

A photograph of a family sitting at a table. In the background, a woman looks on with a worried expression. In the foreground, a young boy and a young girl are seated. The boy is looking towards the left, and the girl is looking towards the right with a serious, concerned expression. On the table, there are various items including a glass of orange juice, a white mug, a plate with a slice of cake, and a jar of jam.

Mental Health and Families

Realising the Potential

Joint Mental Health and Addictions ECHO
September 2023

Associate Professor, Brendan O'Hanlon PhD
Manager of Practice and Service Development





Acknowledgement of Country

On behalf of the Bouverie Centre and La Trobe University, we acknowledge the traditional custodians of the land and waters upon which we meet. We pay our respects to their living culture and their unique role in the life of this region, and in doing so, acknowledge all Elders past, present and emerging



The Bouverie Centre

- Clinical family therapy service
- Academic training in family therapy
- Research
- Service & workforce development
- Integrated practice-research-translation centre within the School of Psychology & Public Health, La Trobe University
- Victorian State Government funded and fee for service income



A serene sunset scene with a silhouette of a person sitting under a tree on a small island. The scene is reflected in the calm water below. The sky is filled with vibrant orange and yellow clouds, and the sun is low on the horizon, creating a warm, golden glow.

‘No man is an island, entire of itself....’

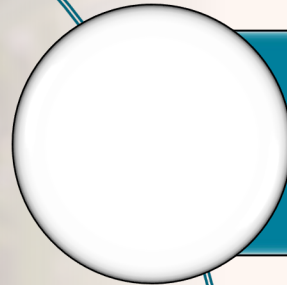
John Donne



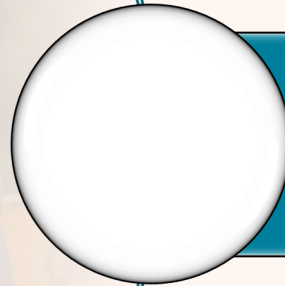
Why involve families?

The impact of mental health difficulties extends to
beyond the individual effected

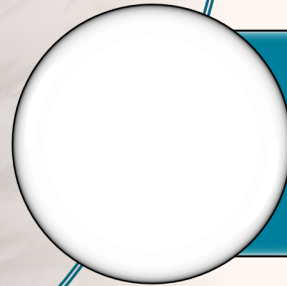
Impact on Families



Poorer quality of life than the general population
(Hayes et al., 2015; Poon, Harvey, Mackinnon, et al., 2017)



Poorer physical and mental health
(Pirkis et al., 2010; Poon, Harvey, Mackinnon, & Joubert, 2017)



Social isolation
(Hayes et al., 2015)



Involving families to improve outcomes

Family interventions extensively researched-
Randomised Control Trials, Meta Analyses

(e.g. Rodolico et al, 2022; Pharoah et al, 2010)

Evidence relating to consumers across a range
of mental health and substance conditions

- Relapse & readmission, medication adherence, symptoms, engagement in employment
(e.g. Carr, 2019, Carr, 2019)

Evidence relating to families

- Increased knowledge of the condition, reduced distress & burden and improved family functioning
(e.g. Loban et al, 2013)



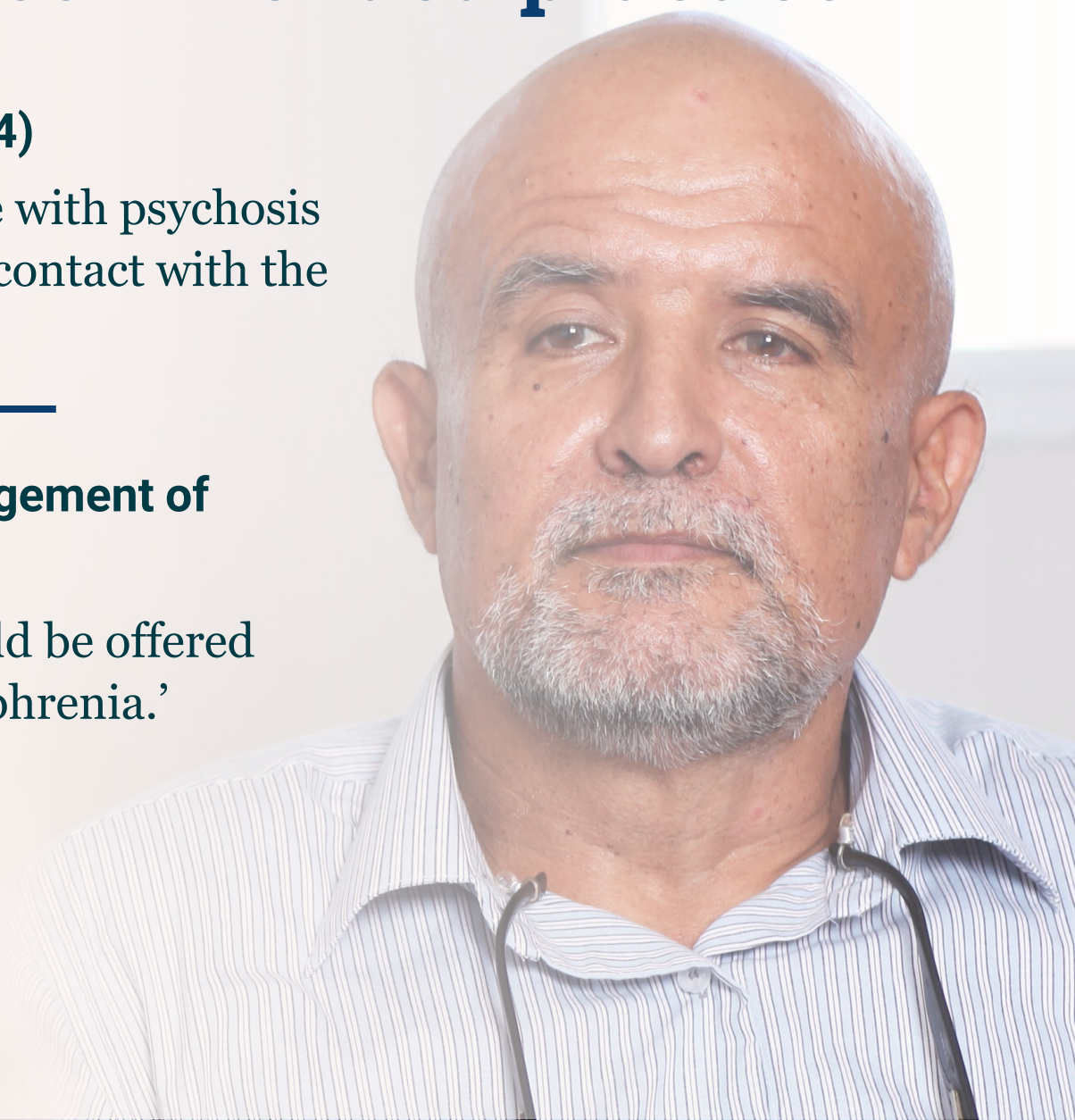
Family Interventions as recommended practice

NICE Guidelines: Psychosis & Schizophrenia (2014)

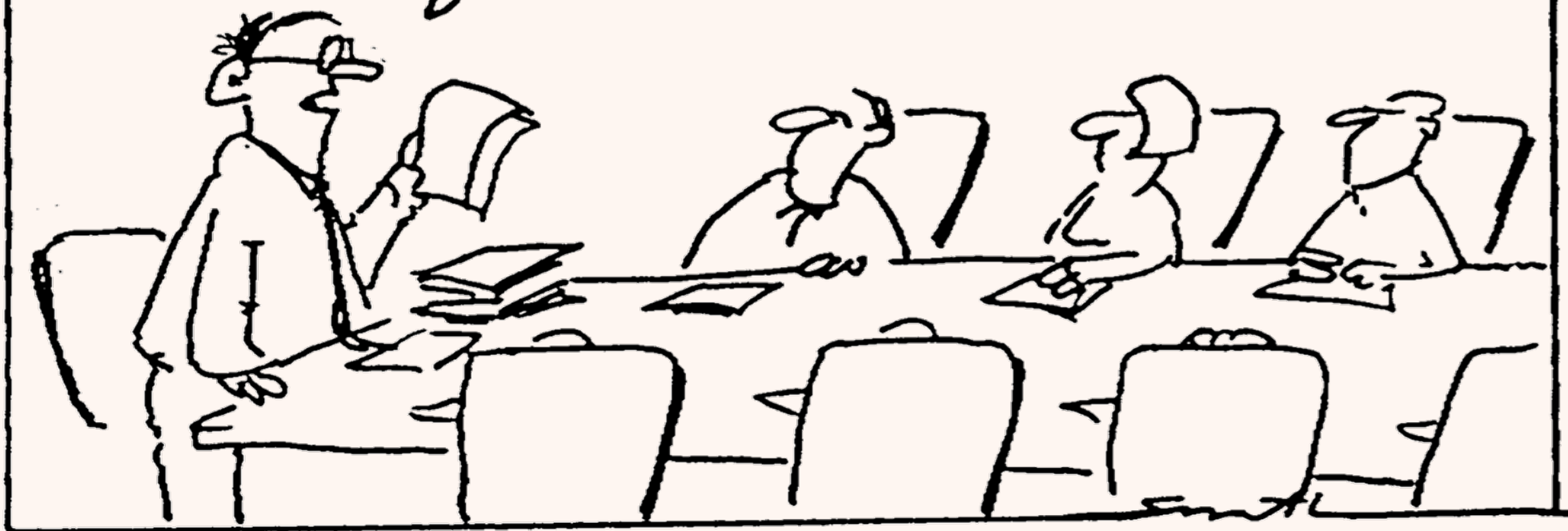
‘Offer family intervention to families of people with psychosis or schizophrenia who live with or are in close contact with the service user.’

RANZCP Clinical practice guidelines for the management of schizophrenia and related disorders (2016)

‘Family psychoeducation is effective and should be offered routinely in the comprehensive care of schizophrenia.’



THE LATEST RESEARCH SHOWS THAT
WE REALLY SHOULD DO SOMETHING
WITH ALL THIS RESEARCH



Contact between Families & Clinicians

- **78% of clients** expressed a desire for an identified family member to have contact with a clinician
(Cohen et al, 2013)
- For **between 38% and 69% of clients**, there was no family contact with clinicians in previous 12 months
(Dixon et al, 2000; Resnick et al, 2005; Krupnick et al, 2005; Harvey et al, 2002; Murray-Swank et al, 2007)
- For half of a group of clients with schizophrenia (who lived with their family) there were two or less direct family-clinician contacts and for **22% clients** there was no direct family-clinician contact in a 12 month period
(O'Hanlon, MacRae, Perlesz, McKenzie, Hayes & Harvey, 2010)



Use of family interventions in mental health

- **2% of families** took part in family education in three Germanic countries
(Rummel-Kluge et al, 2006)

United Kingdom Research

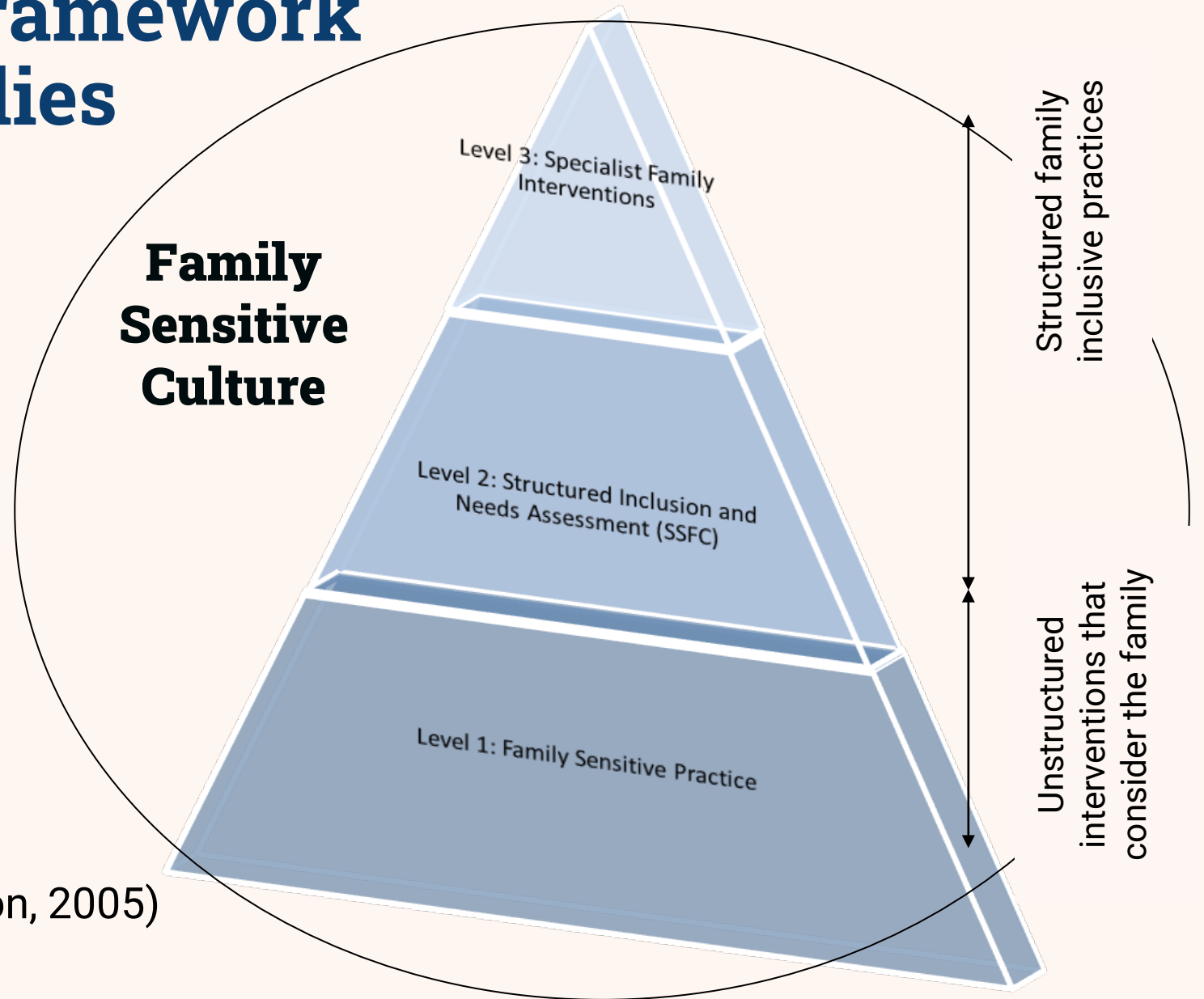
- **3-17% of clients** participated in family intervention
(Michie et al, 2007)
- **53% of clients** had participated in a family intervention
(Berry & Haddock, 2008)
- **1.6% offered a family intervention** and **1.1% participated**
(Haddock et al, 2014)



Realising the Potential of Family Involvement



A Client-Centred Framework for Involving Families



(Adapted from Mottaghypour & Bickerton, 2005)





Level 1:
Family Sensitive Practice

Level 2:
Structured Inclusion and
Needs Assessment

Level 3:
Specialist Family Interventions

Defining Family Sensitive Practice

‘..... can be defined as any work role that is performed in a way that is inclusive, understanding and respectful to families and other carers, including their social and cultural role.’

(Get Together Fa.S.T., 1998)

Describes a range of practices that privilege notions of appropriate and respectful family involvement in clinical management and treatment

(Furlong, Young, Perlesz, McLachlan & Riess, 1991)





Level 1:
Family Sensitive Practice

Level 2:
Structured Inclusion and
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Level 3:
Specialist Family Interventions

Single Session Family Consultation (SSFC)

- Brief model of family engagement & inclusion
- Practitioner meets with family members identified together with the consumer
- Aims to assist families in their role in supporting recovery and in their own right
- Brief intervention: 1-3 sessions with family





Level 1:
Family Sensitive Practice

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Key Stages of SSFC

Convening

Conducting

Follow Up





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What Is Family Psycho-education?

- Family Psycho-education is a structured approach for partnering with consumers and families to support recovery
- Consumers and families receive information about mental illnesses and learn problem-solving, communication, and coping skills





Level 1:
Family Sensitive Practice

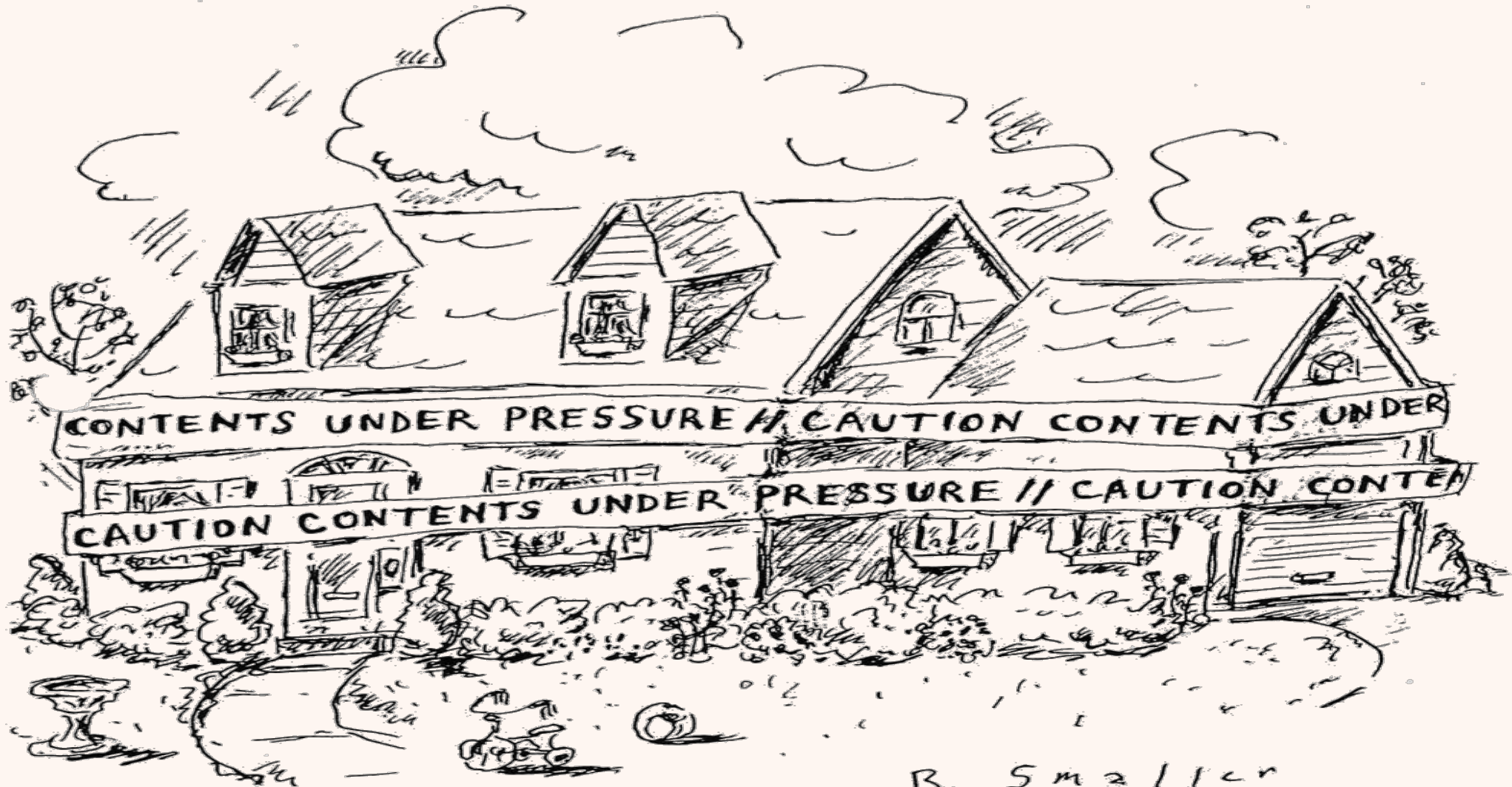
Level 2:
Structured Inclusion and
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Assumptions of Family Psycho-education

- Schizophrenia as biological condition-creates a sensitivity to stress (the stress-vulnerability model)
- Medication plays a key role in treating symptoms and in buffering stress
- Family tension arising from symptoms & unclear communication styles creates highly stressful home environment
- Family intervention modifies family environment, reduces stress-less relapse





B. Smaller



Behavioural Family Therapy (BFT)

- Single family approach
- Individual assessment and goal setting
- Information sharing and relapse prevention
- Communication and problem-solving skills training
- 12 sessions with families over 6-9 months
- Facilitated by one or two practitioners



What does BFT involve?

Assessment:
Individual and Family

Information Sharing:
Understanding the
condition and relapse
prevention

Communication Skills

- Expressing Pleasant Feelings
- Making Positive Requests
- Active Listening
- Expressing Unpleasant Feelings

Problem Solving Skills



Multiple Family Groups (MFG)

- Group approach for families (including consumer) with focus on education and structured problem solving
- Promotes mutual support and development of social networks



What Does the MFG involve?

Consumers and family members participate (4-7 families)

Core element of a fortnightly group that meets over a 6-12 month period

- Informal socializing
- Sharing of participants current concerns and progress
- Facilitated group problem solving

Facilitated by two practitioners



Concluding Comments

- Family involvement in mental health care is supported by evidence, practice guidelines and policy
- There are constraints to engagement occurring at the level of the client, family, practitioner and organisation
- Models and practices and changes to organisational processes can address these constraints and realise the potential of family involvement



Thank you



8 Gardiner Street, Brunswick
VIC 3056, Australia



+61 (03) 8481 4800



bouverie.centre@latrobe.edu.au



www.latrobe.edu.au/bouverie

