



It feels in the Programme that we are all still recovering from organising our big international conference that was held in March – hence, the current edition of the newsletter is not as lengthy as previous editions. However, you will note in the article on the conference that readers can access an enormous range of presentations and materials from the conference on our website (www.meridenfamilyprogramme.com). So that is our biggest contribution to you all this time round!

It has been a busy time for us in the Meriden Programme over the past few months as we adjust to a new funding structure. Over the past nine years, we have either been centrally funded or financed through block contracts with the NHS Trusts in the West Midlands. This situation is no longer possible as Trusts for the most part are now choosing to contract with us on a ‘cost per case’ basis. Our host Trust, Birmingham and Solihull Mental Health Trust is in the process of becoming a Foundation Trust. In order to remain viable as a Programme, we have agreed that we will become a ‘trading arm’ of the Trust. This means that we must become self-financing in terms of establishing contracts with Trusts, or offering training courses and consultations to other organisations. This is quite a change for our team of clinicians, unfamiliar with a more business-type model. However, we are rising to the challenge! The most important issue for us is that the Programme continues, enabling us to disseminate the learning we have gleaned over the past nine years, and to continue to promote the development of services for families. So we are willing to try this new structure, while holding onto our strong clinical values. From our point of view, we are getting on with work we have been engaged in up to now.

We will keep you posted as to how it all goes. So many family services have folded over the years, and we have learned that continued existence requires flexibility, a willingness to consider new options, and an openness to change.

I hope that you enjoy reading the current edition of the newsletter. We try to promote family members telling their stories and sharing their views, and in this newsletter we have valuable contributions from two carers, Pauline Arksey who has been involved in promoting carers issues for many years, and Will McMorran whose family came into contact with services more recently. Will describes the beneficial impact for his family of receiving family intervention – a life-changing experience for all of them. Pauline has good advice for professionals on how they can develop better services for carers, drawn from her years of experience in this area.

We have a report from a new venture within the Programme of offering training in family work in older adults’ services, and Martin Atchison reports on this. We also have an article on how carers have become actively involved in services in Merseyside, and Lindsey Dyer has some excellent ideas on how to do this.

Linked with the conference, Peter Woodhams describes an interesting international post-conference event where a wealth of ideas was shared. Georgina Wakefield also gives her views on the conference. You will also notice lots of information on new publications e.g. a book review by Chris Mansell, and notices about forthcoming training events and conferences. Enjoy!!

Good Practice for Carers

A presentation delivered at Caring for Carers Event Wolverhampton – 22 February 2007

I have been a carer for over twenty-five years. During this time, I have met many other carers. I worked for Rethink for five years, setting up family support groups. I learned from carers that when the ill family member received good care from services, the carers' burden was greatly reduced. Therefore I make no apology for touching on the service users' needs – as they affect families.

Why do carers need and deserve a service?

The illness can change the dynamics of the family interaction; our work is affected; people have lost their jobs and careers because of the time and strain involved in caring. Carers get ill. I met family units that had collapsed. One of my carer colleagues kept a diary over a month of the hours she spent engaged in caring. It is of no surprise that the number of hours she spent way outnumbered those that the service spent. Think – the out of hours services can be unavailable after 4.30 pm, between Friday evening and Monday morning (three days over any Bank Holiday). Even charitable and voluntary bodies are guilty here. Telephone numbers where we might get help are jealously guarded in services. How many of you actually hand out telephone numbers so that we can contact staff during the day, or out of hours? Carers deserve better than this. We do need a service. Good, honest, communications at all times enable carers to have confidence in staff and plans of care. Carers need confidence in the services and people who care for those who are ill. Otherwise, we become very emotional and too involved with the person who is ill which is not good for either of us.

To start at the beginning...

An early intervention benefits the individual sufferer. For early intervention to work, carers must be listened to. Their knowledge and experience of the individual is vital knowledge upon which to intervene and plan care. Do accept us as knowledgeable 'partners in care', we can help to prevent relapse or even disaster.

Few carers wish to give up their whole lives to caring. We wish for relief from caring but that is only possible if the family member gets a caring, skilful and supportive service. We appreciate skills that motivate a service user to enable them to cope with everyday needs – keeping themselves clean, cooking and budgeting, for example. We grieve

when they have no social life, or lose friends; when their lives are lonely and home circumstances, sordid. The early intervention must be accompanied by a supportive care plan in which carers can be involved.

Whatever the nature of the illness, it usually comes unexpectedly. Frightening us by the changed personality and behaviour we know not how to cope with. At this time, information and support, honestly given in words we understand – not in professional jargon would help. The name and telephone number of the unit or co-ordinator, books, literature, videos, a carers' pack and a website, all help. Some staff and consultants lack skills that are helpful and sympathetic at this time. Most of all, other carers can help. Early on, a support group can be too big. Meeting one or two carers quietly – preferably if they have had some training in listening. Experienced carers can often judge what and how much information to give. But carers doing this work need support to unload or to be able to just say, "At this time I can't see another carer in trouble". Carers need a support worker whose role it is to support.

My work with families distressed me when family units split up. The spouse – usually wife or mother and children were a unit. The ill person left alone, isolated and friendless. So, recently, I was impressed to hear about a carer support worker employed by Rethink who met the husband at regular intervals in a café for an hour. To have someone who was not his wife's carer to unload those emotions to was so kind and helpful. That sort of support is very different to the information and education given at another time.

After the first shock, carers are ready for education and skills to enable coping in a positive way.

Training courses run by trained carers and professionals as a team give not just skills but hope. These groups can go on to being support circles. The courses also empower carers. They will not be afraid of asking for help. More importantly, they must be given the telephone number of a named person to call during and out of hours. Carers need to be told it is OK to ask. Carers need to know how to use or get through the system, which to us, is chaotic but professionals seem to understand. Most carers come to caring ignorant of mental illness. Best practice and the types of therapy available are things we must know about in order to ask or challenge. Other carers' experience is a help to understand what has worked, or not, for their family.

Carers find that when the person goes into hospital or other residence, they are ignored. Then, on discharge, carers

can still be left unprepared. Carers often have to be the link between doctors looking after physical illness, community staff, General Practitioner and others. Today, there is no need for this. Carers should be involved in the Care Programme Approach either with the service user or separately – this can be done without breaching confidentiality. Care must be holistic, carers not being left to ‘pick up the pieces’ and fill in the gaps.

Carers have many responsibilities – in the twenty five years I have been caring, I have cared for and buried both of my parents – have been available to my daughter and her two young children – coming from London to spend holidays when she worked. Paul, my son has a daughter, now nearly thirteen, for whom we have accepted responsibility for her educational needs.

A Carers’ Assessment early on would have provided much needed support. A carers’ worker able to help me get help for my other responsibilities would have provided respite. It is deplorable that in our local area we have only one carers’ worker for two thirds of the week.

Carers suffer bereavement and grief for the loss of the person’s company, loss of grandchildren that they had had hoped to enjoy, grief for the poverty of life and loss of their expectations, ambitions and financial remuneration. This grief does not diminish as the individual gets older. We had expected help for our own infirmities but find we are still the ones giving help and support.

Support is needed by single parent families and two parent families alike. Siblings suffer when their Mum or Dad is kind and caring on some days and other days they are withdrawn and emotionally unavailable. Life is confusing and unstable – your friends don’t understand when they can’t visit you at home. There seems no acknowledgement that these families need as much support as the ill member. Grief and stress for a spouse trying to be carer and partner and the sole breadwinner are great.

Respite can be a blessing or a curse. But where the same person can visit and stay while you have time out, it works. A drop-in for younger clients is a respite for carers. After-school clubs and holiday clubs can work to give families time away from each other. Training for these staff and volunteers to understand the needs, particularly of children, is worthwhile. Holidays where all can go, but each has the opportunity to do their own thing, need to be inexpensive with trained staff.

Carers as ‘Partners in Care’

For the first time in twenty-five years, I feel a partner who is acknowledged as knowing my son, who can ask for a meeting or a review. He was transferred to the recovery team about two years ago. The Community Psychiatric Nurse phones me and I can phone her – therapy is ongoing. The social worker, (CPN) and I meet to work out the way forward regularly. Whether my son benefits, I am not

sure. I am better; more relaxed and have more time for my husband because I know they are trying to help my son. They have skills; they don’t drop in for a cup of tea and listen to his music. Skilled, positive staff, prepared not to give up, has been my relief. Useful tips are exchanged.

There are real crisis times, violence, the person disappearing, harm and even death, when a quick responsive service is needed. The family must not be left to find tragedy for themselves, or be unable to get at the truth. Services must look at how they give bad news to families and what support can be offered. Too often it is inadequate or lacks understanding of what the family go through.

To recapitulate. The quality of service that the service user receives has a direct effect on the health and well-being of the carer and the family. The quality of individual workers affects the way the carer interacts with the cared-for. If the two come together, the carer can get on with their own life and their responsibilities.

Services that help carers directly:

- (1) Carers’ Support Workers.
- (2) Good carers’ education and information.
- (3) Support Groups and telephone links.
- (4) Carers’ Assessment and care support being treated as a ‘partner in care’.
- (5) A care-plan for the service user into which the carer has input.
- (6) A family service that has links with school and other vital services such as housing.
- (7) Appropriate respite service.
- (8) A phone call to ask how I am.
- (9) A phone call – to tell me how he is.
- (10) Review of my, and the service user’s needs at regular intervals.
- (11) Family Therapy.

These services are easy to put in place. They will not work to the best advantage if carers are not involved in the designing and implementation of them. These work even better if carers are involved in the recruitment and training of staff. I know this because of my experience of working with services. Re-badging staff rarely works satisfactorily if people have not chosen to work in that field and if they lack training and support for the new role. Staff appreciate having carers involved in their training because it gives them a new view of the reality of family life coping with mental illness.

Pauline Arksey MBE
Chair, Carers in Partnership

A Personal Reflection Of How Behavioural Family Therapy (BFT) Has Helped Our Family

by Will McMorran

Will's son experienced a psychotic event over three years ago, while abroad. Upon return, whilst on medication, catatonia developed and he came home for help. Will and his wife have been looking after their son at home now for 18 months. They try to maintain a neutral emotional environment at all times. Steadily their son has made big advances and he hopes to go back into the world again soon.

In the article below, Will talks about how Behavioural Family Therapy has helped their family.

My wife and I knew nothing about BFT until it was suggested by another carer, in another locality. All we had discovered was that we had become 'carers' and felt an instinctive desperation to learn how to help our son and mend our fractured family.

Our locality had offered no options other than medication. The weekly visits by the Psychiatric Nurse had not been helpful and had lapsed. We were on our own with no support. So I set about demanding help, direct from the local Primary Care Trust (PCT) Mental Health Care Services. After eighteen months of waiting it appeared, in the commencement of what we discovered to be the BFT programme, delivered in weekly visits by both the Therapist and the same Psychiatric Nurse.

I may be wrong, but I think the delay was caused possibly by two issues – funding, and philosophy. The absurd divide between 'Them' – the psychiatrists, and 'Us' – the carers, seems still to linger. It is about time that the professionals recognise that carers are key to obtaining optimal outcomes. We are not part of the problem – we are just in shock, devastated and grieving. That is why we act inconveniently and peculiarly at times. We need to be given support, both in sympathetic counselling and the means to be effective in our caring. BFT does just that.

Our son's response to BFT, after an initial period of apparent suspicion, was astonishing. From near total introversion he began to involve himself in the programme. The whole emotional temperature of the family eased as we began

the process of re-learning simple unloaded methods of communication with each other.

A key element for us has been the Family Meeting. Seven months into the programme our son now insists that we have these weekly gatherings – without fail. I am the Chair, my wife the Secretary. Minutes are kept and referred back to as necessary.

Our son has written his Wellness Plan. And we often revisit with him how he intends to re-enter adult life. There is hope, there is structure, and above all, we, as a family, have been given the tools to enable us to take control and be responsible for ourselves. Instead of being full of fear, and worry, we can, with a little help and some luck, rebuild our family inter-relationships anew. They will not be the same as they were; they will be different. But, life is changing all the time anyway and it appears now that we have the opportunity to engage and actively enjoy the challenge.

There has been an interesting development. Like many modern families, our lives are peripatetic. We are not always all together on a regular basis to enable us to each easily attend all the family meetings. Our other family can be away for extended periods, so our son has suggested a weekly 'Family E-mail', which we have developed – using the BFT goal setting sheet. We intend sending this letter chronologically round and round the family – forever. Anyone can say anything and we all can read it. It is a virtual Family Meeting. We laugh about the Family Meetings now, because they seem such an obviously excellent mechanism. Why don't all families do this? Why didn't we?!

From a condition of nearly complete catatonia, our son recently summed up what BFT has meant to him: '*The therapist is a compassionate witness, Dad*' he said. Into the heart of our family has been placed this referee/mediator/gatekeeper. However you view the role of the therapist, their presence allows us all to feel sufficiently secure to begin to explore a mutual way forward. It is a serious process and at times not easy – humbling even. In a way, the process offers the opportunity to throw away the old role models and remake something alive, interesting and meaningful for all of us.

BFT has given us the means to face the future together. Whatever happens, we have been empowered to cope with what the future brings. Although there clearly is a place for medication, dependence upon what appears to be a remote tablet-issuing bureaucracy cannot be a sustainable way forward. Give us the tools and we – 'users' and 'carers' can make huge advances in understanding how mental health issues can be embraced as simply another of life's challenges. Stigma and shame must be banished and replaced by a new Mental Health Awareness that is explained, particularly to the young, as Mental Fitness. After all, there is no Life without this precious, fascinating, infinitely complex and constantly changing consciousness, which is the Human Condition.

Family Work Course for Older Adults' Staff

- Enables discussion to take place about family's expectations about the level of care required for their relative at different stages of dementia.
- Links to discussion of managing risk.

Maximising Resources

- In order to maximise concentration levels it would be important to consider:
 - Holding sessions at the optimum time of day for the person with cognitive difficulties
 - Have shorter sessions
 - Repeat information regularly
 - Summarise regularly.
- Consideration was also given to the numbers of people in sessions. Too many people may be too stimulating for someone with cognitive difficulties.
- Be aware of language used and adapt resources.

Communication and Problem Solving Skills

- Simplify handouts:
 - One step of skill per page
 - Easier to read for someone with cognitive difficulties if black type printed on yellow card
 - Simplify language used in handouts.
- Use of emotion charts could help someone with cognitive difficulties to express their feelings.

Eleven people, from a range of professions including inpatient and community nursing, occupational therapy, social work and psychiatry (specialist registrars), attended the course. Throughout the course, time was spent discussing the practicalities of implementing family work within older adults' services. There were many positive ideas suggested about how the structure of the approach would be helpful and families would benefit from the components of the model (although you would need to be flexible with the model). Discussion took place around how attendees would implement family work on their return to their workplace. This will be monitored by a follow up questionnaire within the next few months.

The course received good feedback and there were some suggestions for improvements. One concern I had was that the video shown during the course might not have been particularly relevant to older adults' services. However, the attendees said that they were able to gain an understanding of the approach through watching the video and this was not a problem for them. My thanks to everyone who attended the course and attended as trainers. It felt like a very positive experience for me, and the attendees' enthusiasm and experience were crucial in making the model relevant to older adults' services. It will be interesting to see how the attendees go on to experience working with families and further develop the work in this area.

The Meriden special interest group for older adults was set up in late 2005 in order to explore how family work has been utilised in older adults' services and as a way of disseminating good practice for carers in these areas. One of the aims of the group is to develop appropriate training programmes for delivery in older adults' settings.

Some older adults' staff have reported that there would need to be some thought given to how the model of Behavioural Family Therapy (BFT) would need to be adapted when the service user has, for example, dementia, while other staff have managed to use the structure of the approach and work successfully with families (see Sharon Moore's article, Meriden Newsletter, September 2006). A substantial amount of interest was expressed at the older adults' learning event in May 2006 about having a course specifically for older adults' staff, or some more in-depth exploration of the practicalities of using the BFT model. It was decided that a family work course would be held for older adults' staff.

The course was held in February and my thanks go to the members of the special interest group who were able to develop the content of the course and make it relevant and appropriate for older adults' services. The structure of the course altered little, but some of the ideas about particular components of the model are outlined below.

Engagement

- Who could be considered to be part of the 'family unit' was identified as potentially complex. Should paid carers be included in family work? Neighbours who offered families regular support could play an important part in a person's recovery and so could be considered for participation. Trying to include family members who lived away from the rest of the family, but had a lot of telephone contact and a lot of influence was discussed.
- In order to engage a family it would be important to explore the expectations that the family had around how much a person with cognitive difficulties, for example, would be able to take part in sessions. Would a family expect too much or too little of someone with dementia?
- Engaging family members of different generations with different values was explored. There may be different expectations around what kinds of service people should receive from the NHS and their role in a service user's recovery.

The Early Warning Signs/Relapse Prevention

- This component of the model was broadened out to explore how to identify when someone progressed through different stages of dementia.

Martin Atchison
Clinical Specialist, Meriden Programme

Working With Families – Developing Caring Partnerships

Our family conference was held in Stratford upon Avon on 19th and 20th March 2007. We had a very international audience, with 250 delegates from Australia, Canada, United States, Norway, Finland, Croatia, Israel, Sweden, Portugal, Netherlands, Wales, Scotland and England, and also presenters from many countries.

Our theme this year, 'Developing Caring Partnerships' was genuinely reflected both in the presentations and in the mix of delegates. We were delighted to have had a substantial number of places for carers and services users funded through the Care Services Improvement Partnership (CSIP) nationally, and also through charitable funds from Birmingham & Solihull Mental Health NHS Trust. This enabled us to ensure that at least twenty per cent of the delegates were carers or service users. This represented such a positive development from the first conference where we struggled to have any carers in attendance, mainly because they did not feel very confident in a forum that was dominated by professionals. It was also wonderful to see true partnership working reflected in the presentations with several being delivered jointly by professionals and carers. It felt like we have certainly come a long way.

CONFERENCE TOPICS

Over the two days of the conference, there was a very broad range of topics presented, reflecting the range of services and the diverse ways in which family work is now delivered. The fact that so many people wanted to share their innovative work resulted in a packed programme, with many people commenting that the next conference should run over three days in order to fit everything in. Many 'veterans' of family work gave keynote addresses, and these were very well received as you will see from the comments we received (shown in italics).



Delegates in the conference hall



From left to right: Sharon Scott Mulder, Gráinne Fadden, Antony Sheehan, Peter Woodhams, Paul Jenkins, Brendan Wentzell and Jo Smith

All presentations are available on our website www.meridenfamilyprogramme.com. Titles of presentations are provided to facilitate readers finding topics of interest, as well as some comments from conference delegates.

KEYNOTE PRESENTATIONS

National Strategy – supporting family and service user partnerships?

Professor Antony Sheehan
(Director General for Health and Care Partnerships, Department of Health, UK)

'Good overview of future direction of mental health services'

'Antony is such an entertaining speaker that he should have been allotted more time'

The interplay between caring in our personal and professional lives

Professor Sheila Hollins
(President, Royal College of Psychiatrists, UK)

Sheila was unable to attend the conference in person, but sent a personal message on DVD that was played at the conference.

Developing partnerships between voluntary and statutory agencies and families

Mr Paul Jenkins OBE
(Chief Executive, Rethink)

'Very interesting and raised awareness of voluntary service'

Families: Powerful allies, tire-biting advocates!

Ms Sharon Scott Mulder

(The Manitoba First Episode Psychosis Family Support Group, Canada)

Mrs Brenda Wentzell

(National First Episode Psychosis Family Network, Canada)

'Fascinating insight into the Canadian way! Such dedication and enthusiasm'

'Inspiring presentation of their determination and energy'

'Shows what could be done by committed carers'

'Exciting and challenging'

Children's informal caring roles within the family: from research to practice

Professor Saul Becker

(Professor of Social Policy and Social Care / Director of Research, School of Sociology and Social Policy, University of Nottingham, UK)

'Quality statistics'

'Informative, awareness raising, clear and concise, excellent'

'Insight into children as carers'

Action 16: National policy for promoting mental health and social inclusion for parents with mental health difficulties and their children

Ms Clare Mahoney

(Senior Consultant, Strategic Partnership and Programme Delivery, North West Care Services Improvement Partnership, UK)

Ms Kate O'Hara

(Mental Health Promotion Lead, West Midlands Care Services Improvement Partnership, UK)

'Very heart warming'

'Friendly approach'

Working with families in the early phase of psychosis

Dr David Shiers

(CSIP (NIMHE) / Rethink Joint UK National Early Intervention Lead, UK)

Dr Jo Smith

(CSIP (NIMHE) / Rethink Joint UK National Early Intervention Lead, UK)

'Powerful analogies and visual metaphors'

'Given with energy, interest and enthusiasm'

'I could identify with much of what they described'

Preventative family intervention during the psychosis prodrome: reality or fantasy?

Professor Max Birchwood

(Professor of Mental Health, School of Psychology, University of Birmingham, UK)

'Excellent review and research, and implications for practise, very enjoyable'

'Max manages to combine accessibility with academic information'

Being equally different – the needs of the older lesbian and gay 'family'

Mr Roger Newman MBE

(Joint Founder of the Lesbian, Gay, Bisexual and Transgender (LGBT) Carers Network, UK)

'Really good to have awareness raised about LGBT needs and perspectives, as this is often not addressed in conferences/literature'

'Carers always give excellent talks by speaking from personal experience'

'Clearly delivered with a very clear message. Useful information'

Information sharing in mental health: how professionals can work more effectively with families

Dr Vanessa Pinfold

(Head of Research and Social Care Policy, Rethink, UK)

Ms Val Minns *(Trustee, Rethink, UK)*

'These two presenters gave hope to carers'

'Interesting and led to later discussion, wish some local leads had attended!'

Developing a Guidebook for implementation of family work

Mrs Diane Froggatt

(Secretary and Development Officer, World Fellowship for Schizophrenia and Allied Disorders, Canada)

'Driven with passion and personal experience shows we should involve carers in decision making'

The rights of relatives of people with serious mental illness

Professor Dale Johnson

(President, World Fellowship for Schizophrenia and Allied Disorders, Canada)

'A lot of valuable information, presented neatly and understandably'

'Useful, enjoyable, sad and amazing'

'Dale spoke with sincerity'

'USA so different from UK – interesting to compare world issues to those in UK'



Dale Johnson



Left to right: Gráinne Fadden and Elizabeth Kuipers

Family intervention in psychosis – why carers matter

Professor Elizabeth Kuipers
(Professor of Clinical Psychology, Institute of Psychiatry, London, UK)

- ‘Great update on research’
- ‘Interesting’
- ‘Excellent but needed more time’

The implementation of family work – what has been achieved, what remains to be done?

Dr Gráinne Fadden
(Director, Meriden – The West Midlands Family Programme and University of Birmingham, UK)

- ‘Inspiring words’
- ‘A good resume, hard hitting stuff’
- ‘Informative and enthusiastic talk’
- ‘Always fun and inspirational’

Working with siblings: needs and interventions

Dr Jo Smith
(Consultant Clinical Psychologist and Early Intervention Lead, Worcestershire Mental Health Partnership NHS Trust, UK)

- ‘Important to get information on this new extension of family work research’
- ‘Improved my awareness of siblings’ burdens/needs’

Special Address

Professor Julian Leff
(Institute of Psychiatry, Royal Free and University College Medical School, UK)

- ‘Professor Leff’s presentation of Cochrane review was excellent and informative’
- ‘Valued Julian Leff’s contribution as it put things in context’

Family intervention as prevention and rehabilitation: new approaches, new results

Dr Bill McFarlane
(Director, Centre for Psychiatric Research, Maine Medical Centre, USA)

- ‘Good update on biological research’

The development of family interventions for psychosis: taking stock of progress

Professor Christine Barrowclough
(Professor of Clinical Psychology, University of Manchester, UK)

- ‘Very good, warm presentation style, well paced’
- ‘Good mix of practice and theory’
- ‘Well presented, excellent content, relevant to practice’

Young carers, young victims or young survivors? Seeing parental mental illness through the eyes of children and young people

Dr Alan Cooklin
(Consultant in Family Psychiatry, Camden and Islington Mental Health and Social Care NHS Trust and Honorary Senior Lecturer, University College London, UK)

- ‘Excellent, both videos and talk. Not long enough’
- ‘Real life stories always create great impact’
- ‘Well presented and meaningful, highlighting children in need’

Somerset’s family intervention service: Developing an integrated psychoeducational, cognitive behavioural therapy and systemic approach

Mr Frank Burbach
(Consultant Clinical Psychologist, Somerset Partnership NHS and Social Care NHS Trust, UK)

- ‘This session was successful in bringing across what family therapy looks like’

Maintaining an established family intervention service

Mr Mike Kelly
(Nurse Consultant, Dorset Healthcare NHS Trust, UK)

- ‘Enthusiastic presentation – well delivered’
- ‘Clear, impressive’

New ways of thinking of psychosis, and the implications of these for families

Professor Paul Bebbington
(Professor of Social and Community Psychiatry, University College London, UK)

- ‘Thought provoking presentation’
- ‘Brilliant’
- ‘Good information for professionals’

WORKSHOP AND PAPER SESSIONS

In addition to the keynote addresses, twenty three workshops were delivered at the conference:

Working with young carers and their families

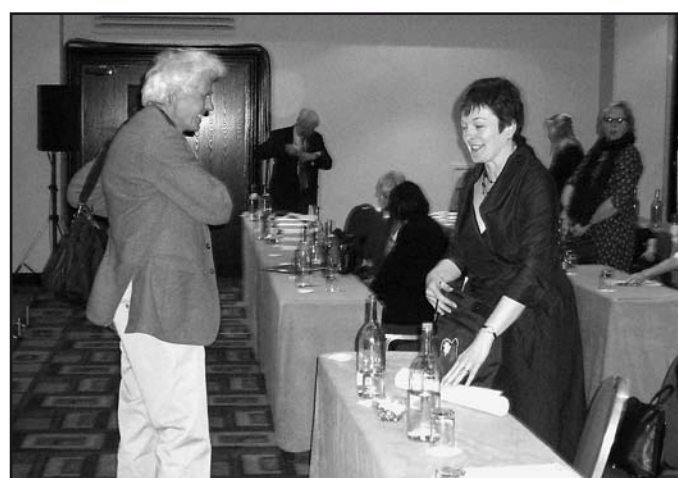
Saul Becker

Guilt, family work and psychosis

Brian Martindale

Working with families where there is substance use and psychosis

Christine Barrowclough



Julian Leff and Gráinne Fadden

How national strategy can support partnerships between professionals, service users and carers

Antony Sheehan and Hilary Samson-Barry

Working in Mental Health Trusts to promote mental health and social inclusion for parents with mental health difficulties and their children

Clare Mahoney and Kate O'Hara

Informing and supporting carers – An introduction to a new carer education training package that can be adapted for different groups

Steven Cox and Peter Woodhams

White water rafting: Care pathways for families experiencing First Episode psychosis

David Shiers and Jo Smith

Research to practice – How does recent research inform new developments in family work?

Fiona Lobban and Christine Barrowclough

Involving carers in the training of professionals

Peter Woodhams and Carers in Partnership

Keeping the family in mind – Meeting the needs of whole families

Marie Crofts, Louise Wardale and Heide Lloyd

Family work in early psychosis – the needs of siblings

Jo Smith and Lucie Taylor

Developing family inclusive mainstream mental health services

Roger Stanbridge and Frank Burbach

Confidentiality issues in working with families

Adrian Sutton

Working with families from Black and Minority Ethnic communities

Sanjay Dhokiya and Clive Brown

Adapting Behavioural Family Therapy for use within older adult services – Implementation and evaluation

Martin Atchison

What contribution can systemic family therapy make to work with families where there is an adult with a psychiatric diagnosis?

Bebe Speed and Sue McNab

Developments in family work: methods and modifications

Bill McFarlane

Family awareness training for people working in in-patient services

Chris Mansell and Pat Armstrong

Empowering families to become allies and advocates

Sharon Scott Mulder and Brenda Wentzell

Transcultural family work – working with families from different cultural backgrounds

Paula Conneely, Yasmin Malik and Vishal and Gulzara Bains

Holding onto hope and building on family resilience

Margaret Murphy and Charles O'Brian

Developing mutually understandable explanations of mental illness for children and parents: The work of the Kidstime Workshops

Alan Cooklin

EUFAMI – The work of the European family movement and the Prospect Programme

Janet McCrae

There were eleven further paper sessions, which each contained three presentations, under the following headings:

- **Family work in Assertive Outreach Teams**
- **Family work in in-patient settings**
- **Working with families with dementia and in older adult services**
- **Family issues in early psychosis**

- **Recovery and hope for families**
- **Family work in early psychosis services**
- **Supporting parents with difficulties**
- **Different ways of developing services and providing support for carers: Session 1**
- **Qualitative research in family work**
- **Meeting the needs of whole families – interagency working**
- **Different ways of developing services and providing support for carers: Session 2**

There are too many workshops and papers to list individual comments on each, but the following gives a flavour of how these were received.



Left to right: Paul Bebbington, Mike Kelly, Frank Burbach and Julian Leff with Gráinne Fadden presenting

'Very, very good that services are treating older adults and their carers with BFT. For too long older adults have been left out and now thanks to Meriden things are improving. Well done'

'Joint carer – professional training initiative excellent'

'Informing and supporting carers, very good workshop, excellent for carers and can make your caring role easier'

'Particularly appreciated input of Heide Lloyd as service user'

'Very good as a carer, understand the importance of young carers, started my caring role when I was a child and I am still on my journey over 40 years later'

'Excellent – wonderful way of working with issues that BFT often struggles to address or explore. Wondered if some of this could be transferred to use in staff training?'

'Thought provoking'

'A very thoughtful, provocative discussion. Getting you to think, how you would like to interact with all concerned during your caring role'

COMMENTS ON THE CONFERENCE

There was a wealth of feedback from the conference and the packed programme. People struggled to choose which sessions to attend, and were spoiled for choice! Many commented that they would like more time to reflect on the content – hence the suggestion to extend the conference next time around.

The following will give a flavour of delegates' perceptions of the conference, and what they valued.

'This has been one of the best conferences that I have attended for some time. The variety and mix of speakers and topics was excellent and there must have been something of interest to everyone'

'This is the best family conference in Europe'

'It was great to have the opportunity to present my research at such an acclaimed conference'

'Very heavy program. Could have done with a little more time on a little less content – or a three day conference'

'Never had a meeting with professionals and carers before. Networking here has a pragmatic character. I go home with lots of ideas on how to further organise our family work'

'Thank you, terrific programme and speakers'

'The conference was inspiring as ever, didn't want it to end. Excellent preparation and work, thought put into the programme – well done. Please keep the conference going'

'Another fantastic conference. Congratulations to all the organisers'

'Fabulous array of speakers and presenters! A fantastic, well organised conference'

'What a very good conference, very good workshops, excellent speakers and presentations. The only thing I would have liked, was if the conference lasted another day. Thank you Meriden for this excellent service and all the hard work you have done and are still doing to improve services for carers and the people we care for'

'Conference was excellent – really enjoyed the variety of different interventions as well as contacts that can be used in future'

'Wonderful two days! My first time at one of these conferences and I have experienced it as very useful. The atmosphere is friendly and supportive and its refreshing that the emphasis is on clinical practice. Lots of ideas to take back to my local area. Also very pragmatic to think about the limitations of policies and guidelines when there are no initiatives to ensure they are followed. This is equally as frustrating for clinicians as it is carers and service users. Thanks again for putting on such a thoughtful conference!'

'The programme was so full, my head filled up really quickly and I had to miss some speakers just to assimilate what I'd already heard. Liked the international flavour to the conference'

'Good location – have it here again'

'Enjoyable networking and general atmosphere'

SUMMARY

Organising the 2007 conference was much more stressful than previous conferences because of the financial climate in the NHS over the year leading up to it. Many hard-working professionals who would have liked to attend struggled to get funding or even study leave. Hopefully this situation will change as there is such a positive benefit from events such as this. In the Meriden Programme, we have had numerous emails since the event describing how the work is being taken forward, and describing networking that has taken place since.

We were fortunate to have so many places funded for carers and service users through CSIP and Birmingham and Solihull Charitable funds. Without these contributions, the conference would have had a substantial deficit.

One of the delegates who benefitted from receiving a funded place was Georgina Wakefield, a carer whose name many of you will recognise as a regular contributor to the newsletter. Here she describes her view of the conference:

“Recently I attended the ‘Working With Families’ Conference in Stratford upon Avon. I was there because I’m a Carer to my 33 year old son who has suffered from Schizophrenia for the past 17 years. I also presented a paper entitled ‘A Journey Of Discovery: Opportunities, Achievements and Hope’. The paper speaks for itself. This is a journey, at times a very painful relentless journey, and yet with love and support people can get well enough to lead independent and fulfilling lives. My son now manages to live independently, he also works part-time and employs a Personal Assistant through Direct Payments, a few years ago I never dreamt that he would achieve all of these things.

But even though life is easier it was great to get away from the caring role albeit for one night. The hotel facilities were excellent as was the Gala dinner. To my mind the Conference is all about working together. Professionals from all over the world talking about their research projects – a learning curve for informal Carers.

We need far more Conferences like this one, common ground where we can meet, talk and, more importantly, learn from each other. Developing partnerships in care is beneficial to all concerned. Whether we are Service Users, Carers or Mental Health Professionals, it’s a very difficult place to be, but working together we can and we will change things”.



Delegates in the exhibition area

We have had many calls for hosting a further conference which we hope to be able to do. At the moment however, we need a period of time to catch up on all of our other activities. The conference is so well received however, that we will probably run another – not sure when yet!

Dr Gráinne Fadden
Director, The Meriden Programme

STAFF CHANGES

There have been a number of changes for us here at the Meriden Programme over the last couple of months. One of our longest serving members of staff, Marie Murphy has gone on to pastures new. Many of you will have had contact with Marie over the years as she was part of the Programme from the very early days. Marie felt that it was now time to move on and try something different.

Another member of our Administration Team, Sharon Hall, who has been with us for nearly three years has also decided to try her hand at something new. Many of you will know Sharon from the various special interest groups that she was involved with and from the various courses she organised.

We wish them both well and know that we will miss them very much. They were both an integral part of the team and we wish them success in their new ventures. Good luck!!

On a happier note, Paula Conneely who is one of our Clinical Specialists went on maternity leave at the end of March. Baby Amy was born on 23 April at a healthy 8lbs14oz with a beautiful head of red hair! Both Paula and Amy are doing well and family life is now twice as busy, with Paula’s daughter Ellie enjoying having a new baby sister!



International Carers Forum Stratford upon Avon – 21 March 2007

On the day after the 'Working with Families – Developing Caring Partnerships' conference at Stratford, a small group of carers from around the world spent the day sharing their experiences not only as carers but as carers with a common mission to improve mental health services in their respective areas.

The day began with us preparing a message to go to Sheena Foster, a carer from North East England who was unable to join us as planned for very sad family reasons. Each of us then shared our own personal stories as carers which inevitably lasted twice the time anticipated and it was really clear that whichever part of the world we live in the experiences we have of having a family member with mental health problems are very similar. All of us had experienced difficulties in getting an appropriate level of care from mental health services for our family member at some stage although some were able to report very significant improvements in the services provided and in the health and well-being of their family member.

Each of us then went on to give a brief overview of our own contributions in our respective areas leading to discussions and in some cases agreement to maintain contact. This is a very brief synopsis of the individual contributions made:

Pauline Arksey MBE – UK (West Midlands) outlined the campaign she had instigated with Rethink for the Forgotten Generation – Count Me In, long-term mental health sufferers who are often overlooked by mental health services as they do not necessarily fit into the current scoping of modern mental health teams. She talked about the immediate positive impact of the campaign with its high profile publicity, well attended regional events and leaflets, but went on to challenge whether there had been any real long-term improvements in the services delivered to the forgotten generation.

Sharon Scott Mulder and Brenda Wentzell – Canada followed up their powerful presentation at the conference by talking in more detail about their successful advocacy initiatives (UK readers should note that advocacy in this context is what we would refer to as campaigning or lobbying).

Brenda spoke of advocating for The Prevention and Early Intervention Programme (PEPP) London, Ontario when this service faced potential staffing cuts. Sharon spoke of their family group advocacy for first-episode services in Manitoba, one of only two provinces in Canada where these services had not hitherto existed. Prince Edward Island was the other province. Through the efforts of carers working as 'tire-biting' advocates, Manitoba now has a first-episode psychosis service, The Early Psychosis Prevention and Intervention Service (EPPIS).

We were all impressed with the energy shown by the carers, they were able to mobilise to campaign symbolised so effectively by the wearing of the red flag and much debate followed on whether carers in the UK should sometimes adopt the 'Red Flag' advocacy approach. Sharon and Brenda also told us about the carers network they have built up across the vast country of Canada and how they sometimes put carers in touch with each other who live many miles apart but who have common problems to share.

Jeffrey Breslaw – UK (London) outlined the work he does through his charity Mencare in delivering a supportive education package 'Supportive Family Training' primarily to carers within his home area in North London. This



Standing left to right: Sharon Scott Mulder, Jackie Crowe, Pauline Arksey, Dale Johnson, Brenda Wentzell, Gráinne Fadden and Jeffrey Breslaw
Sitting left to right: Diane Froggatt, Lu Duhig and Peter Woodhams

programme comprises 11 or so modules of around 2 hours each which help inform and educate families particularly in understanding mental illnesses and medications, problem solving in a family setting, recognising early warning signs, avoiding relapses and dealing with crises. The course also gives guidance to carers on how to work effectively with service providers. More details of this programme and further information on Mencare, the charity that Jeffrey founded, is available on a website, www.mencare.info

Jackie Crowe – Australia gave the group another opportunity to hear about her exciting and influential role as a Carer Consultant working within mental health services in Ballarat in the state of Victoria – there are now a total of 28 Carer Consultants in the State. Our group was encouraged to hear that the services provided in the rural area of Ballarat are moving rapidly to being family inclusive services in which families are recognised as an essential part of the treatment process.

Jackie's role empowers the carers to become more influential in the care of both their family member and themselves and she facilitates, through local Carers' Advisory Groups, the opportunity for carers to influence developments and improvements in local mental health services.

Lu Duhig – UK (South West) showed to the group the excellent Information Pack for relatives and friends who care for people with mental health problems that she had prepared for use in her own trust in Avon and Wiltshire particularly in the context of acute care. She went on to give us details of the national project for which she is the Carer Lead called Learning in Partnership which is a Service Improvement Leadership course designed specifically for mental health service users and carers. The first course started last year and is now nearing completion, and comprises delegates who are users and carers seeking to be more involved in service improvement issues within their own localities. Each delegate is carrying out a real improvement project within their sponsoring trust as part of the course. The second course commences in June this year (anyone interested should contact Lauren Pugh on 0113 2545441). The course is undertaken through distance learning and short study sessions and is accredited by the University of Surrey.

Peter Woodhams – UK (West Midlands) I very briefly outlined some of the initiatives undertaken by Carers in Partnership which is a network of around 165 carers and carer support workers who are committed to raising the voice of carers as key stakeholders. In particular I mentioned a recent highly successful event Good Practice for Carers which was a showcase of workshops demonstrating good practice in services delivered to carers such as carers assessments, carer education, carer support, carer involvement, family work, information packs for carers and meeting the needs of young carers, carers from ethnic minorities and older people. I also gave out copies of a leaflet drawn up by a group of carers in Coventry and Warwickshire – A Message to Psychiatrists from Carers. This is a very short leaflet containing 'bullet-point' guidance to psychiatrists on how to help carers. The leaflet has been endorsed by the West Midlands Division of the Royal College of Psychiatrists and will be sent out to all psychiatrists in the region. An electronic copy of the leaflet can be obtained by contacting woodhampema@btinternet.com .

At lunchtime we were joined by Dr Gráinne Fadden (UK), Professor Dale Johnson (USA) and Mrs Diane Froggatt (Canada) who had stayed on at the hotel to work on editorial aspects of the book being developed by the World Fellowship of Schizophrenia and Allied Disorders (WFSAD) entitled, A Guidebook for the implementation of Family Work, which will suggest solutions and highlight benefits in the successful implementation of family work. It is planned to launch this book at the WFSAD Conference in Toronto in September this year. Details of this conference are available at www.conference.world-schizophrenia.org .

I think I can safely say that all members of our International Carers Forum found the day to be absorbing and

informative and each of us took away positive actions from the meeting. From a UK perspective we were inspired by our Canadian friends to sometimes consider a more campaigning style of lobbying which might be referred to as the red flag approach to advocacy. It was noticeable during the day how surprised the overseas carers were to find that UK services were vulnerable to so many potential cutbacks as they had a perception that all services worked on the basis of good practice here. They soon discovered that sadly, this is not necessarily the case when finance is such a major influence on the level of service provided.

We don't know whether or not we will ever have the opportunity to meet up again but at least email will enable us all to keep in touch. Our thanks go to Gráinne and the Meriden Programme for enabling this meeting to take place.

In conclusion, on the day following this meeting I took Jackie to visit our local Acute Care Unit and she was very surprised to see a notice boldly stating that visiting hours were restricted to 2 x 2 hour bands each day. She went on to explain that in Ballarat family members were welcome to visit at any time as they were considered to be an integral part of the treatment and care programme. If only this was always the perspective here in the UK!

Peter Woodhams
Carers in Partnership
woodhampema@btinternet.com



*The World Fellowship for Schizophrenia
and Allied Disorders,
the Schizophrenia Society of Canada
and the Schizophrenia Society of Ontario
present:*

**The 2007 International Conference
'Lighting the Path: Hope in Action'**

September 27-30

*The Delta Chelsea Hotel
33 Gerrard Street West, Toronto*

**For more information please visit
www.conference.world-schizophrenia.org**

A Rights Based Approach to Involving Service Users and Carers

By Lindsey Dyer (Mersey Care NHS Trust)

I work for Mersey Care NHS Trust which provides specialist mental health and learning disability services for the people of Liverpool, Sefton and Kirkby. Services provided by the Trust include:

- Adult mental health including medium and high secure services
- Alcohol and drugs services
- Older people's mental health services
- Learning disability services
- Psychological therapy services

I think Mersey Care is a bit unusual in the NHS in that this Trust takes a rights based approach to service user and carer involvement. The Board believes that service users and carers have the right to be involved in decisions which affect their lives – everything we do!

Legal rights such as the right to life; carers' right to an assessment of their needs; the right to aftercare. Social rights that are important to us all like the right to be heard; the right to be free from poverty; the right to a meaningful life.

Central to Mersey Care's rights based approach is a Board level commitment to the rights of service users to be involved in decisions that affect their lives. I don't think anyone is under any illusion that this simple statement means a huge cultural shift. It means:

- Changing the view of service users and carers as passive recipients of services.
- A new era of respect – seeing service users and carers as valued citizens with a wide range of knowledge and experience as people as well as knowledge and experience of Trust services.
- Putting our money where our mouth is. An important way of valuing service users and carers who get involved is to offer payment for their time (currently £12 an hour plus expenses). This sends a clear message that their time and contribution is of equal value to the time and contribution of managers and clinicians.
- Enabling a wide range of service users and carers (320 at present) to get involved in various activities. To date, these include appointing Trust staff, training nursing assistants, improving information for service users and carers, setting standards with reception staff, being members of inspection teams, and awarding contracts. They have also been involved in activities they never dreamed they could have input in – for example setting the objectives and reviewing the performance of the

Chief Executive and all the members of the Executive Team! Nothing is 'off limits'!

- Enabling service users and carers to become involved in research. The SURE (Service User Research and Evaluation) Group was set up and supported to take on research projects of their choosing. These included: acute solutions, an audit of in-patient wards in adult mental health services, an audit of service user and carer involvement in recruitment and selection, a review of the in-patient detoxification unit in the drugs service, as well as other audits.
- Enabling service users and carers to become involved in the development of the Trust's website and the development of an information strategy.
- Enabling service users and carers to make real and important decisions – if you are involved in appointing the staff and spending the money you have at least some level of empowerment. Increasingly service users and carers are getting involved in a wide range of financial decision-making. For example, awarding contracts such as the contract for the architects who will design the buildings that will shape mental health services for generations to come.
- Good training and support – ensuring service users and carers are set up to grow and develop and not set up to fail.
- Leadership – A Board level post like my own signals the Board is serious about cultural change which will not happen on its own. My job is not to bring service user and carer involvement up to me but to get it into the culture of a complex organisation.

Service users and carers are not involved in Mersey Care because it will be good for them, good for the Trust, or because it is the policy flavour of the government of the day. Service users and carers are involved because they are valued citizens with a whole range of knowledge and experience as people as well as knowledge and experience of Trust services.

Responding to what service users and carers wanted to be involved in soon took the Trust out of its comfort zone. The Joint Forum, a Liverpool based service user group had long advocated that service users should be involved in the review of serious incidents like suicides. This happens routinely now in Mersey Care but it required a new culture of openness to scrutinise when things go wrong.

Mersey Care has not got it all right but involvement in decision-making has made a difference for service users and carers. They “feel valued”, have “meaningful things to do”, have “learned new skills”. Many have moved on into employment in the Trust or elsewhere.

Today over 150 service users and carers have been trained and involved in choosing over 1600 staff – about a third of the Trust workforce including the Chief Executive and the Medical Director. Service users and carers say they have seen a difference in staff attitudes and clinical practice.

Service user and carer involvement has also changed Trust services. For example, children were scared to visit their mums and dads on in-patient wards. Now the Trust has a growing number of homely family rooms. Are they good enough? Only if young carers from Barnardos say they are and award their jelly bean logo seal of approval!

The success of Mersey Care in involving service users and carers has been recognised in the Clinical Governance Review that was carried out by the Healthcare Commission which described the level of service user and carer involvement in all aspects of the Trust’s work as, “exemplary” and “impressive”.

The Trust has won a number of awards for its work on involving service users and carers including a Health Service Journal Award 2005 and an Excellence in Human

Resource Management Award 2006. The Trust has also been a runner up in both the CSIP Awards 2006 and the Lilly Awards 2006.

Mersey Care still has a lot to do to involve service users in all the decisions that affect their lives but Mersey Care is showing that things can change through a rights based approach and by initiating and developing new and innovative ways of involving service users and carers.

Ron, a service user who has moved on to other things says, ‘*The time I spent working with the Trust was a valuable part of my life. I gained a lot of self-respect, as well as receiving the respect of others, and I gained a tremendous amount of self worth which I had not known for a long time*’.

Service user and carer involvement has made a difference to the culture of the organisation. Involving service users and carers is now taken for granted, as part of the way we do things in Mersey Care.

Lindsey Dyer
Director, Service Users and Carers
Mersey Care NHS Trust
Tel: 0151 285 2321

For more information about service user and carer involvement in Mersey Care go to www.mersecare.nhs.uk

Behavioural Family Therapy (BFT) Training for Trainers Five Day Course

We have received so many enquiries about when we will be running the next Trainers course that we have started to make arrangements for this already.

**The course will take place from 3 – 7 March 2008
at the Beeches Conference Centre in Birmingham, UK.**

Places are limited and from the number of enquiries already received we are expecting that these will be taken up quickly so if you would like to book a place please contact Sam Farooq on sam.farooq@bsmht.nhs.uk or telephone **0121 678 2712**.

**More details of what the training involves can be found on our website
www.meridenfamilyprogramme.com**

Are You Thorn Trained?

Remember, you need to be trained and practising as a BFT therapist to be eligible to participate in the Training Trainers course. If you are Thorn trained, we are now offering a new two day course in the Autumn to offer you the skills to enable you to participate in the Training Trainers course and become a BFT Trainer.

**Details of what this course will involve will be on our website in the coming weeks.
Please log onto www.meridenfamilyprogramme.com for this
and information on the other services we offer.**

Experiences of Mental Health In-Patient Care

Edited by Mark Hardcastle, David Kennard,
Sheila Grandison and Leonard Fagin

Reviewed by Chris Mansell,
Clinical Specialist, Meriden Programme

This book provides an excellent insight into the experience of mental health in-patient care from the perspective of professionals and staff who work in the service, service users and their carers. This is achieved through a selection of narratives from individuals who talk first-hand about their personal experiences. These are experiences that many people will be able to relate to. The narratives are written with openness and courage and raise some pertinent and challenging issues for all those involved in service delivery, service planning and education.

Each account has commentaries from two people exploring from different perspectives the issues that they felt were highlighted, what can be learned and how improvements could be made. The commentaries are made by a wide range of professionals, service users and carers. After each account and supporting commentaries there are a number of questions and reflective exercises for individuals and teams to consider and these will be extremely helpful in enabling people to focus on areas of their own service.

The book is split into five sections. The first section provides a brief history of in-patient care in the UK and explores current service provision. The second section contains six narratives from service users. All care groups including children, adolescents, adults and older adults are considered.

Section three contains five narratives from carers, which are excellent in helping us consider the enormous pressures facing the service user and the family prior to admission and all of the emotions the immediate family experience, such as guilt, fear, relief and anxiety. The important need for

staff to consider carers and offer support and information when a loved one is admitted to what can be a very strange and intimidating environment is very well highlighted. We are helped to consider the experience from a carer's perspective in a way that many people may not have had an opportunity to do before.

The fourth section provides reflections from a wide range of people working within the service including a Consultant Psychiatrist, Nursing Staff, a Ward Domestic, Occupational Therapist, Psychologist and a Nursing Assistant. These reflections provide us with an understanding of the pressures people are working under and the desire staff have to help people.

Section five provides suggestions for how things may be improved to make in-patient care a better experience for everyone. These are taken from the themes identified in the accounts and commentaries and cover issues of information sharing, involving services users and carers in care planning, the importance of being humane and the need for staff to recover too.

Acute in-patient services remain a very important component of mental health care. The experience of in-patient care can have both positive and negative effects for the people using the service, their carers and those who work in the service. This book captures well the positives and areas that clearly need to be developed. This book will be extremely useful for all mental health professionals who work in in-patient services. The questions and exercises at the end of each section will help teams focus on the issues identified and reflect on their own service. The book will be very helpful in the training of professionals. It will also be extremely important to service users and carers in recognising and validating their experiences.

Published by Routledge for the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (ISPS) (ISBN: 978-0-415-41081-6)

For more information about ISPS visit the website www.isps.org

MERIDEN CONTACT DETAILS

**The Meriden Programme, Tall Trees, The Uffculme Centre, Queensbridge Road,
Moseley, Birmingham B13 8QY**

Gráinne Fadden, Director	0121 678 2892	Michelle Palmer,	
Marie Crofts, Clinical Specialist (on secondment)	0121 678 2711	Assistant Psychologist (Research)	0121 678 2877
Chris Mansell, Clinical Specialist	0121 678 2727	Sam Farooq, Administrator	0121 678 2712
Martin Atchison, Clinical Specialist	0121 678 2727	Main number	0121 678 2896
Paula Conneely, Clinical Specialist (on maternity leave)	0121 678 2710	Fax Number	0121 678 2891
		Email Addresses	firstname.lastname@bsmht.nhs.uk
		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@bsmht.nhs.uk or telephone Sam on 0121 678 2712.

If you have already advised us of changes, these are currently being entered into our database so please bear with us.