Whole family approaches to reablement in mental health

*Scoping current practice*

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Overview

- Overall research study
- Scoping of current practice – aims and methodology
- Key findings
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 ‘No Health without Mental Health’ and ‘Think Family’ policy agendas and focus on Early Intervention / prevention of long term disability
What is reablement?

“Reablement focuses on helping an individual gain independence and better functioning rather than resolving their healthcare needs”  (SCIE, 2012)

- Links to idea of ‘recovery’ in mental health
Defining reablement in the context of mental health

4 aspects:

- empowerment, choice and control
- social inclusion
- personal relationships
- mental and emotional wellbeing
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.

- User-centred definition of who is to be considered ‘family’
What is not a ‘whole family’ approach?

- Separate work with different family members – e.g. support for carers
- Working just with specific relationships between family members on the basis of particular roles e.g.
  - parent / child
  - carer / person with ‘mental illness’

*(Morris et al, 2008)*
Overall inclusion / exclusion criteria

- ‘Whole family’ focus
- Mental health issues (not limited to specific diagnoses) primary reason for person’s disablement
- Exclusion of dementia / cognitive impairment
- England only
- Focus on mainstream services
  - i.e. exclusion of
    - Perinatal services
    - Forensic services
    - Eating disorder services
  - Inclusion of Early Intervention services
Structure

- Phase 1: Scoping Review of current practice

- Phase 2: Case studies drawn from sites using particular approaches
  - What works for whom in what contexts?
  - ‘Successes’ and ‘failures’
Scoping Review: research questions

1. What ‘whole family’ models are in use and where?
2. How is family work linked to or embedded in wider mental health services?
3. How services define ‘family’
4. How services currently evaluate outcomes
Methodology

☐ Identify services which appear to be offering ‘whole family’ approaches
  – using professional networks (e.g. AFT, PMHCWN), web searches, intelligence from practitioners

☐ Stratified sample for follow-up based on preliminary classification of practice models

☐ Identifying key informants within agencies

☐ Telephone interviews
  – National sample of 15 services
Preliminary findings:
1 Models in current use and prevalence
Family Group Conferencing

Approach:

☐ Independent facilitation of planning and decision making process involving extended family and significant others

☐ Originally developed in New Zealand and now being introduced in UK – initially just within Children and Families services (Connolly, 2006)

Where:

☐ One Trust in partnership with LA

☐ Possible development in another
Behavioural family therapy

Approach:

- Skills and capacity building approach developed within mental health services (Fadden, 2006)
- Focus on communication, problem solving and psychoeducation

Where:

- Being rolled out (but sometimes to a limited extent) in 24 Mental Health Trusts and 10 PCTs
Systemic family therapy

Approach:

- Focus on improving dysfunctional relationships (and relational patterns) inside and outside of family (Burnham, 1988)
- Longstanding but evolving approach with increasing focus on how family narratives construct problems / offer solutions

Where:

- Being offered to a significant extent (>1 fte staff) in 16 Mental Health Trusts and 2 PCTs
Hybrid approaches

- One well established service uses a hybrid of BFT and systemic approaches and other services may also integrate elements from both models

(Burbach and Stanbridge, 1998)
Intensive Family Support

**Approach:**

- Practically focussed approach to help families with accomplishing tasks of daily living
- Developed out of Family Intervention Project methodology and linked to ‘Think Family’ pilots - use of support workers and Family Centres
- While ‘whole family’ focus claimed, evidence suggests primary focus on parenting

**Where:**

- Being offered in 2 mental health trusts in collaboration with Local authority and voluntary Sector services
Findings 2: Context of Family work

- Systemic and BFT: almost exclusively located in NHS
  - Mainly mental heath trusts
  - Some PCTs
  - Minimal Local Authority involvement

- Family Group Conferencing and Intensive Family Support: partnerships with LA and voluntary sector
Positioning within mental health services

2 approaches:

Specialist service within secondary services
  – specific referral route
  □ Majority approach

Mainstream service within secondary services
  - screening of all referrals to see if family component
    - consultancy / support to mainstream teams
  □ Emerging approach
  □ Unclear how well embedded in practice
Findings 3: How services define ‘family’

- FGC and systemic models tended to be most inclusive in their definition – e.g. including members of wider community such as faith leaders.

- BFT – more focus on the unit of people living together (but not exclusively so).

- Intensive family support – focus on the ‘parent(s)-looking-after-children’ unit.
Findings 4: How services evaluate outcomes

- No specific evaluation of adult reablement outcomes
- Some systemic services starting to pilot SCORE indicator of family function (Stratton et al, 2010)
- Intensive Family Support services using parenting indicators such as the ‘Family Star’ (Triangle Consulting)
So what have we learned so far?

- More overall ‘whole family’ activity than anticipated
- 3 models + hybrid relevant to adult reablement. Intensive Family Support currently still parent-and-child focussed
- Effective opt-out of most Local Authorities except where children involved
- Some serious attempts to mainstream family perspectives within mental health services
- Flexible and pragmatic understandings of ‘family’
- Services not currently evaluating adult reablement outcomes
References