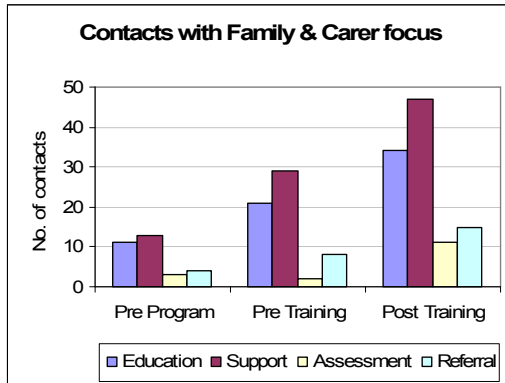


Figure 4

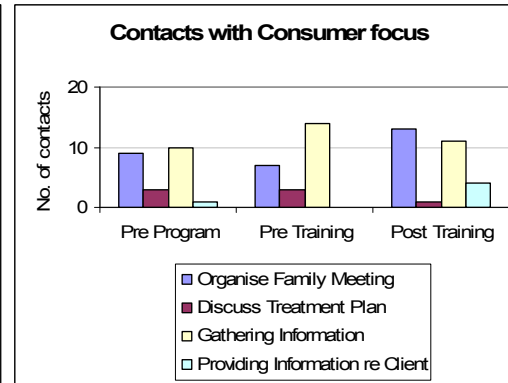


Figure 5

profession providing contact

Significant increases were found in Registrars and Nursing contact with families and carers.

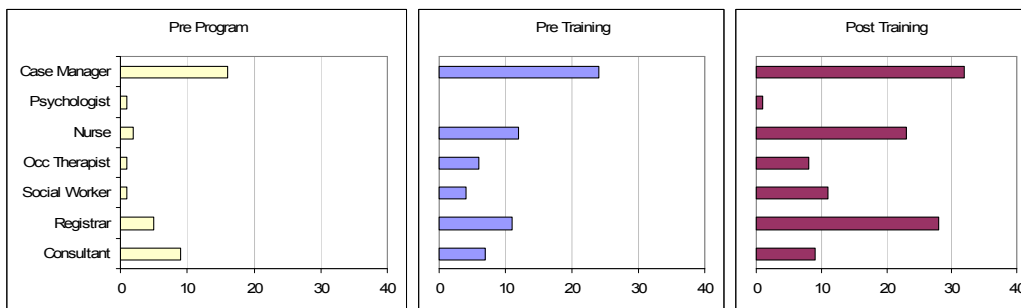


Figure 6

Northern Beaches Working With Families Action Plan and Evaluation Process

The successfully achieved items of the NB WWF Working Party were identified as:

ACTIVITY/STRATEGY	DESCRIPTION	ACHIEVEMENTS
Leadership structure and commitment	Establish steering committee of senior staff to coordinate action	<p><i>Dec 2006</i> Commencement of the NB WWF working party</p> <p><i>Mar 2007 – Mar 2008</i> Monthly family work education sessions</p> <p><i>July 2007</i> New chair elected by WWF</p>

		working party - chair/secretary position
Staff training/awareness raising	Education activities targeting all MH staff to increase awareness of family/carer issues and resources	<p><i>Aug 2007</i> Family Work training, supervision following</p> <p><i>Nov 2007 - present</i> Introduction of Family Intervention stamp to PGU & ETW</p> <p><i>Aug 2007 – Mar 2008</i> Education sessions for clinicians</p> <p><i>May 2008</i> Connecting with Carers presentation to MDT</p>
Medical records stamp	Implement a stamp in all medical records to highlight contacts with family and facilitate file review and audit	<i>Nov 2007 – present</i> Introduction of Family Intervention stamp to PGU & ETW
Partnerships with NGOs	Regular liaison meetings and provide information to increase knowledge of the resources available for families (Lifeline, Clubhouse, Manly Community Centre, Schizophrenia Fellowship, HASI)	<p><i>June 2007 – current</i> 3 monthly NGO meetings for staff awareness held at ETW</p> <p><i>June 2008</i> Family survey draft</p>
Family Room	Establish a family room in inpatient unit to provide a suitable environment for family visits, family interviews and parenting assessment	<i>April 2007 – Mar 2008</i> Designated family space developed

DISCUSSION

The NSW FCMHP aims to improve the clinical outcomes of mental health consumers by engaging and working with their family and support networks. Building a more 'family friendly' Mental Health Service in NSCCMH should be based on best practice standards identified in the literature⁴. This evaluation identified whether the aims and objectives of the Program were addressed from commencement until June 2008.

The data collected from the **Training Evaluation Questionnaires** showed an overall improvement in participants' view of their knowledge, skills and professional practice in relation to family work. Improvement has been maintained six months post training completion. It is also important to note that following the six sessions of supervision as a component of the training, the 12 participants have chosen to continue with monthly Family Work Supervision sessions facilitated by an external facilitator. This

continues to successfully progress, displaying the continued motivation and enthusiasm for family work, and the desire for continued professional development and reflection.

The data indicated potential further improvements to the training in relation to the development of clinical skills in family work including assessment skills. Given that the training program is based on a nine month UK model with the majority of this time focused on skill practice and role play², this presents some challenges and limitations in the provision of such training within the Area Mental Health Service. It may be hypothesised however, that the ongoing long term supervision aims at achieving these objectives. Literature⁵ highlights ongoing supervision as crucial once training has been completed to ensure the development of skills and to support learning along with regular updates and refresher days to maintain competence in relevant skills.

It was identified that the time in which Parts 2 & 3 were administered, may not have provided an accurate picture of participant development. As the supervision component of the training is an integral part of skill development and consolidation, it would have been more appropriate to administer Part 2 post-supervision, and Part 3 6 months post-supervision to capture these changes more accurately.

The provision of family work training is no guarantee of consistent family work practice⁶. Common barriers to family work practice include attitudes of local managers, lack of support from colleagues and difficulty of receiving supervision. System and organisational change must also take place in order to support clinicians in family work practice. The Program anticipated such resistance and has addressed this by introducing systemic change measures such as the development of relevant policy and procedures, the inclusion of family & carers statements in all position descriptions, the establishment of the local sector Family & Carer Working Party meetings including representations of carers on these committees, along with staff education and development, and most importantly, engaging with senior management highlighting the importance of their support.

File Audit data showed significant improvements in family and carer contact, and work across the NBMHS since the commencement of the FCMHP, and specifically following the Family Work for Mental Health Clinicians Training.

A number of training participants have significant roles and participation on the WWF Working Party. As the WWF Working Party Action Plan and Evaluation Process shows, this acted as a vehicle to address the aims and objectives of the FCMHP at a local level. It is hypothesised that this too has impacted on the File Audit outcomes.

An increase in face to face contact with families and carers suggests an increase in confidence and skill levels in working with families and carers. It also indicates an increase in allocated time and resources for working with families and carers within the service.

In regard to contact with families and carers with a *consumer* focus, it is noted that *providing information re. client* made little change over the period evaluated and there were no improvements made in *discussing the treatment plan*. Qualitative feedback suggests that there remains some apprehension and confusion around privacy and confidentiality issues in communicating with families and carers. The recent changes to the Mental Health Act 2007 has also contributed to this.

Limitations were identified in interpreting the data collected in the File Audit Checklist. Regarding the number of contacts made, it is unclear who is initiating this contact, i.e. clinicians, or families and carers themselves. Inconsistencies in documentation shows clinicians don't necessarily document *attempted* contact – frequency and type, or reason for family and carer contact, which may be a response to clinician attempted contact. Data concerning the health service initiated family and carer contact would be useful to obtain, but difficult due to these inconsistencies.

The review of the **NB WWF Action Plan and Evaluation Process** clearly indicates practical achievements and ongoing work including evaluation processes in relation to working towards a family friendly mental health service.

CONCLUSION

Through the data presented and review of the NB WWF Action Plan and Evaluation Process, it can be confidently concluded that the impact of the FCMHP has been significant and instrumental in addressing each of the 5 key program objectives, specifically within the NBMHS. The data also highlights the importance of the continuation of the FCMHP in development in achieving objectives including maintaining and expanding the change that has already occurred. Whilst the impact already made is acknowledged, the opportunity and need for continued advances is crucial.

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