A Family Inclusive Mental Health Organisation.

-what does it look like

Presenter: Jackie Crowe
Family Consultant
Ballarat Health Services  Mental Health Services
P: 5320 4100  |  F: 5320 4143  |  E: jackiecr@bhs.org.au
PO Box 577  Ballarat Vic 3353
TODAY'S DISCUSSION

Changing views of mental health families around the western world

Policy direction in Australia

Service provision – *why we do what we do*

A family inclusive model of care – *the ingredient list*

The journey

Conclusion
During the last century families in Australia (and around the western world) had little participation in the care and treatment of their family member.

The views of researchers about the involvement of families in the treatment of mental health issues have changed throughout the last thirty years.

A shift away from families being implicitly blamed for causing the illness/disorder within their family member.

Contemporary research indicates that involving families in treatments has been continually demonstrated to reduce relapse rates and facilitate recovery of persons who are experiencing mental ill health.
It has been the continuous efforts family advocates that have been the driving force behind changes to Australian Mental Health Policies.

The interesting and worrying fact is that after twenty years………

- the standard mental health service, including private practice is yet to fully realize the involvement of families and carers at all points of the service delivery system.

The outcome is that families and support people are consistently reporting negative experiences after having engaged with mental health services.
Western Victoria; known as the Grampians Health Region,

Covers some 48,000 square kilometres

Services population of over 240,000 people

Major population centre - City of Ballarat

Community treatment, residential and inpatient – incorporating

Infant and Child; Youth; Adult; Aged.
IMPLEMENTING A FAMILY INCLUSIVE MENTAL HEALTH ORGANISATION

– WHAT CHANGED

“The routine provision of internationally recognised, evidence-based and ‘best practice’ treatments, for psychiatric illness to our clients, their carers and the community, within a family inclusive recovery framework”

Four systemic key areas of change that the service took on:

• Structure of the service
• Clinical knowledge and skills development
• Clinical accountability of the service to clients, their families, carers and the community
• Change of culture
THE INGREDIENT LIST

1. A family inclusive treatment model - *provides a formal framework*

2. A new Documentation set - *includes the family perspective from first point of contact to recovery*

3. A Comprehensive internally and externally provided training and education - *focuses on core skills that a clinician requires to work with families and support people.*

4. Supervision – *maintains practice with respect to family involvement*

5. Organizational policy and protocols - *guiding documents for practice accordingly families are included at all levels of service*
6. **Family leadership** - ensure family needs are addressed from an individual level, to team to service wide and all governance planning

7. **Family participation, engagement and partnership** - Families are vital and intrinsically valuable partners in all the planning, delivery, monitoring and evaluation of the service

8. **A recovery orientation** - each individual is capable of personal recovery and of living well. The support of family is integral to recovery from mental illness. Families also need to recover.

9. **Leadership sets culture** - Leadership is critical for the effective implementation of family involvement

6. **Family inclusive progress indicators**: *from a service perspective* & *from a family and support person perspective*
THE JOURNEY

The change to a family inclusive service involved considerable planning and adjustment over a number of years.

It is not enough to add new ways of working; you must remove old systems that reinforce exclusionary practices.

The culture of the service has change dramatically over the years;

Increased general effectiveness in the organization and improved levels of client and family satisfaction.

Change is a process that takes time;
### 2012 New Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, definitely</th>
<th>No</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you involved in the development of the Clinical Treatment Plan of the person you care about?</td>
<td>60%</td>
<td>33%</td>
<td>7%</td>
</tr>
<tr>
<td>Do you regularly attend the meetings with the psychiatrist or treating clinician and the person you care about?</td>
<td>66%</td>
<td>30%</td>
<td>4%</td>
</tr>
<tr>
<td>Has the Treating Clinician asked you questions and assisted you with your understanding of the illness?</td>
<td>70%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the Treating Clinician asked you questions and assisted you with your thoughts on recovery of the person you care about?</td>
<td>64%</td>
<td>36%</td>
<td></td>
</tr>
</tbody>
</table>

### 2006 to 2012 Family Survey

<table>
<thead>
<tr>
<th>Year</th>
<th>Yes, definitely</th>
<th>No</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>74%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>65%</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>2008</td>
<td>71%</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>2006</td>
<td>43%</td>
<td>41%</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, definitely</th>
<th>Yes, to some extent</th>
<th>No</th>
<th>I don’t know</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel that you have developed confidence in caring for your family or friend as a result of the interventions from this service?</td>
<td>38%</td>
<td>29%</td>
<td>19%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Where we can do better

**The average 2006 Comments**

“I have almost never had a useful sharing of opinions or ideas with Psychiatrists or whoever.”

**The average 2012 Comments**

“In the last 12 months we found much more support than we did two years ago and were much more informed and included.”
CONCLUSION

The journey families and support people take with the person they care about or support involves can involve new and changing experiences both good and challenging.

It is not a simple task to ensure an organisation achieves active and meaningful family involvement.

Effective family inclusion is a task involving a high degree of skill and commitment.

To reform, an organisation must have a strong and shared vision and adhere to it.

The lived experience of people with a mental health difficulty, their families and support people are vital.
Thank you