# MERIDEN

The Meriden Family Programme

Vol 4 Issue 3 August 2015


Greetings from the Meriden team and welcome to another packed edition of the Meriden newsletter. First of all, thank you to everyone who responded to our question in the last edition of the newsletter regarding the format in which you would like to receive further newsletters. A majority of those who responded indicated that they would like to receive the newsletter in electronic form although some have a preference for a paper copy. If anyone has not replied and would like to continue to receive a paper copy of the newsletter, please let us know.

The current edition as usual, is packed full of reports of family work related activities in different countries, notices about various forthcoming events and information on recent publications that may be of interest to readers.

We have reports from a number of the countries where we have provided training either on site or to interested groups who have travelled to Birmingham to receive training. It is always heartening for us to see how people put their training into practice. We feel a little sad to be coming to the end of our training and consultation with the province of Nova Scotia in Canada, but feel proud of what has been achieved there and we congratulate all of the many professionals, policy makers, family members and service users across the province who have worked so hard over the last three to four years to ensure that the services people receive focus on the needs of families as well as on service users.

Cheryl Billard (pictured below) has been a key coordinator of this work. She has provided a summary of what has been achieved and also notes that there is still progress that needs to be made in terms of changes in attitudes and embracing this new way of working. Jenna McKinnon also from Nova Scotia talks about her work on the ground locally and how she sees engaging with families as improving recovery for everyone. We will miss our direct contact with our friends in Nova Scotia (and of course the maple syrup too!) but we look forward to keeping in touch through teleconferencing and through providing on-going supervision for our trainers and supervisors there. We also wish Cheryl all the best in her retirement – a well-deserved break after many years working in the public sector.

Moving on to Ireland, we have two interesting reports of innovative work which is happening there, both in relation to the development of peer support services. This is taking place in two main sites in Ireland. In Limerick, 24 family members have been trained as Peer Support Workers. They hope to begin inputting into services in the Midwest area once this has been agreed with the Health Service Executive there. In Mayo, two Peer Support Workers have been trained as well as a family member trained to deliver Behavioural Family Therapy along with mental health professionals. We look forward to seeing how both of these initiatives develop over time.

Further afield, we have received updates from those trained in Nigeria, who are putting their learning into practice in spite of a number of obstacles including a strike of healthcare professionals. We are also pleased to have been notified recently that we will again have delegates with us in Spring 2016 for an eight week placement to further support the development of family services in Uganda.

We continue to maintain and develop our links with our colleagues in Japan who are facing a big task in attempting to implement family work in an area with a large population where this type of work is very underdeveloped as yet. The family work charity in Japan, Minna-Net, has been amazing in securing funds for five people to train in Behavioural Family Therapy. We will be providing supervision to those trained and continuing our on-going discussions with Professor Sato and with representatives from Minna-Net.

So, all in all, plenty of interesting things to read including a report from one of our local workers about her work with the Increasing Access to Psychological Therapies Bipolar work. We also have information in this edition about a number of new websites, apps, resources and notifications about forthcoming events that should be helpful to anyone involved in this area of work either with families or with people with psychosis.

So to finish, I hope that there is something in this edition for everyone and that you find it interesting and stimulating. Until the next time.

**Dr Gráinne Fadden**

# Bipolar Family Link Worker
# My Role with The Meriden Family Programme

**By Louisa Alderson, Community Psychiatric Nurse**
**Birmingham & Solihull Mental Health NHS Foundation Trust**

## Background to the Role

In October 2012, Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) was selected as a demonstration site for the Improving Access to Psychological Therapy for Severe Mental Illness (IAPT for SMI) Project for Bipolar Disorder. This project aims to increase access to a range of National Institute for Health and Care Excellence (NICE) approved psychological therapies for bipolar disorder, personality disorder and psychosis.

The 'Mood on Track' programme for service users with bipolar disorder and the Meriden Family Programme have developed a formal partnership with the Spectrum Centre for Mental Health Research to enable BSMHFT to demonstrate the value of a pathway for people with bipolar disorder which includes psychological interventions (Mansell, 2014).

The updated NICE guidance for bipolar disorder brings the recommendations regarding family work in line with those for schizophrenia: '*Offer a family intervention to people with bipolar disorder who are living, or in close contact, with their family in line with recommendation 1.3.7.2 in the NICE clinical guideline on psychosis and schizophrenia in adults.*' This reinforces the need for services to offer family based interventions to people with bipolar disorder and adds weight to the need for family work to be seen as part of their pathway of care.

My role as Bipolar Family Link Worker was developed as part of this project. I was seconded to Meriden for 15 hours per week for six months, the rest of my week I remained in my substantive role as Care Coordinator in a Community Mental Health Team (CMHT).

**The aims for the role were:**

- To offer family work to individuals identified via the 'Mood on Track' programme and their families.
- To complete assessment scales before, during and after the family work in order to gather data on the outcomes for the family work.
- To work alongside other clinicians to enhance their knowledge and skills in the delivery of family work.

## Raising the Profile of Family Work for Bipolar

Louisa Alderson

In my first few weeks in post, I contacted CMHT managers to arrange to meet with them to discuss my role, to raise the profile of family work for bipolar disorder and to think about how teams might be able to integrate family work into their practice. I also posted a news item on the trust intranet giving details of my role and contact information.

I met with several team managers across the organisation. A number of common themes were identified in relation to barriers to the practice of family work. These included:

- Access to appropriate supervision for clinicians
- Competence and confidence to implement family work
- Capacity issues
- Out of hours working
- Understanding of who might benefit from family work
- Other types of training taking priority based on team caseload (e.g. Dialectic Behavioural Therapy/Stop and Think training).

These themes reflect some of those identified through research into the implementation of family work (Fadden 2009, Leff 2000). There was also some evidence of confusion over who should or could be offered family work.

In terms of what works well when implementing family work in CMHTs, several areas were identified:

- Support from the Meriden Family Programme
- Co-working with a more experienced family worker
- Families being included in care in a less formal way
- Having an outside supervisor come into the team
- Having a structure within the team to allow family work to happen.

It was clear that family work takes place in some of our services but not routinely. In a team where family work is being implemented with some success, the team manager reflected that, prior to joining the team, they had little experience of family work and had heard reports that it

was time consuming. In contrast to this, after seeing family work being used and hearing feedback from carers, they were able to see the benefits and now fully support the implementation of family work.

## Identifying Families

The Meriden Programme links in with the Mood on Track team to provide information about family work to individuals attending the Mood on Track programme. Session 6 of the Mood on Track programme focused on family work. A member of the Meriden team attends the group to discuss what is involved in family work, the potential benefits, and is able to answer questions that individuals may have about the process.

This process enabled the Mood on Track team to develop a list of families interested in receiving family work. I met with the team to go through this list and was then able to start contacting families and their Care Coordinators to arrange initial meetings to discuss family work and begin the process of engagement.

The process of contacting families has raised some interesting questions for me, particularly in relation to the way in which we identify families who may benefit from family work. The identified families were predominantly individuals who had self-selected for family work; some had Care Coordinators and some were only seen in an out-patient clinic. Most were people who had been known to services for some time, i.e. they were not new referrals, which raised the question as to why family work had not been considered before. I think the answer to this is quite complex but may reflect a number of issues such as:

- Family work not being seen as a priority for teams
- Clinicians thinking that the families do not have 'problems'
- Lack of understanding of the purpose of family work
- Lack of time on the part of clinicians to adequately reflect on their practice and to consider the interventions we offer to service users and their families.

For those families where the service user was only seen in an out-patient clinic, it also raised the question of who would offer family work, as in many instances this is an intervention offered by Care Coordinators. However pressure on caseloads may make it difficult to allocate time of a Care Coordinator solely for the provision of family work.

One individual I contacted advised me that they would have benefitted from family work shortly after the last home treatment admission. However they had now returned to work, things were settled and it would be difficult for them to fit in. It was too little too late, and they felt that it should have been offered by their own CMHT earlier.

Very few families were identified via other routes. One family contacted me directly after a family member who works within the trust had read an article on the organisations intranet. They were in a position where the individual with bipolar disorder was newly diagnosed and had just been discharged from hospital. They were very keen to have more involvement and to be able to understand their mental health difficulty more clearly.

## Progress and Feedback

I am now actively working with nine families alongside either their Care Coordinator or members of the Mood on Track team. There are a further three families engaged in family work either within their own CMHT or with the Meriden team. Feedback from families has been positive. One family noted that this was the first time they had sat down to speak about their difficulties. Another service user was surprised by how much their family knew about the diagnosis and early warning signs. A third family told us that it was helping them to see things more clearly and to be able to address problems.

There are now a growing number of families requesting family work via the Mood on Track groups and more work will need to be completed to identify ways of meeting this need.

## References


Fadden, G. (2009). Overcoming barriers to staff offering interventions in the NHS. In F. Lobban & C. Barrowclough, A Casebook of Family Interventions for Psychosis. Chichester: Wiley and Sons. pp. 309-335

Leff J. (2000) Family work for schizophrenia: practical application. Acta Psychiatrica Scandinavica: 102 (Suppl. 407): 78-82.

Mansell, C (2014) Improving Access to Psychological Therapies for Bipolar Disorder. Meriden Family Programme Newsletter, Vol 4, Issue 1. June 2014.


### Family Work in Early Psychosis DVDs – Transcripts

Our training DVDs have proved very popular – those trained in Behavioural Family Therapy use them extensively for training courses, refresher courses and supervision.

We are currently preparing transcripts of the DVDs which can be used as an accompaniment to the DVDs, and will be beneficial in a number of ways:

- For those with hearing difficulties
- For those who wish to examine the flow of therapy in supervision sessions
- For those where English is not their first language

**We anticipate the booklets will be available for purchase in Autumn 2015.**

# Family Peer Support Training in Castlebar, Ireland

**By Veronica Burke, Project Lead and Senior Social Worker, Mayo Mental Health**

***Dr Gráinne Fadden, a native of Castlebar, recently visited her hometown in the west of Ireland to provide the final day of training for Bealach Nua, a new peer-led family support service for relatives of people with mental health difficulties. The previous two days of training was provided by Peter Woodhams, Carer Consultant, and Paula Conneely, Clinical Specialist with the Meriden Programme, in March 2015.***

This training was based on the 'Caring for Yourself' (2012) programme developed by the Meriden Programme and Rethink Mental Illness in the U.K. It was provided for family, friends and professionals attached to the support service. The training is a self-help, recovery oriented programme for families, friends and professionals supporting people with mental health issues. The 'Caring for Yourself' programme includes information about:

- Being in a caring role
- Taking care of yourself
- Getting your own life back
- Finding information about what your relative or friend is going through
- Dealing with problems
- Talking about what is going on
- Supporting your relative or friend

Bealach Nua (translated as 'New Way' in English) is a new family support service jointly managed by the Mayo Adult Mental Health Services and Shine, a national voluntary organisation that supports people with mental health problems and their families. This innovative service offers one to one support through its Relative Peer Support service to families of people with mental health difficulties that are attending the Mayo Adult Mental Health Services.

Bealach Nua provides relatives of people with mental health difficulties with emotional support, information, mutual understanding and experience, and links with community supports. The Relative Peer Supporter can also provide relatives with practical skills that will enhance day to day interactions within the family, such as achieving goals, problem solving and communication skills.

The Relative Peer Support Service is being offered to family members or significant others of an individual attending the adult mental health services. This free service is provided by relatives with lived experience of supporting a family member with mental health challenges. For many families, it can be easier to talk to someone who has been in a similar situation and who understands what they have been going through, compared to talking to a professional. A relative peer-led drop-in clinic is also being provided on a weekly basis in the acute unit as part of the Bealach Nua Project.

This new service also targets people who are admitted for the first time to the acute unit, and their families, by offering them an individual and family assessment as well as providing them with information on support services for relatives in Mayo including Bealach Nua and Behavioural Family Therapy (BFT).

The third arm of Bealach Nua Project is the provision of BFT co-facilitated by a relative with lived experience. This new role for relatives in the Irish context will hopefully challenge professionals' misconceptions about relatives,

From left to right: Veronica Burke, Senior Social Worker; Gráinne Fadden, Director (Meriden Family Programme); Joan Higgins, Relative BFT Facilitator; Ann Duffin, Social Work Team Leader; Maria McGoldrick, Relative Peer Supporter; Greg Kelly, Relative Representative; Mary Rose Staunton, Relative Peer Supporter and Catherine Walsh, Principal Social Worker.

and will also work towards reducing stigma. Relatives have been co-facilitating BFT in the U.K. for some time and this has led to valuable benefits not only for the service but also the family member. Joan Higgins, Relative Peer BFT Facilitator reported:

***'I am really enjoying the opportunity of using my skills to help support families in distress.'***

To date, Bealach Nua has engaged in long term work with 14 families and has had initial contact with seven other families who were outside the project remit or did not engage further. One family is currently benefiting from BFT co-facilitated by a Relative Peer Supporter trained in BFT.

Speaking of the new service, Dr. Fadden said:

***'It is fantastic to see that my home town is leading the way with the development of this innovative service. Family members who have experience of coping with mental health difficulties in their family have so much to offer to others in similar situations. It also makes sense when mental health resources are stretched that we avail of the knowledge, expertise and skills of family members. Those who have developed this service should feel proud that Castlebar is one of the few places in Ireland where this service is offered.'***

The final days training provided the opportunity to review how the project had progressed since its inception in May. This was a useful opportunity to look at what was going well and what were the barriers to the progression of the project. The Relative Peer Support Worker, Maria McGoldrick, reported on the job satisfaction she got providing a service where she felt she could contribute greatly to family members feeling listened to and understood. The Project Lead, Veronica Burke, Senior Social Worker, commented that she was surprised that most of the families came to the service through word of mouth and were very often in crisis and coping with very challenging situations.

In particular the training looked at how best the Relative Peer Support Workers own support needs could be met through supervision and peer support. Other key topics covered on the day were managing risk, setting ground rules and confidentiality as well as self-awareness and avoiding traps and pitfalls. Mary Rose Staunton, a Relative Peer Support Worker who attended the training explained:

***'The Meriden training gave me an excellent grounding for my role as Relative Peer Support Worker. It afforded the opportunity to understand the context of the role and the possible challenges which may lie ahead. The training programme also provided an invaluable set of tools for working with families, namely the 'Caring For Yourself' manual which has been very useful for families to focus on their own wellness and to empower family members to move forward with their lives providing hope for the future'***

## The Bealach Nua Team:

**Veronica Burke** – Project Lead and Senior Social Worker
**Catherine Walsh** – Principal Social Worker
**Mary Rose Staunton** – Relative Peer Support Worker
**Maria McGoldrick** – Relative Peer BFT Facilitator
**Joan Higgins** – Relative Peer BFT Facilitator

## Reference

Fadden, G., James, C., Pinfold, V. (2012) *Caring for Yourself – self-help for families and friends supporting people with mental health problems*. Rethink Mental Illness and Meriden Family Programme. Birmingham: White Halo Design.

# The Friends Project


***The 'Family Recovery Initiatives by Engaging, Networking, and Developing Supports' (FRIENDS) Project was a pilot initiative led by Anne Marie Flanagan from Shine, that ran from November 2013 to March 2015.***

The FRIENDS Project was borne out of the Midwest 'Advancing Recovery in Ireland' (ARI) Project in an attempt to meet the unique need for further support and inclusion of family members within the Midwest Mental Health Services. The FRIENDS Project was run by a partnership between SHINE, the HSE Midwest Mental Health Service inclusive of Midwest ARI, and the three Peer Support Centres in the Midwest (Aras Follain, Le Cheile, and Emotions).

The Project aimed to support relatives of people who experience mental health difficulties by developing a model of recovery, peer support, education and advocacy. The model has been informed by existing learning within the SHINE Family Education course, the Rehabilitation and Recovery training modules (Wellness Recovery Action Plan (WRAP), self-advocacy and peer support) and the SOS Wellness Breaks and workshops, some of which have been adapted in order to place more of an emphasis on the perspective of family and friends.

Following a successful application to Genio, an organisation in Ireland which works to bring government and philanthropic funders together to develop better ways to support disadvantaged people to live full lives in their communities, the FRIENDS Project commenced in November 2013 with the employment of a Training and Development Worker, and the establishment of a multi-agency Steering Group.

Firmly rooted in a recovery ethos and underpinned by values of inclusion, empowerment and partnership, the FRIENDS Project had three primary aims:

1. To develop a model of recovery and self-care for relatives of people accessing mental health services
2. To establish a panel of relatives with skills and capacity to provide peer support and training to other family members, both individually and in groups
3. In agreement with HSE Midwest, develop a strategy to support the inclusion of relatives in the delivery and development of mental health services.

The values and ethics of WRAP have provided a useful self-help tool for family members to provide specific support which is of most use to their relative, while at the same time keeping an emphasis on their own self-care and wellness. In this regard, the FRIENDS Project has piloted a model of recovery and self-care for relatives of people who experience mental health issues, in order to enable them to develop the skills and capacity to provide peer support to each other individually and in groups.

Family members and service users have been included in the development of a Family Support Strategy within the Mental Health Services, to inform the inclusion of relatives and carers in the delivery of services. This entailed a detailed needs analysis and strategic plan exploring the possibilities of carers' assessments, assigning keyworkers to families, a joint approach to developing an Information Sharing and Support Protocol, and including relatives in providing in-service training and education initiatives for staff.

Drawing on their strong ethos of inclusion and co-production, family members played a significant role in the evaluation of the FRIENDS Project through their engagement with Participatory Action Research. Relatives were trained in the areas of confidentiality, research ethics, and practical research methods. Following training, relatives facilitated focus groups with key stakeholders and contributed valuable feedback on the final evaluative analysis.

An evaluation of the project, conducted by Dr Aimie Brennan, has been published. This evaluation was launched at a national conference in Limerick, Ireland in May 2015. The conference was attended by family members and professionals from different areas in Ireland with Dr Gráinne Fadden as the keynote speaker. A supervisory workshop for those who had been trained as peer support workers was provided on the day before the conference.

Dr Brennan summarised the outcomes in terms of those trained as peer support workers as follows:


The panel of speakers at the conference in Limerick, May 2015

- 24 family members attended 7 weeks of peer support training, with a focus on recovery.
- Family members trained ranged in age from 33 years to 83 years.
- Through the training process, a significant bond developed between family members.
- 31% of participants felt that their overall feelings of well-being improved.
- 38% of participants felt the relationship with the person they care for had improved quite a bit.
- Relatives gained a greater understanding of recovery and practiced principles of self-care.

In her conclusion she notes:

- It is most likely that the initial motivation for family members' participation in the project was to get assistance for their loved one.
- Relatives have also developed and enhanced their skills and are now ready and willing to support others in their recovery journey.
- Relatives, professionals and service providers have been impressed at the level of commitment and the progress achieved in such a short time frame.

**Reference:** Brennan, A. (2015) Friends Project Evaluation. Agora Research and Learning Alliance.

# Training Trainers Course – Dublin 2015

**By Paula Conneely, Clinical Specialist, Meriden Family Programme**

In May this year, the Meriden Family Programme was delighted to have the opportunity to run our first "Training Trainers" course outside of England. As many will be aware, the Meriden Programme has always promoted cascade training whereby practitioners trained in the Behavioural Family Therapy (BFT) model can go on to train as local training providers and supervisors. This enables organisations to offer local, cost-effective training to groups of clinicians and helps ensure that BFT becomes both embedded and sustainable within the workforce. As such, we have offered a 5-day intensive Training Trainers course in Birmingham, England, on an annual basis since the Programmes conception in 1998 and have since trained 348 BFT Trainers from the U.K. and countries around the world.

As part of our on-going work with the Health Service Executive (HSE) in Ireland, the Meriden Programme delivered our first 'Training Trainers' course in Dublin in May of this year. Eighteen practitioners, selected from all over the country, came together as part of the Early Intervention in Psychosis Clinical Programme's aim of ensuring that evidence-based family work becomes a core intervention offered by their newly developing Early Intervention Services. These 18 practitioners will now be delivering regular Behavioural Family Therapy training courses and supervising staff locally. In fact, the first course has already taken place in Kildare.

The course itself mirrored the standard course offered in Birmingham with some additional bespoke elements. A particular focus was on supervision, as the trainers will be expected to offer this as a core element of their new role. Several 5-day BFT courses have already been delivered in Ireland and supervision and support for existing BFT workers was a priority. However, developing presentation skills and the facilitation of role-play groups remained a fundamental aspect of the 5-day programme. We were also able to involve Ms. Rhona Jennings, Project Manager for the Mental Health Clinical Programme and several of the existing Irish BFT Trainers in rolling out the training, affording the opportunity to really consider the details of putting BFT into practice and ensuring a robust foundation to the implementation of family work in Ireland.

**For more information on the work of the Meriden Programme in Ireland, please contact:**

- Dr Gráinne Fadden, Director of the Meriden Family Programme
  Email: grainne.fadden@bsmhft.nhs.uk
- Ms. Rhona Jennings, Programme Project Manager, Mental Health Clinical Programme, HSE
  Email: rhona.jennings@hse.ie

Comments from those who attended the course included:

***"Programme content and presentation reflects years of work and revision on the quest for perfection. As someone who is often challenged in being organised especially with admin and paperwork, most impressed with time keeping and scheduling modelled to group throughout the week."***

***'All presenters very professional and encouraging throughout."***

***"Very full content, nicely paced, plenty of time for feedback. Very committed to the learning process."***

***"Excellent delivery of theory and practice. Role-playing was hugely educational, with challenging role-plays/ supervisions very useful. Approachable facilitators".***

***"Very clear. Flowed very well and presented in a way that was easily understood. Very engaging".***

***"Excellent presentations and detailed layout of the programme. Very useful detail in planning and setting up training".***

# Moving Forward With Family Work in Nigeria

**By Peter Woodhams**
**Carer Consultant, Meriden Family Programme**

***In our newsletter published in December last year, we reported on the training undertaken with Meriden by four clinicians from Benin City in Edo State, Nigeria under the Commonwealth Fellowship Scheme.***

***Since then, the team comprising Doctors Igbinomwania, Thomas and Uteh along with Mrs Nkechi Igbinigie have shown great enthusiasm in delivering training in Behavioural Family Therapy to clinical staff based at the Neuropsychiatric Hospital in Benin City. A process of referral has been agreed with the support of the Medical Director, Dr Sunday Olotu and plans have been drawn up for future training and BFT implementation.***

***The team prepared the following report outlining their progress so far.***

## Report on First Phase of Behavioural Family Therapy Training

**Dr. Igbinomwanhia Nosa Godwin, Consultant Psychiatrist**
**On Behalf of Commonwealth Fellows 2014**

Following on from our last report and contribution to the Meriden Newsletter, we are glad to report that the 2014 Commonwealth Fellows have finally been able to train the first group of selected clinical services personnel in Behavioural Family Therapy. Before now, onset of the training had been delayed due to unforeseen circumstances, including a series of nationwide strike actions in the health sector. However, the first phase of training has now been successfully completed.

All participants in this phase of training were medical doctors because at the time of training, other categories of health care staff including nurses, clinical psychologists, occupational therapists, and social workers, were on a nationwide strike that lasted about two months.

Our observations from the training, as well as recommendations on ways to enhance future training and BFT service delivery have been submitted to the hospital management.

The next phase of BFT Training is expected to include a mix of professional clinical staff as the strike action by other categories of health personnel has finally been called off.

Trainers and participants on the recent BFT course in Benin

Dr Felicia Thomas facilitating a small group on the course

# Commonwealth Fellowship 2015

**By Peter Woodhams, Carer Consultant – Meriden Family Programme**

As a result of the successful training programme with Meriden undertaken by clinicians from Benin City in Nigeria in 2014 under the Commonwealth Fellowship Scheme, a group from Kaduna (also in Nigeria) applied to the Commonwealth Fellowship Scheme for a similar programme earlier this year.

The team who undertook this programme were Dr Asiya Mohammed, Mrs Saraya Tanko Yashim, Dr Aishatu Abubakar-Abdulateef and Dr Mohammed Abdulaziz who were all nominated by the Medical Director of the Neuropsychiatric Hospital in Kaduna, Dr Taiwo Lateef Sheikh.

As in previous years, the seven week training period comprised completion of Meriden's Behavioural Family Therapy course, the Caring for Carers course, a carers' education and support programme, and the Training Trainers course to enable the training to be cascaded in Kaduna State. The courses were supplemented by visits to teams within Birmingham and Solihull to learn how family interventions are incorporated into service delivery, and also to other services in the West Midlands.

Here the group are pictured with the team at Worcestershire Early Intervention Service

## EUFAMI's 6th European Congress
## Ramada Sofia Hotel in Sofia, Bulgaria
## 19th and 20th September 2015

**Registration for the congress is now open – log onto www.eufami.org/congress-2015**

### BACKGROUND

The main reason for selecting Bulgaria is to help raise awareness of the situation for families of people with mental illness in Bulgaria and surrounding countries. EUFAMI is very much aware that the development of the family movement in these countries is very much in an embryonic state, at best. We need to lend our support and assistance to our families and friends in these countries and we feel that one way of taking positive action is to bring our next congress to this part of Europe.

Families, relatives and carers of people suffering from mental health conditions make a huge difference for their loved one – and for society. They deserve to be heard and cared for. We want to shed light on family education and training, caring for carers, health issues for ageing family carers, and families' need for recovery. Therefore, this year's congress is about 'When East Meets West – Families at the Heart of Europe'. The congress is relevant to all family members and persons who have experienced a mental health condition themselves, as well as all members of the medical and social professions who practice or have an interest in the area of mental health related issues.

### WHO SHOULD ATTEND?

The congress will be of interest to all family members and persons with self experience, as well as all members of the medical and social services professions who practice or have an interest in the area of community psychiatric services.

### LANGUAGE

The principal language of the congress will be English. Simultaneous interpretation facilities will be provided at the plenary sessions; this service will be based on the requirements of registered delegates.

### HOW TO REGISTER

In order to register for the congress, log on to: www.eufami.org/congress-2015. Complete the Congress Registration Form and email to sofia2015-registrations@eufami.org. **Registration will not be complete until the delegate fee has been received into the congress account.**

### QUESTIONS

If you have any queries or require clarification on any matters related to the congress, please send your question to sofia2015-queries@eufami.org

# Implementation of Family Work in Mental Health and Addictions in Nova Scotia April 2012 – March 2015

## Project Evaluation

**By Cheryl Billard**
**Capital Health Addictions & Mental Health Programme, Nova Scotia, Canada**


Cheryl Billard

The need to change the way addictions and mental health services worked with families became clear in discussions and focus groups with the families of people living with addiction and/or mental illness. Common themes included isolation, frustration, helplessness, stress, limited information, and lack of support. Additional evidence emerged from self-evaluations completed by clinical areas. These evaluations indicated collaboration between providers, families and people receiving services was in need of improvement.

Consequently, finding new ways to support and involve families through improved collaboration became a priority area within the Capital Health Addictions and Mental Health Program (CHAMHP) in 2009. In May of 2012, this theme was identified as a key initiative in the 'Together We Can' Mental Health and Addictions Strategy for Nova Scotia.

A number of challenges or barriers have been identified that prevent involvement and support for families in care. For example, mental health systems have traditionally been set up to care for the individual with the illness. The role of families in care and the needs of families have not been recognized by service providers. Family involvement has often been limited to providing collateral information or being invited to discharge planning meetings. These practices are in part due to the fact that clinicians have not received training on models of family interventions and report not having the skills to work with families. In addition, workload, stigma, and issues of confidentiality play a significant role in limiting family involvement.

In order to address a number of these challenges, and support meaningful family involvement in care, Mental Health and Addictions Programs across the province, partnered with the Mental Health Foundation of Nova Scotia and the Meriden Family Programme (www.meridenfamilyprogramme.com) to develop a plan for training and implementation of evidence-based family interventions. Through consultation, the Meriden Family Programme recommended specific components such as training in Information Sharing/Confidentiality in alignment with our provincial Personal Health Information Act, Behavioural Family Therapy (BFT) training and delivery, and Family Education and Support training and delivery (Families Matter in Mental Health).

The focus of this plan over the past three years has been the implementation of two intervention programs. The first being BFT; an intervention program that includes the client and family members in sessions, called **Family Work**. The second being Family Education and Support, an 11 week group education and support program for family care givers, called **Families Matter in Mental Health**.

The research demonstrates the impacts of these family interventions as being:

a) Decreased stress on families

b) Improved coping skills

c) Decreased isolation

d) Decreased relapse rates

e) Improved adherence to medications

f) Improved recovery for the person living with mental illness

The most recently updated Cochrane Review of family interventions (Pharoah et al, 2006) included the results for 43 studies and 4124 participants. Findings were consistent with previous reviews indicating that family interventions reduce relapse and hospitalization rates, improve concordance with medication, and reduce the costs of health care.

In 2012, the Capital Health Mental Health Program submitted a three year proposal to the Mental Health Foundation of Nova Scotia requesting funding to implement these approaches.

### Goals and Objectives

The goals and objectives identified in the initial three year proposal are as follows:

**Goals**

- All health care districts in the province will have an awareness of person and family-centred practice characterized by providers, individuals living with mental illness and families working together to achieve effective treatment.
- Clinicians will be trained to deliver evidence-based BFT (Family Work) interventions, which are effective in reducing rates of relapse, crises and readmission
- Larger health care districts will have Family Work trainers and supervisors who will act as mentors and ensure continued delivery of evidence-based family interventions through training and supervision.
- Patients and families will be recognized as key stakeholders in determining what best outcomes look like for them at various stages of the recovery process.
- An education and support program for families/ significant supports will be developed and implemented across the province.

**Objectives and Key Activities**

*Year 1 (2012)*

Objective: Build capacity in Capital Health and provide an introduction of Family Work approaches across the province.

*Key Activities*

- BFT training for Capital Health
- Families Matter in Mental Health facilitator training for Capital Health
- Leadership Training in Family Sensitive Care – Provincial Managers and Clinical Leaders
- Supervision sessions for those trained in Family Work
- Family Work training for Advanced Trainers and Supervisors in the UK

*Year 2 (2013)*

Objective: Focus on building capacity; which involves engagement, organizational preparation and initial training for Districts ready to work with this priority.

From Left to right: Chris Mansell, Julia Danks, and Martin Atchison (Meriden Family Programme Trainers)

*Key Activities*

- Family Work training for province
- Meriden site-visit consultation and workshops
- Families Matter in Mental Health facilitator training for province
- Provincial Steering Committee established
- Supervision
- Family Work training for Advanced Trainers and Supervisors in the U.K.

*Year 3 (2014)*

Objective: Complete provincial engagement on supporting families, introduce Behavioural Family Therapy to acute inpatient settings, and support implementation of family interventions/programs.

*Key Activities*

- Family Education and Support Program training
- Meriden site-visit consultation and workshops
- Supervision of advanced trainers from the Meriden Family Programme
- Supervision of those trained in Family Work
- Family Work training for Acute Care and general Family Work training
- Family Work training for Advanced Trainers and Supervisors in the U.K.

This initiative, to support and involve families through changing practices, is gradually building momentum. Training and infrastructure support for family engagement, skills development, and system leadership is influencing how we work with families. Generally there is an increased awareness of the importance of family involvement in care and the affect it has on the recovery of the person living with mental illness and/or addiction. The province-wide consultations began an engagement process with providers, leaders, clients and families. These site consultations resulted in local recommendations for further development and action plans.

Standardized training has been made available provincially through the direct and indirect involvement of the Meriden Family Programme, which has led training of a cohort of clinicians and family member facilitators. Within the province, capacity for local training and supervision has been achieved with the advanced training of twelve Trainers and Supervisors. Structures for on-going supervision, skills development, and support are established through ten peer supervision groups. For provincial oversight, the 'Supporting Families Steering Committee' was established with designated leads from each district and family member representation. These infrastructures support implementation and sustainability for continued family involvement, provision of family interventions, and programs.

There has been significant uptake and interest in the delivery of Families Matter in Mental Health Programs

within the province. This program, offered by the formal system in partnership with the Schizophrenia Society of Nova Scotia and the Healthy Minds Cooperative, has generated family and public/community involvement and is reaching families. Families are reporting they are less isolated and are learning important information and valuable skills from these programs. They are having a significant impact in connecting families and providers and are making a difference.

BFT (Family Work), the evidenced based psychoeducational approach for individual families, is being offered in a few districts / teams. The service environment, including resources, workload pressures, team philosophy, and leadership are key external factors that help or hinder offering this intervention. It has also been noted that provider confidence and the belief that Family Work will make a difference to the family has a significant impact on whether or not families are offered the intervention. Many providers/teams are not sure about when to offer Family Work, and to whom. This evidenced-based intervention has not yet been integrated into treatment offerings. This approach is in early stages of implementation and is not yet viewed as a core clinical service. Leaders and providers are just beginning to appreciate that services have a duty of care to the families living with mental illnesses and/or addiction.

Providing families family sensitive care, offering them specific interventions and programs is a significant culture change. Responding to the person living with mental illness and/or addiction in the context of their family (social support network) is not the usual approach in care. Responding to the needs of the family and providing them support in their role of care givers is not part of routine care.

Continued leadership and support for system changes and delivery of family based programs/interventions is required. The uptake on the work with families has been dependent on the readiness of a service and competing priorities. The implementation of this initiative has rolled out in different stages depending on the district. This approach relies on the willingness of services and has supported a gradual application. The goal of family sensitive care and integration of evidenced-based family interventions is currently not an expectation.

The experience of families is changing and as interventions/programs become known and recognized the demand will make these more available to families and clients seeking this help.

In conclusion, over the past three years there has been a significant shift in the awareness, understanding of families' needs and their involvement in Mental Health and Addictions Services. Family collaboration in care, through service planning and evaluation is being supported by a number of standards, strategies and guidelines. This initiative focused on engagement of providers, leaders, clients and families, provision of training to support family sensitive practices, and support for implementation. There has been significant involvement of Mental Health and Addictions organizations, leaders and providers working with families to support person and family centred care. The standardized training and structured supervision/support was made available to all districts. The implementation of family education and support programs has been embraced by many services where providers and family facilitators work together.

Nova Scotia Behavioural Family Therapy Training – June 2012 First cohort of trained Family Workers with Trainers from the Meriden Family Programme

The systems to support this work are in early stages of development. Tracking family work, integrating the approaches in the standard care, and evaluation of the interventions has been limited. Provincial capacity for family sensitive care is in progress. Advanced trainers are in place in 4 districts (two zones). These advanced trainers are prepared to train, supervise, consult, plan, and evaluate the on-going development and delivery of family sensitive care. Families are coming forward and they are receiving more support as they provide care to their loved one living with mental illness and/or addiction. There is capacity to offer evidence-based interventions to meet family needs and we have a way to go for these to be integrated and offered as part of routine care.

## Acknowledgements

**Meriden Family Programme:** Gráinne Fadden, Chris Mansell, Peter Woodhams, Martin Atchison, Paula Conneely, Julia Danks

**Family Work Team (CHAMHP):** Angela Naugle, Lianne Nixon, JamieLee Liddell, Jenna MacKinnon, Dani Himmelman, Donna Methot

**Provincial Steering Committee:** Patricia Murray, Cheryl Billard, Ivan Drouin, Jenna MacQueen, Samantha Hodder, Elaine Hanrahan, Mel MacNeil, Dean Perry, Maureen Jones, Greg Purvis, Cecilia McRae, Tracey Gerber, Clara Millar, Todd Leader, Donna Methot

**CHAMHP Quality & Evaluation:** Laura Ankcorn, Patryk Simon

# Engaging Families, Improving Recovery!

Jenna McKinnon

**By Jenna McKinnon, Nova Scotia**

***Let's all take a moment and reflect upon what is most important in our lives. I believe most people would look past money, status, and material things and say 'family'; our partners, our children, our parents, our brothers and sisters, our aunts, uncles, cousins, and even maybe our in-laws!***

Let's think about health and what it means to be healthy. Think about how the health of our family impacts our lives. Sometimes every aspect of our daily life is affected when someone we are close to becomes unwell. Think about your own personal interaction with health care when someone you love has needed help. Were your loved one's needs considered on the basis of being a family member? Was the family unit considered when treatment options and recovery were addressed? As a family member, were you satisfied with the service you received?

Now let's think about our caseloads, the people we care for; our clients, patients, consumers, the individuals we serve. Where did they come from? What have they been through? Whose lives have been impacted by their health and recovery? They are connected to people who have raised them, lived with them, and rode the roller-coaster of mental health with them. The people closest to the individuals we serve have lived lives shaped by the presence of a mental illness. How have those loved ones coped? How has their coping impacted their loved one's recovery? How has their coping impacted their own recovery? What support have they received?

Sometimes, as clinicians, it's hard to view people with a different perspective, especially if we have been working with them for a long time and have been through a lot of their history. Sometimes we are privy to information about their family and the impact their family may have had on them. As much as we don't like to admit, this may influence assumptions we may make about the person, their health, and their recovery.

Sometimes we are nervous about opening up potential conflicts within the dynamic of family because we fear negative outcomes for everyone. Sometimes we do not support involving family or only involving family in a particular way because of logistics, system operations, time, and confidence. If we start to view our role as that of support and guidance to families and the individual living with mental illness and/or an addiction, then we are getting on the right track to building capacity within the family unit. Capacity to cope, support, and sustain their own health and wellness.

If we take the time to stop and think about people as extensions of their family, the care they receive will be enriched and meaningful. The impact of this will be felt through the most important aspect of their lives, their family. If we help strengthen and empower families to become active in their recovery, then we strengthen the service we give, the system in which we work, and the community in which we live.

We do have a role in supporting healthy family relationships. Let's think family. Let's ask ourselves what we are doing to engage families in our practice. Let's ask ourselves if we are meeting the needs of the family along with the person. Let's keep in mind that mental health issues tend to be prevalent in families, and family members are three times as likely to be dealing with their own mental health issue. Let's look at and respect family as equal partners with their loved one's care. Let's start including family in recovery. Wouldn't you want this for your family?

For further reading about involving families and outcomes:

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Cohen, A.N., Glynn, S.M., Murray-Swank, A.B., Barrio, C., Fischer, E.P., McCutcheon, S.J., Perlick, D.A., Rotondi, A.J., Sayers, S.L., Sherman, M.D. & Dixon, L.B. (2008). The family forum: directions for the implementation of family psychoeducation for severe mental illness. Psychiatric Services, 59(1), 40-8.

# Enabling Recovery: The Principles and Practice of Rehabilitation Psychiatry (2nd edition)

**Edited by Frank Holloway, Sridevi Kalidindi, Helen Killaspy and Glenn Roberts**

***How can people with severe mental health problems be supported in their personal recovery? This question lies at the heart of rehabilitation psychiatry, and perhaps of mental healthcare as a whole.***

The recovery approach is now very much in the mental health mainstream. Since the first edition was published in 2006, there has been significant progress in our broader understanding of how people experiencing severe mental health problems can be supported in their personal recovery journeys and rehabilitation psychiatry is firmly now established as a psychiatric sub-specialty. Enabling Recovery is an up to date comprehensive overview of contemporary practice within psychiatric rehabilitation services. It offers a practical and operational guide which takes the reader logically and systematically from foundation to clinical practice to service development.

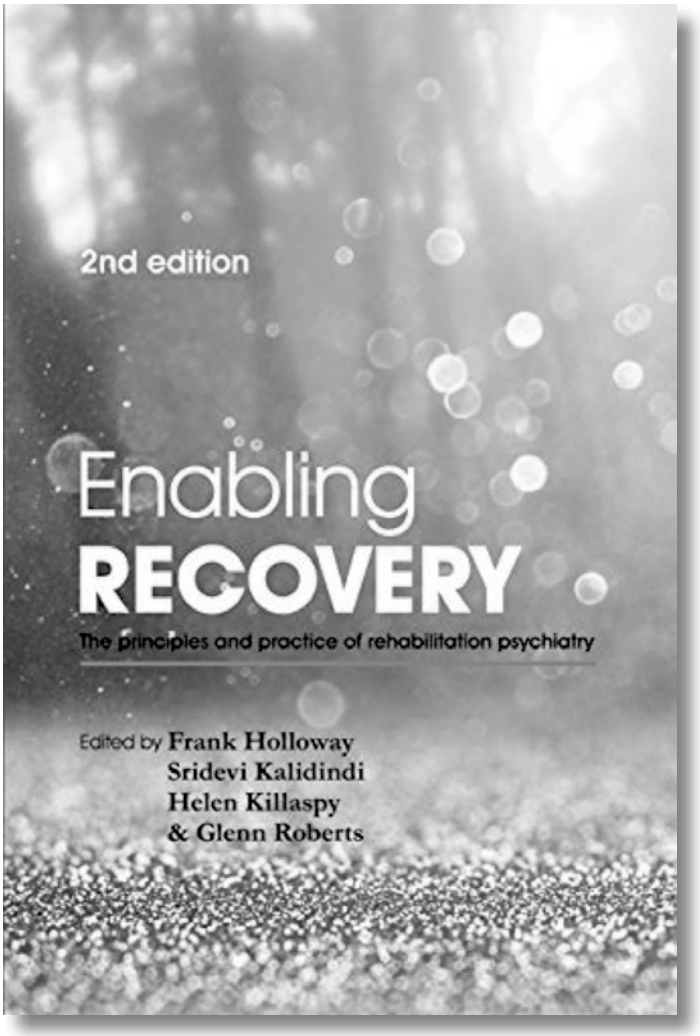
The book is divided into four parts, although each chapter is self-contained and lends itself as a reference text to be dipped into. It begins by addressing key conceptual issues surrounding rehabilitation practice and describes the wide range of therapeutic treatment options available. It then reviews the key building blocks of an effective rehabilitation service, encompassing both hospital and community care.

Lastly, it covers a range of special issues, including: specific disorders (such as acquired brain injury and autism spectrum disorder); the complex area of risk management; international perspectives on rehabilitation; how to expand the evidence base; and future directions in policy and practice. Enabling Recovery is written to help all psychiatrists and will be useful for the whole multidisciplinary mental health team, plus other disciplines and medical students.

The second edition has been completely revised and contains several new chapters.

- The only UK text to focus on the recovery approach in rehabilitation psychiatry.
- Edited and written by pioneers and leaders in the field.
- Evidence-based, up-to-date and comprehensive.

Dr Gráinne Fadden and Dr Alan Meaden, both from Birmingham & Solihull Mental Health NHS Foundation Trust have contributed chapters on Family Interventions and Assessment in Rehabilitation Services respectively.




## About The Editors

**Dr Frank Holloway** is Emeritus Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust (SLAM) and is a former Chair of the Faculty of Rehabilitation and Social Psychiatry, Royal College of Psychiatrists.

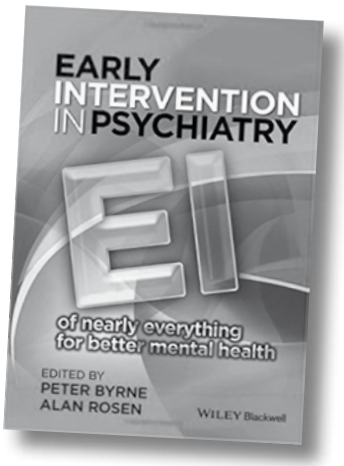
**Dr Sridevi Kalidindi** is Consultant Psychiatrist in Rehabilitation, SLAM and Chair of the Faculty of Rehabilitation and Social Psychiatry (2013-17).

**Dr Helen Killaspy** is Professor of Rehabilitation Psychiatry, Division of Psychiatry, University College London and is a former Chair of the Faculty of Rehabilitation and Social Psychiatry.

**Dr Glenn Roberts** is a Consultant Psychiatrist in Independent Practice and formerly Academic Secretary of the Faculty of Rehabilitation and Social Psychiatry and Lead on Recovery for the Royal College of Psychiatrists.

Price: £35.00
Royal College of Psychiatrists members' price: £31.50
Published: July 2015. Format: Paperback
Number of pages: 496. ISBN: 9781909726338

# EI of Nearly Everything for Better Mental Health




**Edited by Peter Byrne and Alan Rosen**

***Early intervention (EI) is the single most important advance in mental health care in recent decades, representing a key shift in both theoretical standpoint and service delivery.***

*Early Intervention in Psychiatry* clearly describes best practice for extending this approach to all psychiatric disorders. Beginning with the rationale for EI, it informs interventions in people from all age groups across the lifespan, from perinatal to old age. It addresses EI in specific settings, such as primary health care, community health, the general hospital, non–government agencies, in social movements, and for specific disorders including depression and anxiety, alcohol and substance use, childhood disorders, psychoses, bipolar disorders, eating disorders and borderline personality disorders.

*Early Intervention in Psychiatry* is an essential guide for all psychiatrists, general practitioners, family physicians and public health doctors. It is also a valuable resource for mental health professionals and primary care colleagues, including nurses, social workers, psychologists, occupational therapists, vocational rehabilitation specialists, peer and support workers and for mental health commissioners and policy–makers.

Left to right: Dr Gráinne Fadden, Dr David Shiers (both contributors to the book), Professor Sir Simon Wessely, President of the Royal College of Psychiatrists, (who officially launched the book), Dr Alan Rosen and Dr Peter Byrne (both editors of the book)

Dr Gráinne Fadden has contributed a chapter on early intervention in family intervention across the lifespan and in a range of different behavioural and health difficulties.

## About the Editors

**Peter Byrne**, Homerton University Hospital, London; Royal College of Psychiatrists, UK

**Alan Rosen**, School of Public Health, University of Wollongong; Brain and Mind Research Institute, University of Sydney; Mental Health Commission of New South Wales, Australia.

## Launch event

The book was launched in June 2015 at the annual meeting of the Royal College of Psychiatrists by the President, Professor Sir Simon Wessely. Speaking at the launch, Dr Fadden summarised key common benefits of engaging with families across a range of different problems: ***'When families are involved in care, outcomes are better, adherence to treatment regimes is significantly improved and transition to expensive tertiary care is delayed or prevented resulting in reduced cost of care. What is significant is that this applies in such diverse areas as management of conduct disorders in children, eating disorders, management of psychosis and dementia care.'***

Hardcover: 432 pages
Publisher: Wiley-Blackwell; 1 edition (14 Nov 2014)
ISBN-10: 0470683422. ISBN-13: 978-0470683422

## Publication of Article

The Meriden team were asked to contribute an article to a special issue of the Social Sciences Journal looking at '***Understanding and Supporting Families with Complex Needs***'.

Our contribution '***Applying the Behavioural Family Therapy Model in Complex Family Situations***' was accepted for publication and is now available online. The article is free to read and download at: **http://www.mdpi.com/2076-0760/4/2/459**

# Study Visit by Social Worker from Japan

***In May this year we were pleased to be able to facilitate a visit to our Programme by Ms Rie Fukutani who is part of the Non-Profit Organisation (NPO) Assistance Centre for Independent Living based in Chiba Prefecture in Japan. Members of the Meriden team first met Rie in March 2013 at the Minna-Net Forum in Tokyo, where we had been invited to deliver presentations on our work here in the U.K.***

From left to right: Alison Lee, Sam Farooq, Rie Fukutani,Chris Mansell and Gráinne Fadden (holding one of Rie's cartoons)

Rie approached us late last year with a view to coming to spend some time with us to learn more about the work of the Meriden Family Programme. She felt this would provide valuable learning and aid her when dealing with her Japanese clients and their families on her own caseload.

She was able to secure funding for her visit through the National Horse Racing Welfare Foundation in Japan which provides travel scholarships and funding for training of staff from social welfare facilities in Japan.

After starting her round of educational visits in San Francisco, U.S.A., in April, Rie continued to the Trieste Mental Health Center in Italy, then to Oxford in the U.K., and finally arrived in Birmingham in mid-May to spend three weeks with us where we had a packed programme of activities planned. These included:

## My visit to the Meriden Family Programme in Birmingham

**By Rie Fukutani, Consultation Staff**
**NPO Assistance Center for Independent Living, Minamiboso City, Chiba, Japan**

*I received training at the Meriden Family Programme as the 43rd trainee of the National Horse Racing Welfare Foundation in Japan from 19 May to 4 June 2015. I am a social worker with a welfare institution that supports people with a variety of health challenges in Japan. I was keen to learn at the Meriden Family Work Programme and I appreciated this opportunity. I feel very happy to have had my dream come true.*

*In the training provided by the Meriden Family Programme, I observed mental health services in Birmingham city community-based NHS facilities. When I received an explanation of the concept of Recovery during the training, it was a significant eye-opener for me. Previously, I had thought that Recovery meant 'the condition of the person was restored, they had got better from their medical diagnosis, and back to being able to participate in ordinary life'. However, this was not correct. While in Birmingham, I understood the Recovery concept as 'to achieve one's aim in life', which for me was the most important point in this training. The Behavioural Family Therapy method was really impressive. It deals with various difficulties in each family situation.*

*It is difficult for me to understand English. However, all staff spoke carefully and slowly to me. I feel deep thanks for Dr Fadden and everybody's kindness during my visit. For me, they were the most unforgettable days of training I have ever received throughout my life.*

*I am now standing at the start line of this programme. I want to know this programme more deeply. I am going to continue to learn and practice this method and make it's use effective in my work place.*

*I would like to visit Meriden Family Programme and NHS in Birmingham again someday.*

***Thank you all very much.***

- Attendance at family work supervision sessions
- Spending time with Assertive Outreach Teams
- Learning about the Behavioural Family Therapy model, its evidence base and research
- Meeting staff at local mental health charities e.g. MIND, Stonham Homegroup
- Learning about the work of Early Intervention Services
- Undertaking 'Information Sharing with Family and Friends' training
- Visiting a young peoples' centre in Birmingham
- Visiting various facilities where service users are supported back into training and employment i.e. Park Lane Garden Centre and Bita Pathways
- Visiting the local Chinese Community Centre in Birmingham to see the range of activities available for members of the Chinese community

It is interesting that in our work with people in Canada and Japan, people are creative about getting funding for training from various organisations such as utilities companies, or in this case a horse racing welfare foundation. Maybe we need to think more creatively in general about possible sources of funding.


*Rie is very artistic and did little drawings for all of us before leaving – these now decorate our notice boards.*

# Delegation from Japan on BFT Course in Birmingham

**By Martin Atchison**
**Deputy Director, Meriden Family Programme**

***The Meriden Family Programme was delighted to welcome visitors from Japan to attend the BFT course which took place in Birmingham in June this year. This came about through Meriden's on-going links with colleagues in Japan linked with the organisation Minna-Net, who have visited services in Birmingham previously, and have been making efforts to develop mental health services in Japan, specifically with regard to the involvement of families.***

Six people from Japan have attended BFT courses at various points over the last 10 years, but this was the first time that there was a significant number of people attending at the same time. More importantly, they were attending the course following a consultation process by Minna-Net, so it was hoped that this would enable the clinicians trained in family work to have a more co-ordinated and effective plan to implement family work once they had returned to Japan.

Five clinicians attended the course. They were:

- Yoko Komatsu, Lecturer in Mental Health Nursing
- Miyoko Nagae, Lecturer in Mental Health Nursing
- Yoshiko Ohno, Psychiatric Social Worker
- Kazuhiro Sakai, Occupational Therapist
- Kazumi Yoshino, Mental Health Nurse

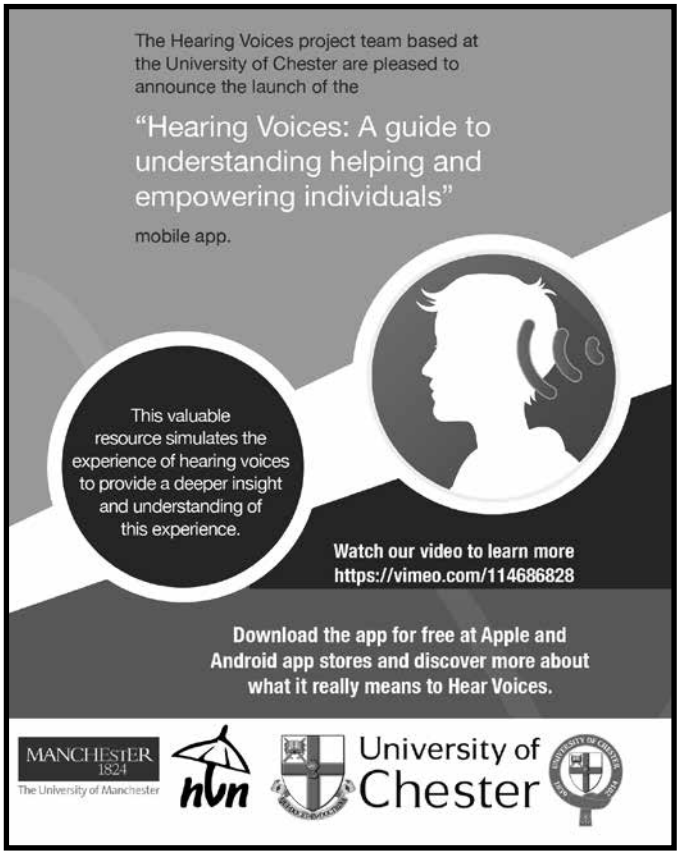
Gráinne Fadden and Alison Lee from the Meriden Programme along with Professor Sato and the five delegates from Japan

Additionally, Professor Atsushi Sato, Psychiatric Social Worker, based at Notre Dame University in Kyoto, attended the course as an observer. Professor Sato has visited the Meriden Family Programme previously and has been the driving force behind the efforts to improve the experience of families in contact with mental health services in Japan. An interpreter was also present. He was Chihaya Hinohara, a general surgeon, who, from his background in healthcare, was able to make some useful and positive comments throughout the week about the applicability of the model of family work in different settings, and present his views about the relevance of the model for Japanese families.

The visitors arrived from Japan the day before the course started so they had little time to adjust to the different time zone in the U.K., but they were all highly motivated to learn about a way of working with families that was different from their previous experience.

The group were provided with transcripts (in English) of the DVD clips shown to demonstrate the different components of the model. This was to ensure that they were able to pick up as much information as possible from the DVD and not miss anything due to language issues.

During the week the visitors themselves asked a lot of questions about the model of family work, but they were also interested to hear the questions and comments from the other trainees on the course who were mainly from Birmingham & Solihull Mental Health Foundation Trust. For example, some discussion took place about how the model could be applied across different cultures in Birmingham and Solihull. While this may be a familiar




Delegates from Birmingham & Solihull Mental Health Trust, along with Japanese delegates and Meriden Family Programme staff

theme for those working in some parts of the U.K., it was quite a novel experience for the visitors from Japan, who described their own culture as generally homogenous.

The group had the opportunity at the end of each day of the course to discuss their learning up to that point and to ask any questions about applying the model back home. From our previous contact with colleagues from Japan, we were aware that cultural issues would be a significant issue when it came to the consideration of implementing family work. It became clear that both the culture of families and the culture of mental health services would be influencing factors when it came to starting work with families.

The group from Japan raised a number of points about Japanese families often being quite traditional, with hierarchies within families potentially having an influence on how family work could be delivered. The sessions on communication skills would need to take this into account. This issue often crops up during training courses as it is relevant to other cultures and has been explored on the Meriden Family Programme's DVD 'Working With Families Across Cultures' which was released in 2009.

The issue of the culture of mental health services was also thought to be a significant factor. Historically, mental health services in Japan haven't involved families consistently and the group reported that any significant changes to existing practice in any walk of life in Japan is challenging. The group were advised that in order to start to impact on the culture of mental health services, it was important to start working with families and develop some evidence that family work is benefitting families.

The group were very positive about the training and the Meriden Family Programme will have further contact with the trainees and Professor Sato in the near future in order to support them in their endeavours to start the roll-out of family work in Japan. Telephone supervision will be provided regularly from September when those trained have begun to implement family work.

Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

# 'Silver Linings' A New App for Service Users

***An exciting new app for young people in Early Intervention Services (EIS) was launched in July 2015 at an event called 'The Digital Revolution and Youth Mental Health' at the Repertory Theatre in Birmingham. Professor Max Birchwood from the University of Warwick introduced the new app called 'Silver Linings'.***

The app was developed By Dr Erin Turner Consultant Psychiatrist, Solihull Early Intervention Service, which is part of Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT), who provided the funding for the initiative. Dr Turner worked with app designers, Appadoodle to create the app. It was initially targeted at service users in BSMHFT, but Silver Linings is now available on Google Play Store and can be accessed by anyone so feel free to download it if you have an android phone. The app is still in the process of being developed for iOS.

The name of the app - Silver Linings, was proposed by one of the service users within BSMHFT as it promotes the idea of hope in what can be a difficult time.

**The purpose of the Silver linings app is three fold:**

1. To aid initial engagement of young people referred to Early Intervention Services and give them a better understanding of Psychosis in a more user friendly way
2. To help service users keep a daily record of their mood, anxiety and activity levels as well as psychotic experiences and to help them make connections between factors such as not taking medication/smoking cannabis/stress etc. and worsening mental health.
3. To empower them in their recovery by helping them to set individualised goals and working towards them with the aid of incentives built into the app design.

**For more information please email:**
**team@appadoodle.co.uk**
**www.appadoodle.co.uk**

**Supported by West Midlands Academic Health Science Network (WMAHSN)**
**www.wmahsn.org**


## Meriden Carers App

**We are currently in the process of developing an app for family members through the Meriden Family Programme.**

**If you have any ideas on what might be useful to have on this app, please send these through to the Carer Consultant on our team, Mr Peter Woodhams on peter.woodhams@bsmhft.nhs.uk.**

**We would love to hear from you!**

# Launch of new website www.treatingpsychosis.com


Psychosis can be associated with a variety of mental health problems, including schizophrenia, severe depression, bipolar disorder, anxiety, and post-traumatic stress disorders. While traditional treatments for psychosis have emphasized medication-based strategies, evidence now suggests that individuals affected by psychosis can greatly benefit from psychotherapy.

This website is for those who are living with psychosis and for friends, family members, and clinicians of those affected by psychosis. The website's aim is to provide helpful and up-to-date resources including books and research articles, useful websites, downloadable forms, and interactive materials for both clients and clinicians alike.

**For any general inquiries, please email: treatingpsychosis@gmail.com**

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**Website:** www.meridenfamilyprogramme.com

**We are constantly striving to keep the contact details we hold for you on our databases up to date. If your details have changed please let us know. Email sam.farooq@bsmhft.nhs.uk or telephone Sam on 0121 301 2888.**



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