A Family Inclusive Mental Health Organisation.

-what does it look like

-From process to practice

Presenter: Jackie Crowe
A Family Inclusive Mental Health Organisation. From process to practice

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

The last thirty years has seen a shift from families being implicitly blamed for causing the illness/disorder within their family member to the present view which is consistent with the biopsychosocial model of disease.

Australian mental health policy directives concede that having families and carers actively involved in the development, planning, delivery and evaluation of services is fundamentally important to the delivery of appropriate, responsive and high quality services to people with a mental illness.
What does an effective family inclusive organization look like……….

1. Organisational culture

Culture is deeply rooted in an organizations history of success or failure.

Organisational culture can be described as the deeply rooted beliefs, values, assumptions, and standards that will shape the normal behaviors of any group, whether it is a sports team, government, mental health organisations, or corporation.

Having an effective organizational culture that is inclusive of families and carers will result in a large series of positive differences.
What does an effective family inclusive organization look like........

2. Strategic thinking

The experience of patients and their families or carers is directly affected by the skills, attitudes and behaviors of staff.

The evidence shows that staff who have clear objectives, control over their work, and well-structured appraisals are more likely to report that they are engaged in the work of their organisations than those who do not.

Engaged staff are those who are well led, with the leaders of frontline teams having a particularly important role in creating a climate in which staff feel empowered to achieve the mission and vision of the organization.
3. Leadership

Leadership is critical for the effective implementation of family and carer involvement.

Leadership includes, at least – the Board, the CEO, the executive team, senior managers, team leaders, clinical leaders, Consumer Leaders and Family/carer Leaders.

Each leader must– visibly present themselves as a believer in the role that families, friends and carers play in the ongoing recovery for a person with mental health difficulties;
What does an effective family inclusive organization look like……..

4. Accountability

A key challenge for leaders and managers is to develop and implement systems, guidelines, and safeguards to identify and use available resources effectively and efficiently, with transparency and accountability.

It is unfortunate that many mental health service and program systems flounder on the rock of poor accountability.

Carers working in the mental health service and program systems as leaders - measuring and evaluating mental health service and program systems and utilizing ways and means of gathering family/carer information for improved service provision is a must have for a mental health organization and program system to be effective.
5. Organizational Systems

A Family and Carer Inclusive organization

“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 framework”
A Family and Carer Inclusive organization – what changed at the service

1. Structure of the service

2. Clinical knowledge and skills development

3. Clinical accountability of the service to clients, their families, carers and the community

4. Change of culture

   1. A family inclusive treatment model
   2. Implementation of documentation set including;
   3. Comprehensive internally and externally provided training and education
   4. Mandatory and ongoing supervision for all clinicians
   5. Organizational policy and protocols
   6. Family/carer consultant position.
   7. Family participation and engagement in service provision
   8. Family inclusive progress indicators:
<table>
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<th>STRATEGIES TO ACHIEVE ACTIVE AND MEANINGFUL FAMILY INVOLVEMENT</th>
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| **FAMILY INCLUSIVE TREATMENT MODEL**                           | • Provides a formal framework to assist clinicians to practice in a family inclusive manner.  
• Individual needs assessments conducted with all identified family / friends involved with ongoing treatment to ensure that their perspective and needs are incorporated in the treatment plan (e.g. illness education, stress management, carer burden, lifestyle impact, goal attainment, identification, development of Early Warning Signs and relapse prevention plan etc.)  
• Family is included as part of the treatment team and rationale for family involvement is provided to both the client and family.  
• Focus on education and skill development for clients and family to assist them manage the illness effectively and confidently resulting in reduced stress and negative overall impact on life. |

| **DOCUMENTATION TO INCLUDE FAMILY INVOLVEMENT AND IMPLEMENTATION OF DOCUMENTATION SET INCLUDING:**  
Triage, Intake Assessment, Individual Client and Family Needs Assessment, Community Treatment Plan, Crisis Management Plan and Early Warning Signs and Relapse Prevention Plan, closure document | • Ensures that the family perspective is considered from first point of contact through to treatment planning and implementation and finally closure from the service.  
• Family involvement from initial triage and intake assessment through to closure enhances the quality of information utilized for the provision of treatment |
| COMPREHENSIVE INTERNALLY AND EXTERNALLY PROVIDED TRAINING AND EDUCATION | • Increase clinician knowledge, proficiency and confidence on the provision of family inclusive treatment.  
• Ensures practice remains contemporary and reflective of current evidence base. |
| MANDATORY AND ONGOING SUPERVISION FOR ALL CLINICIANS | • Helps ensure clinician practice with respect to treatment provision, including family involvement is consistent with identified standards and legislation.  
• Provides an opportunity for clinicians to reflect and continually develop their clinical skills, including family involvement through supervision and support from senior clinicians. |
| ORGANIZATIONAL POLICY AND PROTOCOLS | • to ensure there are guiding documents for practice so that families are included at every step of the process |
| FAMILY/CARER CONSULTANT POSITIONS. | • Family/Carer Consultant position assists to ensure that the perspective of the family/carer is considered with respect to policy development, service changes, documentation redevelopment, training, treatment planning and other significant service elements.  
• Assist to ensure family needs are addressed both on an individual and service wide basis.  
• Assists to identify emerging themes and issues from a family perspective.  
• Conducts advocacy activities - both individual and systemic  
• Provide targeted peer support and mentoring to carers,  
NOTE - Must sit at the Governance level of the organization |
| FAMILY/CARER PEER SUPPORT POSITIONS | • Provides carers with information  
• Provides carers with Education and skills development,  
• Provides carers with practical support  
• Provides carers with emotional support  
• Provides carers with Liaising between mental health professionals and family/carers  
• Provides carers with linkage and or referral to other community supports and services as required |
| FAMILY PARTICIPATION AND ENGAGEMENT IN SERVICE PROVISION | • Family advisory committees  
• Group consultations with families/carers  
• Community mental health literacy events  
• Family/carer work shops  
• Organization wide family/ carer surveys  
• Family newsletters |
|---|---|
| FAMILY INCLUSIVE PROGRESS INDICATORS: | • Contact data identifying level of family contact with clinical staff  
• Regular Family and carer surveys  
• Feedback and complaint monitoring  
• Service wide clinical audits |
Historically people with mental illness were expected by many, including mental health professionals, to be passive recipients of care and to never fully recover or have the capacity to take control over their own lives.

The support of family, friends and carers is integral to recovery from mental illness.

Families also need to recover.

According to Fadden et al when there is good recovery for the consumer, families and carers may still find it difficult to recover unless there is support in place to assist them.
Family and Carer involvement is not just a set of specific tasks to be undertaken at points in the service delivery process. Meaningful active involvement is an on-going relationship with carers and an orientation towards service delivery that reflects their significance.

Thank you