



It is good to see that in a time of much doom and gloom about the economy and recession that the enthusiasm for the development of better services for family members and carers has not diminished as evidenced by the various initiatives described in the current newsletter. Peter Woodhams reviews the new Carers Strategy which outlines priorities for those who have caring responsibilities for example that they should be enabled to fulfil their educational and employment potential as well as having personalised support. Through the work we do in Meriden with other countries, we are reminded frequently of how lucky we are in England to have laws and strategies which support the rights of family members and carers, even if they are not always implemented to the full. For example, in relation to confidentiality and information-sharing, I was reminded in a supervision session last week of how valuable it is that the right of family members to have their own needs assessed in law in that it ensures that the voice of the family is heard. This legal right is not enshrined in law in other countries which makes the whole area of confidentiality and information-sharing much more complex. We have learned over the years that the implementation of family work requires strategies directed at this challenge from different angles, and in a way the many policies and guidance documents produced by our Department of Health provide mechanisms for those who are really keen to develop services to tackle this issue in different ways.

There are a couple of further examples of this in our current newsletter. For example, the Triangle of Care strategy introduced last year to support the development of services for family members in in-patient services provides a mechanism whereby this can happen. We are currently attempting to implement this within Birmingham services in the same way as many other services around the U.K. are equally exercised with similar tasks. Another very important strategy is the Think Family strategy which is described in two

articles within the newsletter, one outlining the work that we have been doing through the Meriden Family Programme given that Birmingham is an Implementer Site for this initiative, and one from Leicestershire where this strategy has really been taken on board. All of these initiatives enable us to get the message out to a broader group of people making it more likely that change will occur in terms of the development of better services.

We are delighted to continue to train substantial numbers of trainers and supervisors in family work each year. This is very heartening given that each of those trained continues to train other groups of people in their own services. Our group this year was diverse as usual with a group of four people from Ireland for the first time, as well as some additional trainers from Australia – this time from a voluntary organisation. Their obvious commitment was evidenced by the fact that they were willing to be away from loved ones on St Valentine's Day, so we had to ensure that they all received a Cadbury's chocolate heart given that our training takes place beside the home of Birmingham's best known chocolate in Bournville.

In addition to our articles we have the usual range of information about new resources or forthcoming events. We hope that highlighting resources such as the 'Experiences of Psychosis' section of Health Talk Online website (www.healthtalkonline.org) which went live on 5 April this year will help people define relevant material for the range of people they are attempting to support. As always, we hope that you enjoy the range of material in this newsletter and as mentioned in previous editorials we are always happy to receive information and reports on the work in which you are involved. It is by sharing this material that we all learn how to continue to tackle the obstacles we face in attempting to promote high quality services for families that all of us involved in this area feel so passionate about.

Dr Gráinne Fadden

Training Trainers 2011

In February this year, we held our annual Training Trainers course with 20 delegates training as trainers and supervisors in family work. Delegates this year came from Northumberland, Tyne and Wear, Croydon, Lancashire, Walsall, Kent, Cambridge, Dublin (Ireland) and the furthest from Victoria in Australia! Recent years have seen a complete turnaround in terms of where delegates are coming from. A number of years ago, the majority of delegates would have been from the West Midlands whereas now the trend is that delegates are from further afield as a result of training we have delivered in different areas of the UK and abroad.

The eight delegates who participated in the training from Northumberland, Tyne and Wear and Croydon are part of a contract of work that the Meriden Family Programme are providing to each of these areas. Both contracts involve training, supervision and consultation being delivered over a two year period to help the implementation of family work within these areas. At the end of the two year period these trusts will be able to sustain training and delivery of family work.

Feedback received from the delegates on the course was extremely positive and we hope that the enthusiasm for implementing family work which is always apparent from the delegates towards the end of the course will continue to thrive!



Delegates of the 2011 Training Trainers course

As usual we had our 'Caption Competition' on the Training Trainers course – the opportunity for participants to add their words of wisdom about training and learning to the other literary greats. This year the winners were:

'Ground rules are like air bags – you need to activate them before you start the journey'.

Maria Griffiths
South London & Maudsley NHS Foundation Trust

'Ability to learn is like muscle – the more you exercise it the easier and stronger it gets'.

Steven Livingstone
South London & Maudsley NHS Foundation Trust

• NEW DVD RESOURCE • NEW DVD RESOURCE • NEW DVD RESOURCE • NEW DVD RESOURCE •

Schizophrenia: The Whole Picture

Over the past 21 years since Georgina's youngest son Christian developed Schizophrenia at the age of 16, her family have been involved in a number of films which relate to their journey. These include:

- 'My Family – Loving Christian' a 50 minute BBC2 documentary.
- 'All in the Mind' an anti stigma film.
- 'Time to Change' an anti stigma Rethink film.
- 'Christian's Journey' our son talking about his life.
- 'Changing Lives – The Benefits of Direct Payments' A Department Of Health film.

Georgina came up with the idea of getting a film maker to cut and edit the films in order to produce an educational DVD which would be useful in many ways.

This DVD can be used for training and educational purposes in many settings such as healthcare providers,

educational institutes, public sector organisations etc, but most importantly it will provide some answers and some hope for new carers.

The DVD includes information on causes, symptoms, treatments and stigma – something that families may not be prepared for.

This film ends on a very positive note with Christian and his family talking about the benefits of Direct Payments.

To obtain a copy of this DVD please send a self addressed padded envelope with 2 first class stamps to:

Georgina Wakefield, 180 Long Lane, Grays,
Essex RM16 2PU

For further information please contact Georgina on **spotlightonschizophrenia@yahoo.co.uk**

Knowledge and Understanding Framework in Personality Disorder (KUF)

By Julia Smith
Clinical Specialist, Meriden Family Programme

Following on from the article The Knowledge and Understanding Framework in Personality Disorder (KUF) in the December 2010 issue of the newsletter, this article reflects on the delivery of a training course to a group of staff from the Police Force and Prison environment.

After completing the Awareness Level training, a group of staff were selected to go on and complete the Training Trainers component of the KUF Programme. The Meriden Training Trainers Cohort saw staff from Trusts across the West Midlands region trained to deliver the KUF training.

Trusts that were involved included:

- Birmingham and Solihull Mental Health Foundation Trust
- South Staffordshire and Shropshire Foundation Trust
- Hereford PCT
- Dudley and Walsall Mental Health Trust
- Wolverhampton PCT
- Third Sector Organisations

Participants of the Awareness Level training who underwent further training to become trainers came from various professional backgrounds. Their roles included:

- Forensic Service Manager
- Clinical Psychologist
- Consultant Psychologist
- Clinical Specialist in Personality Disorder
- Social Work Senior Practitioner
- Community Psychiatric Nurse
- Service Manager – Early Intervention
- Team Manager
- Registered Mental Nurse

Each of these trainers is expected to set up their own Awareness Level training programme within their own Trusts.

Each of the three days of the Awareness Level training is co-facilitated by a trainer and a service user with lived experience of Personality Disorder. Emergence is a Service User led organisation that has been involved with the development of the KUF programme from the beginning and are integral to the delivery team.

Within the Meriden Team there are three trainers; Paula Conneely, Alison Lee and Julia Smith. Paula and Julia delivered their first cohort along with Sue Imlack and Kath Lovell from Emergence at HMP Rye Hill. The delegates were made up of Prison Officers from HMP Rye Hill and Police staff from Warwickshire Police Force.

Those trained included:

- Police Inspector
- Equality Scheme Manager
- Head of Safer Custody
- Safer Prisons Co-ordinator
- Safer Custody Manager
- Residential Manager
- Prison Custody Officer
- Trainer/Assessor
- Law Trainer

Day one looked at people's experience of coming across the term Personality Disorder and their understanding of the term. The Virtual Learning Environment (VLE) is introduced to the delegates and each is given login details to access the online modules, discussion forums, blogs and 'my notes'. In between Days 1 and 2 the delegates access online modules 1-3 and in the second facilitated day look at the key learning from those modules, focussing on a model of Schema Therapy and the impact of stigma.

Modules 4-6 are completed before the third and final day, again looking at the key learning points. Time is spent looking at containment, healthy organisations and reflective practice. Delegates then have access to the VLE for another four weeks to complete further learning, reading or continue to support each other through the discussion forums.

A significant proportion of offenders will have Personality Disorder. Research from the Ministry of Justice reports that 62% of male and 57% of female sentenced prisoners had a diagnosis of Personality Disorder and yet very little training is offered to Criminal Justice staff. However the training was received with enthusiasm and full participation from the delegates.

It was rewarding to hear of an incident that had happened between day 1 and day 2, whereby a scenario had unfolded which was very similar to one of the clips used on the VLE. Even after one day of the training the officer involved had been able to look at the situation with a different perspective and encourage other staff members to look past the behaviours of the person involved to what might be happening for that person. The end result was very productive for all concerned.

The delegates were able to relate to many of the video clips used on the VLE and the challenges that arose. The participants embraced the training and were able to reflect on their own practice in a sensitive and thought provoking manner.

Examples of feedback from the training included:

'I enjoyed the online learning even though I had been concerned initially as I had never learned this way before.'

'I found the training interesting and useful to my work.'

'It has helped me step back, listen with patience and not to be judgemental.'

Funding for further training and implementation across the West Midlands will continue for the moment and there is an expectation that a further 300 people will complete the Awareness Level training in the coming year.

From next year 2011/12 all KUF activity will be incorporated under the Personality Disorder Offender Strategy Implementation Programme.

Staffing Update

Most of our regular readers will know that Alison Lee went on Maternity leave in December. After a long wait baby Thomas finally put in an appearance on 23 January 2011 weighing in at a healthy 10lbs 9ozs. He has now joined big sister Grace in keeping mum and dad on their toes!



Baby Thomas

Becky Heelis has also returned to us following her whirlwind tour of Cambodia, Thailand, Vietnam, Laos, Singapore, Australia, New Zealand and the USA. Becky managed to miss natural disasters in Australia and New Zealand by only a few days and we are certainly happy to have her back in one piece! We are all looking forward to hearing about her many adventures and experiences.



Becky enjoying a skydive!

5-Day Behavioural Family Therapy Training Course

Dates: 10 – 14 October 2011

Venue: Jury's Inn, 56 Great Bridgewater Street, Manchester M1 5LE

Following a growing number of requests from the Lancashire/ Yorkshire area for training in family work, we are pleased to offer a course in Manchester which we hope will appeal to clinicians who are unable to attend training in Birmingham.

What is Behavioural Family Therapy (BFT)?

BFT is an evidence-based, effective and practical skills-based approach in which the therapist, service user and family members work together to promote:

- Knowledge acquisition • Positive communication •
- Problem-solving skills • Coping skills • Stress reduction •
- Relapse prevention • Achievement of individual goals •

The Course

The course will cover both the theory and practice of family work. Participants will be introduced to theoretical aspects of the approach, and to the similarities and differences between BFT and other psychosocial and psychoeducational approaches to working with families of people with long-term mental health problems.

Most of the course consists of participants learning skills which constitute the BFT approach in a very practical way. This is done through role-play, observation of tutors and video-taped material, and through group discussions with a 1:5 tutor to participant ratio throughout most of the course. Participants are asked to bring material from their own caseloads to work on. Those attending our courses have commented that having a tutor with them in these small groups at all times provides invaluable learning opportunities with detailed expert feedback provided compared to courses where participants receive feedback only from their peers.

Attention is also paid to addressing implementation issues anticipated by trainees in their workplaces.

CLOSING DATE FOR APPLICATIONS

5 September 2011

If you are interested in attending please contact: Sam Farooq on 00 44 121 678 2712 or e-mail sam.farooq@bsmhft.nhs.uk

Comments from people who have attended BFT courses:

'No suggestions for improvement. The course was most relevant, well structured and enjoyable. I feel that I have developed real skills that will enable me to implement BFT into my practice with families.'

'Very informative and thoroughly enjoyable. Course presenters were all excellent and friendly.'

'Excellent package of training that has allowed me to increase my knowledge and skills with confidence to deliver the interventions.'

'Thank you all for a very enjoyable week. I am now enthused to start practicing family work.'

Inpatient Carer Leads Forum

By Julia Smith, Clinical Specialist, Meriden Family Programme

Julia Smith and Martin Atchison from the Meriden Family Programme, continue to facilitate the Inpatient Carer Leads Network Forum which meets every three months, to enable the Carer Leads from each inpatient unit within Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) to attend. This will provide an update from the article from the December 09 Meriden newsletter.

Using feedback from the sessions on what the Carer Leads identified as relevant further training the following sessions have been delivered:

- An overview of the model of Behavioural Family Therapy (BFT)
- Carer and individual assessment
- Confidentiality and information sharing
- Relapse planning
- Communication skills
- Problem solving technique
- Working with siblings
- The Triangle of Care initiative

A number of guest speakers have spoken to the group including a Service Manager, managers from Future Health and Social Care and RETHINK, a local Commissioner and a family member who gave a very passionate and engaging talk about her experiences of services as a carer.

Paul Rooney, Acute Care Lead gave a presentation around the Triangle of Care and facilitated a discussion around implementation within inpatient units.

Examples of the work conducted during the sessions included:

1. What are the benefits of a carer assessment?
2. If the Triangle of Care were successfully implemented, ideally what would it look like?
3. What would need to be in place in order to achieve this?

1. What are the benefits of a carer assessment?

It can be difficult for in-patient staff to prioritise doing carer assessments themselves when it is felt to be the remit of the Care Co-ordinator. However, we spent some time looking at the benefits from different perspectives:

Carer:

- Identifies needs and helps address issues
- Raises awareness of other services and support (sign posting)
- Feel listened to and acknowledged
- Sense of satisfaction
- Get fuller picture of what's going on
- Financial aid
- Support
- Networking

Cared For:

- Reduces stress levels if known carer needs are being addressed
- Feel less of a burden
- Ensure support for carer
- Better home environment
- Speedier, smoother discharge if everyone is talking to each other
- Family understand better if they are more informed about the illness
- Financial aid

Staff:

- Increasing knowledge of cared for as a whole person in relation to family system
- Better understanding of carer's situation and what they can provide
- Better able to meet the needs of the carer and cared for
- Improved working relationship with cared for and family
- Aware of key points for involvement
- Speedier and smoother discharge with suitable discharge plan

2. If the Triangle of Care were successfully implemented, ideally what would it look like?

- Carer Lead for each unit (active).
- Carers' pack. All carers to have a copy that is relevant and updated as necessary.
- Carers can have appointments with the Carer Lead, medical staff etc at their convenience.
- All staff are carer aware and confident in dealing with carers and family issues.
- Protected time for carer leads to develop roles and attend relevant meetings/training.
- Aware of, access and use other services, ward based or community.
- Develop network meetings/development meetings.
- Clearly defined pathways that service users, carers and staff are fully aware of.
- Carer boards/folders are updated regularly for use by service users, carers and staff.
- Develop better links regarding carers with all community teams (CMHT, HTT, AOT, EIS)
- Develop better links with 3rd sector voluntary agencies.

- Develop better links to charitable organisations.
- Revamp the admission and discharge process to capture better information initially but also to liaise better with families around discharge.
- Appropriate support services for carers, e.g. training, advocacy, carer assessments etc.
- Clear identification of carers.
- Better understanding of the complexities of confidentiality amongst staff, service users and carers.
- Positive attitudes from professionals/paid workers.
- Practical help for carers as well as emotional support.

3. What would need to be in place in order to achieve this?

- Identified carer leads on each ward/unit/team.
- Raise profile of carer leads etc e.g. clinical governance.
- Develop carer packs which are consistent across the Trust but also applicable locally.
- Teams to be involved/understand the importance.
- Carer awareness training for all staff at all levels.
- Training to be mandatory for confidentiality and carer awareness.
- Service directory which staff are aware of and use appropriately to sign post carers to.

- Clearly defined pathways of care.
- Evaluate and audit every 12 months.
- Training in carer assessment and care planning for carers.
- Awareness-raising regarding appropriate admission and discharge processes.

Feedback given following the network days indicated that staff find the meetings useful, that they feel motivated to introduce and implement changes within their teams, they provide a beneficial way of meeting other staff and sharing good practice and that it develops their skills and confidence in working with families.

Many of the Carer Leads have also gone on to attend further training to enhance the work they are doing on the wards and units e.g. 5 day Behavioural Family Therapy course and the 3 day Caring for Carers course. Those that attended the latter are now involved with rolling out programmes of support groups for carers.

If you are a Carer Lead and have not yet become involved with the forum then please do come along and share your experiences or if you are from outside Birmingham and would like to hear more about the work then please contact julia.smith@bsmhft.nhs.uk

Refresh of the National Carers Strategy

Peter Woodhams, Carer Consultant, Meriden Family Programme

In the same way that *New Horizons* has been refreshed and re-launched as *No Health without Mental Health* in February of this year, so the carers strategy outlined in *Carers at the heart of 21st century families and communities* has been refreshed and was re-launched as *Recognised, Valued and Supported: next steps for the Carers Strategy* in October 2010 as the new *National Carers Strategy*. It is important to highlight that this strategy relates to all carers and is not specific to mental health.

This document sets out a framework for supporting carers through technology, health and social care services and recognises the need for carers to feel better supported. At the same time, and almost inevitably, it gives emphasis to the 'Big Society' approach by encouraging people and businesses to foster a society that is more responsive and accessible to the needs of carers. It goes on to identify 4 main key priority areas:

Priority 1: Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

Priority 2: Enabling those with caring responsibilities to fulfil their educational and employment potential.

Priority 3: Personalised support both for carers and those they support enabling them to have a family and community life

Priority 4: Supporting carers to remain mentally and physically well.

In order to support these priorities a number of new measures have been introduced which are more fully detailed in the 56 page document that makes up the strategy. Some of the key measures are:

- £600k in new funding for training to support GPs to identify and support carers.
- A commitment to consult on extending flexible working to all employees including carers.
- A commitment to work with employers to promote new, modern ways of supporting carers.
- Confirmation of a previous statement committing £400m to provide breaks for carers through the NHS.
- Introduction of an Innovation Hub to explore the development of digital support for carers.
- £1million made available to condition-specific voluntary organisations to focus on supporting carers through a 'Reaching out to Carers' innovation fund.
- Emphasis is given to the benefits of an early intervention approach based on whole family needs including the needs of young carers.
- Carers' benefits were not included within this strategy but it does make it clear that there are advantages to a personalised approach to carers' benefits alongside those of the service user so a review of carers' benefits does seem highly likely in the future.

Although much of the content of the strategy is soundly based I am uncertain as to whether in reality there is sufficient substance to it to change anything and as a consequence carers may not feel any better supported as a result of this strategy. It has very little clear direction and places considerable reliance on other Government/Department of Health strategies and perhaps the effectiveness of the Big Society initiative.

As a carer I find it disappointing that there are few clear directives as to what specifically local authorities and NHS trusts are required to do or indeed are likely to do as a result of the strategy, particularly at a time when local authorities are dealing with significant cuts to their budgets.

It would have been helpful if clarity had been given as to whether local authorities or the NHS leads on matters related to carers which is given greater ambiguity by the additional carers' breaks funding being distributed through the NHS. Also it would have been good if greater emphasis had been given to the importance of carers' assessments and meeting the needs of carers as well as more specific statements made about how the personalisation agenda will work for carers if this is the intention.

The full strategy (Recognised, valued and supported; next steps for the Carers Strategy) can be downloaded free of charge from <http://www.dh.gov.uk/en/Publicationsandstatistics>. Then type in the search box: 15179

Carers Surveys

Also published around the same time as this strategy were the findings of two new reports: *Survey of Carers in*

households—2009/10 England (involving 2,400 interviews with carers) and *Personal Social Services Survey of Adult Carers in England 2009/10* (responses from 35,000 carers). Each of these reports carries some very interesting statistics about carers and both can be found on the Department of Health website.

These are just a few of the facts that emerged:

- Only around 6% of the carers accessed reported that they had been offered a carer's assessment.
- Of these 4% took up the offer of an assessment.
- On the other hand 54% reported that they were either very satisfied/satisfied with the support they and their cared for person received from Social Services.
- 17% were not working because of their caring responsibilities.
- 15% of the households in England contain a carer.
- 22% of carers provide care for over 50 hours per week (compared to 10% in 2000/2001).

However it is important to note that carers are a very resilient and loyal group of people and nearly half said that their quality of life was 'alright' and just 17% said their quality of life was bad or very bad.

If your trust or local authority is seeking to support carers better perhaps we here in Meriden may be able to help so please contact us if this is the case.

On-Going Meriden Input to Services in Halifax, Nova Scotia

We are pleased that following our initial consultation with the Capital Mental Health District Programme, Halifax, we are continuing our training and consultation this year with the provision of training for managers in the service on how they can support the development of family work, and the topic of confidentiality and information-sharing with family members which is particularly challenging in the context of Canada's privacy laws.

We will also be contributing to a pre-conference workshop, a keynote address and a couple of conference workshops to the 12th Canadian Collaborative Mental Health Care Conference from 23-25 June 2011. This is an annual event which this year is being hosted at the World Trade and Convention Centre in Halifax, Nova Scotia. Linked with the work we have been doing there, the theme that has been chosen for the conference this year is **Charting a New Course to Better Care: Stronger Links between Consumers, Families and Health Care Providers**. This will showcase many aspects of the triangle of care.

For conference details, please go to www.shared-care.ca

Telephone: 902 482 0531 Email: greta@shared-care.ca

12th Canadian Collaborative Mental Health Care Conference, PO Box 29035, Halifax, Nova Scotia, Canada B3L 2H0

Poetry from Nova Scotia, Canada

Laura Burke is a mental health advocate who has lived with depression and schizophrenia for a number of years. She is currently working toward a Masters degree in Drama Therapy and has worked at Laing House, Schizophrenia Society of Nova Scotia, and has volunteered at the Nova Scotia Early Psychosis Program. She has also written a play about her experiences, 'Voices', and has a CD of spoken word poetry. Her inspiration comes from the courage and the humanity of those who live with mental illness.

A video for one of the poems that she wrote for the Nova Scotia Mental Health Foundation has been made into a short film. It is beautifully made, touching, and well worth watching. You can watch the video by clicking on the following link: http://www.youtube.com/watch?v=23a18HKYLW4&feature=player_embedded

Below is one of her latest poems, Superhero.

Superhero

I am
not
a superhero
It is true that
I have endured
the type of soul-crushing
destruction
beyond what most people
dream about
in their worst nightmares
It is true
that I have suffered
and that my sense of reality
has had to shift
and it is true
that there is an uplifting
follow-up chapter
to my story
but this is not my only truth
and this is certainly not glory
this is just one part
and as I was travelling through hell
did I eat the pomegranate seed?
did I look over my shoulder?
I sure as hell did
and my rigid expectations smouldered
nearly burning me alive
I am sadly responsible
for the way I almost died
because like a stubborn child
I could not let go of the
articulate, talented, emotional
and loving girl
that was stolen in the night
I felt I had to fight
against impermanence
I would wake up only when I was forced
to engage
and I refused to turn the page
I thought to myself
"My spirit has left;
how can I live with just a body,
with vacant eyes
and a shoddy, broken set
of attributes and skills?"
I was so determined

to live in the past
that I passed over
opportunities
to build a new life
albeit with leggo blocks
instead of marble or stone
but people all around the world
use lots of different materials
to make their homes
and just because we all someday
face the big bad wolf
doesn't mean that we decide
not to build
So for a few years
I was out of touch
with my will
I kept one foot in death
rather than to engage
with the unknown experience
of taking my first breath
as a survivor
I let my self-pity
be the driver of the beat up Ford
circling my new house
and never stopping to open the door
I convinced myself for so long
that there was nothing more
for me to live for
But slowly
under the surface
that quiet, persistent will
that base human impulse
began to creep up
into my heart
until months later
I could feel my pulse
it wasn't particularly
pronounced or dramatic
but I knew that I was on my way
out of this static place
I had pouted and retreated to
for so many countless days
I knew the change would be slow
and uncertain
and it wasn't the lifting of the curtain
of my mental illness
which saved me
it wasn't my heroic sense of bravery
it was a slow and cautious realization

that I could loosen the chains
of my self-slavery
but this did not come from
some special quality
I had always possessed
I dressed myself in the tears
and the devotion
of so many who saw my childish
rigid hold
on the old me
in time, they reached past
my defenses
and they sold me on my worth
so look not to those who suffer
as pillars of strength
born with the ability to swim
the length of the channel of hope
look to yourself
at how your acceptance
of their stubborn, self-pitying humanity
might help them to cope
It is true that I no longer feel bereft
but without your reflection
of the person I could not see
I probably would have left
so hold your loved ones
and take in their suffering
don't make them be heroes
contain them
with their distant gaze
and the few words they
have to say
ok
maybe we are heroes
but not in the way
you might think
even the intrepid among us
might sink
without someone
to hold them
I used to own memories
but because of you
I sold them
for a future...

Laura Burke
Email: lcburke@hotmail.com



Post-Natal Depression Essay Competition

The relationship between mothers, their role, culture, social status, economic disposition and Post-Natal Depression in world societies: clues to understanding the origins, presentation and treatment

You are invited to submit, in open competition, an essay on Post-Natal Depression and the influence of the cultural context and cultural practices on evolving knowledge. The essay will give an incisive and synoptic synthesis of the world literature, focussing on improving knowledge about the ethno-aetiology of Post-Natal Depression and its implications for practice. The review will also take account of the evidence for the assessment, recognition and treatment of Post-Natal Depression in diverse cultural contexts, among women from diverse ethnic and cultural groups, and in diverse communities, health and social care settings. An exploration of contrasts between low income and high income countries are of interest and are particularly welcome.

Three prizes will be award by a panel of experts

1st Prize: £1000 2nd Prize: £750 3rd Prize: £500

We hope that you will be able to present your essay at international meetings and we will also support you to publish it in an international scientific journal.

The essay should aim to integrate diverse forms of knowledge and expertise. Essays that integrate diverse disciplinary perspectives are encouraged whilst not diminishing the critical depth given to the essay from each of the chosen disciplines; for example, epidemiological research, cultural studies, religious interpretations, arts and theatre, literature, sociology, theology and anthropology. The management of Post-Natal Depression, issues in the public health, health and policy systems and in world societies are important. A systematic and scientific approach to the literature review will be expected. Evidence and /or Practice based assertions will be valued, allowing for diverse forms of evidence and their appropriate approach to excellence in research methods.

Entries must be no more than 5000 words, and must be referenced using the Harvard reference style, and submitted by email to pnessay@careif.org by 1st December 2011. Authors should include their full name, address, country, email, and occupation on the title page.

Thank you

Albert Persaud, Co-Founder & Director – careif
Stephen Stansfeld, Chair – careif

**careif (Centre for Applied Research and Evaluation International Foundation)
is an International Mental Health Charity. Visit our website: <http://www.careif.org>**

The World Association of Cultural Psychiatry with careif announces the
3rd World Congress of Cultural Psychiatry 9-11th March 2012 at Queen Mary; University of London
in - London Olympic Year – the theme being; **YOUNG PEOPLE - Mental Capital, Mental Disorders,
Resilience & Wellbeing** – featuring health opportunities and chances, bio-psycho-social, spiritual and cultural
syntheses with a special focus on life course approaches to humanities, the arts, sports, research and health care.

www.wacp2012.org

Improving Outcomes for Mentally Ill Parents and Their Children: Think Child, Think Parent, Think Family

**By Jane Appleby – Lead Children, CAMHS and Safeguarding – NHS East Midlands
& Lina Gatsou – Consultant Child and Adolescent Psychiatrist / Named Doctor for Safeguarding –
Leicestershire Partnership NHS Trust**

Leicestershire Partnership NHS Trust Think Family Steering Group and NHS Midlands have joined forces in organising this important event. Dr Lina Gatsou, Think Family/ Whole Family Approach Lead for Leicester, Leicestershire and Rutland and one of the leading professionals in the region of the East Midlands in this field and Jane Appleby, Lead for Children, CAMHS and Safeguarding – NHS East Midlands were chairing the event.

Introduction

Estimates suggest that roughly half of all adults seen in mental health services are parents of children under the age of 18 years, and research has reported around 17,000 UK children to be living with a parent with a severe and enduring mental illness.

A two day multi-agency workshop held on 4th and 5th November 2010 aimed to raise awareness about the national 'Think Child, Think Parent, Think Family' agenda, to explore gaps and inequalities in provision and opportunities for continuing developments towards best practice and consider how we promote new ways of working across the East Midlands region.

Workshop Programme

Over two days, approximately 180 people from a range of adults and children's statutory and voluntary sector agencies attended. The audience was drawn from frontline professionals, managers, senior clinicians and senior policy / strategic planners.

Professor Antony Sheehan, Chief Executive of Leicester Partnership NHS Trust (LPT) and Jane Appleby, Lead for Children, CAMHS and Safeguarding for NHS East Midlands welcomed the delegates and opened the event.

The event consisted of formal presentations, question time, showcasing of local initiatives, table top discussion



Professor Antony Sheehan

and networking. We were delighted that Dr Adrian Falkov, Consultant in Child and Adolescent Psychiatry from New South Wales, Australia, Dr Gráinne Fadden, Director of the Meriden Family Programme and Hugh Constant, SCIE Development Manager – Mental Health and Child Welfare were all able to join us and share their experience and long-standing interest in the impact of parental mental illness on children. This included clinical work, research, family work, and service and policy development (local, national and international) and led discussion of how we might develop a regional COPMI (Children of Parents with Mental Illness) strategy.



From Left to Right: Hugh Constant, Lina Gatsou, Adrian Falkov and Jane Appleby

Evaluation

A formal evaluation questionnaire was distributed at the workshop. The questionnaires included pre-event organisation, delegate information, style of the event, content of the event and the usefulness in gaining ideas on how to take 'Think Child, Think Parent, Think Family' approach forward in local organisations / geographical areas

Forward Planning

Following the workshop it was agreed to form a small Regional Multi-Agency Think Family Working Group, from the key leading professionals in this area to build on the proposed outcomes from the event, to develop a regional strategy, consider the workforce implications and plan a follow up event. The aims of a follow up event would be:

- Give feedback to professionals regarding the outcomes from the workshop and further developments in the region regarding Think Family/ Whole Family Approach.

- Give guidance on practical application of the SCIE Guidance: Think Child, Think Parent, Think Family.
- Consider a range of case studies and further showcase local and national examples of good practice

Conclusion

The workshops demonstrated the willingness of professionals to support parents with mental illness to better safeguard and care for their children even when unwell. The 'Think Child, Think Parent, Think Family' approach worldwide is already demonstrating new ways of working towards the importance of addressing the needs of the whole family.

Protecting the most vulnerable in our society is a high priority across the East Midlands region and requires strong partnership working with health, social care and the voluntary sector, children and their carers. Professor Antony Sheehan commented at the workshop "It's down to those of us who provide services to make sure that we develop ways to work in partnership to help people get support that is acceptable, accessible and effective for the whole family, and takes into account family circumstances and responsibilities."

Acknowledgements

The workshops had taken six months in planning and a huge thank you and recognition of the commitment, enthusiasm and endless hours of work given by Dr Lina Gatsou, Child and Adolescent Psychiatrist and Leicestershire Partnership Trust Think Family Steering Group is acknowledged.

We would also like to thank Dr Adrian Falkov for his contribution, consistent support and external consultancy throughout the planning of this workshop and his ongoing input in the development of services for children of parents with mental illness in the region of East Midlands.



Behavioural Family Therapy (BFT) Training Trainers Five Day Course

Dates: 12-16 March 2012

**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 of the dates now!**

**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@bsmht.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**

A Whole Family Approach to Working with Parents Who Have Mental Health Needs

The work of the Meriden Family Programme and the SCIE Guide 30
Birmingham Implementation Site

Paula Conneely, Clinical Specialist, Meriden Family Programme

The Meriden Family Programme has historically evolved within Adult Mental Health services. This article focuses on the challenges of working with whole families in Adult services where traditionally the focus has been on the individual service user. In our experience, adult carers and family members have often felt excluded from the care of their loved one.

For children whose parents access Adult Mental Health services, this exclusion would appear all the more marked. Following publication of the Social Care Institute for Excellence (SCIE) Guide 30 “Think Child, Think Parent, Think Family” in July 2009, the Meriden Family Programme has also been involved in the work of its Birmingham Implementer Site and has recently began delivering awareness-raising sessions focusing on the impact of Parental Mental Health and its impact on the family.

The Model of Family Work

As many readers will be aware, the model of family work adopted by the Meriden Family Programme is a psychoeducational approach known as Behavioural Family Therapy (BFT) developed by Professor Ian Falloon and colleagues. It is an extremely practical, skills based intervention that usually takes 10 to 14 sessions to deliver. It provides information to the service user (parent) and their whole family about the service user’s mental health and treatment; exploring the way that the issues and experiences affect each family member including young children. The family also complete work on recognising early signs of relapse and develop a clear relapse plan together. BFT focuses on promoting positive communication through the teaching of specific communication skills. These include active listening skills, being able to notice and express positive feelings, making requests and asking for what you want and expressing more difficult feelings. A 6-step model of problem solving is also introduced to the family, with the overall aim of reducing stress within the family environment and enhancing family based coping strategies. The needs of all family members are addressed, and individual family members are encouraged to identify and work towards clear goals.

Behavioural Family Therapy is an evidence-based intervention. Although the research evidence-base is strongest for those families experiencing psychosis (NICE Schizophrenia Guidelines, 2009), the approach can be utilised effectively to help meet the needs of other families in contact with mental health services.

Parental Mental Health

As a programme based within Adult Mental Health services, the Meriden Family Programme has predominantly trained adult mental health workers, the largest staff group being from a nursing background. Many of these workers, although skilled in working with adults, lack the confidence to work with children and young people. In training adult workers, the most commonly cited barriers are confidence, skills and perceived professional boundaries. Although this is changing, especially with the functionalisation of teams and the development of early detection, early intervention teams and teams recognising the role of young carers and siblings – the vast majority of services appear to neglect the impact of parental mental illness on the family. Many children do not meet the threshold for services in their own right, but would benefit greatly from an intervention which shares information about the illness experience and develops positive techniques for reducing stress within the home. As such, the Meriden Family Programme advocates and supports working with whole families rather than just the “adult carers” within the family.

In practice, the model itself is robust and requires little adaptation even for very young family members. Clearly parental consent is required, but the concepts themselves are easily adhered to. Sessions can be planned with the expectation that the children will always be present, or with the younger family members dipping in and out of sessions as appropriate to the topic/content. The sharing of information is always undertaken with the service user as “expert” so in this way the parent is supported to talk

about how it feels to be in their position and can govern what is discussed. The therapist can further facilitate this by providing child-friendly information on the mental health issue, symptoms and treatments. Relapse prevention and early signs work can be interesting as children are often most insightful and able to notice some of the more subtle behavioural changes in a parent. The communication skills aspect is also readily taken up by the youngest of children – with the young people often more accepting of the “homework” or between session practice than the parent!

Throughout the course of the family work, the family is encouraged to make time for themselves outside of sessions. From the onset, the concept of regular “Family Meetings” is discussed and suggested as a forum for discussing homework tasks, practicing new skills and problem solving issues as they arise. This is often an alien concept for families who are fragmented and spend little time together as a unit. The benefits however are marked, even when the family meetings are less formalised and merely constitute eating a meal together on a weekly basis.

“Think Child, Think Parent, Think Family”

In 2009, the work of the Meriden Family Programme was cited as a case example within the Social Care Institute for Excellence Guide 30 (July 2009) “Think Child, Think Parent, Think Family”. The guide is about working with parents who have mental health problems and their children. It provides guidance on policy and practice and makes recommendations for key areas of professional education, workforce development and research. It also provides links to useful resources and contact details of relevant organisations.

The guidance acknowledged a number of issues that the Meriden Family Programme had already identified. It recommended the concept of whole family thinking and emphasised that this was not just the responsibility of CAMHS and Child and Family services. It acknowledged that Adult services often considered the needs of children from a purely risk perspective and discussed the prerequisites of a high quality service.

According to SCIE, a high quality service would:

- Respect an individual service user’s wishes and needs and their role and responsibilities in a family.
- Incorporate a strengths and resilience-led perspective, believing that change can be possible even in unpromising conditions – and that it may start in simple ways.
- Intervene early to avoid crises, stop them soon after they start and continue to provide support once the crisis has been resolved.
- Support the empowerment of service users through the sharing of information and knowledge and ensure their involvement in all stages of the planning and delivery of care.

In addition, the SCIE guidance proposed its own model for family intervention having clear parallels to the work of the Meriden Family Programme. It refers to the need to

focus less on diagnosis or pathology and instead concentrate on individual strengths and interventions that are strongly associated with promoting mental health and recovery. It looks at the whole family as a unit and focuses on positive interdependency and supportive relationships. It advocates helping parents to understand their mental health problems, their treatment plan, and the potential impacts of mental health problems on parenting, the parent-child relationship and the child. Similarly, it refers to working with parents and children to enable the child to have age appropriate understanding of what is happening with their parent and information about what is available for children in their situation and how they can access it.

With respect to how this links with the work of the Meriden Family Programme, many of the concepts are already integral to the BFT model and its effective application with whole families. The BFT assessment process is very much strengths-led, identifying the strengths within the family/ individuals and the areas that would benefit from support and improvement. Assessment includes every family member and is not diagnosis led, focusing very much on the understanding of issues and current behaviours. The formulation and planning of care is a joint process, shared between family and therapist and considers working towards individual and family orientated goals. The sharing of information forms a core component of the BFT model, as does early warning signs work and relapse/crisis planning. In addition, communication skills are enhanced and the 6-step model of problem solving introduced to the family as a technique for addressing day-to-day issues and crises as they arise.

SCIE Guide 30 and the Birmingham (UK) Implementation Site

More recently, the Meriden Family Programme has been working with the Birmingham Implementer site for the SCIE guide 30. There are six implementation sites in England and Northern Ireland which have agreed to work collaboratively with SCIE to record and evaluate the processes and outcomes of putting the policy and practice recommendations in the guide into practice and to share the outcomes of this work with others. It is anticipated that details of the implementation plans and progress for the sites will be posted on the SCIE website later this year.

In November/December 2010, the Meriden Family Programme delivered 3 x ½ day awareness raising sessions. A further 6 were delivered by the end of March 2011. The purpose of these ½ day sessions is to raise awareness in participants of the needs of the whole family when a parent experiences mental health issues. Learning objectives for the sessions are to:

- Recognise the importance of working with the whole family unit when a parent experiences mental health issues.
- Introduce “Think Family” principles and current guidance in working with parental mental health issues, including the Social Care Institute for Excellence

(SCIE) characteristics of a successful service.

- Introduce some core principles and basic skills to assist in working with whole families, including young children.
- Assist participants in signposting families to further information and support, and provide details of local and national resources.
- Give participants the opportunity to reflect on their current practice in relation to families, and consider ways of effecting positive change.

The first 3 sessions were wholly oversubscribed with **218** applications received by the Programme. The capacity for the first 3 sessions was 84 (28 delegates per. session) with **73** actually attending (including the 17 managers/senior staff attending the first pilot session).

Despite wide circulation of the session flyer across adults, childrens, health and social care services, delegates were predominantly working with children as opposed to adults. A rough break down of attendees by employment sector was as follows:

Childrens Centres/Youth Centres	22
Children and Families (BCC)	13
Education/Education Welfare	15
Voluntary Sector (Childrens)	8
Youth Offending	6
CAMHS	4
Adult Mental Health Services (BSMHFT)	2
Other	3

The sessions themselves covered a number of aspects, all at an introductory level. Topics included the SCIE Guide 30 and “Think child, think parent, think family” principles and some basic family work principles from a BFT (Behavioural Family Therapy) perspective. Delegates were also expected to reflect upon their existing knowledge, obstacles/solutions to whole family working and DVD/case study materials including the “Telling it like it is” DVD which forms part of the Barnardos “Keeping the Family in Mind” resource pack.

On the whole, it would appear that the vast majority of delegates were unfamiliar with the existence of the SCIE Guide 30 and certainly that Birmingham was an implementer site. However, the principles were welcomed and delegates keen to engage, with parental mental health clearly raised as an issue for practitioners regardless of professional/clinical background.

Key topics for discussion raised within all 3 sessions were:

- Working with parents who clearly have issues but do not have a formal diagnosis

- Working with parents who are not in contact with services/refuse services/do not meet the threshold for services
- Lack of knowledge regarding mental health issues, impact on parenting etc.
- Lack of knowledge regarding services available/where to appropriately signpost
- Roles and responsibilities, different service remits/criteria

In terms of session content, the general feeling was that is was useful and worked as a broad introduction. Presentation was generally rated well with delegates finding the different presentations, quiz, DVD and table based activities a helpful mix. Ratings on relevance were variable, with delegates generally feeling it was “very relevant”, but others reflecting on their work being “centred around children and not families” or “not working with a generic group” – and hence being less relevant.

A further aspect to the evaluation was “Further Training”, asking delegates if they would like any further training, topic or themes. The 3 main themes (ranked in order of frequency) were:

Mental Health:

- What are the common mental health problems?
- Basic awareness, signs, symptoms
- Impact on children/parenting

Mental Health Services:

- Services available (signposting)
- Thresholds, referral criteria and routes

Skills and Tools:

- More information on Family Work, skills and tools to use in practice
- The 5 Day BFT training

The sessions to date have been extremely interesting for the Programme in terms of the wide range of professionals attending and the general lack of awareness within the community of the issues facing both those experiencing mental health issues and their children and families. The vast majority of those attending were working directly with children (schools/childrens centres) and were clearly eager to learn more about Adult Mental Health services and how we can best work together – something which is stressed throughout the SCIE guidance. The need for further information, effective lines of communication and practical support was clearly in evidence. An evaluation is currently being undertaken of the impact of these sessions and consideration taken as to how we can take this important work further.

References and Resources

Barnardos “Keeping the Family in Mind” resource pack – available through louise.wardale@barnardos.org.uk, Telephone (0151) 708 7323
 NICE Schizophrenia Guidelines (2009) www.nice.org.uk
 SCIE Guide 30 “Think Child, Think Parent, Think Family” www.scie.org.uk

A National and Local Update on the Triangle of Care

By Julia Smith, Clinical Specialist, Meriden Family Programme

The National Steering Group for the Triangle of Care meets quarterly to embed the initiative as best practice across all acute care mental health pathways in all mental health trusts in England and Wales. It also seeks to develop a network of statutory and third sector providers to work in partnership at local, regional and national level to drive forward the Triangle of Care and work to change mental health service “culture” to improve the experience for carers.

Taking over the position of Chair from Paul Rooney (Acute Care Programme), Ruth Hannan (Princes Royal Trust for Carers) now chairs the steering group. The Triangle of Care is now included in the new mental health strategy.

Action Plan

The steering group discussed ideas for actions to be added to the action plan:

- Draft letter to mental health trust chief executives and local authority commissioners to encourage their engagement and support for the Triangle of Care.
- Invite representatives from Royal Colleges (GP, Nursing, Occupational Therapists and Psychiatrists) to be part of steering group.
- Invite representatives from other major third sector mental health organisations to be part of steering group.
- Develop checklist of trusts implementing Triangle of Care.
- Draft two separate leaflets, one aimed at carers the other professionals; explaining the Triangle of Care.
- Develop a carer tool, incorporating the principles of the Triangle of Care which can be easily adapted locally.
- Plan and organise regional Triangle of Care events in the North East, Midlands, South East/London.
- Explore how the whole family working principle can be incorporated into the Triangle of Care.
- Develop self-assessment tool further.
- Draft articles to include in professional journals.
- Explore promoting the Triangle of Care at professional conferences.
- Incorporate cultural diversity issues into good practice guidance.
- Develop a training pack for Carer Leads on the Triangle of Care.
- Explore whether or not to include private hospital experiences.
- Work with educational organisations to embed carer awareness and engagement in course delivery.

- Maintain websites, updating accordingly – both www.carers.org/professionals and the virtual ward.
- Work with assessment or accreditation providers (AIMS, CQC) to include Triangle of Care principles in their procedures.

Current Developments in Birmingham

Meriden is working on the development of a Carer's Strategy within Birmingham and Solihull Mental Health Foundation Trust. This includes looking at the experiences of families in in-patient services.

As part of this, 300 questionnaires have been sent out to carers of service users who are currently in-patients within the Trust to ask their views on services and experiences of carers. The responses will be collated by a Psychology Research Assistant and a report generated to show the current trends of carer experiences. A small number have been received back so far and the feedback will focus further training where necessary.

Each in-patient ward or unit has a nominated Carer Lead/Champion. A proportion of these Carer Leads meet together every three months. Each meeting has an education/training element, an outside speaker and an opportunity to network with other carer leads. The Triangle of Care is now a standing agenda item at these meetings.

Wards will now be asked to complete the Triangle of Care self-assessment. An idea borne from the steering group was that carers also complete the audits and compare to the ward self assessments. The Trusts who have already completed the self assessments found that it was a useful exercise that enabled them to reflect on their practice, even where it showed a deficit.

Along with the results of the carer questionnaires the results of the self assessments will be collated and used to further improve the experience of carers locally across the acute care pathways.

ISPS West Midlands Branch Conference 'Current Issues in Working with Psychosis'

By Dr Gráinne Fadden, Director, Meriden Family Programme

We were delighted to support the hosting of a first ISPS mini-conference in Birmingham in November 2010. The local West Midlands ISPS Branch has been running for the past 18 months with meetings being held on a two-monthly basis. These meetings served the purpose of allowing those who attend share ideas and resources, to network, to plan events and to reflect on their current practice.

The group for some time had thought of holding a small conference with the view to disseminating knowledge on different topics and hopefully increasing interest in local clinicians in the hope of increasing the membership of the group. We were grateful to Birmingham City University for facilitating us in using their premises which helped to keep the cost of the conference at a moderate rate for those who attended.

The conference kicked off with a very lively presentation given by Dr Jo Smith who described work she has been involved with in Worcestershire in running groups for people with bi-polar disorder to enable them to feel more in control of their lives. Jo talked about the change that had occurred from bi-polar disorder in the past being seen as a biological disorder to one where people can now learn psychological strategies to help them to cope with the various aspects of the disorder. Jo was joined by a service user, Mary Carol, who had participated in the group and who spoke very eloquently about her experiences over a number of years confirming that in the past she had not been allowed to see a psychologist because bi-polar disorder was seen as having a chemical basis. She described the impact to of attending the group where she moved from feeling that there was no future to feeling that she could take control of and make a difference to her own



Carol Gordon with Pete Sanders who set up a book stall at the event

life. She highlighted other significant aspects of the group where she felt her experiences were normalised, that she started to enjoy life again, that she was able to develop friendships with other group members and was no longer scared of the triggers that sparked off her disorder. It was very moving to hear her describe how she now felt she was back in the mainstream of life.

This was followed by a very thought-provoking presentation by Dr Tim Calton from the University of Nottingham who presented a meta-analysis of research on Soteria-type alternatives to medication and biological treatments. Tim's main wish was to open up space for discussion around issues that are often taken for granted, and he challenged the idea of treating bits of the person rather than the whole human being. He was also quite forthright in challenging some current practices such as off-label use of drugs. The thrust of his talk was on the outlining of alternatives to anti-psychotic medication that are currently available, describing services such as Soteria-based services, and other services that are currently available in different countries. It is clear that not many of these alternatives are available in mainstream services in the U.K.

There then followed two presentations from therapeutic communities based in Birmingham. 'My Time' (www.mytime.org.uk) provides culturally and faith sensitive



Jo Smith chatting to Michael Lilley on the right



Tim Calton from University of Nottinghamshire

cognitive based counselling and mental health services through community organisations, housing associations, children's centres and GP surgeries, working in eighteen different languages. In 2007 it was awarded the title of the 'Most Innovative Psychotherapy Practice in the U.K.' by the British Association of Counselling and Psychotherapy. Michael Lilley who presented about the work of My Time finished his presentation with a really interesting DVD of those who had used the service talking about the benefits they had gained from using that service.

The final presentation was again a joint presentation from Carol Gordon and a service user from the Connect

Therapeutic Community also based in Birmingham. They gave a very insightful picture of a respectful and peer-based service provided to those who frequently do not find the support they need in traditional statutory services.

The morning also provided lots of opportunity of networking and for people to explore a very interesting range of books which were on sale at the event relevant to the topics that were being presented. We are hoping that this will be the first of many events hosted by the ISPS West Midlands branch. For information on when meetings take place please contact Maria Albanese on 0121 678 2896 or email maria.albanese@bsmhft.nhs.uk



Delegates at the event

Service User Representatives Required for ISPS Committee



ISPS are currently looking for service user representatives to form part of their committee group. If you are interested in becoming a service user representative on the committee or would just like to become a member of ISPS please contact Ali Haddock (details below). There are also currently a number of other vacancies on the committee, so get in touch if you are interested in joining.

What does ISPS UK stand for? ISPS stands for the International Society for the Psychological Treatments of Schizophrenia and other Psychoses. ISPS UK is the United Kingdom branch of the International organisation.

Why does ISPS exist? The ISPS draws together individuals who are interested in the psychological therapies for psychosis. ISPS wants to promote much better knowledge of the psychological approaches and better integration with pharmaceutical approaches. ISPS organises conferences, publishes books and the UK network organises regular presentations and meetings.

Who can become a member? Anyone who is interested in our field – students, nurses, psychiatrists, psychologists, arts therapists, Occupational therapists, psychotherapists, professors, managers, users and carers. We believe that there is a useful place for all of the different approaches.

What are the benefits of membership?

- You will receive copies of the International ISPS Newsletter at least twice a year and the ISPS UK Newsletter three times a year
- You will be kept informed of conferences and as a member you will get reduced rates at ISPS conferences
- You can join the ISPS UK e-mail discussion group – for posting information and for dialogue
- You can be part of forming local groups

Ali Haddock, Administrator, ISPS UK,
PO Box 7383, Wellingborough, Northamptonshire
NN8 9FB, UK

Email: admin@ispsuk.org Tel: 0845 166 4168

Further information about ISPS can be found at www.isps.org

The Healing Force of Families Providing Help for Those Suffering From Psychosis*

Review of 'A Casebook of Family Interventions for Psychosis' (2009)**

written by ZSUZSANNA JÁKI

We were interested to find this comprehensive review paper of the Lobban and Barrowclough book published in the *European Journal of Mental Health* outlining the many benefits of Behavioural Family Therapy.

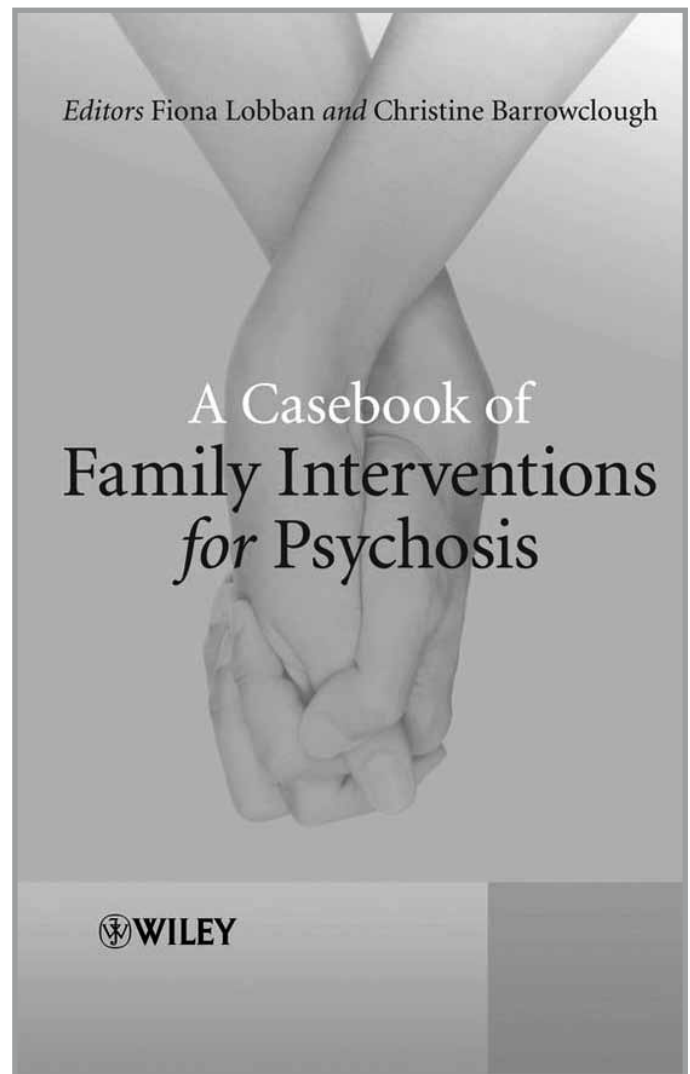
The review highlights that this book differs from many other publications in that rather than describing what to do 'in theory', it gives detailed accounts of what actually happens 'in practice', including managing situations that may arise unexpectedly.

The book also defines the specific steps to be taken, in order to get the best outcome possible, using the guidelines of evidence-based practice. The methods are introduced through case histories; therefore it is easy to put into practice what is learned.

Behavioural Family Therapy is described as the core model in the book and the common denominator of the practice introduced by the editors and Zsuzsanna acknowledges that '...in the majority of cases the BFT method introduced in the book could be of a great help and an adequate handling of the problem'.

She further adds '...If we think of great numbers, the BFT approach could be a widespread basic care provided for those in need. It is tested, already introduced at an organisational level in many localities, tried out and passed, as the case examples of the book show. It is a great treasure of this book that it tries to serve the goal of systemic development, and gives examples and advice on how to reach this goal.'

Picking up on the issue of implementation, the review mentions that '...clinicians' inability to prioritise family work is often due to not having sufficient time for family interventions, having difficulties in integrating it with other responsibilities, or the lack of support from



colleagues and the lack of supervision.....sounds like a mission impossible, but it is not; the steps to be taken one after the other are written down in chapters thirteen (Burbach and Stanbridge) and fourteen (Fadden). Among the many suggestions we find in-house training of the whole staff or a great number of them, providing constant supervision, creating a part-time coordinator post, etc. A given proportion of trained family workers among staff members should be maintained, because sustainability is a main issue. It can be easy to get something started, but maintenance requires a continued commitment from people who champion this type of work – one can read among the wise pieces of work.'

To access this article please log on to:
www.akademai.com/content/5217358275308n46/fulltext.pdf (accessed 17 March 2011)

* JÁKI, Z. (2010). The Healing Force of Families Providing Help for Those Suffering From Psychosis. *European Journal of Mental Health* 5 (1), 115–120.

** Lobban, F & C. Barrowclough, eds. (2009) *A Casebook of Family Interventions for Psychosis* (London: Wiley-Blackwell) 375 pp., 22.8x15x2.4 cm, ISBN 9780470027080, € 92.90.

Presentation to Delegation from Russia

By **Julia Smith, Clinical Specialist**
Meriden Family Programme

A delegation of Russian Social Workers recently visited the UK on an information fact finding tour. The visit was arranged through BASW (British Association of Social Workers) and College of Social Work (CoSW). This was the second group to participate in a facilitated programme through BASW/CoSW here in England this year.

Representatives from the Meriden Family Programme were invited to speak to the group, through an interpreter, about the work of the Programme and to give a short presentation and overview of the model of Behavioural Family Therapy (BFT).

The group were interested to hear of our work and how families would be referred for the intervention and how it is funded. The group felt that in Russia, the State would not provide such a service for free and the commercial sector would be unaffordable for the types of families who might benefit.

Some of the group seemed to struggle with the concept of using the service user as expert and co-facilitator in the information-sharing sessions and there was much discussion and debate around this.

Feedback from the group was that they found the visit useful and thought provoking and were eager to go back to their areas of work to question some practices and tackle their seniors for changes and additions to their services.

Experiences of Psychosis

A new resource on www.healthtalkonline.org

Healthtalkonline.org is an award-winning website based on high quality research from the Health Experiences Research Group at the University of Oxford. The website has people's experiences of more than 60 health and illness conditions, including cancers, heart disease, mental illness and many more. The new section, **Experiences of Psychosis**, supported by the Department of Health, went live on **5 April 2011** with an introduction by Jo Brand.

The 'Experiences of Psychosis' section features interviews with people many of whom, at some point in their lives, received a diagnosis of schizophrenia or psychosis. Other people had not received a diagnosis but had had experiences such as hearing voices, or seeing things that others around them had not. They describe what it's like to take anti-psychotic medication or undergo compulsory treatment. People talk about how such episodes affect their everyday life, their work and their relationships. They discuss difficult periods in their lives such as being admitted to a psychiatric hospital under a section of the Mental Health Act.

There are also very personal accounts of recovery – something that until recently was considered to be near impossible for people diagnosed with serious mental health conditions. Free for all to use, the site will also be used for teaching health professionals and students in training.

MERIDEN CONTACT DETAILS

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

Gráinne Fadden , Director	0121 678 2892	Becky Heelis ,	
Martin Atchison , Deputy Director	0121 678 2727	Psychology Research Assistant	0121 678 2877
Chris Mansell , Deputy Director	0121 678 2894	Sam Farooq ,	
Paula Conneely , Clinical Specialist	0121 678 2710	Business Manager/PA to Dr Fadden	0121 678 2712
Julia Smith , Clinical Specialist	0121 678 2729	Maria Albanese , Team Administrator	0121 678 2896
Peter Woodhams , Carer Consultant	0121 678 2708	Nadine Berry , Team Administrator	0121 678 2895

Fax Number: 0121 678 2891

Website: www.meridenfamilyprogramme.com

Email Addresses: firstname.lastname@bsmhft.nhs.uk

We are constantly striving to keep the contact details we hold for you on our databases up to date.

If your details have changed please let us know. Email sam.farooq@bsmhft.nhs.uk or telephone Sam on 0121 678 2712