



This year World Mental Health Day, October 10th, had a very different significance for me – it was the day my mother died. For the past month or so, I have been very involved with personal family issues, and among other things have thought about ways of honouring my mother's memory. I have debated with myself about the appropriateness of writing something in our newsletter about her. Having thought about it, I have decided – why not? The Meriden Programme is after all about families, and I suppose the biggest influence on all of us is where we have come from. So, rather than the usual introduction of talking with you about what is in this edition of the newsletter, I thought instead I would talk about how my mother has influenced the Meriden Family Programme through me.

So what influences did I get from my mother? Well, it certainly wasn't a belief in evidence-based practice. She always told us that she began to smoke when she was eleven when her brothers would give her a pull of a cigarette when out on the farm. For years we tried to persuade her of dangers whenever new studies emerged about the health risks of nicotine. Her response was always that you shouldn't pass any heed of those figures and would use herself as an example – 'Look at me, I've been smoking since I was eleven and have never been sick in my life' which was true. So whenever I would tell her I was going on a trip, her first response in the days of duty-free products was 'Don't forget the cigarettes!' We finally gave up on trying to persuade her, and then for some reason at the age of 89 some four years before she died, she decided to stop smoking! The only hospitalisations she experienced were after she gave up.

So if my adherence to scientific practice didn't come from her, what were the key influences? The things that come to mind are persistence, resilience, charity and sympathy towards those less well off or who had disabilities and finding creative solutions in difficult times.

My mother's life was challenging and difficult right from the start. Her father was killed just after she was conceived having been thrown from a horse and cart. She was born nine months later, the seventh child of her widowed mother. I think how traumatic it all must have been for my grandmother, and what impact that had on my mother even before she was born. She was born in 1916, a very significant year in Irish history when Ireland proclaimed independence. Of course there followed a very difficult period of civil war, so my mother's earliest memories were of war and vulnerability in a house where there was no adult male to provide security. She would tell us of her memories at the ages of four, five and six of 'Black and Tan' soldiers constantly coming into their home, searching under the bed where she and her sister slept, and the Christmas when the soldiers ate the goose that had been cooked for their Christmas meal. Her mother had the post office in the village so they were a target from all sides – the IRA raiding the post office and leaving I.O.U. notes promising to repay money stolen when the war was over, and British soldiers waiting outside in the hopes of catching the IRA volunteers during raids. So many times when I have tucked my son up safely in bed I have tried to imagine what that was like – thinking at any moment soldiers could arrive at your door searching around your home, eating your food and the worry about what else they could do.

The family survived, my mother went to school, and then began training in catering in a coastal hotel where the 'gentry' from Dublin holidayed. These years were happy and right up to her death she told many stories of the different characters she remembered. Her next move in her early 20's was to Victoria in London but soon after she was yet again living through a War, this time the Second World War – this time stories of bombings and shelters. Her mother's anxiety about their safety brought her and her sister back to Ireland.

She married my father and together they raised the six of us on a tiny farm – hard work on the land fighting the elements long before the Celtic tiger was heard of. Then her next challenge – my father developing cancer and dying when the oldest was 21 and I was just 9. Her resilience shone through again when after his death she took out a mortgage and bought a house in the local town, paying it back by doing bed and breakfast in the summer and keeping lodgers in the winter.

A snapshot of a life. So what have I inherited or what do I carry with me. I could say the importance of ensuring that people are well fed – my mother was always known for offering people plenty – Mrs Doyle from ‘Father Ted’ style! We are known in the Meriden Programme for catering well for people’s basic needs as well as the intellectual needs, but there are other more important qualities: not giving up when faced with obstacles and difficulties but just getting on with things; finding solutions to problems, holding onto one’s beliefs and not being afraid to stand up for what she believed, and a very strong sense of family and extended family. These are the things that have stood out for me.

I will finish with a story I told when collecting the Marsh Award which is referred to in the newsletter. A couple of years ago when I met Tony Blair, I brought my mother a picture of he and I meeting. She was showing this to various people in the nursing home where she spent the last three years of her life. One of the people she showed it to had known my mother for all her life and she called me over: ‘Come here

you, I want to say something to you in front of your mother’. Sounded ominous I thought. She continued: ‘Don’t you ever forget that you got to where you are because of your mother. She looked after you and earned a living after your father died, and made sure you did your schoolwork. And if you ever forget that, when I die, you’ll hear the cups rattling on the dresser (cupboard) and that will be me coming back to haunt you!’ One quality Irish people have is to keep you grounded and in touch with where you came from! Given that the last time I met this lady she told me she was ready to leave this world at any time and that she was already in the departure lounge, I thought I’d better heed her words!

But that’s not why I decided to write this. Mostly I wanted to acknowledge the contribution of two strong and courageous women – my grandmother and mother who demonstrated many qualities some of which I probably inherited and which I try to put to good use.

I will finish with the Celtic blessing my son read at her funeral to honour her connection with the earth and nature.

## Deep Peace A Celtic Blessing

Deep peace of the running wave to you  
Deep peace of the flowing air to you  
Deep peace of the quiet earth to you  
Deep peace of the shining stars to you  
Deep peace of the gentle night to you  
Moon and stars pour their healing light  
on you

Deep peace of the sleeping stones to you  
Deep peace of the wandering wind to you  
Pure red of the whirling flame to you  
Pure white of the silver moon to you  
Pure green of the emerald grass to you  
Deep deep peace

And to honour her Christian faith, the  
Irish wish:

*‘Ar dheis Dé go raibh a h-anam usail’  
May her noble soul rest at the right hand  
of God.*

## Coming in the next issue

- Report on the ‘Implementing NICE Guidelines for Family Interventions and Arts Therapies’ conference.
- Article on implementing family work in in-patient services.
- Review of the ‘Early Intervention in Psychosis: Promoting Recovery’ book.

Dr Gráinne Fadden



Dr Gráinne Fadden receiving the Marsh Award from Mr Godwin Calafato, Rethink Trustee

## The Rethink Marsh Award for Mental Health

On Saturday, 7th November 2009 Dr Gráinne Fadden received the Marsh Award for Mental Health Work. This award is run in partnership between the Marsh Christian Trust and Rethink. It is a lifetime achievement award and is the highest award offered by Rethink. It recognises outstanding contributions to the field of Mental Health Work. The award was established in 2006 and there have been 3 previous recipients, Terry Hammond (2006), Professor Robin Murray (2007) and Mary Teesdale (2008).

The Awards allow the Trust to recognise unsung heroes from a wide variety of professions but with a common aim in mind; improving the world we live in by their tireless work.

They are given to people described as bold, tenacious, enterprising and passionate about what they do and who devote their lives to improving the world in which we live, and the world we're leaving to our children.

Pauline Arksey, MBE who is a carer and is a former Chair of Carers in Partnership explains why she along with other carers in the West Midlands nominated Gráinne for this award:

*'The reason I nominated Gráinne for the Marsh Award for Mental Health Work is that I consider that she has contributed significantly to the understanding of the role*

*and needs of families with mental illness. She has worked tirelessly to advance the training of professional workers. Uniquely, family carers and professional workers are trained together as partners in Behavioural Family Therapy. This has enhanced the status of family carers.*

*Changing the attitudes and cultures of clinical and other workers can have been no easy task. Only with perseverance, have Gráinne and the team gone forward. When my son became ill thirty years ago, others were commonly held responsible for causing schizophrenia. Today it is recognised that with information, training and skills, a family can promote recovery or at least provide hope and support to the ill member.*

*Whilst many others have promoted BFT, few have recognised that the whole family can benefit if involved in the process. Siblings need help too. When I started supporting families, I met too many where one member was left with the burden where partners had left home. I believe that, with the whole family's needs being recognised, families will be helped to stay together- a factor my own family have needed and enjoyed. Without my husband and daughter, it would have been a different story.*

*Whilst others have employed family therapy models, Gráinne has taken the model across the country, supporting and training the many disciplines. The Stratford on Avon family Conference have brought like minds from around the world to share methods and experiences. Family carers have been proud to be speakers and to have had the opportunity to meet people who would only be names in a magazine. It is good to be included. That inclusion in furthering family work is what makes the Meriden team different.*

*I will be going to the AGM and look forward to seeing Gráinne receive the Award.'*

*Pauline Arksey, MBE  
Carer and Former Chair of Carers in Partnership (UK)*

Pauline attended the award ceremony and was delighted to see Gráinne receive the award.

Gráinne said that it was fantastic recognition to have her work acknowledged in this way. Speaking after the award ceremony, she said the following:

*'I am truly honoured to receive this award and would like to express my thanks to both Rethink and the Marsh Christian Trust who sponsor it, for this wonderful acknowledgement of my work. I have always been an admirer of the work done by Rethink at many different levels – campaigning, public education research and training, and have enjoyed working together on many joint projects.*

*The work we have been doing in the Meriden Family Programme has been difficult and challenging. I don't think we anticipated at the beginning how difficult it would be to bring about attitude change, particularly in adult mental health services to encourage services to be responsive to the needs of families and social networks as well as to individuals. It has been hard at times to feel valued, especially when we have to struggle to find funding to maintain the Programme.*



Dr Gráinne Fadden making her acceptance speech



Ms Lorraine Ryan, Trustee of the Marsh Trust with Dr Gráinne Fadden and Mr Godwin Calafato, Rethink Trustee

*That is why this award means so much to me. It is particularly special because the nomination came from family members and an organisation that does so much to highlight and to meet families needs. In the Meriden Family Programme we have been trying to support and help families, and therefore when our work is acknowledged through this award, it feels as if we have achieved something meaningful – that we have made a difference to the lives of families and carers.*

*I would like to thank all the members of the Meriden team who have worked so hard over the years. Even though this is a personal award I very much work as part of a team and I could not do what I do without the support of the team. I would also like to thank Pauline Arksey and the family members in the West Midlands who have been so supportive of our work over the past eleven years, and who have nominated me for the award.'*

## Rethink

Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life.

They were founded over 30 years ago to give a voice to people affected by severe mental illness and today, with over 8,300 members, they remain determined that this voice will continue to be heard. They help over 48,000 people every year through our services, support groups and by providing information on mental health problems. Their website receives over 300,000 visitors every year.

Their aim is to make a practical and positive difference by providing hope and empowerment through effective services, information and support to all those who need it. People who use their services and their carers are at the heart their vision and they believe that all those who experience severe mental illness are entitled to be treated with respect and as equal citizens. They carry out research which informs both their own and national mental health policy and actively campaign for change through greater awareness and understanding. They are dedicated to creating a world where prejudice and discrimination are eliminated.



## Staffing Update

### Welcome Nadine Berry

**Hello, I have recently accepted the position of Team Administrator for the Meriden Programme. I am looking forward to working with such a strong team.**

I have 11 years experience in the print industry where I planned the layout of pages in a variety of magazines. I would spend most of my working day chasing customers and staff for adverts to appear in the magazines whilst adhering to tight deadlines to ensure they were printed on time. After working in this industry for so long, I felt the need for change, alongside my job, I studied counselling for 2 years at evening classes. I was then made redundant and saw this as an opportunity to really change things. I wanted to work with people, giving any help that I could to them. I started working as a part-time Administrator for Birmingham City Council, in a day centre for women suffering with mental health issues. Alongside this role, I studied for two years completing my diploma in Person Centred Counselling. As part of my training, I was fortunate to join the counselling team at a day centre in South Birmingham, counselling service users who were experiencing mental illness. I found working with people directly as rewarding as I thought I would.

I attended the 5 day training course that the Meriden Family Programme offer and felt very inspired by the work that the team do, so for me to have the opportunity to now be a part of this team is an overwhelming privilege.

I feel that the experience I have gained both through my counselling course and on the family work course will provide me with a better understanding of the work of the Meriden Family Programme and will be of great benefit to me in my administrative role on the team.



### 5-Day Behavioural Family Therapy (BFT) Course Focussing on Early Psychosis

**Dates: 1-5 February 2010**

**Venue: Uffculme Centre, Moseley, Birmingham**

Following a series of highly successful courses over the past few years and increasing demand from around the country, we are running two further 5-day BFT courses looking specifically at issues in Early Intervention Services.

This five day skills-based training course on working with families in early psychosis will cover the following topics:

- *National Policy and Guidelines on family work in early psychosis*
- *Literature update on family work in early psychosis*
- *The response of families*
- *Issues relating to grief, loss and other emotional reactions in families*
- *Diagnostic uncertainty*
- *Confidentiality conflicts*
- *The needs of siblings and young people*
- *Communication skills*
- *Problem solving skills*
- *Integrating different models of family work in early psychosis services*
- *Implementing family work in early psychosis services*

**For further information or to book a place, please contact Sam Farooq on:  
Tel: 0121 678 2896  
or Email [sam.farooq@bsmhft.nhs.uk](mailto:sam.farooq@bsmhft.nhs.uk)**

## Welcome Back!



On 4th January we will welcome back Clinical Specialist Alison Corns after her period of maternity leave.

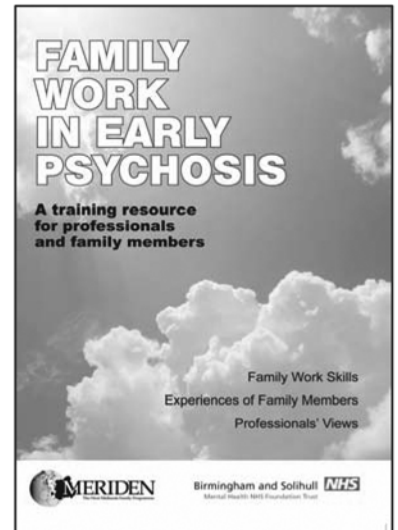
We will be pleased to have Alison back, particularly as spring is always a busy time on the team. Alison will be working four days a week, from Monday to Thursday. Just so that everyone doesn't get confused, as well as having a lovely baby girl when she was off, Alison has also changed her name and will now be called Alison Lee.

# Family Work in Early Psychosis

## Training DVDs with over 10 hours of viewing

This set of 5 DVDs covers family work consistent with current Department of Health policy and NICE Guidelines:

- \* The impact of psychosis
- \* The benefits of evidence-based family work
- \* Interviews with service users and family members
- \* The impact of psychosis on siblings
- \* Demonstration of family work skills with two families
- \* Discussion with a multi-disciplinary group of expert healthcare professionals discussing implementation of family work
- \* Cultural factors relevant to family work
- \* Tried and tested implementation strategies
- \* The benefits of Carers' Support Groups in early psychosis
- \* The innovative role of the Carer Consultant in Early Intervention services



### Who is this for?

- Mental health professionals including Adult and Child & Adolescent services
- Managers
- Commissioners
- Carers, family members and service users
- University lecturers and trainees

### Can be used for:

- Family work training as part of Meriden 5-day training courses
- Staff induction
- Awareness raising and education for mental health teams
- University courses for all professional groups
- Supervision sessions
- General learning resource

**This series of five DVDs is available to purchase for £200**

**(An accompanying training manual is currently being developed and together with DVDs 2, 3 and 4 these will be the core training materials used on Meriden Family Work training courses)**

**For further information or to purchase copies of this series of DVDs, please contact:**

**Mrs Sam Farooq, Business Manager, The Meriden Family Programme,  
Tall Trees, Uffculme Centre, Queensbridge Road, Moseley, Birmingham B13 8QY  
(Tel: 0121 678 2896 Fax: 0121 678 2891 Email: sam.farooq@bsmht.nhs.uk)**

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**Acknowledged worldwide for its expertise in the field of family work since 1998**

**[www.meridenfamilyprogramme.com](http://www.meridenfamilyprogramme.com)**

# Whole Family Approaches: Building Knowledge Across Disciplines

By Kate Morris, Associate Professor of Social Work  
University of Nottingham

On September 23rd, the University of Birmingham hosted an international one day symposium exploring whole family approaches to responding to families experiencing difficulties and with ongoing complex needs. The day brought together academics, policy makers, service provider and service user advocates – it included academics from Italy, America and Ireland. The day was organised using three themes:

- Looking at how professionals and academics understand families, and how the theoretical developments in different disciplines can inform and support a shared body of knowledge.
- Exploring the extent to which families are perceived and responded to as 'troubled' or troublesome'. Consideration was given to current developments in policy and practice and how the different configurations of service provision reflect the range of understandings about the multiple and complex needs of families.
- Reviewing areas of contested practice for example using whole family approaches to respond to some issues such as family violence, young carers and adult disability has generated considerable debate, the different perspectives were considered and discussed.

The participants all had acknowledged expertise in their own discipline and in thinking about responses to families. This enabled informed discussion to develop with a series of shared themes emerging:

- A recognition that much existing provision fails to acknowledge and work with the kinship network that surrounds the adult or child with the presenting problem.
- A frustration that much current provision is set within a framework of risk management and that this can prevent the development of innovative practices.
- The limits of existing knowledge about how families are understood and responded to – and what best practice might look like.
- A positive welcome for the building of collaborative networks beyond the symposium, with a hope that this will lead to the ongoing development of theory, research and practice.

Anyone with an interest in this area who would like more details about developments should contact Kate Morris, Associate Professor of Social Work at the University of Nottingham at [kate.morris@nottingham.ac.uk](mailto:kate.morris@nottingham.ac.uk)



## Joint Working Between The Royal College of Psychiatrists' Education and Training Centre and The Meriden Family Programme

### 1-Day Training Event "The Contribution of Carers to Patient Care, Treatment and Recovery"

**Date: 24 February 2010 Venue: London**

#### About the Course

This highly successful course which was oversubscribed last year is being run once again by the Meriden Family Programme in partnership with the Royal College of Psychiatrists' Education and Training Centre. It will demonstrate the important contribution carers can make to the care planning for family members with a mental health problem. Examples of good practice will be described. This course is designed to help health and social care professionals gain a greater understanding of how best to utilize the specialist knowledge of carers in care and recovery planning.

#### Course Content

- The background to family work – evidence and values
- Practical approaches of family work
- Involving carers in the new Care Programme Approach
- A constructive approach to confidentiality issues
- Recovery for service users AND carers – healthy carers
- Carer involvement in social inclusion
- Examples of good practice
- Case studies

**Who Should Attend?** – Health and social care (statutory and voluntary) professionals working with family members and carers; service managers, team managers and commissioners.

**Accreditation** – The course is eligible for 6 CPD hours subject to your peer group approval. Certificates of attendance will be issued

**Course Fee** – £150 per place. All learning materials, buffet lunch and refreshments are included.

**For details contact: Emma George on**  
[egeorge@cru.rcpsych.ac.uk](mailto:egeorge@cru.rcpsych.ac.uk) or Tel: 0207 977 6654

# Early Intervention in Psychosis: Promoting Recovery

Edited by Paul French, Jo Smith, David Shiers, Mandy Reed  
and Mark Rayne

ISBN: 9781405148948 (Price: £27.50)  
Published: March 2010 by Blackwell Publishing Ltd

*“Early Intervention in Psychosis” is currently an area of key national strategic priority as research has shown that the early years of psychosis is a critical period, and if caught early, the chances of treating psychosis successfully are higher, and chance of relapse is lower.*

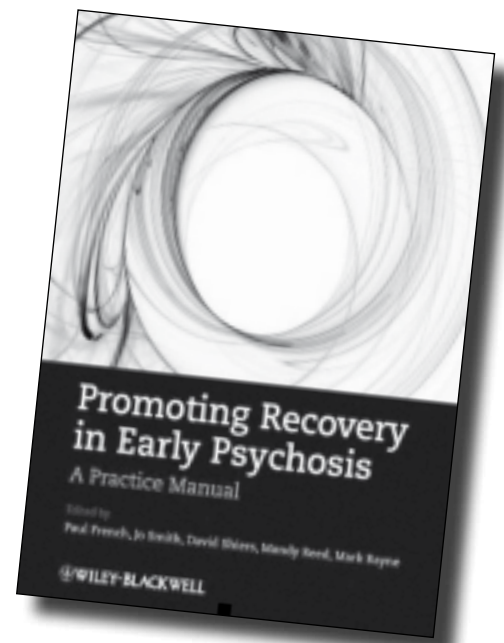
Based on the ‘Early Psychosis Declaration’, endorsed by the World Health Organisation, the International Early Psychosis Association, Rethink & the National Institute of Mental Health in England, this practical skills-based text draws on the expertise of several internationally recognised clinicians and practitioners to provide a guide to delivering early intervention strategies with a unique focus on recovery.

Written with mental health practitioners in mind, this text is designed to help those working with people experiencing psychosis at an early stage of illness to develop and implement effective early intervention skills, enabling them to examine and refine their practice. With case studies and best-practice guidelines throughout, this text provides a critical evidence-based understanding of early intervention for psychosis, raises awareness of the importance of developing culturally sensitive services, develops core clinical skills of early intervention, and promotes the theme of recovery.

## Product Description

*“[There has been an] extraordinary shift in how we understand and treat psychosis, none more so than in the arena of Early Intervention (EI) bringing with it new hope for young people with emerging psychosis and their families.”*

*From the introduction to the book*



Centred around the Early Psychosis Declaration (EPD), this book explores the declaration’s five themes through contributions from a sizeable number of mental health practitioners, service users and carers. It is designed to help those working with people experiencing psychosis at an early stage of illness to develop and implement effective early intervention skills, enabling them to examine and refine their practice. Most importantly, the book is a practical guide to delivering early intervention strategies with a unique focus on recovery.

- Includes an abundance of case studies to link theory to practice
- Evidence-based
- Edited by an team with a wealth of clinical and research experience
- Suitable for qualified practitioners from all disciplines working in the Early Intervention field, including mental health nurses, psychiatrists, social workers, occupational therapists, clinical psychologists and lecturer/practitioners

**Theme 1: Improve access and engagement**

**Theme 2: Raising community awareness**

**Theme 3: Promoting recovery and ordinary lives**

**Theme 4: Family engagement and support**

**Theme 5: Practitioner learning**

# Meriden Family Programme: Launch New Family Work in Early Psychosis DVD

*On Tuesday the 8th September 2009, the Meriden Family Programme held the official launch of its new DVD “Family Work in Early Psychosis; A training resource for professionals and family members”. The launch took place at the famous Electric Cinema in central Birmingham, the oldest working cinema in the UK, and was attended by guests from around the country including Dr. Jo Smith and Dr. David Shiers, joint leads of the National Early Intervention in Psychosis Programme at the National Mental Health Development Unit.*



The Electric Cinema, Birmingham – celebrating its centenary year this year, 1909-2009

The Electric Cinema was itself an amazing place, and provided a wonderful backdrop to the afternoon. Guests were able to congregate in the small but stylish Art Deco reception, with the formal presentations taking place in its plush red and black theatre. As well as presentations from professionals and carers involved in the making of the DVD, guests were able to see short excerpts from the 5-disc DVD set, giving a flavour of the wealth of material contained within the new resource.



**Delegates from Kent with Gráinne Fadden**

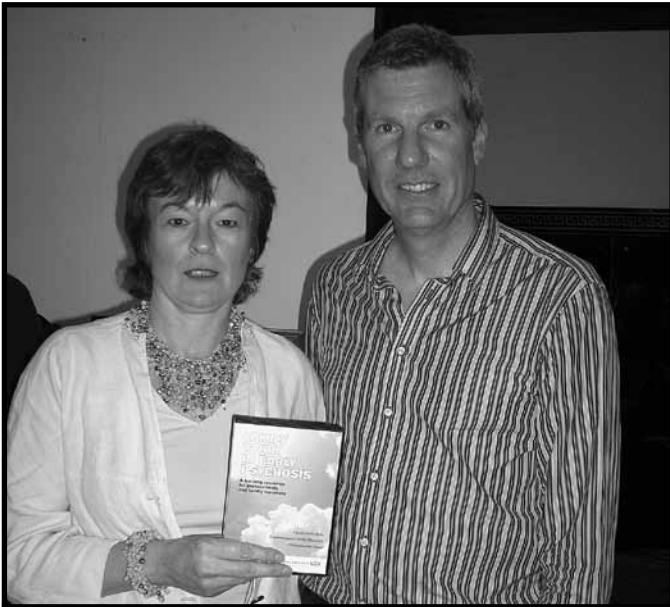
Left to Right: Carine Bishop, Hema Hirani, Gráinne Fadden, Amanda Scrivener, Carrie McLean, Teresa Barker



**Participants of the DVD**

Left to Right: Richard Burden, Becky Heelis, Tony Gillam, Julia Smith and Amy Ledger who together played one of the families portrayed in the set of DVDs with Tony as the Family Worker

First to address the audience was Dr. Gráinne Fadden, Director of the Meriden Family Programme. Gráinne welcomed guests and gave a background to the making of the DVDs. Having been involved in the original Behavioural Family Therapy training videos some 13 years ago, Gráinne reinforced how helpful these initial resources had been in terms of skills training. However, she acknowledged that the changing needs of those experiencing mental health issues today was not reflected in their content, and that the needs of younger people in particular were not addressed. She also shared the fact that the task of producing a more up-to-date, comprehensive resource had been a mammoth one and a far greater project than ever anticipated! Far from being a simple “re-make”, the project generated 10 ½ hours of training material – the equivalent of 5 or 6 feature length films! Gráinne spoke of feeling privileged that service users and their families were willing to share their experiences with the Programme, and



Gráinne Fadden with Steve Reckless who produced the 'Family Work in Early Psychosis' set of DVDs

of the sensitivity and technical skill required in the filming. She paid thanks to Steve Reckless at Jump (GB) Ltd. for all his involvement, from the initial tendering and planning in January of this year, through to the final editing in August. She also thanked the many healthcare professionals who contributed to both the development of the DVDs and the actual filming - joking that finding “actors” and organising credible “families” had proven a task in itself! Like those sections where family members were not willing to expose their own family situations.

The next speaker on the programme for the afternoon was Dr. Jo Smith, joint lead of the National Early Intervention in Psychosis Programme, NMHDU. Dr. Smith stated that having known Gráinne since 1998, she had watched the development of the Meriden Family Programme with interest; family work being a subject very dear to her heart. She stressed the importance of “getting in there, right

from the start” and of professionals needing the specific skills and knowledge to work with families at this critical time. She described the Meriden Family Programme as a “field leader” in terms of both Early Intervention specific training courses and now training materials. From Dr Smith’s perspective, the key benefit of the DVDs are that they enable families to see what is involved in family intervention and hear about the beneficial outcomes, while also addressing some of the unique clinical experiences and issues faced by practitioners. To quote Dr. Smith, the DVDs are “Internationally, a very welcome and much needed resource”.



**Participants of the DVD**

Left to Right: Tony Gillam, Amy Ledger and Richard Burden

Excerpts from the DVDs were then played to give the audience a taste of the material and a feel for the style and structure of the discs. Both of the role-play “families” were introduced on screen and some of the service user and carer interviews with real family members were shown. Gráinne explained how finding real families to participate in the clinical “sessions” had proven impossible, but that the format of the DVDs was such that family members remained able to contribute in a variety of different ways - including giving an introduction and real perspective to each of the clinical aspects/sessions addressed. Gráinne then invited feedback from the audience with extremely positive results! Comments acknowledged the fact that the new DVDs were hugely different from the previous ones in terms of both style and content, that a much wider range of issues were clearly addressed and that it felt extremely “authentic” (with Dr Jo Smith commenting, “I was in there!”).

Peter Woodhams, Carer Consultant with the Meriden Family Programme, then took to the stage and spoke of his own involvement in the production of the DVDs. He described himself as “first and foremost a carer” and shared his pleasure at being involved in a project which he felt would have direct benefit to other carers and families. Peter explained his role in terms the recruitment of families to participate in filming, and in devising the initial



**Participants of the DVD**

Left to Right: Jeanette Partridge, Joanna Smith and Donna Luck

briefing document which described the role and perceived function of the DVD resource. He also referred to his more obvious role as on-screen interviewer – but stated he was “no Jeremy Paxman!”. Again, Peter paid thanks to all those involved in the filming and spoke of the courage of those service users and family members who were prepared to tell their very personal stories. He also thanked Gráinne for her “passion and dedication to this piece of work to which she has contributed way beyond the call of normal duty”, acknowledging the many hours of work and the level of commitment required to complete the project.

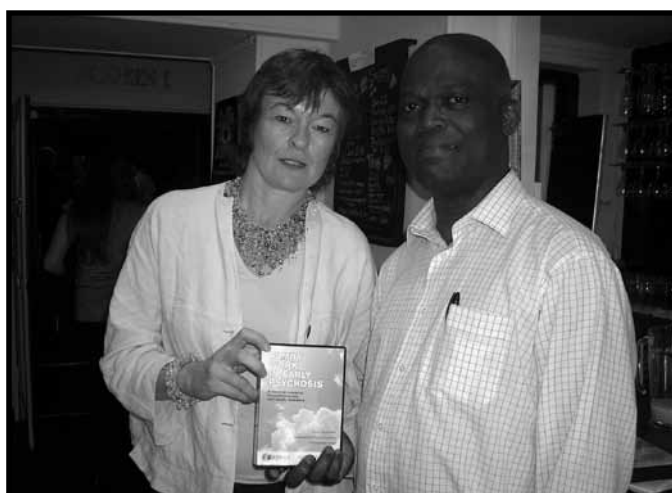
Jeanette Partridge then addressed the audience, giving an additional carers view of being involved in the production of the DVDs. She described her first encounters with mental health services as something she would not wish upon her worst enemy, although acknowledged that her own experience of family work had been beneficial and had inspired her to later train as a therapist and family work trainer herself. Having seen and used the original videos, Jeanette had heard comments that the role-play family was not like a “real” family – and as such wanted to contribute to something new and perhaps more believable. Jeanette was also able to talk about her role as carer consultant within a West Midlands Early Intervention team, to which she further refers on the DVD. Acknowledging that “Rome wasn’t built in a day”, Jeanette stated that there was still work to be done but that the carer consultant role could be developed as an integral component to early Intervention teams in the future.

The final speaker of the afternoon was Tony Gillam, Clinical Manager of the Worcestershire Early Intervention team. Tony delighted the audience with his witty reflections on the surreal experience of filming, likening it to an episode of “What Not to Wear” with Gráinne taking on the directorial role of Quentin Tarantino! Describing his clinical team as being very “showbiz”, stretching geographically from Broadway (in the Cotswolds) to Hollywood (Birmingham) he felt it only natural that 5 members of the team ended up



**Participants of the DVD**

Left to Right: Gráinne Fadden, David Shiers, Jo Smith and Peter Woodhams



Gráinne Fadden with Kojo Hagan who purchased the first set of DVDs for Middlesex University

featuring in the DVDs. Although never tiring of the original training videos which he jokingly described as a “searing insight into family life in suburban Buckinghamshire”, Tony described the new DVDs as a sequel “illustrating the richness, diversity and flexibility of family work” which he hoped would “keep family work training vigorous and relevant to contemporary mental health services”.

After more excerpts and an opportunity to view the DVDs in more detail, the launch came to a close, with Gráinne once again thanking all those who contributed, and those supporting the launch. A supporting Early Intervention Workbook for 2010 was also mentioned – so watch this space!

**For more information, including how to purchase the 5-disc “Family Work in Early Psychosis; A training resource for professionals and family members” DVD, please see our web-site [www.meridenfamilyprogramme](http://www.meridenfamilyprogramme) or contact Mrs Sam Farooq, Business Manager at [sam.farooq@bsmhft.nhs.uk](mailto:sam.farooq@bsmhft.nhs.uk) or telephone (0121) 678 2712.**



**Participants of the DVD**

Left to Right: Jeanette Partridge, Astrid Schörnig, Amarjeet Rebolo and Peter Woodhams

# The Tuesday Group

## Adapting Family Work Within an Inpatient Child and Adolescent Mental Health Service (CAMHS) Forensic Service

By Martin Atchison, Meriden Family Programme,  
Michelle Ginty and Jessica Close,  
Ardenleigh Unit, Birmingham & Solihull Mental Health NHS Foundation Trust

*The model of Behavioural Family Therapy (BFT) has mainly been used when working with individual families. However, clinicians who have been trained through the Meriden Family Programme in BFT have thought flexibly about how the model can be applied in other settings. This article will describe how the BFT model was used with the 'family' consisting of young people and staff from a CAMHS forensic inpatient setting. The outcomes of the group demonstrated that the model of BFT was effective in enabling young people in these settings to enhance their communication and problem solving skills, confidence, self esteem and empathy towards others. These improvements were noticeable by others outside the group.*

### Background

The Meriden Family Programme was approached by clinicians from Ardenleigh, towards the end of 2008, with a view to improving relationships on the CAMHS inpatient units. After spending some time discussing and debating how the BFT model could be adapted for this population, and how to organise sessions practically, eight sessions were delivered between May and July 2009. The sessions lasted an hour each time and took place on a Tuesday afternoon after the end of the 'school' day, hence the name of the group!

The content of the sessions was developed mainly with Dr Michelle Ginty, Lead Psychologist, CAMHS, Ardenleigh and Martin Atchison, Deputy Director, Meriden Family Programme. Jessica Close, Assistant Psychologist, Ardenleigh, also helped with the planning, delivery and evaluation of the group.

### Planning the group

The discussions around how the model of BFT could be adapted were more focussed on practicalities than on whether the model would be beneficial. Both Michelle and Martin are BFT trainers and have a range of experience of using BFT with families, and could appreciate in particular how the skills components would be beneficial for the young people taking part.

When it came to the point of looking at information sharing and relapse planning however, it took some consideration to work out how this was to be done. It was thought that spending time discussing different diagnoses could possibly

lead to some competition between the young people about who had which diagnosis. Also, given the people that Dr Ginty had in mind to attend, there would have been a number of different mental health conditions to explore, some of which may not have had much relevance to others in the group. It was decided that, given the aim of the group was to improve relationships between people, a couple of case studies could be discussed, which could give the group members the opportunity to discuss what the individual in the case study could be experiencing, and how they would notice that someone may be becoming more unwell or stressed.

### Informing Staff of the Group

Before the sessions were started, a day was spent informing the staff from the unit about the group so that they would be able to support the young people taking part and be informed enough about the group to be able to identify any changes in the participants. Some members of staff from the unit were asked to take on specific roles to support the group. The plan was that they would attend each session and practise skills alongside the young people. Also, in a similar way to asking families to meet between family work sessions, each person taking part was linked with a member of staff to support them with practising skills, working towards goals etc.

The group was advertised on the units and a group of 81 young people were identified. They were all male, with ages ranging from 16-19. Pre-group assessments were carried out looking at three different areas - communication skills,

problem solving and recognising stress. Questionnaires were given to service users and to the staff to assess the services users in these three areas.

## Outline of Group Sessions

### Orientation

The initial session was spent outlining the overall plans for the group, setting ground rules and exploring the expectations of both the facilitators and the participants. The first homework task was to get the young people to set personal goals.

### Goals Setting and Assessment of Problem Solving

The following session was spent sharing each person's individual goals, before looking at reported and observed problem solving. Some examples of the goals were:

- learning to take on board other people's opinions
- being more confident when talking to family members
- more confidence to ask for things I want
- to be able to say no

These goals were discussed at the start of each session and any progress made was fed back both by the individuals themselves and by staff from the unit.

The young people reported that there was a range of ways in which problems were solved, sometimes with the intervention of staff, sometimes between the young people themselves. Given the nature of a locked forensic unit, it was acknowledged that it could be a stressful place to be and this impacted on how problems were solved. The group (staff and young people) was then asked to try to solve a problem, which was related to the use of recreational facilities within Ardenleigh. This demonstrated that the group had good problem solving skills, but on reflection it was felt that these skills weren't always used in a consistent manner.

### Communication Skills

The next 4 sessions looked at communication skills. At first there was some discussion around how stress can impact on communication. The group reported that in response to stressful situations, their communication was affected in the same way as most people. That is, there seemed to be more critical comments, not so much listening, a tendency to stop communicating, and an acknowledgement that when communication wasn't so good, this added to stress levels.

The group was then asked about the benefits of 'expressing pleasant feelings', which was reframed as 'noticing the positive things', so that it would appear less formal. After each person (staff and young people) had a chance to practice and feedback was given, the group was set the homework task of 'noticing something positive' each day, with handouts given for them to record this.

With the support of staff, most of the young people had managed to complete their homework, with positive experiences being reported. Examples were given such as thanking one of the teachers in the Centre for Learning (the equivalent of school). Early on some of the young people found using the homework sheets helpful as by outlining the steps, they felt it made communicating "less complicated". There were also comments on how it had made them "feel good" when they were expressing positive things.

'Making positive requests' was reframed as 'asking for things in a positive way'. Again, encouraging comments were made during the practising of the skill, both in terms of how people were able to demonstrate the skill and in how useful the skill would be in day to day life on the unit. The young people found this to be an effective skill and that had benefited them quite quickly on the unit. When asked how it had gone in practice, one young man cheekily said "it really works, people fall for it all the time!". It seemed that by asking for things in a pleasant way had worked far better than their usual asking techniques.

Listening skills were explored, with the young people stating that this was a skill that could be affected by stress levels and general atmosphere on units. Through using role play, they found this more difficult than they first expected it to be. This was set as part of the homework and with practice the group found the skills easier to do. One young man commented that the steps had helped him to think about the importance of really listening to what others had to say.

The next skill looked at how to 'express a difficult feeling'. This appeared to be the most challenging of the skills to learn and the group explained that at first they found it quite difficult to achieve. In addition to being new to expressing their feelings verbally, and therefore not feeling fully confident in their abilities, the group acknowledged that expressing difficult feelings had the added pressure of potentially annoying or upsetting the other person. With support from staff they practiced the steps as homework. The next week they appeared surprised that even though they had been expressing unpleasant feelings, the response had been positive. The group felt that key to this was explaining their reasons behind their feelings.

### Problem Solving Revisited

After the group had learned the key communication skills, they worked together on problem solving. The group was asked to work on solving some of the current unit issues and by using structured approaches they were able to offer creative and positive solutions. This illustrated that the young people could be more proactive in dealing with problems themselves. By this stage in the session programme, it was noticeable that the group were beginning to utilise other skills when appropriate and were also adapting these to fit in with their personal style.

## Recognising Stress in People

In the penultimate session the group was given written scenarios about people of a similar age and situation and an identified problem they currently faced. The group was asked to work out how they might recognise when a person was becoming more stressed and what they might do to support that person. They were able to offer well thought through solutions based on the skills they had learned. The members of the group also demonstrated that they understood the flexibility of the skills and how they could be adapted to many different problems and difficulties. This seemed to give them confidence in working out difficulties on the unit.

## Group Feedback

In the last session group members were asked to feedback on how they thought the group had gone and give any improvements or suggestions if it were to run again. The majority of feedback was positive with the communication skills being identified as the most useful part of the session programme. The group liked the idea of homework as it gave them time to practice skills and reinforced the skills so they became "second nature". The group also felt that having the involvement of staff was important as they felt they had support on the unit in between sessions. Suggestions for improvements concentrated on consistency with the structure of the group. This included having staff consistently attend sessions and making sure the numbers of young people/staff involved were equal from both inpatient units. Interestingly the young people in the group felt that if it were to run again, the young people chosen to be involved should have more ownership over it i.e. being able to decide which staff members take part. It was also suggested that the time between groups was increased to give more opportunity to practice the skills for homework.

Ward based staff who were not directly involved in the group also noticed a positive change in young people and felt that the group had been beneficial. On the units it was felt that the young people appeared more confident and had been more communicative since the group ended. Many of the staff who had not been involved felt they wanted to know more about Behavioural Family Therapy and that they wanted to be more directly involved. There was a general consensus that all the staff and young people on the units would have liked to have been better informed about the group.

## Evaluation of the Group

The Tuesday Group seems to have had a positive effect on both staff and young people who have attended. Individually there seems to be an improvement in confidence, self esteem and empathy towards others. The results of assessments carried out before and after the group appear to support this. Relationships between group members appear to have improved and there are reports of feeling more confident within these and understanding their peers more.

There was interest shown by people who didn't attend the group and haven't benefited in the same way as the young people in the Tuesday Group. This illustrates that clear benefits were identifiable by others, but also that plans could be put in place to think through how this group could be extended to allow others to take part.

From our point of view, being part of the group was both challenging and a great learning experience. Our main reflection would be that we are delighted with how well the group worked for the young people involved and for that we would like to thank everyone, both the young people and staff that took part in the sessions.

**Behavioural Family Therapy (BFT)**

# Training Trainers Five Day Course

**Venue: Beeches Management Centre,  
Bournville, Birmingham**

Dates have been set for our next annual Training Trainers course so please make a note in your diaries now!

**The course will take place from  
1-5 March 2010**

We are now taking bookings and as places are limited please get in touch as soon as you can if you would like to confirm your attendance on this course. Remember, you need to be trained in Behavioural Family Therapy to be eligible to train as a trainer.

**Please contact Sam Farooq on  
sam.farooq@bsmhft.nhs.uk  
or telephone**

**0121 678 2712 for further information.**

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

# Inpatient Carer Leads Forum

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT)

*One of the areas that the Meriden Family Programme has done a lot of awareness training in over recent years is inpatient settings. From our experience there seems to be a wide variation in how well carers and families are engaged by inpatient staff. Family members have reported that this can be a frustration for them at a particularly stressful time.*

Following a Healthcare Commission audit of inpatient units across the country, we were asked by senior managers in the trust to look at supporting inpatient staff to look at how to develop the engagement of families in contact with inpatient units. One of the questions in the Healthcare Commission's audit was about whether or not the unit has a Carer Lead. Some units did have a Carer Lead but there didn't seem to be any literature or guidance available about what the role would consist of. Despite this, there was some good practice being demonstrated by these Carer Leads and it was felt that this should be extended across the trust.

The Meriden Family Programme facilitates a meeting every three months for the Carer Leads from each inpatient unit within BSMHFT. This meeting is proving a useful forum for staff to meet up and share good practice. Senior managers are supportive of the meeting and are keen for Carer Leads to seek out their support for any initiatives they develop.

## **The aims of the meeting are to:**

- Outline current experience of Carer Leads, identifying areas of good practice and challenges to fulfilling the role.
- Develop the role of the Carer Lead.
- Explore current guidance, training and resources required to develop Carer Lead roles.
- Raise awareness of the needs of families and carers in contact with in-patient units.
- Raise the profile of family interventions.
- Offer skills training for Carer Leads.
- Provide a network opportunity for Carer Leads.
- Identify any further training requirements.
- Provide an opportunity for outside agencies to present their work to Carer Leads.

Carer Leads see this opportunity as having protected time to develop their role within in-patient settings, speaking informally to carer/relatives in a designated area/family room, arranging structured sessions/groups with guest speakers from other disciplines and services e.g. consultants, neighbourhood offices, benefit agency advisors etc, signposting to other services, linking to other resources, raising awareness in other staff and carers of the need for a family-sensitive approach.

## **Carer Leads hope to improve the experience of carers by the following strategies:**

- Role modelling.
- Provide leaflets and information on disorders, treatments and other services available.
- Offer practical support.
- Facilitate sharing between carers.
- Promote awareness of transcultural issues.
- Facilitate the appropriate person for carers or family members to speak to on the ward if not the Carer Lead.
- Link with other Carer Leads to provide peer support and continued learning.

## **Areas of Training Identified as Relevant to Carer Lead Network**

- Confidentiality
- Young carers
- Working across cultures
- Family work model
  - Relapse planning
  - Information sharing
  - Problem solving
  - Communication skills

## **What Is Going On Elsewhere?**

Meriden would value hearing from Carer Leads in other Trusts and services about their own experiences of being in this role and how it has impacted on carers' experiences of in-patient services. If you have read this article and are interested in setting up a similar forum locally the Meriden Team would be happy to hear from you.

**Please contact [martin.atchison@bsmhft.nhs.uk](mailto:martin.atchison@bsmhft.nhs.uk) or [julia.smith@bsmhft.nhs.uk](mailto:julia.smith@bsmhft.nhs.uk) if you would like further information about the Carer Leads Network.**

# Careif: We Work to Preserve and Protect Good Mental Health

**www.careif.org**

By Albert Persaud, Co-founder and Director  
The Centre for Applied Research and Evaluation – International Foundation (Careif)

The Centre for Applied Research and Evaluation – International Foundation, or Careif for short is a new international charity based at the Centre for Psychiatry, Barts & The London School of Medicine and Dentistry, London, England. Careif has a number of relationships and interests in the UK, Asia, Middle-East, Europe, Africa, New Zealand, the Americas and the Caribbean.

Careif's main aim is to share knowledge about mental health in order to improve people's wellbeing. This includes how to live healthily and ensure that working practices and services are suited to different cultures and societies across the world. It delivers its work through four distinctive building blocks, which are:

- High quality learning and teaching locally, nationally and internationally.
- Research, evaluation and practice development into culture and wellbeing.
- Provide international volunteering, exchange and twinning schemes.
- Promote and develop positive practice on sports, young people and wellbeing of individuals and communities.

The Careif's programme of activities, on Young People, Sports, Health and Wellbeing (Careif Olympic Generation Programme) represents a sustainable and impacting contribution towards delivering and securing a health 'legacy' both in the lead up to the London 2012 Olympic Games and afterwards. The programme includes work on personality disorder and ethnicity, media and aspiration, cultural identity and health, khat use, religion and coping, youth crime, sport and well being, and global young peoples' surveys on health, culture and well being. Soon to be published is the Careif Youth Map – mapping of care services provided by Children's and Young Peoples' charities in England; engaging the most socially excluded young people directly into the Olympic/Paralympics events and in future surveys and activities.

The learning, teaching and practice programme has been extensive with a series of events with the Royal Society of Medicine and other partners on Culture and Mental Health; with other events for example in Nottingham, Copenhagen, Lisbon, Delhi, Beijing and most recently in Italy with the World Association of Cultural Psychiatry (WACP) where Professor Kam Bhui – one of the co-founders of Careif – will, as President Elect be hosting the 3rd Congress in London 2012.

A number of courses are very popular with practitioners, across the public, private and voluntary sectors with qualification pathways (certificate, diploma, MSc and PhD) in Transcultural Mental Health Care & Psychological Therapies.

Careif believes that knowledge should not only be available to those with wealth or those who live in urban and industrialised parts of the world. It considers knowledge sharing to be a basic human right, where this knowledge can change lives and help realise true human potential. Furthermore there is substantial knowledge to be found in the less developed, rural and poorer areas of the world and this is valuable to the wellbeing of people in areas which are wealthier.

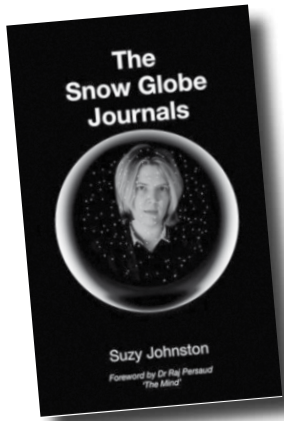
Careif gathers support from a number of like-minded people and organisations throughout the world of transcultural psychiatry and is represented at all levels within the charity by individuals who aspire to or are leaders in humanities, fairness, justice and reconciliation. Careif's diverse partnerships includes young people, individuals, and organisations, WACP, Barts & The London School of Medicine and Dentistry, Queen Mary University of London, numerous international academic and cultural institutions, the World Health Organisation (WHO), UK Government, Overseas Governments, Industry and other stakeholder organisations including the Voluntary Organisations – Non Governmental Organisations – (NGOs).

**More information on Careif is on the website [www.careif.org](http://www.careif.org) If you are interested in being part of the developing Careif experience why not contact us at [enquiries@careif.org](mailto:enquiries@careif.org)**

# The Snow Globe Journals... Sound Bites From a Mental Illness

By Suzy Johnston  
Cairn; 2009; Paperback; ISBN 9780954809225

Reviewed by Becky Heelis



This book is an open, very honest and frank first-person account of Suzy's experience of living with and recovering from bipolar and psychosis issues. She expresses her innermost feelings of these experiences through various literary techniques and quotes from songs (by artists such as Alanis Morissette, R.E.M, and

Nirvana) which I found extremely engaging. This style of writing allowed me to step into her shoes to try and understand what it must be like to have these experiences. With some very vivid metaphors and analogies, I felt Suzy really described such a complex subject into vivid and memorable explanations to the reader, which allows for anyone to pick up and read this book. Suzy clearly demonstrates that mental illness shows no prejudices as it can affect anyone and gives hope to those who are experiencing some form of mental health problem. The book is organised into three main sections:

## 1. Illness

In this first section she describes herself as a 'snow globe' explaining how sometimes her thoughts are 'clear and pure' and other times 'something picks me up and shakes me...I lose all perspective?' She goes on to explain her 'sharkinfestedjungle', suicide attempt, how she tries to escape the demons, and her motivation to keep going.

## 2. Hospital

Although Suzy acknowledges the excellent care she received in hospital, this section is more about thoughts of herself as a patient as well as how she spent her time in a 21st century psychiatric ward rather than a critique of the care she received from the staff. She also describes her experience of hallucinations of insects, her therapy, her weekly review sessions with the consultant psychiatrist and how she felt about visitors in the hospital:

*'They ARRIVE! The person(s) who has the sole responsibility of breaking the monotony of your day is here and...and...you have NOTHING TO TALK ABOUT.'*

## 3. The Journey Home

Suzy writes about recovery in the final section, referring to it as a 'ladder' and explaining how it is different to being cured. She brings up the issue of mental health as a stigma within the NHS, revealing that staff who do experience a mental health problem don't seek help:

*'About 1 in 4 people will suffer at some time from a mental health problem... I find it appalling when 100% of correspondence to me from doctors with mental illness ALL say that they are unable to seek help from their colleagues.'*

Here, she also writes about the support she has from friends, family, and her partner, Michel, in addition to the coping strategies that work for her such as music and involvement in her band, 'Bad Alice'.

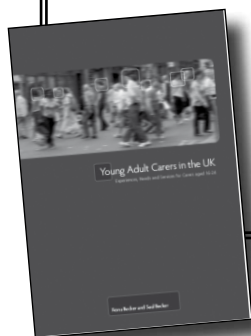
The experiential nature of this book has enhanced my understanding of the mental health conditions, beyond factual knowledge. The companion book is 'To Walk on Egg Shells' by Jean Johnston and is the story from her mother's perspective. Suzy Johnston has also written in a previous edition of the Meriden Family Programme's newsletter 'The Building of a Cairn' (September 2005, page 9).

**The Snow Globe Journals' is available from book shops, internet book sites or on-line at [www.thecairn.com](http://www.thecairn.com).**

**Price £8 (includes packaging and postage).**

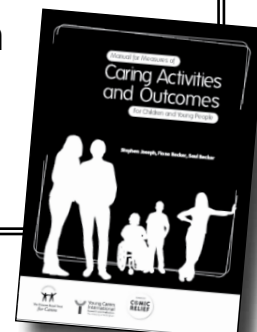
## Young Adult Carers in the UK: Experiences, Needs and Services for Carers aged 16-24

By Becker, F. and Becker, S. (2008)



## Manual for Measures of Caring Activities and Outcomes for Children and Young People

By Joseph, S., Becker, F.  
and Becker, S



Both of the above have been published by The Princess Royal Trust  
for Carers in association with Young Carers International  
(Research and Evaluation, University of Nottingham)

Reviewed by Peter Woodhams, Carer Consultant – Meriden Family Programme

Many of us who have been carers for a good few years often feel disappointed and frustrated about the lack of resources made available consistently to carers in terms of assessment, support, information, education, respite, involvement and so on but I do wonder sometimes if we give enough consideration to the plight of young carers and young adult carers who have substantial support needs and yet do not have an appropriate level of funding allocated to improve their overall circumstances. My own knowledge of Young Carers is quite limited but I do know how funding arrangements often enable them to think fairly short term and seldom make adequate provision for developmental type planning.

I meet many carers throughout the UK in my 'travels' and talk to many carers groups but hardly ever have these groups contained carers in the 18-24 age range, so where do such people go for their support or are they actually receiving any?

Saul Becker, Stephen Joseph and Fiona Becker and other members of the Social Care Team at the University of Nottingham are to be congratulated on these two fine pieces of work one of which makes strong research-informed recommendations for the development of services and support for both young carers (16-17) and young adult carers (18-24) whilst the other is a practical 'hands-on' tool to aid the assessment of young carers.

**Young Adult Carers in the UK** is, according to Dr Philippa Russell, Chair, and Standing Commission for Carers, "essential reading for commissioners and providers of both children's and adult services". It is a study, funded by The True Colours Trust in association with The Princess Royal Trust for Carers, which investigates the experiences, needs and service responses to the 290,000 young adult carers aged 16-24 in the UK today.

The research makes a distinction between 16-17 year old carers (young carers) and 18-24 year old carers (young adult carers) and this is particularly important because the former group are legally children whilst the latter group are legally adults. This is an extensive research report which used literature reviews, data analysis, and surveys of projects, focus groups, discussions and interviews in order to identify key findings. I found the identification of positive and negative aspects of caring during childhood and early adulthood particularly interesting. Indeed it was sad to note the negative effect that caring has on school and educational performance which in turn restricts educational and career opportunities even though many saw school as an opportunity to 'escape' from caring. Few children reported feeling supported at school and some were even punished for being late or not doing homework, a sad state of affairs indeed.

The same sort of pattern applies for young adult carers few of whom received any support and most felt restricted in some way. Their career choices and aspirations are influenced by their caring roles and in many cases they were reluctant to leave home to study or work.

The report is particularly good at giving real examples throughout both by outlining individual stories and by detailing young carers projects particularly those which have endeavoured to respond to transition needs as young carers move from childhood to adulthood.

The service development recommendations of the report are again separated for young carers and young adult carers. Some 14 recommendations are made for young carers many of which are related to the transition period and helping young carers find support post 16. It was helpful to see the recommendation that the whole-family approach should be embedded in services and

also that ‘universal’ services should seek to establish whether a young person has caring responsibilities and if so, to identify what support they need. Whilst all the recommendations are very soundly based I was just a bit concerned that many of them placed the burden of responsibility onto Young Carers’ projects and I do just wonder whether many such projects have sufficient funding available to them through commissioners and charitable contributors, to enable implementation of some of these recommendations.

As far as young adults are concerned the recommendations are, by necessity, more broadly based and attention is drawn to some of the ‘emerging models’ of specialist service delivery presented in the report. The report also emphasises the importance of commissioners identifying the outcomes they want to achieve and deliver for young adult carers and then commission the services which best deliver these outcomes.

As an involved carer myself I was also very pleased to see the need identified for young adult carers to be involved in planning the development of the relevant services as indeed they contributed to the report itself. The need to give young adult carers a voice is the theme of the final paragraph so that they can themselves highlight their needs with the public, policymakers, commissioners, providers and others who influence.

The full recommendations are highlighted in the report and they all make worthwhile reading. The report is indeed a must for all those involved with young people.

**The report can be downloaded free on [www.carers.org](http://www.carers.org) and [www.saulbecker.co.uk](http://www.saulbecker.co.uk)**

**Paper copies can be obtained for £10 from Alison Haigh, School of Sociology and Social Policy, The University of Nottingham, University Park, Nottingham NG& 2RD**

Health and social care professionals who work with young carers should not be put off by the use of the word ‘manual’ in the title **Manual for Measures of Caring Activities and Outcomes for Children and Young People**. Indeed this is a very readable and understandable booklet of just some 23 pages which contain five very practical and helpful instruments which can be used on a one-off basis for the purpose of assessment, or pre-and-post intervention to measure change and the impact of support. These instruments have been developed and tested with over 500 young carers and so can be used with confidence.

#### **These instruments are:**

- **MACA-YC18** is a multidimensional assessment of caring activities. It comprises an 18 point simple questionnaire which measures the pattern of caring activity against 6 domains (domestic, household management, financial/practical, personal, emotional and sibling care). Each question requires just a tick box answer of ‘never’ or ‘some of the time’ or ‘a lot of the time’ so it is quite easy to use.
- **PANOC-YC20** is a 20 item questionnaire designed to assess the positive and negative effects of caring activity and its results will help to indicate whether there are concerns that need to be addressed (it seemed to me as a layperson that this might be a useful tool for the assessment for all age groups of carers).
- **MACA-YC42** is quite similar to YC18 above and can be used to provide an overall summary index of caring activity over 42 items.
- **What I Like and Dislike about Caring** is a short questionnaire which enables professionals to understand the level of caring undertaken and the young carer’s feelings about the tasks. It differs from YC18 in that it allows young people to say what they like and dislike in their own words and it can be used before and after support to monitor changes in perceptions.
- **Me and my young carers project** is designed to elicit the views of young carers on interventions such as a young carers project, and what impact they have made to their lives.

It is encouraging to note that there are now over 350 young carer’s projects/services in the UK who are in contact with around 30,000 young carers but clearly this is only a small proportion of a total of in excess of 175,000 young carers so there is a very high percentage who receive no support at all.

I certainly liked the straightforwardness of these tools, the scope of the questionnaires, the opportunity to elicit views from young carers themselves, the benefits that may accrue from their implementation at both a personal and service delivery level. The manual is certainly recommended for those who commission and work with young carers and can be downloaded for **free** from [www.carers.org](http://www.carers.org) and [www.saulbecker.co.uk](http://www.saulbecker.co.uk)

## A Casebook of Family Interventions for Psychosis

By **Fiona Lobban (Editor), Christine Barrowclough (Co-Editor)** Wiley- Blackwell  
**ISBN 978-0-470-02707-3**  
**(375 Pages – Paperback Price £29.99)**

**Reviewed by Catherine Gamble**  
**Consultant Nurse, South West London and**  
**St Georges Mental Health NHS Trust**

The revised NICE Schizophrenia Guidelines (2009) place considerable emphasis upon the importance of evidence based family intervention and the value of families in supporting service user’s recovery. The publication of this casebook therefore couldn’t be timelier, as its contents provide “lived experience” of how far this recognition has advanced in recent years.

To highlight that family intervention is efficacious and effective, professional publications have traditionally commenced with an academic appraisal of the literature. Refreshingly the first chapter entitled “Why are family interventions important?” is written by Martin Gregory, a father who eloquently outlines his family’s experiences using roller coaster imagery; the stomach turning journey only becoming bearable with Behavioural Family Therapy. Families will associate with these high and lows of caring, but, unfortunately the majority still don’t have access to those trained in these approaches or won’t equate with Martin Gregory’s experiences because their significant other has multiple engagement problems and/or have not been offered appropriate support when it’s required or needed. Hence the following three chapters focus upon explaining what family work involves through case studies that encapsulate how to minimise the impact of psychosis and find effective ways to manage. Furthermore, because

substance misuse is becoming increasingly prevalent in today’s society, chapter 5 and 6 covers how cannabis and cocaine addiction problems were addressed within family meetings or group work using motivational approaches. The experience of loss, sibling’s needs and working with other cultures are focused on in more depth than any previous family work publications. The latter part of the book addresses service implementation issues. Lessons learnt from the Meriden programme feature heavily within descriptions of how families can be supported in inpatient units and organisational barriers can be overcome. The penultimate chapter ultimately provides a unique “COOL” vision into carer advocacy and recovery.

The book emphasises the importance of early intervention and working with the younger generation with psychosis. However, the skills described are also effective in other contexts and circumstances, so for those who live or work with people with longer term problems, rather than waiting to acknowledge this in the concluding chapter, intervention transferability could have been made explicit from the outset. Additionally, a glossary of terms would have been useful, as it isn’t initially clear as to why some contributors refer to family therapists and others family workers. Likewise some describe the approach as an intervention or work, whilst others use the term therapy.

Overall the case studies provide a very good overview of how family intervention can work in practice. It is wonderful that contributors come from a wide range of backgrounds and experiences share the same vision: to promote recovery mental health care provision needs to be consistently inclusive and supportive to service user’s families and friends.

References: NICE (2009) Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Adults in Primary and Secondary Care (Update). London: NICE.

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