

**“Psychosis was like a bomb going off in our family, family work glued it back together” – The benefits and challenges of delivering family psychoeducation as a routine part of care.**



Presented by

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# Our story



# The rationale for psychoeducation for family and friends



# The rationale for psychoeducation for family and friends

- Carers experience poverty, isolation and ill-health – while saving us all £132 billion per year.
- Studies indicate that people face stigma, guilt, difficulty accepting diagnoses and are less hopeful than professionals.
- There is some evidence that improved knowledge optimises outcomes for service users.
- Studies consistently indicate that mutual support reduces strain.

We knew it was worth doing and we had been trying to get it off the ground for years. It was time to rethink our approach.



# AIMS OF THE GROUP

With the support of professional staff enable people to:

Share with people in similar circumstances

Learn more about psychosis and interventions

Help people to cope with symptoms and difficulties

Improve wellbeing for the family

# PROGRAMME STRUCTURE

**Session 1.** The experience of caring for someone with psychosis/bipolar.

**Session 2.** Symptoms of psychosis/bipolar.

**Session 3.** Causes

**Session 4.** Treatment, services available, roles of professionals, local resources.

**Session 5.** Impact on life and expectations

**Session 6.** What can I do to help myself/my relative. Stress management

**Session 7.** Course and outcome. Early Warning Signs

**Session 8.** Risk and crisis management. Additional topics chosen by group members

**Session 9 - 10.** Family work, communicating in difficult circumstances and problem solving.  
Making positive requests, expressing feelings, active listening.

**Session 11.** Overview and review.





# Considerations

- Who to invite – cherry pick? offer to all?
- Locality – in each team or across teams?
- Admin
- Up to date info about who should be invited
- Confidentiality – can carers choose if their carer goes (letter to all SU explaining group)
- Invitations: direct contact vs mailshot
- Time of meeting, venue, facilitators
- Structure and content
- Record keeping and risk management
- Screening – outcome measures

# What we decided on

- 11 weeks structured family and friends psychoeducation group
- Protocol adapted from original by Prof Jo Smith with inclusion of techniques and info from Meriden Family Programme with thanks to Chris Mansell
- Evening
- Multi-professional facilitation
- Invite all family and friends across localities but rotate venue of each course
- Letter to service users plus family members directly
- Taster session



*by Monica Doshi Photography*

# Overcoming Obstacles

- The taster session and initial meetings often feature people bringing anger and frustration about the service received. Respond non defensively and work out in advance how these things will be taken forward outside of the course.
- Seemingly simple approach still meets with resistance – worries: protecting staff with high caseloads, will anybody come? The service is busy now with x.
- Find the ‘influencers’
- Try one and showcase results
- Outcome measures , carers speaking at away day, care coordinators seeing results
- Persistence
- Staff sitting in and then running next groups Managers leading by example

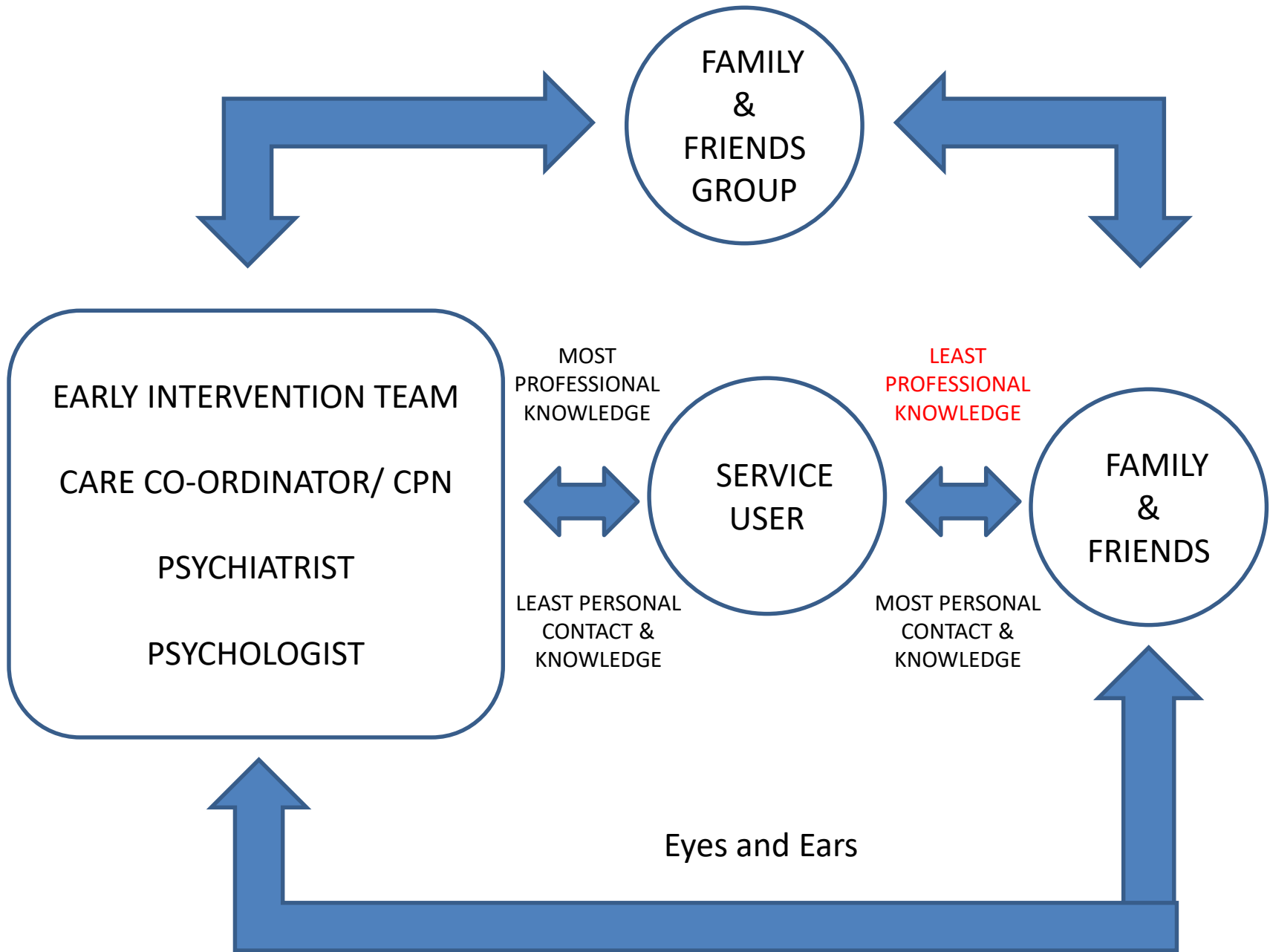


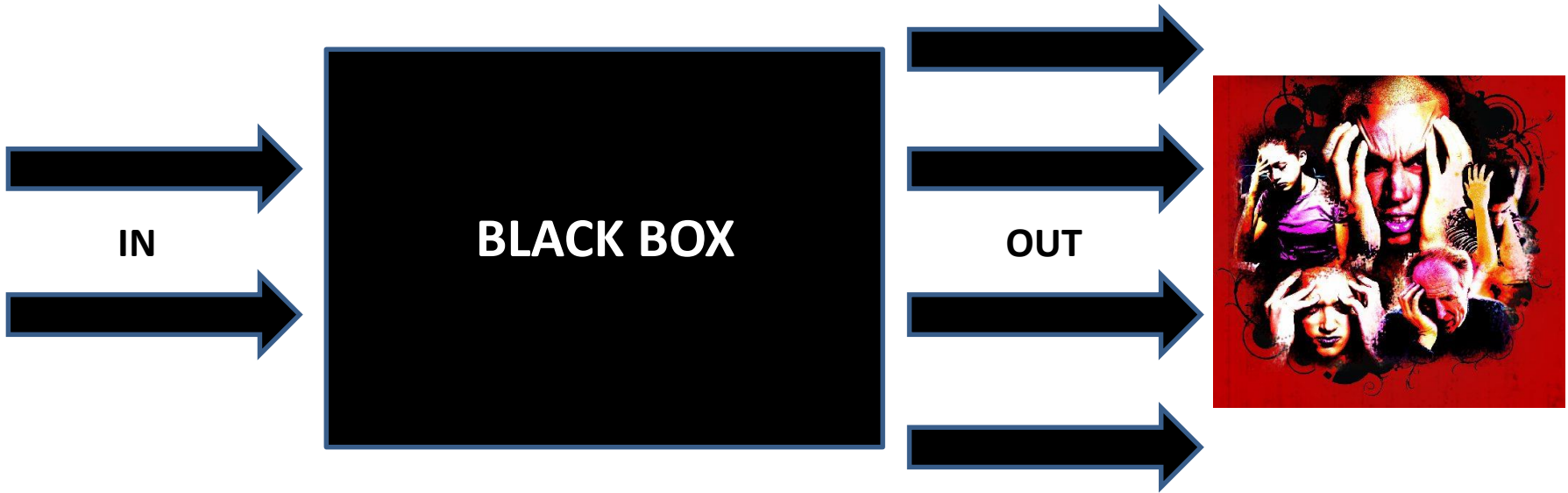
Every bookshop has a self help section, but none of them have a section on how to help others!

How Do  
I Help My  
Family  
Member  
with *Mental  
Illness?*

*Family Support  
Enables Recovery*

The Family and Friends Group plugs that gap.





# PROGRAMME BENEFITS

## BEFORE

- UNKNOWN
- UNEQUIPED
- UNSURE
- UNCERTAIN
- MISUNDERSTANDING
- UNSUPPORTED
- UNCONNECTED
- UNWELL
- UNHEALTHY
- FUTURELESS
- HOPELESS

## AFTER Moving towards:

- KNOWN
- EQUIPED
- SURE
- CERTAIN
- **UNDERSTANDING**
- SUPPORTED
- CONNECTED
- WELL
- HEALTHY
- FUTURE
- HOPE

Feelings of anger and being let down begin to dissipate.



# UNDERSTANDING

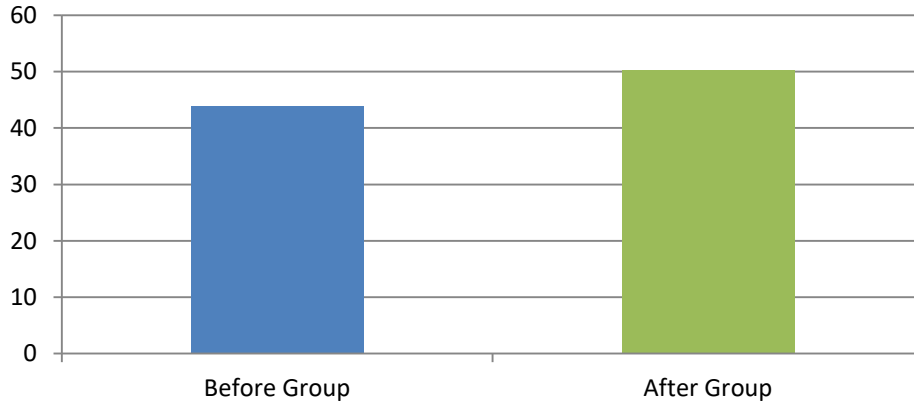
- Can explain
- Can interpret
- Can apply
- Has perspective
- Can empathize
- Has self-knowledge



Light into a darkened room, pockets of illumination.

# Feedback from the Group

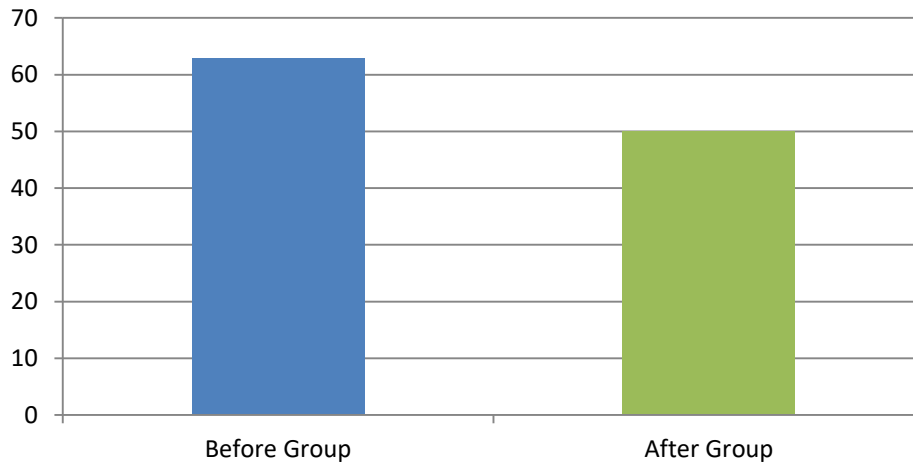
**Graph to show improvement in wellbeing after group**



Before the group I felt helpless, the group has been long overdue, carry it on."

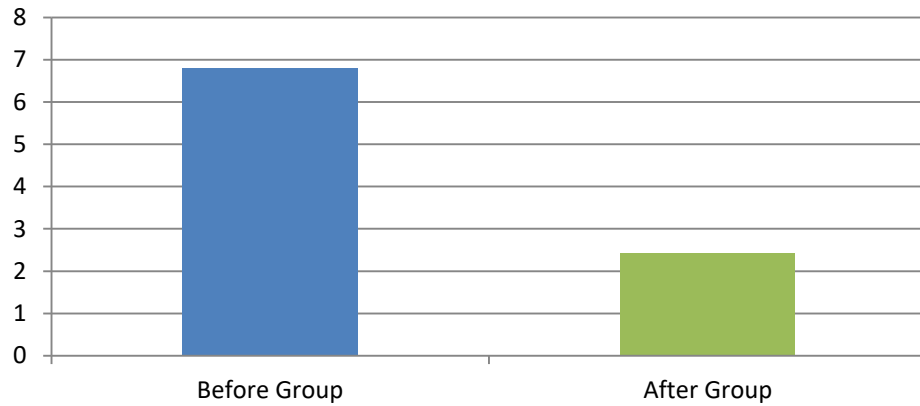
We're not isolated and we can talk freely

**Carer Given Strain Questionnaire**



[the group] prompted me to reconsider my relationship with [relative]

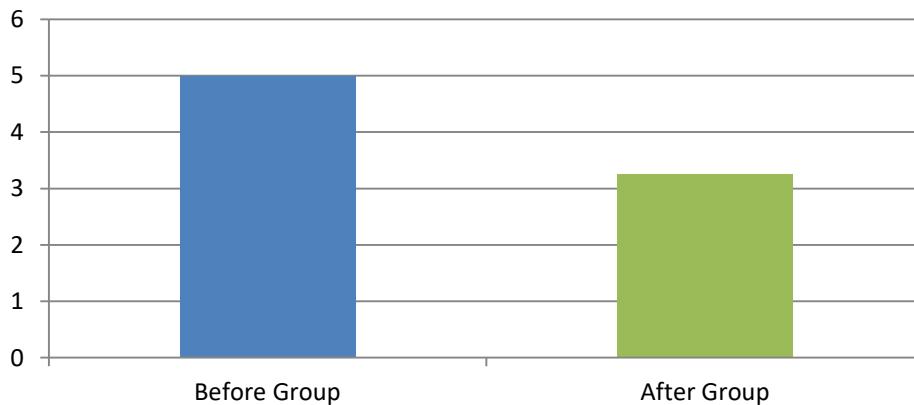
## Anxiety Questionnaire (GAD7)



Everyone has embraced the group and I have thoroughly enjoyed the companionship of other like-minded people.

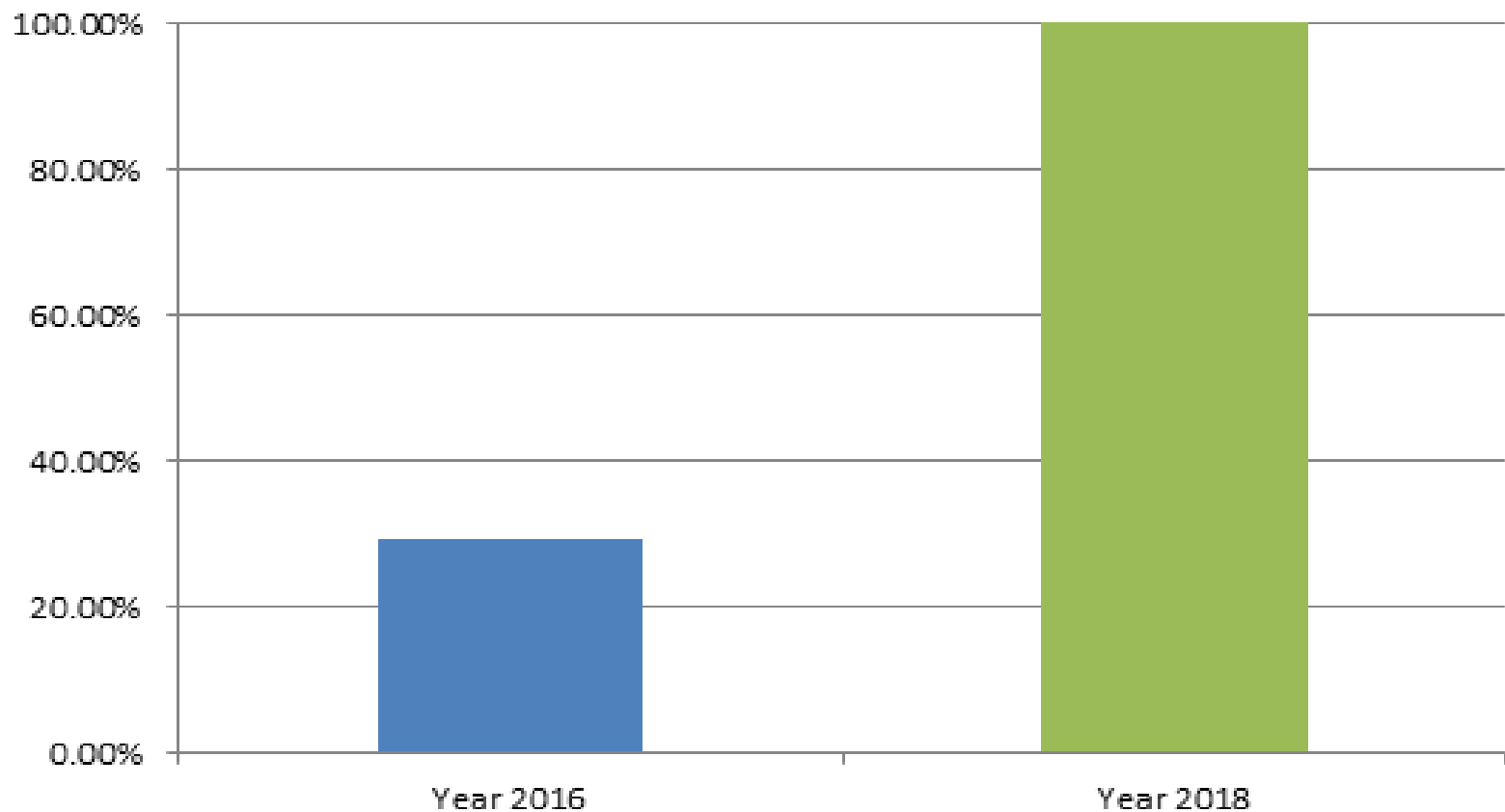
I will be better prepared/more able to predict problems

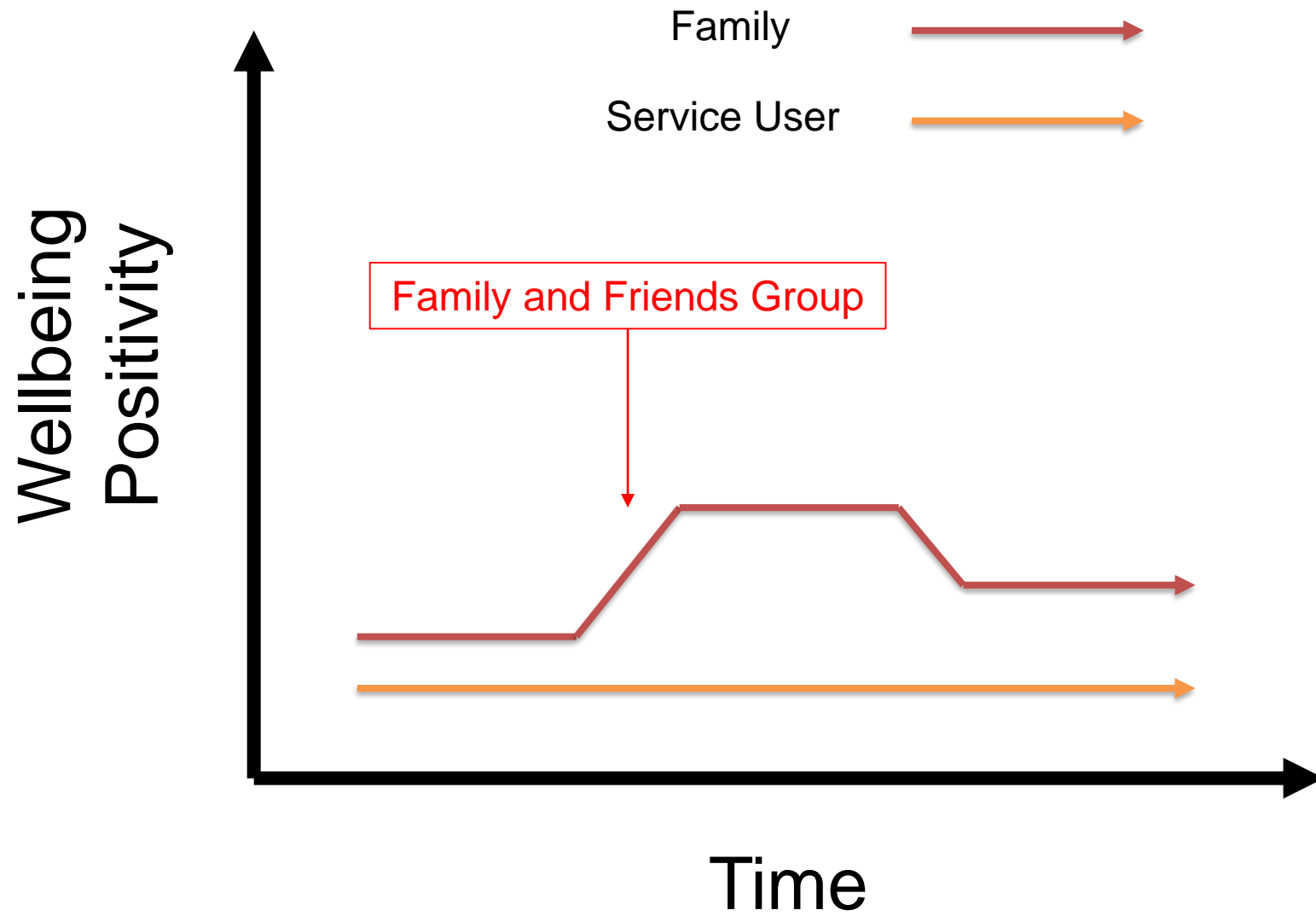
## Depression Questionnaire (PHQ9)



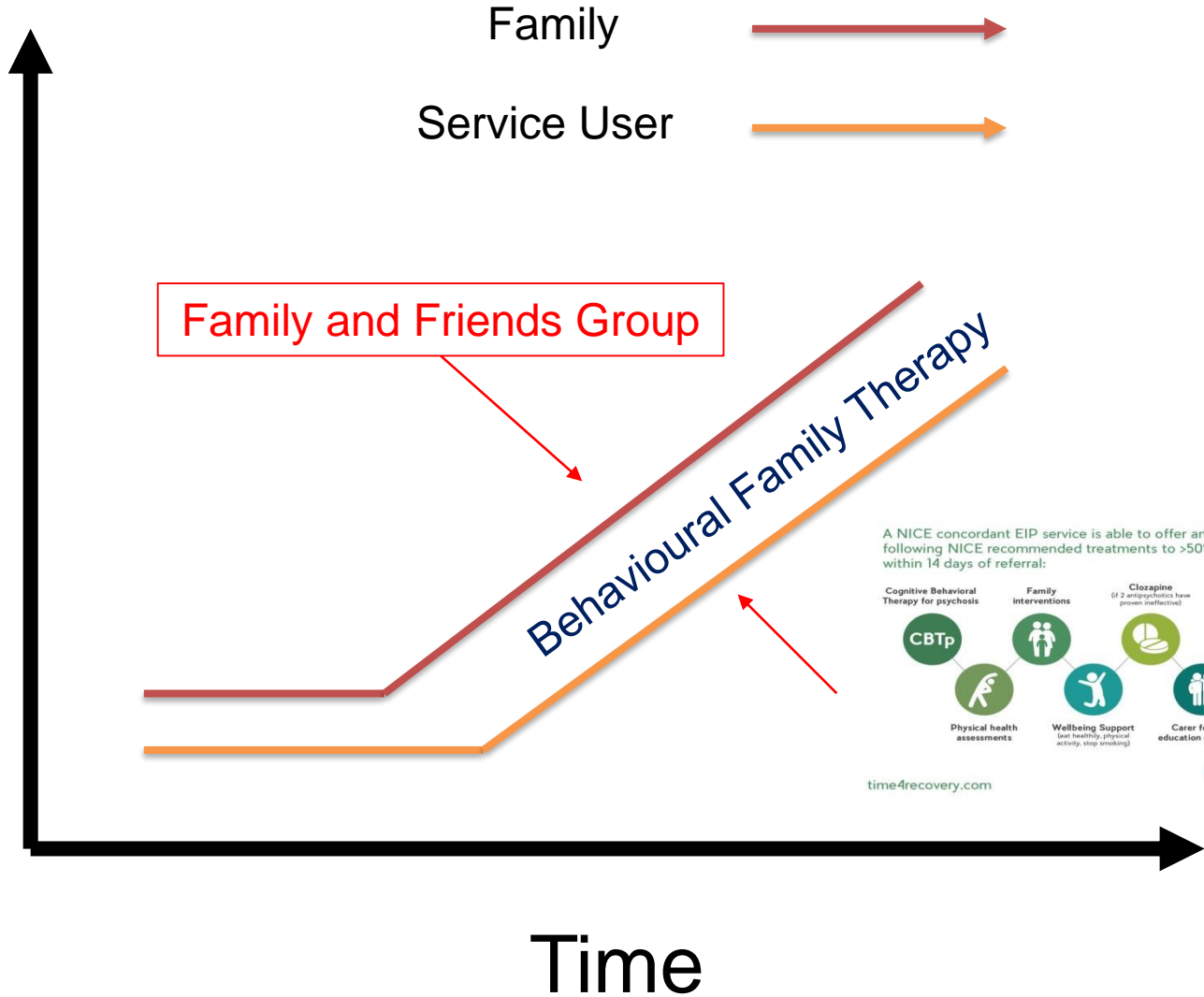
[I learned not to] overreact/worry/knee jerk and to take a calmer approach if [my relative] has a bad day.

## **% offered Carer-Focused Education and Support Programmes**

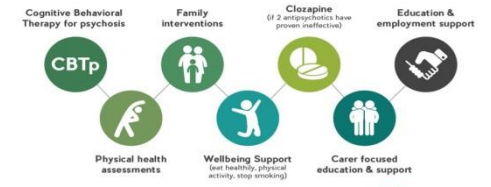




Wellbeing  
Positivity



A NICE concordant EIP service is able to offer and deliver the following NICE recommended treatments to >50% of people within 14 days of referral:



time4recovery.com



# With thanks to

- Dr Elizabeth Newton – Consultant Clinical Psychologist – elizabeth.newton3@nhs.net
- Rhiannon Murden – Assistant psychologist- rhiannon.murden@covwarkpt.nhs.uk
- Meriden Family Programme
- Professor Jo Smith
- And all of the staff and participants who helped shape the programme.

\*Wildlife picture credit Monica Doshi Photography



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