

“I would like to understand more”: Developing a Carer Support Programme at a Low Secure Forensic Inpatient Unit

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Introduction

Carers are known to play a pivotal role in the recovery of mental health service users (Wyder, Barratt, Jonas & Bland, 2021). Carer involvement is recommended in numerous clinical guidelines, including for schizophrenia and psychosis (NICE CG178, 2014) and personality disorders (NICE CG77, 2013; CG78, 2009), and in relation to service user experience (NICE CG136, 2011). The caring role can lead to significantly poorer mental and physical health outcomes for carers, including reduced quality of life and social isolation (Hayes, Hawthorne, Farhall, O’Hanlon & Harvey, 2015; Broady & Stone, 2015). Therefore, support for carers is paramount in the sustainable delivery of mental health services. Indeed, carer support and psychoeducation are recommended within multiple clinical guidelines (NICE CG178, 2014; CG136, 2011) and further guidance is available on supporting adult carers (NICE NG150, 2020). Given the complexity of cases and level of risk associated with forensic mental health services, carer support is arguably particularly important in this context. Ridley et al. (2014) identified that carer support groups play an important role in forensic mental health services, with carers attesting to their value and the benefit of peer support. The Quality Network for Forensic Mental Health Services (QNFMHs) recommends that “Carers have access to a carer support network or group” (QNFMHs Standard 53, 2021).

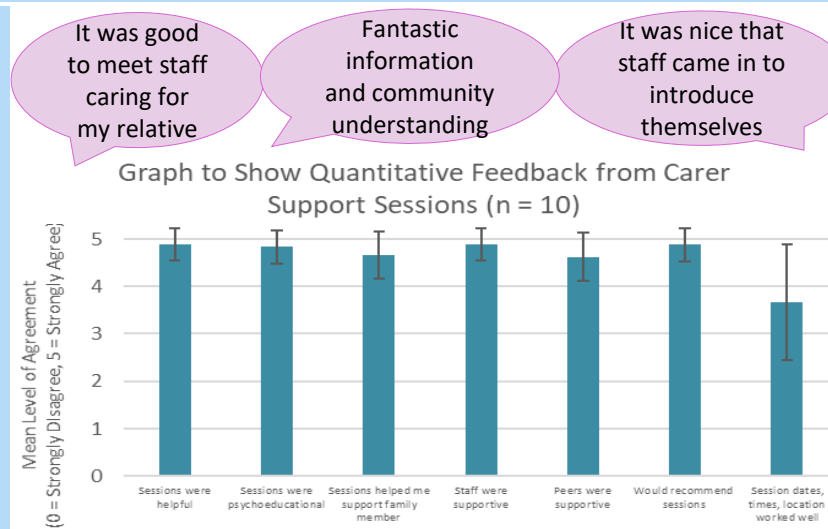
Robin Pinto Unit is an NHS low secure forensic mental health inpatient unit in Bedfordshire, UK. The service has 18 beds for adult males. To better meet the above recommendations and improve the quality of support available for carers, a multidisciplinary working group was formed to develop and evaluate a pilot programme of carer support sessions.

Method

Drawing on co-production principles, carers were contacted (n = 9) and telephone interviews conducted with those who agreed to act as consultants (n = 6). Service user consultation (n = 9) highlighted potential accessibility issues. Carers expressed a need for informal, friendly sessions, to increase their understanding of selected topics, with a preference for in-person support. A socially-distanced pilot programme was launched at Robin Pinto Unit in Carers Week 2021 (remote attendance was also offered). This comprised three, 90-minute sessions, with peer support and psychoeducational components. Sessions were delivered monthly; two with multi-agency partners. Session times were varied, within working hours, to review optimal uptake. Qualitative and quantitative feedback was collected at each session.

Results

Feedback from the programme was overwhelmingly positive (n = 10). Using a scale of 0 (strongly disagree) to 5 (strongly agree), carers rated sessions as helpful (\bar{x} = 4.89, SD = 0.33), stated that they felt supported by staff (\bar{x} = 4.89, SD = 0.33) and peers (\bar{x} = 4.63, SD = 0.52) and were better able to support the person they care for (\bar{x} = 4.66, SD = 0.50). Carers reported that sessions increased their understanding of the psychoeducational topics covered (\bar{x} = 4.83, SD = 0.35); including relapse prevention, local service provision and medication management. How well the session days and times worked received more variable scores (\bar{x} = 3.67, SD = 1.22). Session attendance was variable (\bar{x} = 3.33, SD = 2.52). Overall, carers would recommend the programme (\bar{x} = 4.86, SD = 0.35).



Conclusion

By drawing on the expertise of service user and carer consultants, a multidisciplinary working group was able to develop a highly successful pilot support programme for carers, involving psycho-education and peer-support, with relatively few resources needed.

Discussion

This pilot was felt to be a successful multi-agency endeavour, with both the peer-support and psychoeducational aspects being well received. Paralleling the literature, session attendance was variable (Ridley et al., 2014), suggesting further consideration is needed as to the timing of sessions. A possible limitation of this work is that a minority of carers (of 18 service users) attended, which could suggest a bias in those keen to engage. Anecdotal evidence indicates that some carers had difficulty accessing the unit either remotely or in person, indicating a role for other forms of support. Future aims include developing a sustainable programme of ongoing support for carers, to improve the overall quality of the service offered at Robin Pinto Unit.

References

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