



**Report on the Cross-Border
Caring for Carers
Training Programme**

Dr Gráinne Fadden and Michelle Palmer

**The Meriden Programme
Birmingham and Solihull Mental Health NHS Trust
Tall Trees
Uffculme Centre
Queensbridge Road
Moseley
Birmingham B13 8QY**

www.meridenfamilyprogramme.com

Executive Summary

1. This was a highly successful initiative where professionals and carers worked together effectively to deliver an eleven-week programme of support to carers of those with mental health problems to three groups of carers, of which the cross-border group is described in this report.
2. The participants were relatively inexperienced in delivering training prior to the training course, but acquired the skills and knowledge needed with the back-up of a detailed training manual, and three follow-up supervision days.
3. The knowledge and confidence of the group of trainers at follow-up was higher than it was pre-course, but not as high as immediately after the course. This demonstrates the need for the development of support and supervision infrastructures at a local level to maintain programmes such as this.
4. Those who attended the eleven-week programme were selected through the health services on each side of the border, and therefore may not be representative of all carers in the area in terms of their needs.
5. Participants in the Caring for Carers Programme were mostly female, with over half being mothers and the family member with mental health problems lived with them in most cases.
6. Most carers had been dealing with their relative's mental health problems for several years, and these were severe mental health difficulties including schizophrenia, other psychotic disorders, and severe and psychotic depression.
7. Carers on the programme universally valued the experience, and appreciated in particular the social support aspects, the gains in knowledge and coping skills, and the new attitude they acquired to dealing with the difficulties they faced on a daily basis.
8. Many carers indicated that they would value on-going support and follow-up meetings.
9. Because of the small sample size, individual variation and missing data, it is difficult to be conclusive about the results, though trends are evident.
10. Carers who attended the group showed a trend towards improved general health following attendance at the group.
11. Carers who took part in the programme showed a trend towards improved coping following the group.
12. Carers attending the programme showed a trend towards reduced burden at follow-up two months after the group ended.
13. There were indications for the need for sustained support for some of the group members who had been dealing with their relative's health difficulties for a substantial number of years.
14. It is essential that the support offered through this group is now mainstreamed in services, as it is clearly needed and very much valued.

Introduction

The initial 'Training for Trainers' was delivered in June 2005 over a period of three days. The aim of the course was to prepare the participants, both carers and professionals, to deliver an eleven-week programme covering information-sharing, coping strategies and support to carers of people experiencing mental health difficulties. This was achieved through experiential learning, and the provision of an extensive range of written materials. A detailed manual was prepared with eleven modules covering the following topics:

- Introduction – the experience of mental health problems in a family
- Experiences of caring
- Education and information sharing – diagnosis and treatments
- Information on local mental health services
- Communication in families
- Communicating with professionals
- Problem solving
- Dealing with crisis and relapse management
- Recovery and hope
- Taking care of your own health

In terms of learning outcomes for the course, it was anticipated that by the end of the course, participants would:

- Develop a knowledge base for sharing information with carers, and helping them to develop a range of coping strategies.
- Demonstrate presentation skills required to share information with carers
- Demonstrate ability in planning, organising and delivery of courses, delivery of presentations and facilitation of group learning.
- Have an understanding of the resources available to support the planning and delivery of courses.
- Develop an overview of the programme to be delivered to carers.

The course was delivered through Meriden, the West Midlands Family Programme which is known both in the UK and worldwide as a programme that has expertise in relation to carers' issues and the implementation of family work. The trainers who delivered the course were Dr Gráinne Fadden, Manager of the Meriden Programme, Mr Steven Cox, Family Worker and Meriden Trainer, and Mr Peter Woodhams, Carer and Meriden Trainer. It was considered essential to have a carer as a member of the training team who would act as a model for the carers on the course who were being trained as trainers. The format of the course was that some didactic material was presented, but it was primarily skills-based training. Participants had to practice the skills that were introduced, receive feedback, then practice again, thereby developing their skills.

Course Participants

There were thirteen participants on the course, eight professionals and five family members. Of these, there were four professionals from each side of the border, and among the carers, one was from Northern Ireland, and four from the Republic of Ireland. Some of those attending in a professional role also had experiences of caring roles in their own lives.

Participants were given a number of questionnaires both at the start and finish of the three-day course. These were as follows:

- 1) Background Questionnaire on Previous Training Experience (pre course) – Appendix 1
- 2) Knowledge and Confidence Questionnaire (pre and post course) – Appendix 2
- 3) General Feedback Questionnaire on three day course (post course) – Appendix 3
- 4) Evaluation of three day course (post course) (CAWT Evaluation form) – Appendix 4

Results

Because we are dealing with small numbers, most of these results will be presented as figures rather than percentages.

a) Background Questionnaire

Much of this dealt with participants' previous experience and training in running training courses. In the group, five people, one carer and four professionals had received some previous training in how to train others. Seven people in the group (one carer and six professionals) had experience in delivering training to others. Six of the group (one carer and five professionals) were currently in a role that required them to deliver training, though this was only once a month for all of those who replied positively to this question. All six had experience in training unqualified volunteers or care staff. Three of the professionals had experience training members of their own profession, and one carer had experience training other carers.

Only two people, both of whom were professionals, had experience training multi-disciplinary professional groups, and five people – one carer and four professionals, had experience training carers or family members, though this was not in a formal or structured way.

Overall therefore, half of the group (though only one of the carers) had previous training or experience in doing presentations or in training others.

(b) General Feedback Questionnaire

A general feedback form was distributed to participants at the end of the three-day training course (Appendix 3). The results of this are presented in full in Appendix 4. On a scale from 0 (very poor) to 4 (excellent), the mean rating of the content of the course was 3.9, and the mean rating for the presentation of the course was 4, with all participants rating the three Meriden trainers as excellent. The mean rating for the content of the written materials and workbooks was 3.93 with comments that they were clear, well presented and easy to read. Participants noted numerous gains from attending the course including increases in knowledge, skills awareness and understanding of carers' needs and other people's problems in general. Others gains noted were increased confidence, facilitation and problem-solving skills, but also the valuing of factors such as friendship and hope.

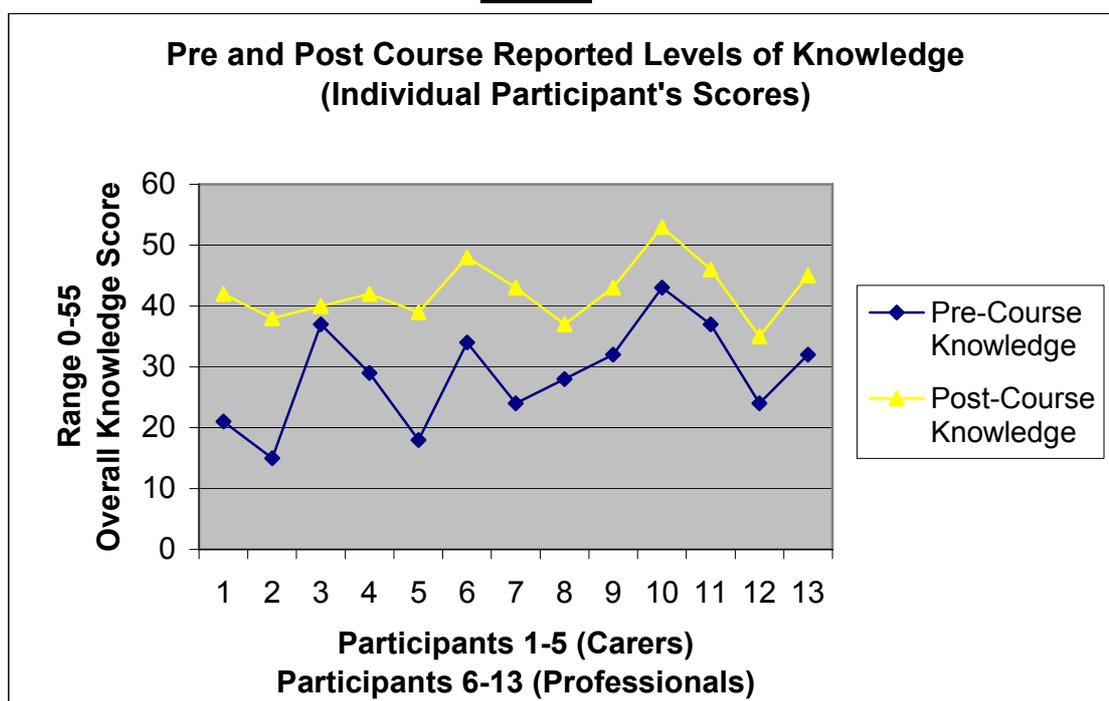
(c) CAWT Evaluation Form

A second evaluation form required by CAWT (Appendix 4) was distributed producing similar results, with excellent ratings for the trainers and written materials once again. The collated results of this evaluation are provided in full in Appendix 6. People reported valuing the group work and role-play in particular, as well as the video material and receiving feedback. The only item that received lower ratings was in relation to the venue and facilities. In terms of follow-up, most participants said they would value follow-up days and refresher days.

- (d) A questionnaire (Appendix 2) assessing the participants' knowledge of and confidence in delivering training on the different relevant topic areas such as provision of information, problem-solving, communication skills etc. was distributed to participants on the first morning of the course, and at the end of the three day training. Participants' pre and post self-ratings were compared. The possible range of scores was from 0 to 55.

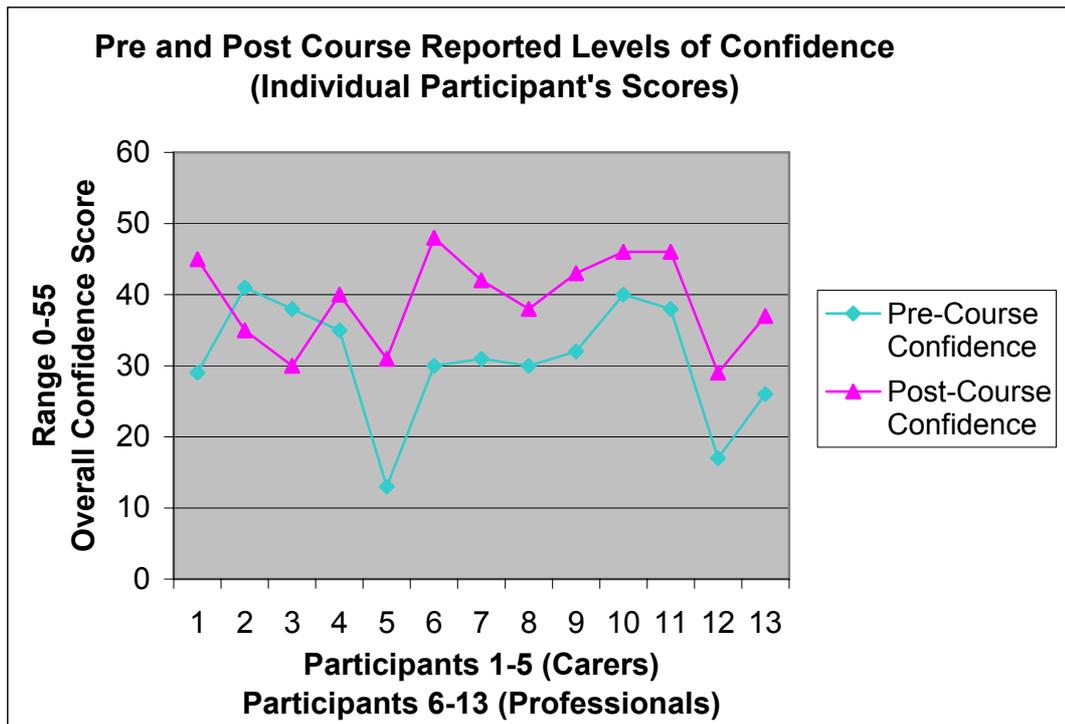
In terms of changes in knowledge from pre to post training, all 13 participants reported increases in knowledge from before to after the training, with some participants reporting a 20-point increase in knowledge over the three days of training. Participants' knowledge ratings can be seen in Table 1.

Table 1



In relation to confidence, eleven of the thirteen participants reported an increase in confidence following the course, with two carers reporting a slight decrease in confidence (Table 2). This is not an unusual finding in that the concept of a post-training confidence 'dip' is well documented. For some, exposure to all the material they will have to deliver, and the reality of making presentation results in a drop in confidence. This usually settles once people begin to deliver training, realise that they can do it, and begin to get feedback from those they train.

Table 2



Looking at the different topic areas on this questionnaire, there was an increase in knowledge from pre to post in all topic areas, although in relation to knowledge of local services (Table 3), this was a very small increase. This is to be expected given that the course did not provide information on local services – this was to be provided on the eleven-week programme by invited outside speakers. Regarding confidence, once again there was an increase from pre to post on all topic areas (Table 4).

Table 3

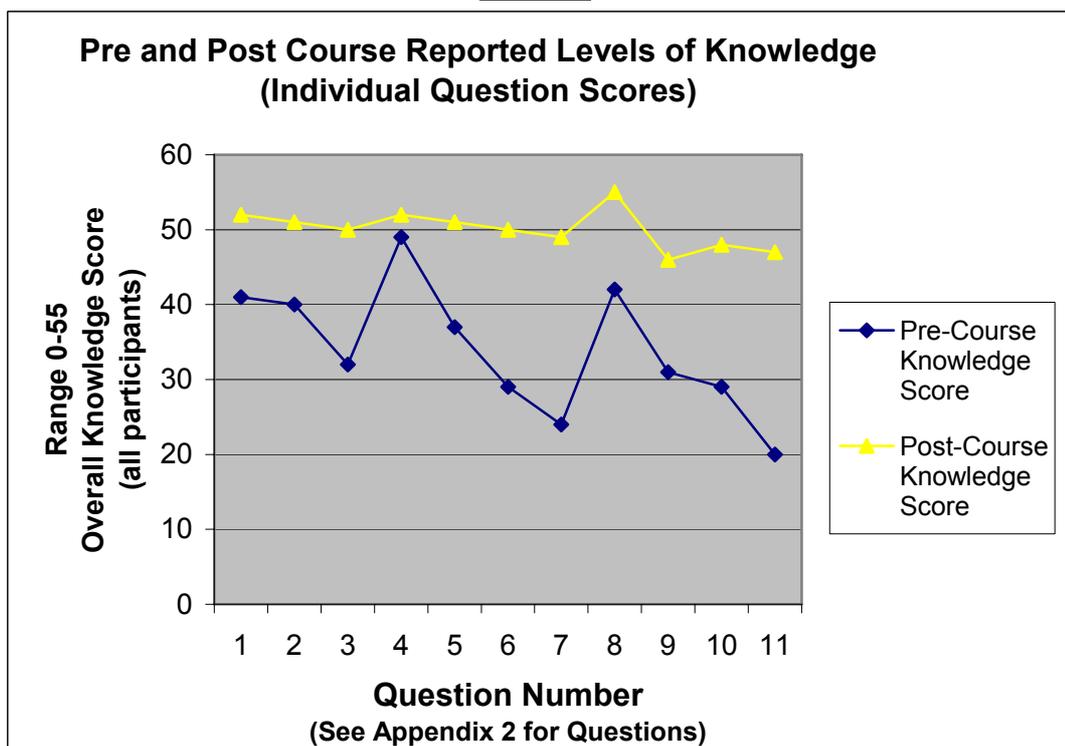
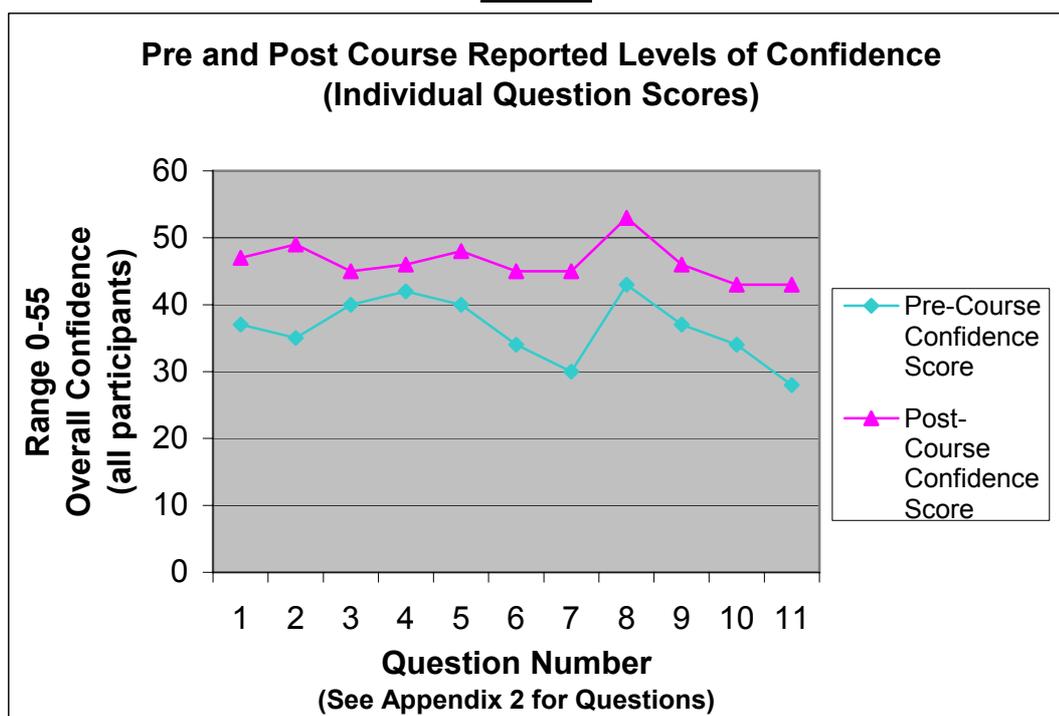


Table 4



Following the three days training, one of the participants, a carer withdrew from delivering training at that point in time because of pressure of family commitments. The remaining twelve participants divided into three groups with professionals and carers in each. One group, two carers and two professionals from each side of the border ran the first cross-border, eleven-week training course that is reported on below. The other two groups ran courses, one in the Republic of Ireland and one in Northern Ireland.

The questionnaires regarding knowledge and confidence were administered again in December 05 which was 6 months after the initial training course took place. Follow-up data are available from ten of the original thirteen participants. As one of the trainers had dropped out immediately after the course, data were unavailable for two of those who continued as trainers.

All of the trainers had retained the levels of knowledge reported immediately following the training course which is excellent given that this was six months after the course ended (Table 5). Levels of confidence remained the same as at follow-up, or showed a slight improvement (Table 6). Interestingly, the two carers who had shown a dip in confidence immediately following the training course had both gained in confidence at follow-up. This confirms what was discussed previously in relation to the fact that there is sometimes a temporary dip in confidence following training.

Table 5

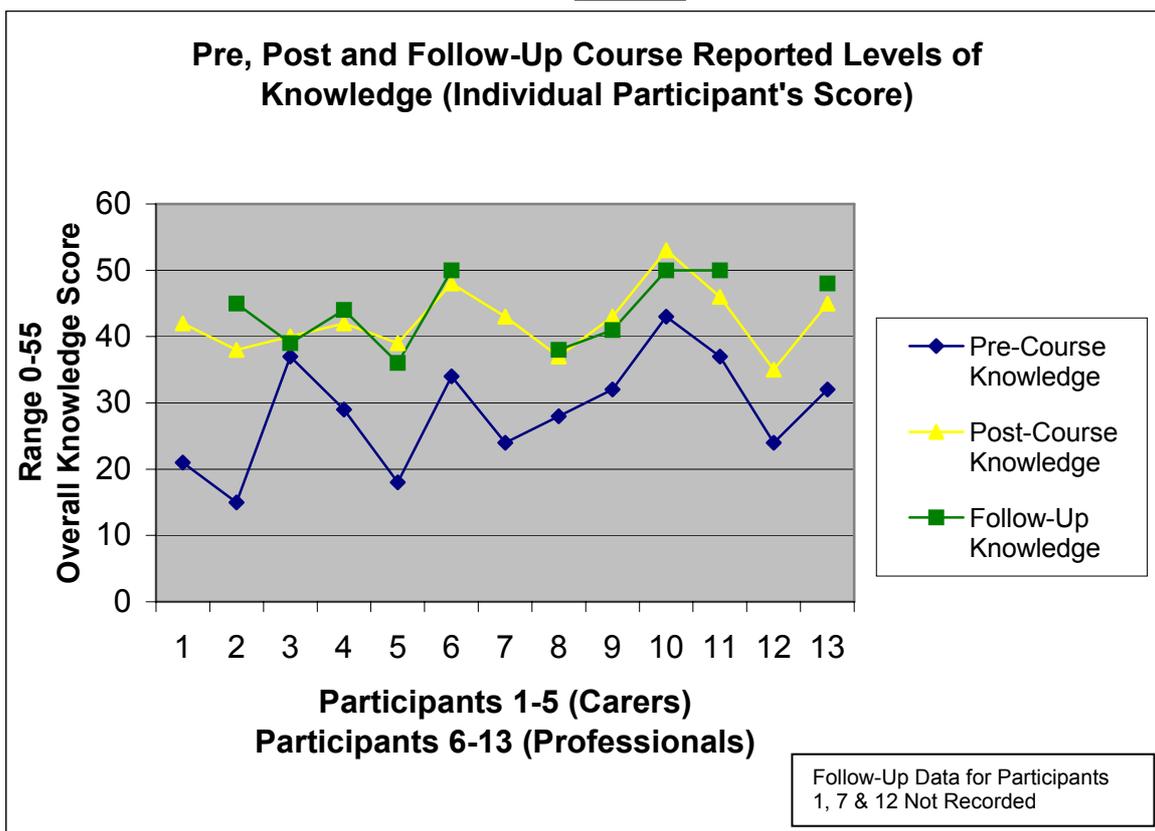
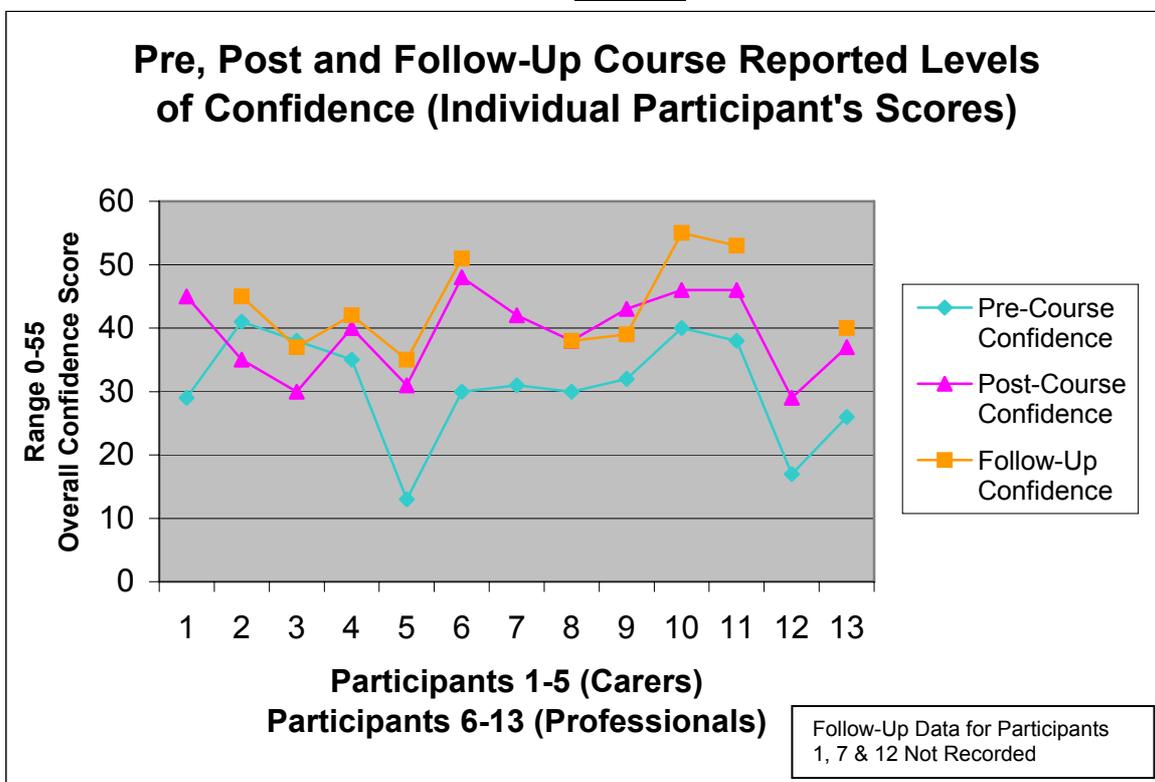


Table 6

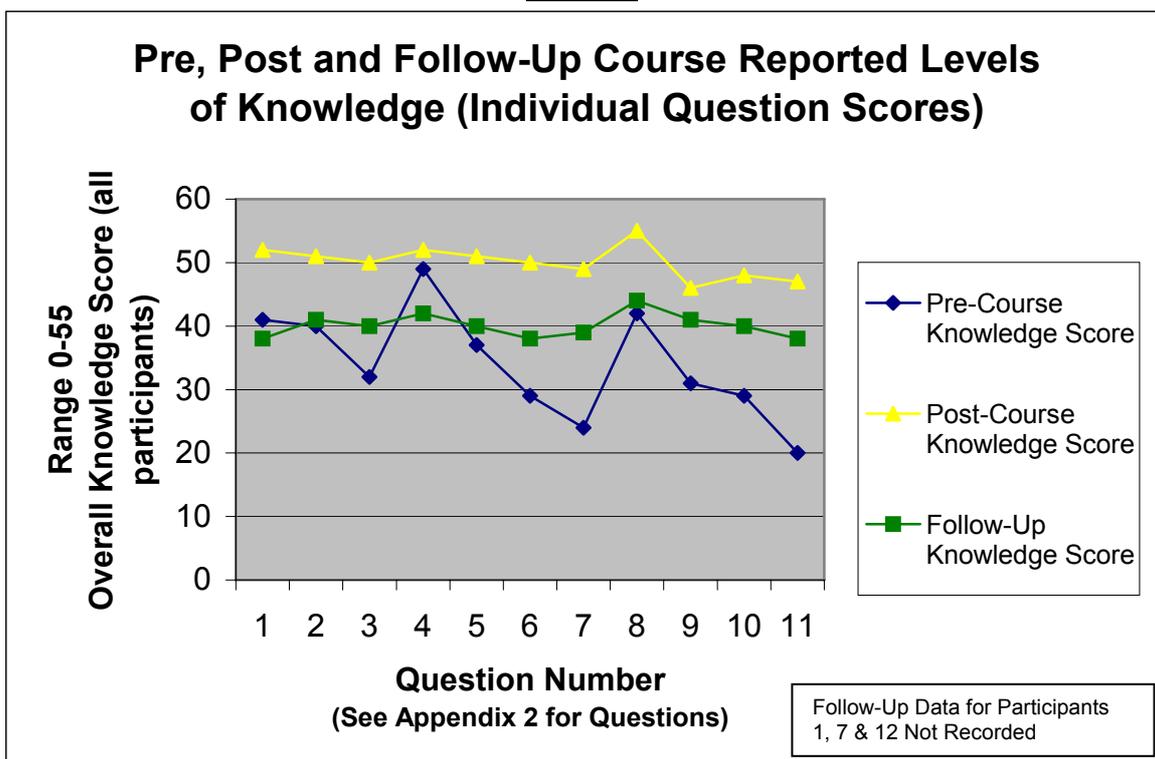


Data are available regarding knowledge of individual topics for ten of the original participants (Table 7). Ratings of knowledge at follow-up remained the same as pre-course in relation to the following:

- Experience of carers
- Information about mental health problems
- Problem-solving
- Importance of looking after oneself as a carer

These are likely to be the topics that these participants would have had a good knowledge of anyway because of their experiences either as professionals or carers.

Table 7



They reported their knowledge as being less in relation to knowledge of local services. This topic was not covered on the training course.

On all other topics, they rated their knowledge as being higher than at pre-course, though not as high as immediately after the course. These included:

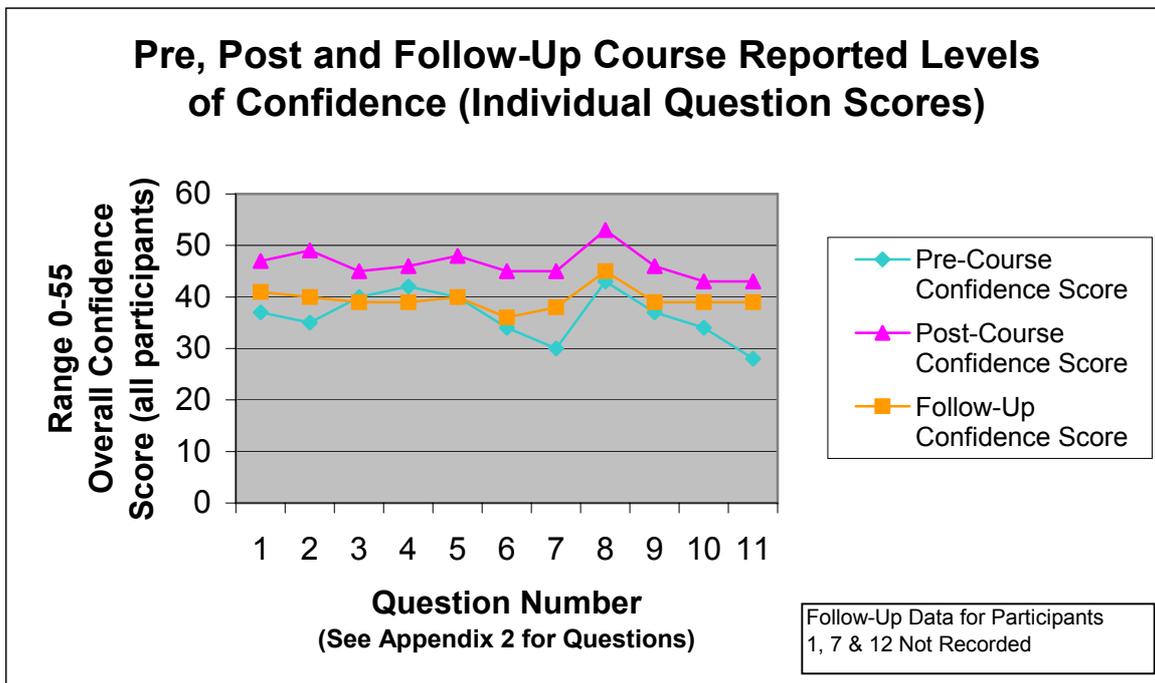
- Communication skills
- Relapse prevention strategies
- Hope and recovery
- Making presentations
- Skills in facilitating group activities with carers
- How to plan a carers' support programme

These were all new skills that they had learned on the course.

In relation to confidence levels, these were slightly higher at follow up in relation to the topics of carers' experience, information about mental health problems, the

hope and recovery model, skills for facilitating group activities and how to plan a carers' support programme, though not quite as high as they were immediately following training (Table 8).

Table 8



Evaluation of the 11-week Carers' Programme

One of the conditions of the funders of this carers' education and support programme was that the programme would be evaluated in terms of its impact on those who attended. Participants were aware of this prior to joining the programme, and their consent was obtained following a detailed explanation of what the evaluation would involve (Appendix 7).

Measures

The measures that were administered were as follows:

- a) Background Demographic Questionnaire
- b) Post-Course Feedback Form
- c) General Health Questionnaire
- d) Family Coping Questionnaire
- e) Family Problem Questionnaire

a) Background Demographic Questionnaire (Appendix 8)

This questionnaire was administered at the start of the first night of the programme. It focussed on background information such as age and sex of the carer, relationship to the person with the mental health problem, nature and length of the disorder, and contact with mental health services.

b) Post-course Feedback Form (Appendix 9)

A feedback form was drawn up to obtain participants views on the format, content and length of the eleven-week programme, and about practical issues such as the venue. Further questions dealt with factors such as which aspects were the most beneficial, and any topics that they felt were not included that they would have found useful. This form was administered at the end of the last night of the programme.

c) General Health Questionnaire (Goldberg et al, 1988).

The General Health Questionnaire (GHQ) was designed to be a self-administered screening tool aimed at detecting psychiatric disorders in a variety of community and non-psychiatric clinical settings. It focuses on changes in normal functioning rather than on life-long traits and was designed to identify two main types of problem: inability to carry out one's normal 'healthy' functions and the appearance of new phenomena of a distressing nature (Goldberg & Williams, 1988).

The GHQ identifies and distinguishes between four elements of distress:

- Somatic symptoms
- Anxiety and insomnia
- Social dysfunction
- Severe depression

The 28-item version of the GHQ was used. Each item is answered on a four-point scale from "not at all", "no more than usual", "rather more than usual" to "much more than usual". This was administered on three occasions – pre-course, post-course and at follow-up which was two months after completion of the course.

Sample Questions from the GHQ28:

Have you recently:

- been feeling run down and out of sorts? (Somatic symptoms item)
- been feeling nervous and strung-up all the time? (Anxiety and insomnia item)
- been able to enjoy your normal day-to-day activities? (Social dysfunction item)
- felt that life is entirely hopeless? (Severe depression item)

d) Family Coping Questionnaire (Magliano et al, 1996) (Appendix 10)

The Family Coping Questionnaire (FCQ) addresses the personal situation of the respondent in relation to problems linked to the illness of their relative. The questionnaire asks respondents to focus on their situation during the past two months.

The FCQ was designed to be a self-administered measure and was based on coping strategies in relatives of patients with schizophrenia. The questionnaire can be divided into the following categories:

- Seeking information on the patient's illness and its treatment
- Positive communication toward the patient
- Relative's maintenance of social interests
- Coercion

- Physical avoidance of the patient
- Resignation over the patient's condition
- Patient's involvement in social activities
- Use of alcohol and drugs
- Collusive reactions toward the patient's odd behaviour and non-compliance to prescribed treatments
- Search for spiritual help
- Talking with friends about the patient's condition

The FCQ is a 35-item questionnaire. Each item is answered on a four-point scale, from "always" to "never". This was also administered at pre, post and follow-up.

e) Family Problems Questionnaire (Morosini et al, 1991) (Appendix 11)

The Family Problems Questionnaire (FPQ) addresses the situation of the respondent and their family in relation to the illness of their relative during the last two months.

The FPQ was designed to be a self-administered measure and explores the attitudes and level of burden experienced in caring for a relative who is ill. It consists of the following factors:

- Objective burden experienced
- Subjective burden experienced
- Support received from professionals and members of social network in critical situations
- Relative's positive attitude toward the patient
- Relative's criticism of the patient's behaviour
- There are also a number of additional items that measure impact on work, indirect costs and the burden on children (where applicable.)

The FPQ is a 39-item questionnaire. Each item is answered on a four-point scale, from "always" to "never". This was administered on three occasions, at pre-course, post-course and follow-up.

The aim of measures c, d and e was to assess the impact of the course in terms of self-report measures of general health, coping and burden experienced. These measures have been used extensively in other studies of this nature.

Results

Group Participants

Referrals for attendance at the group came through mental health services. In all, twelve family members agreed to attend the eleven-week training course. Of these, one person (Participant 10) who was uncertain about attendance did not attend the first session, came to the second, then dropped out of the group. No data are available for this person. A second person attended the first two sessions, and had to drop out of the group because of personal family issues (Participant 4). Pre-course data therefore are available for ten participants.

Participant 6 only attended the first three sessions, and the attendance of Participant 9 was erratic, again only attending three sessions in all. Post and follow-up data were only available on eight participants, making any meaningful statistical analyses difficult. Many of the results therefore are provided in descriptive terms given that the sample size is so small. The full attendance record of group participants is provided in Appendix 12.

a) Demographic data

Of the eleven people who joined the group on Night 1, 8 (73%) were female, and 3 (27%) were male. The mean age of those attending was 58.9 (S.D = 9.05) with an age range of 49 to 80. Six of those who attended (55%) were mothers, and the remaining five were one each of a wife, father, son, daughter and sister. In terms of how many other people were in the family apart from the person who was unwell, data are only available from ten participants. There were three families where the total family size was 5, two families each where the total family sizes were 2 and 6 respectively, and one family each with a family size of 2, 7, 9 and 10. Family sizes on the whole therefore were large.

In 9 (82%) of 11 of the families, the person with the disorder was living with the relative who was attending the group, and only in 2 families (18%) was the person living elsewhere. Their relatives with the mental health difficulty were all engaged with the local mental health services, and 10 (91%) of the relatives were also in contact with the services on behalf of their family member.

The mean number of years that the person with the disorder had been unwell was 8.59 (S.D.=7.39), with the range being from 1.5 years to 22 years. In terms of the nature of the mental health problem, 5 (45%) of the relatives described a depressive-type disorder, and in one instance the person also had paranoid features. The other 6 people (55%) described schizophrenic or psychotic-type disorders.

Participants were asked if their relative had been given a diagnosis by mental health staff. One person had been told that their relative hears voices, four had been told that it was a schizophrenic or psychotic-type illness, and one person had been told it was a bipolar depressive disorder. Four of the remaining participants had not been given a diagnosis yet, even though the length of time their relative had been unwell ranged from 22 months to 5 years, and one person whose relative had been unwell for 13 years said that they had been told that the diagnosis was still not definite. These people were all from the Republic of Ireland – everyone from Northern Ireland had been given a diagnosis for their relative by the service. The only other differences between the people from each side of the border were that the family size was larger in participants from the Republic of Ireland.

b) Post-course evaluation and feedback

A full report of the participants' evaluation and feedback on the eleven-week programme can be found in Appendix 13. The feedback was consistently positive, with 100% of participants rating the content, quality of trainers and materials as good or excellent. They viewed the training as pitched at an appropriate level, with the right length and number of sessions. The only comment that was made was

that it was a pity that the group was so small given the high quality of the content and materials, and a desire that a greater number of people could benefit from it.

Participants rated the social aspects of the group as being the most useful – meeting other people with similar experiences, and being able to talk to them about what they had been going through, and knowing that they were not alone. They also valued the coping skills learned, and the practical advice they received. Other positive factors mentioned included being able to take time to think, and also the reassurance that they had been doing the right things all along.

Participants ranked the following elements of the programme as the most useful

- Receiving information about mental health difficulties
- Communication skills
- Problem-solving
- Relapse Management
- The model of recovery and hope

As a result of attending the group, they felt they would be stronger, calmer, understanding and accepting, better at listening, more considered in their comments and in general, better able to cope than they were before attending the group. Many commented on their desire for follow-up meetings.

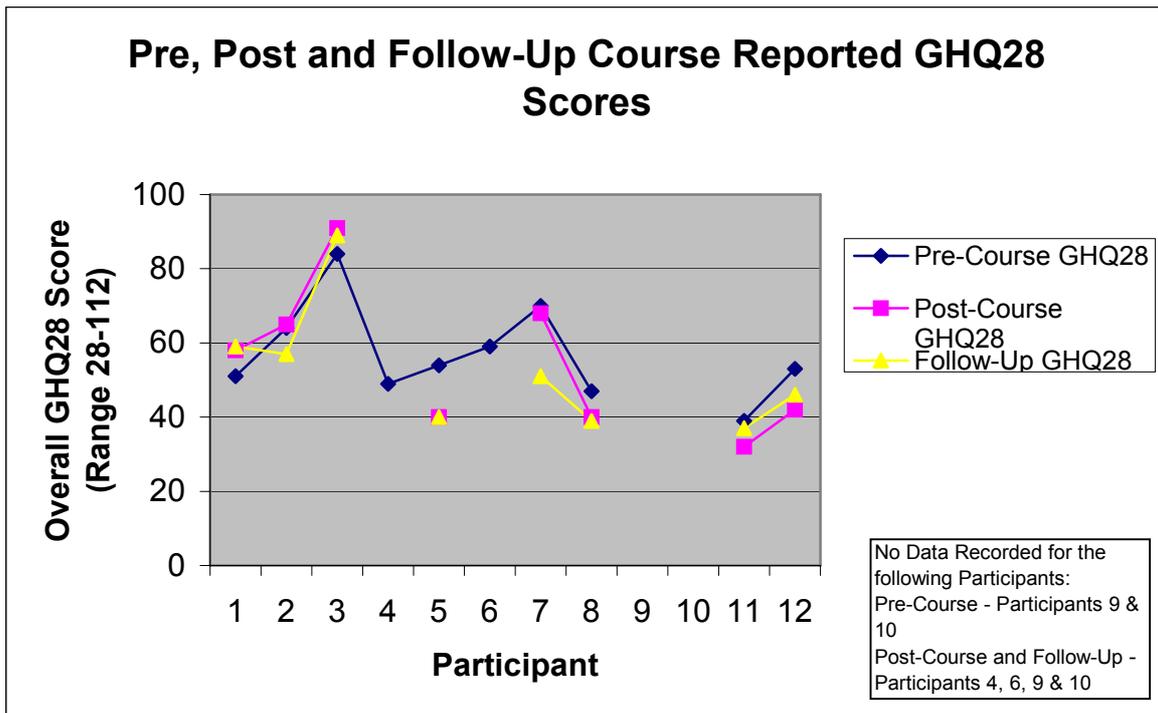
Both the professionals and carers who acted as trainers/facilitators on the eleven week programme found the experiences very beneficial. All four wrote a description of what it was like for them, and these are included in Appendix 14.

Note: For the next three measures, caution must be exercised in drawing conclusions from the results because of the very small sample size (8), the amount of individual variation in such a small sample, and the fact that there are missing data on various questions on the questionnaires. It is more meaningful in looking at these data to talk about trends and changes for individuals over the three points at which the measures were taken, though this kind of analysis would be too detailed for the current report.

c) General Health Questionnaire

There is a trend in a positive direction for a general improvement for the participants in terms of health as measured by the GHQ. For 6 of the 8 people who attended the group, their health scores were better after the group than before, and again had improved at follow-up (Table 9). These changes were small with a pre-course mean of 57.00 (S.D. =12.91), a post-course mean of 54.50 (S.D. = 19.71), and a follow-up mean of 52.25(S.D. = 16.98). Lower scores reflect fewer health problems. These changes were accounted for by changes in the subscales measuring somatic symptoms and anxiety and insomnia, rather than the scales measuring social dysfunction and depression.

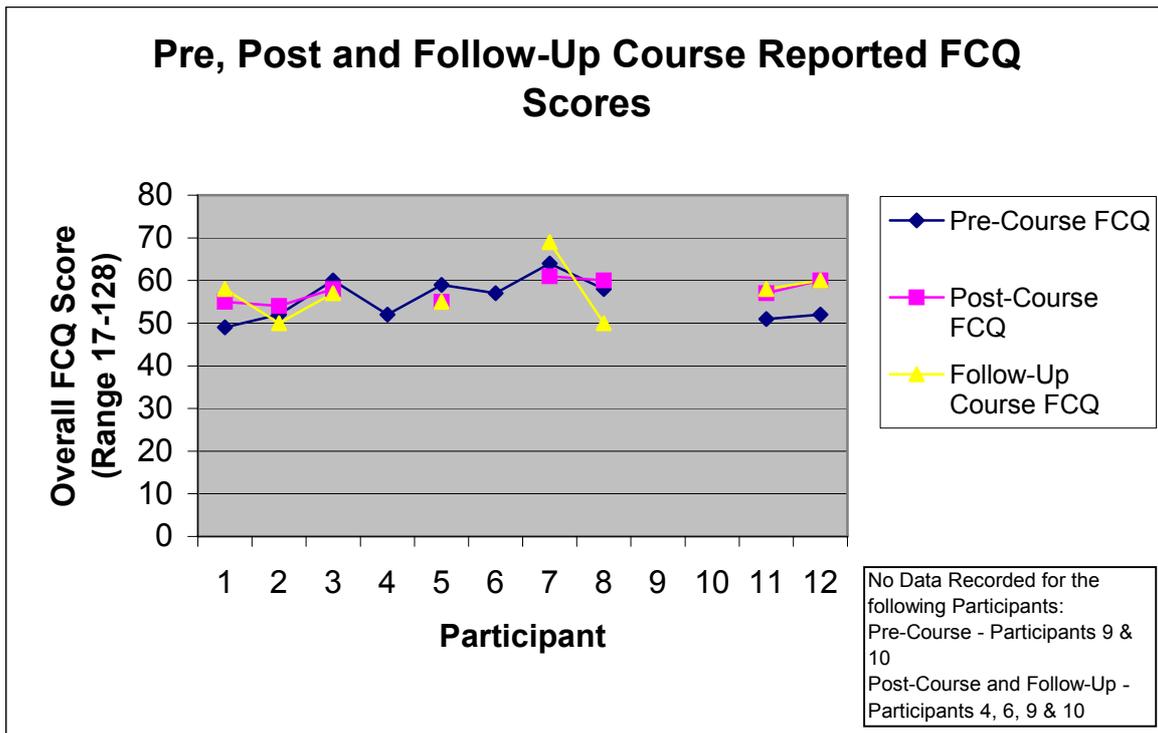
Table 9



d) Family Coping Questionnaire

The score on the Family Coping Questionnaire once again show a trend towards improved coping following attendance at the 11-week programme, though once again the changes are small (Table 10). The pre-course mean on the Family Coping Questionnaire was 55.40 (S.D.= 4.86), at post-course was 57.50 (S.D. =2.67), and at follow-up was 57.13 (S.D. = 6.06). This slight drop at follow-up any indicate that participants need more sustained input after the eleven-week programme, particularly as some had been dealing with mental health problems for many years. On most of the sub-scales, because of such a small group size, the pattern tended to be that 3 people showed more effective coping, two or three remained the same, and two reported less effective coping. This reflects the usual wide range of coping strategies employed by individuals as they are trying to think about how to manage the problems they face in a different way.

Table 10

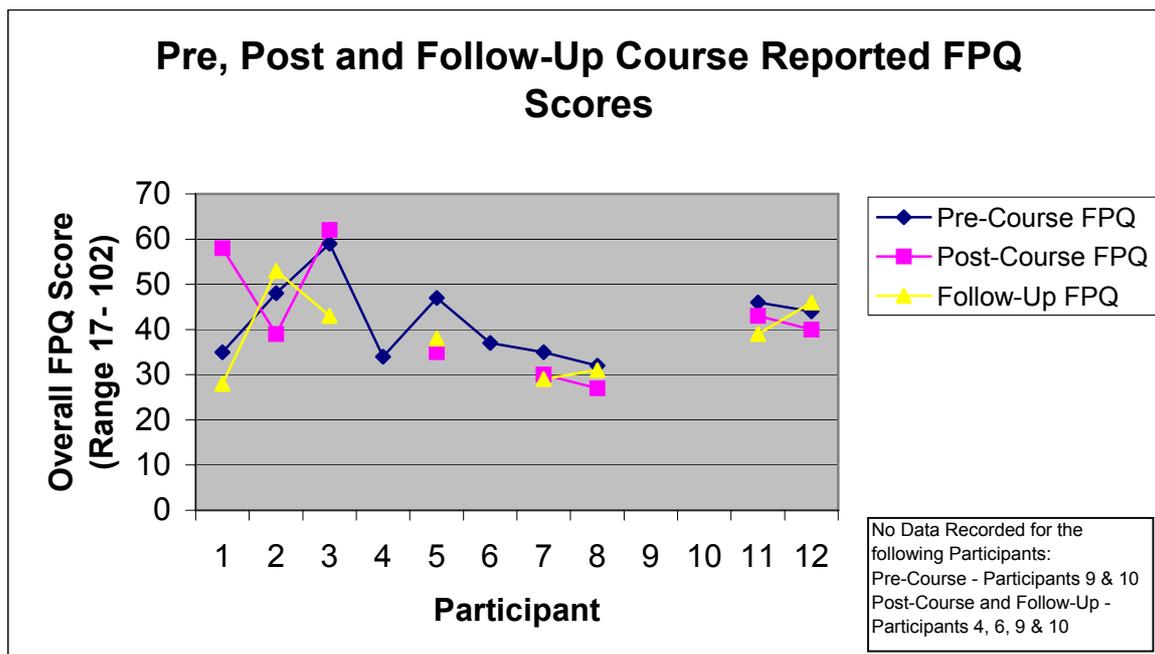


e) Family Problem Questionnaire

Scores on the Family Problem Questionnaire, which is a measure of the burden a family experiences in coping with mental health problems in a relative, showed an improvement at follow-up (Table 11). The pre-course mean was 41.7 (S.D. = 8.5). The post-course mean was 41.75 (S.D. = 12.46), and the follow-up mean was 38.37 (S.D. = 8.81), indicating a trend towards lower feelings of burden two months after the group ended. In terms of individual differences, 4 individuals at follow-up, and two further individuals demonstrated lower burden scores immediately after the course, but these had increased slightly at follow up. This once again highlights the need for more sustained input and support.

It is worth noting for all of these measures that the follow-up period of two months was short, and that often the impact of groups such as this only becomes apparent over a longer time period.

Table 11



Discussion

This programme of developing support for carers of those with mental health problems represents a very successful initiative which was planned at short notice and carried through until the intended outcomes were achieved. It is commendable that so much has been achieved in a short space of time by a very small group of people. It is important to note that while only one of the 11-week carers programmes is described in the current report, there have in fact been 3 carer support programmes running since the initial group of trainers were trained in June 2005. This report describes the outcomes for the Cross Border Programme, but 2 other programmes have been held, one in the Republic of Ireland and one in Northern Ireland.

One of the things that this programme demonstrates is that relatively inexperienced people can be trained to deliver support groups to other people in quite a short period of time. The group that was selected to deliver training had a different range of experience, and only half had a previous training or experience in providing training to others. Only one of the carers in the group had had such previous experience. In spite of this, the participants took on the challenge and learned a range of topics on a 3-day training course with 3 follow-up supervision days in August, October and December. It should be noted that their ability to do this was greatly helped by having a detailed training manual which covered all the information they needed, and provided them with a step-by-step guide to the delivery of the 11-week programme. The participants, although apprehensive initially and unused to working as professionals and carers together, proved to be a very committed group. This is demonstrated by their commitment to getting 3 carer support programmes up and running within a few months of doing the training, and also by their high attendance at the follow-up supervision days.

It can be seen that the participants rated the training that they received in June very highly, reporting increases in knowledge, skills, confidence, awareness of

others needs, and also other factors they valued such as friendship and the development of hope. Eleven of the participants noted an increase in confidence following the course, although two of the carers reported a dip in confidence. This is quite a common occurrence when people suddenly realise the range of knowledge they do not have. It should be noted however that at follow-up these two carers had regained their confidence and were contributing to the groups that were running.

It is very pleasing to note that participants retained their knowledge at six months following their initial training. This is of course helped by the fact that they were putting their learning into practice by running carer support groups. One point that should be noted is that the follow-up scores of knowledge of individual topic areas was higher than at pre-course, though not as high as it was immediately following the course. The same applies for confidence ratings. This highlights the need for sustained local supervision and infrastructure which will assist the people in retaining their knowledge and confidence in delivering programmes of this type. This should be addressed by those responsible for managing services.

Participants on the 11-Week Programme

The carers who attended the 11-week programme were all selected through the mental health services on both sides of the border. This should be kept in mind when considering the results from this evaluation in that they may not be a representative group of carers. All of their relatives with the mental health problem were engaged with services, and 91% of the carers who joined the group reported that they were in contact with the mental health services on behalf of their relatives. This is a group therefore that is very engaged with services, and may not represent those who are coping on their own or whose relatives will not engage in services.

Attendance at the group was typical of the experience of others running carer support groups. It is usually the case that some people drop out early on in the group, and that attendance of some members is erratic. However the other fact that is typical of other groups is that a core group develops who attend regularly and this is the case in the current group where eight members attended the group sessions consistently. The composition of the group is again similar to what is found in other areas that run support groups where those attending are mainly female, with over half the group being mothers of people with mental health problems, although there was a good range of other relatives in this group. It should also be noted that most of the carers were living with their relatives, and that in some cases, particularly in the Republic of Ireland the families were quite large. Those attending also represented an older group with a mean age being 59 and the age of the oldest person attending being 80. Most of them had experience of mental health problems in the family for several years, and their relatives' disorders were all quite severe representing either severe depression, schizophrenia or other psychotic disorders. It is noticeable that people in the Republic of Ireland in general were not given a diagnosis as to what was wrong with their relative, even though in some cases it had been many years since their relative first developed a mental health problem. In contrast, in Northern Ireland relatives had been given a diagnosis for their family member.

The feedback from those who attended the group was universally positive, and it was apparent that they valued and enjoyed attending the group, this was

evidenced by their reluctance to go home at the end of each evening. There were many aspects of the group that they valued including social aspects, gains in knowledge and coping skills and a different attitude to facing the problems they had to deal with.

In terms of the measures that were taken of General Health, Coping and Family Problems, it has been noted earlier in the report that it is hard to draw definite conclusion because of the small sample size. However, it is positive that all of the trends that come out of the data are certainly in the right direction, with signs of improvement in health and coping ability, and also a reduction in family burden at follow-up. These trends suggest the positive impact that groups such as this can have, and support the excellent endorsement received for the group by those who attended.

Summary and Conclusion

It is clear from all of the data and outcomes from this initiative that this programme was a very worthwhile venture for all those involved. Twelve people, both carers and professionals now have the knowledge and skills to run carers' support groups. In addition, a group of carers from both sides of the border have benefited from attending the group. It is essential that the momentum generated through this programme is sustained, and that support for carers which is clearly needed is mainstreamed, and that the current trainers do not lose the skills they have acquired.

**PRE-TRAINING COURSE QUESTIONNAIRE ON
PREVIOUS TRAINING AND SUPERVISION EXPERIENCE**

Name:

Date:

- 1. Have you attended any courses/received any previous training on how to be a trainer? YES/NO**

If yes, please describe

- 2. Have you had any experience of training others/running training courses? YES/NO**

If yes, please describe

- 3. Does your current role require you to offer training to others? YES/NO**

If so, how frequently? (please tick one)

a) Once a month

b) Once every 3 months

c) Once every 6 months

d) Once a year

**4. If you have had training experience has it involved the following:
(please tick all that are relevant)**

	YES	NO
a) Training members of own profession	<input type="checkbox"/>	<input type="checkbox"/>
b) Training unqualified/care staff/volunteers	<input type="checkbox"/>	<input type="checkbox"/>
c) Training multi-disciplinary professional groups	<input type="checkbox"/>	<input type="checkbox"/>
d) Training carers and family members	<input type="checkbox"/>	<input type="checkbox"/>

5. List the top 3 topic areas you most commonly teach:

i)

ii)

iii)

CARING FOR CARERS

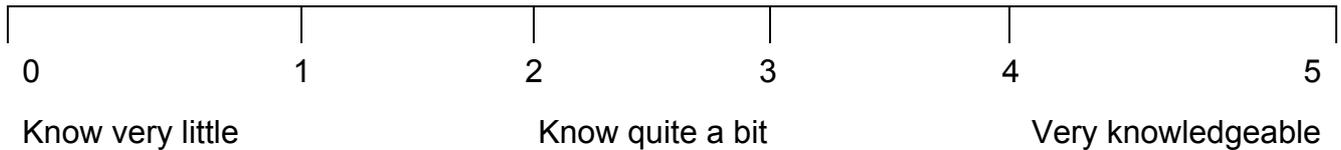
PRE-TRAINING EVALUATION OF KNOWLEDGE AND CONFIDENCE

Name:

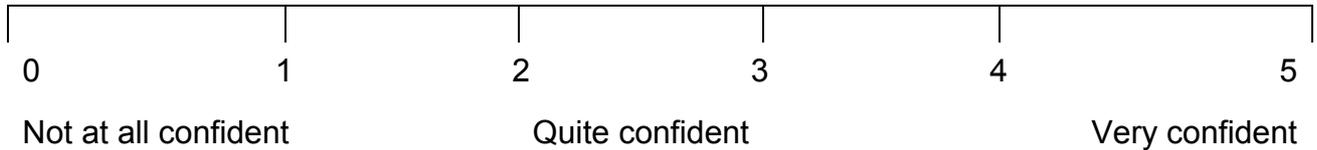
Date:

Please note both your knowledge of the topic areas below, and your confidence in training others on the following scale

Knowledge



Confidence in Training Others



1. The experience of carers who have a relative with mental health difficulties

Knowledge:

Confidence:

2. Information about mental health problems

Knowledge:

Confidence:

3. Communication skills in families

Knowledge:

Confidence:

4. Knowledge of local services

Knowledge:

Confidence:

5. Problem-solving skills

Knowledge:

Confidence:

6. Relapse prevention strategies

Knowledge:

Confidence:

7. Hope and the Recovery model

Knowledge:

Confidence:

8. The importance of carers looking after themselves

Knowledge:

Confidence:

9. Skills for making presentation to carers

Knowledge:

Confidence:

10. Skills for facilitating group activities with carers

Knowledge:

Confidence:

11. How to plan a carers support programme

Knowledge:

Confidence:

Caring for Carers Feedback on 3 Day Training

1 – 3 June 2005, Enniskillen, Northern Ireland

RATING SCALE

0	1	2	3	4
Very Poor/ Inadequate	Poor	Average/ Acceptable	Good	Excellent

Please use the above rating scale to rate the content and presentation of the training.

A **CONTENT** - irrespective of presentation, to what extent was the content relevant, appropriate and useful? Rate (0-4):
Comments:

B **PRESENTATION** - irrespective of content, to what extent was the material appropriately and clearly presented? Rate (0-4):
Comments:

C **WRITTEN MATERIALS, WORKBOOKS ETC**
Please rate the quality of the material you were provided with on the course.
Rate (0-4)
Comments:

D List 3 key things you gained from being on the course. This can include knowledge, skills or changes in attitude.

E Is there anything else you would have liked to have covered on the course?

F Any other general comments

Remarks

Which parts of the Training did you find most useful?

Which parts of the Training did you find least useful?

What follow up do you think would be useful to build on this Training Event?

Any other comments:

Thank You

MERIDEN EVALUATION FORM
CARING FOR CARERS FEEDBACK ON 3-DAY TRAINING, ENNISKILLEN, NORTHERN IRELAND.

Content	Comments	Present-ation	Comments	Content	Written materials / workbooks	3 key gains	Anything further to be covered / General comments
3	Would like to have more time on actual content of 11 weeks		4 Valued Peter's input greatly. Experts - all three.	4	Clear and well presented	a) Facilitation skills b) Feedback skills c) Confidence in co-working	More on 11-week content. Well presented.
4		4		4		a) Skills b) Knowledge	Overall course very relevant.
4	The information taught was informative and generated a great deal of thought	4	Excellent presentation	4	Superb presentation of workbook	a) Knowledge b) Skills c) Understanding of carers needs.	A really enjoyable experience. Role-play, whilst challenging, were a great learning milieu.
4		4		4		a) Skills - Facilitating b) Presentation	Video / DVD
4		4		4		a) Awareness of family work and early warning signs b) problem solving skills c) Awareness of other services in Enniskillen	
4		4		4		a) A better understanding of carer issues b) Applied techniques - problem solving c) collaborative working	Family therapy sessions
3		4		3		a) Awareness of other peoples problems. b) Gained some self confidence	
4		4		4		a) Information b) Skills c) Hope	Not really.

4		4		4		a) Knowledge of service. b) Skills in presentation. c) Communication	Not in the time we had. No other comments can think of.
4	Very appropriate content	4	Good presentation skills	4	Easy to read	a) Knowledge b) Meeting very genuine carers c) Developing skills	No. Very good course and really enjoyed it. Thank you.
4		4		4		a) I was able to open up to others b) People listened to <u>me</u> . c) Coping in a crowd.	
4		4		4		a) Learning from carers first hand. b) Small group work / skills based c) Education material and videos	Course would have been very beneficial to be part / whole residential to make full use of material given out so first day re: study etc and apply in workshops / training days.
4		4		4		a) Empathy b) Friendship c) Knowledge	How to get help when the person is relapsing. No light yet.
Total - 50		Total - 52		Total : 51			
Average : 3.9		Average : 4.		Average : 3.93			

13 People attended, 13 feedback forms received.

RATING SCALE -

- 0 Very Poor / inadequate
- 1 Poor
- 2 Average / Acceptable
- 3 Good
- 4 Excellent



CARING FOR CARERS
A Cross Border Approach

EVALUATION

Three Day training for Staff and Carers to deliver a programme of Information-sharing, Coping Strategies and Support to Carers

13 people attended. 13 feedback forms received.

Did this event meet its objectives?

Score 0 – 10

Score 10	3
Score 9	2
Score 8	3
Score 7	1
Unmarked	4

How would you evaluate the following

Pre-event Notification and Administration

Excellent	5
Good	5
Satisfactory	1
Poor	2

Quality of Trainers

Excellent	12
Good	1
Satisfactory	0
Poor	0

Event Facilities

Excellent	2
Good	3
Satisfactory	7
Poor	1

Information Packs

Excellent	11
Good	2

Remarks

Which parts of the Training were most useful?

1. Groupwork on facilitation skills / Problem solving / Family therapy input.
2. Factual information / Discussions within the group
3. Role-play scenarios / Video footage / Sharing experiences.
4. Small group sessions
5. Problem solving and hope and recovery.
6. Small groupwork / Information sharing / Carers experiences.
7. Small group role-play / Video / Observing the different presenters interacting with 'professionals'.
8. Problem solving and communication.
9. Working in small groups / Getting constructive feedback.
10. Coping skills.
11. Skills training / Manuals / Facilitators.
12. Facilitation skills.
13. No comments given.

Which parts of the training were least useful?

1. No comment given.
2. All was useful. All information was relevant and appropriate.
3. I thought all aspects of the 3 days were educational and informative.
4. Evaluation forms.
5. No comments given.
6. None of it.
7. No comments given.
8. Cannot think of any.
9. It was all helpful.
10. It was all useful.
11. No comments given.
12. Venues, particularly for group exercises.
13. No comments given.

What follow up would be useful to build on this Training event?

1. A follow up session in 2 months time. Link person (from training team) to act as mentor.
2. No comments given.
3. When the programme starts it would be useful if course facilitators could offer review / supervision programme facilitators
4. Refresher courses 3 x monthly.
5. As proposed – 2 follow-up days.
6. Family training over a longer timeframe than 3 days.
7. No comments given.
8. That we would come back after running our individual groups and share pro's and con's.
9. Refresher course at some stage if we continue to deliver or facilitate meetings.
10. Meeting with trainers again – maybe a refresher day.
11. No comments given.
12. Supervise and evaluation of delivery of first programme.
13. Check back meetings with trainers.

Any Other Comments

1. No comments given.
2. No comments given.
3. I think the programme has the potential to benefit carers immensely. The humour incorporated into the 3 days by the facilitators enhanced the enjoyment of the course.
4. Course on video / DVD.
5. Not sure about the formation of the groups at the end of the programme.
6. Thank you. It's been excellent, informative, inspiring and enthusiastic. Thank you.
7. No comments given.
8. Thank you.
9. Enjoyed the course – the infectious enthusiasm of trainers, the professional experience of Gráinne, the caring approach of Peter and the vitality of Steve.
10. Very enjoyable 3 days. Excellent. Thank you.
11. No comments given.
12. No comments given.
13. Excellent course.

EVALUATION OF CARING FOR CARERS PROGRAMME

CONSENT FORM

I ----- hereby consent to taking part in the evaluation of the 11-week support programme that I am attending. The purpose of the evaluation has been explained to me by ----- who is one of the facilitators on the programme, and I have been given a leaflet explaining the content of the programme. I understand that the evaluation of the programme is one of the requirements laid down by the European Union who provide funding.

The evaluation will consist of filling out a number of questionnaires relating to my caring role at the beginning and end of the programme, and at follow up. I understand that I will not be identified by name on these questionnaires, and nothing that could identify me or my family will be included in the report on the evaluation.

The analysis of the questionnaires will be conducted by two psychologists who are bound by professional codes of conduct.

Name: -----
(Please print)

Signed: -----

Date: -----

Witnessed by

Name: -----
(Please print)

Signed: -----

Date: -----

I confirm that I have explained the evaluation above

CARING FOR CARERS PROGRAMME

BACKGROUND QUESTIONNAIRE

Number:

Age:

Sex:

TIME: PRE-COURSE

What is your relationship with person with the mental health problem (e.g. mother, brother)?

For how many years has your relative been unwell?

What is the nature of their mental health problem?

Have they been given a diagnosis? If so, what is it?

Apart from the person with the mental health problem, how many people are in the family?

Is your relative currently living with you?

Is your relative currently in contact with mental health services?

Do you have a contact person in the mental health services?

DATE:

EVALUATION

**11 WEEK TRAINING PROGRAMME FOR CARERS OF PEOPLE EXPERIENCING
MENTAL HEALTH DIFFICULTIES IN
INFORMATION-SHARING, COPING STRATEGIES & SUPPORT**

June – October 2005

The Market House, Blacklion, Co. Cavan

Did this event meet its objectives?

0	1	2	3	4	5	6	7	8	9	10
Not at all					partly					completely

How would you evaluate the following? Please circle

Pre-event Notification & Administration

Excellent	<input type="radio"/>	Good	<input type="radio"/>	Satisfactory	<input type="radio"/>	Poor	<input type="radio"/>
-----------	-----------------------	------	-----------------------	--------------	-----------------------	------	-----------------------

Event Facilities

Excellent	<input type="radio"/>	Good	<input type="radio"/>	Satisfactory	<input type="radio"/>	Poor	<input type="radio"/>
-----------	-----------------------	------	-----------------------	--------------	-----------------------	------	-----------------------

Quality of Trainers

Excellent	<input type="radio"/>	Good	<input type="radio"/>	Satisfactory	<input type="radio"/>	Poor	<input type="radio"/>
-----------	-----------------------	------	-----------------------	--------------	-----------------------	------	-----------------------

Presentations & Handouts

Excellent	<input type="radio"/>	Good	<input type="radio"/>	Satisfactory	<input type="radio"/>	Poor	<input type="checkbox"/>
-----------	-----------------------	------	-----------------------	--------------	-----------------------	------	--------------------------

Outside Speakers

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Poor	<input type="checkbox"/>
-----------	--------------------------	------	--------------------------	--------------	--------------------------	------	--------------------------

Content of Training Course

Excellent Good Satisfactory Poor

Remarks

Which parts of the Training did you find most useful?

Which parts of the Training did you find least useful?

What follow up do you think would be useful to build on this Training Event?

Any other comments:

Thank You

Caring for Carers Feedback on 11 Week Programme of Group Sessions

We would like to hear your views on the group sessions you attended. Please feel free to make any general comments on areas we may not have covered.

1. What are your views on the number of sessions held?

Do you think there were:

TOO MANY	<input type="checkbox"/>
TOO FEW	<input type="checkbox"/>
JUST RIGHT	<input type="checkbox"/>

General comments on number of sessions:

2. What are your views on the length of each individual session?

Do you think they were:

NOT LONG ENOUGH	<input type="checkbox"/>
TOO LONG	<input type="checkbox"/>
JUST RIGHT	<input type="checkbox"/>

General comments on length of sessions:

3. What are your views on the number of people in the group?

TOO MANY	<input type="checkbox"/>
TOO FEW	<input type="checkbox"/>
JUST RIGHT	<input type="checkbox"/>

Should anything else have been included?

8. What do you think was most helpful about being in the group?

Please rate points (a) to (g) below from 1 to 7

1 = most useful 7 = least useful

- a) Being able to talk to other people about my experiences
- b) Having time to think about the issues/problems I face
- c) Practical advice from group facilitators
- d) Meeting other people with similar experiences/difficulties
- e) Skills learned about how to handle situations differently
- f) Finding out its OK to feel the way I do
- g) Finding out I have been doing the right things all along

Other - please describe

9. Of the different elements of the educational and skills-based programme, please rank the various components in terms of which you feel will be most useful to you, with 1 being most useful, 2 next most useful etc.

- | | |
|--|----------------------|
| <u>Information on mental health difficulties</u> | <input type="text"/> |
| Relapse management and coping with crises | <input type="text"/> |
| Communication skills | <input type="text"/> |
| Problem solving | <input type="text"/> |
| The model of recovery and hope | <input type="text"/> |

9. What have you learned most from being in the group?

10. How do you think what you learned will change the way in which you deal with situations?

11. Any other general comments about the group which you would like to make?

12. Are there any comments you would like to make about the venue?

13. Are there any comments you would like to make in relation to transport arrangements for getting to the venue?

Name:

Date:

Health Services Evaluation Department
 National Institute of Health
 Rome

Department of Psychiatry
 Medical School
 Second University of Naples

FCQ

FAMILY COPING QUESTIONNAIRE

This questionnaire addresses your behaviour in relation to problems linked to the situation of (referred to as S in the questionnaire) during the past two months.

All information will remain strictly confidential and will be covered by the rules applying to professional conduct.

Note to researcher: please stay with the relative while this questionnaire is being filled in.

September 1997 edition

Do not write in this space

Centre No.					
Case No.					
File No.					
Date (day/month/year)					
Researcher's code					
Time of assessment	1	2			
	baseline	one year follow up.			
Key-relative	1	2			
	Yes	No			

For each question, please mark the box above the answer that best fits your situation.
Remember, you are rating your own behaviour, not that of S.

For some questions, the answer "7 Not applicable", is foreseen, because the situation described in the question may have never occurred. Please, use this answer where appropriate.

1) IN THE PAST TWO MONTHS, I TRIED TO ASK FOR GUIDANCE ON HOW TO BEHAVE TOWARDS S.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

2) IN THE PAST TWO MONTHS, WHENEVER S APPEARED NERVOUS OR ANXIOUS, I TRIED TO HAVE HIM/HER SIT DOWN AND TELL ME WHAT WAS WRONG, AND I TRIED TO BE REASSURING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never appeared nervous or anxious	Most times	Sometimes	Seldom	Never

3) IN THE PAST TWO MONTHS, WHEN WE DISCUSSED WORK- OR FAMILY-RELATED ISSUES AT HOME , I TRIED TO GET S INVOLVED IN THE DISCUSSION.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, we never discussed work- or family-related issues at home	Most times	Sometimes	Seldom	Never

4) IN THE PAST TWO MONTHS, WHEN S DID SOMETHING WRONG, I WAS USUALLY ABLE TO TELL HIM/HER QUIETLY WHAT I DID NOT LIKE.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never did something wrong	Most times	Sometimes	Seldom	Never

5) IN THE PAST TWO MONTHS, WHEN S SPOKE NONSENSICALLY, I SHOUTED TO HIM/HER TO CUT THE NONSENSE.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never spoke nonsensically	Most times	Sometimes	Seldom	Never

6) IN THE PAST TWO MONTHS, WHEN S DID SOMETHING I LIKED, I TOLD HIM/HER I WAS PLEASED AND/OR SAID THANK YOU.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never did something I liked	Most times	Sometimes	Seldom	Never

7) IN THE PAST TWO MONTHS, WHEN I NOTICED THAT S TENDED TO STAY ALONE, I TRIED TO GET HIM/HER TO TAKE PART IN THE THINGS I DID TOGETHER WITH MY FRIENDS OR WITH OTHER FAMILY MEMBERS.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S did not tend to stay alone	Most times	Sometimes	Seldom	Never

8) IN THE PAST TWO MONTHS, I TRIED TO GET S INTERESTED IN SOMETHING THAT MIGHT PROVE PLEASANT FOR HIM/HER.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

9) IN THE PAST TWO MONTHS, I PRAISED S WHEN I SAW THAT HE/SHE LOOKED AFTER HIS/HER DRESS OR APPEARANCE.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never looked after his/her dress or appearance	Most times	Sometimes	Seldom	Never

10) IN THE PAST TWO MONTHS, THERE WERE OTHER IMPORTANT THINGS IN MY LIFE BESIDES S'S SITUATION.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Most of the time	Sometimes	Seldom	Never

11) IN THE PAST TWO MONTHS, WHEN S DID SOMETHING WRONG, I TOLD HIM/HER -WITHOUT RAISING MY VOICE - HOW I WOULD LIKE HIM/HER TO BEHAVE NEXT TIME.

<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not applicable, S never did something wrong	Most times	Sometimes	Seldom	Never

12) IN THE PAST TWO MONTHS, WHEN I NOTICED THAT S TENDED TO STAY ALONE, I TRIED TO ENCOURAGE HIM/HER TO MEET HIS/HER FRIENDS.

<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not applicable, S did not tend to stay alone, or he/she has not friends	Most times	Sometimes	Seldom	Never

13) IN THE PAST TWO MONTHS, I WAS ABLE TO GET OUT AND MEET PEOPLE.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Quite often	Sometimes	Seldom	Never

14) IN THE PAST TWO MONTHS, I FELT THAT THE ONLY WAY IN WHICH S'S SITUATION CAN IMPROVE IS BY A MIRACLE HAPPENING.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Quite often	Sometimes	Seldom	Never

15) IN THE PAST TWO MONTHS, I TRIED TO COLLECT AS MUCH INFORMATION AS I COULD ABOUT S'S ILLNESS.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Quite often	Sometimes	Seldom	Never

16) IN THE PAST TWO MONTHS, I FELT THAT I HAD NO ENERGY LEFT TO RESPOND AND THAT I WAS JUST WAITING FOR EVENTS TO HAPPEN.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Quite often	Sometimes	Seldom	Never

17) IN THE PAST TWO MONTHS, I HAD TIME TO THINK OF MY OWN NEEDS OR INTERESTS.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Most days	Some days	Seldom	Never

18) IN THE PAST TWO MONTHS, I HAVE FELT THAT S'S SITUATION WILL DEFINITELY GET WORSE.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

19) IN THE PAST TWO MONTHS, I MANAGED TO KEEP AWAY FROM S AND TAKE TIME AND SPACE TO MYSELF.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Most days	Some days	Seldom	Never

20) IN THE PAST TWO MONTHS, I AVOIDED STAYING ALONE IN S'S COMPANY.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Most of the time	Sometimes	Seldom	Never

21) IN THE PAST TWO MONTHS, I THOUGHT OF MOVING HOUSE, BECAUSE OF S'S PROBLEMS.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

22) IN THE PAST TWO MONTHS, WHEN S DID SOMETHING WRONG, I LOST MY TEMPER, WITHOUT THINKING ABOUT THE CONSEQUENCES.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never did something wrong	Most times	Sometimes	Seldom	Never

23) IN THE PAST TWO MONTHS, I WAS ABLE TO KEEP MY COOL EVEN AT TIMES WHEN S DID SOMETHING THAT IRRITATED OR BOTHERED ME SIGNIFICANTLY.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never did something that irritated or bothered me	Most times	Sometimes	Seldom	Never

24) IN THE PAST TWO MONTHS, I REACTED TO S IN AN IMPULSIVE WAY THAT LATER I REGRETTED.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

25) IN THE PAST TWO MONTHS, I HAD TO DRINK OR TAKE DRUGS TO FORGET ABOUT S'S SITUATION.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Most days	Some days	Seldom	Never

26) DURING THE PAST TWO MONTHS, WHEN S SAID SOMETHING STRANGE, I SAID I AGREED WITH HIM/HER.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never said something strange	Most times	Sometimes	Seldom	Never

27) IN THE PAST TWO MONTHS, WHEN S REFUSED MEDICATION, I DID NOT SAY ANYTHING ABOUT IT.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	4	3	2	1
Not applicable, S never refused medication or he/she does not take medication	Most times	Sometimes	Seldom	Never

28) IN THE PAST TWO MONTHS, I TRIED TO DISCUSS PROBLEMS RELATED TO S'S SITUATION WITH MY FRIENDS.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	3	2	1
Quite often	Sometimes	Seldom	Never

29) IN THE PAST TWO MONTHS, WHEN S REFUSED TO MEET THE PROFESSIONALS OF THE MENTAL HEALTH SERVICE, I FOUND IT APPROPRIATE NOT TO PUSH HIM/HER.

7	4	3	2	1
Not applicable, S never refused to meet professionals of the mental health service	Most times	Sometime s	Seldom	Never

30) IN THE PAST TWO MONTHS, I HAVE PRAYED OR ASKED FOR SPIRITUAL HELP BECAUSE OF S'S SITUATION.

7	4	3	2	1
Not applicable, I do not use to pray or ask for spiritual help	Quite often	Sometime s	Seldom	Never

31) IN THE PAST TWO MONTHS, I DID NOT DEVOTE ALL MY SPARE TIME TO S, BUT PURSUED INTERESTS I LIKED AS WELL.

4	3	2	1
Most times	Sometime s	Seldom	Never

32) IN THE PAST TWO MONTHS, WHEN S SPOKE IN A STRANGE OR NONSENSICAL WAY, I TENDED TO QUARREL WITH HIM/HER.

7	4	3	2	1
Not applicable, S never spoke in a strange or nonsensical way	Most times	Sometime s	Seldom	Never

33) IN THE PAST TWO MONTHS, I HAD ENJOYABLE INTERESTS ON MY OWN.

4	3	2	1
Most of the time	Sometime s	Seldom	Never

34) (35) IN THE PAST TWO MONTHS, WHEN S DID LITTLE OR NOTHING, I FOUND IT EASIER TO LEAVE HIM /HER ALONE.

7	4	3	2	1
Not applicable, S did never little or nothing	Quite often	Sometime s	Seldom	Never

35-37) (36-38) HOW LONG DID IT TAKE YOU TO ANSWER THIS QUESTIONNAIRE?

minutes | |_|_|

THANK YOU FOR COOPERATING WITH US. THE INFORMATION YOU HAVE VOLUNTEERED WILL HOPEFULLY CONTRIBUTE TO A MORE EFFECTIVE SERVICE FOR S AND OTHER PERSONS EXPERIENCING SIMILAR PROBLEMS.

Health Services Evaluation Department
 National Institute of Health
 Rome, Italy

Department of Psychiatry
 Medical School
 Second University of Naples

F P Q

FAMILY PROBLEMS QUESTIONNAIRE

*This questionnaire aims to investigate the situations experienced by yourself and by your family in relation to the situation of (referred to as **S** in the questionnaire) during the last two months.*

All information will remain strictly confidential and will be covered by the rules applying to professional conduct.

Note to researcher: please stay with the relative while this questionnaire is being filled in.

Do not write in this space

Centre No.					
Case No.					
File No.					
Date (day/month/year)					
Researcher's code					
Time of assessment	<input type="checkbox"/>	<input type="checkbox"/>			
	1	2			
	baseline	one year			
		follow up.			
Key-relative	<input type="checkbox"/>	<input type="checkbox"/>			
	1	2			
	Yes	No			

For some questions, the answer "7 Not applicable", is foreseen, because the situation described in the question may have never occurred. Please, use this answer where appropriate.

(1) (3) WHEN THINGS ARE GOING PARTICULARLY BADLY, I CAN ASK OTHER PEOPLE (RELATIVES OR FRIENDS NOT LIVING WITH US) TO HELP OR SUPPORT OUR FAMILY.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not at all	I can ask just one person	I can ask two or three persons	I can ask more than three persons

2) (4) I HAVE RECEIVED INFORMATION FROM PROFESSIONALS ON WHAT TO DO WHEN S BEHAVES BADLY OR DANGEROUSLY.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
None	Hardly any	Some, but not enough	A lot, I feel I know what to do

3) (5) IN AN EMERGENCY CONCERNING S, I AM CONFIDENT THAT HELP WILL BE PROVIDED BY MY RELATIVES OR FRIENDS.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not at all	A little	Quite confident	Completely

4) (6) IN AN EMERGENCY CONCERNING S, I AM CONFIDENT THAT HELP WILL BE PROVIDED IMMEDIATELY BY PROFESSIONALS.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not at all	A little	Quite confident	Completely

5) (9) DOCTORS THAT ARE TAKING CARE OF S, ARE HELPING HIM/HER.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Very much	Quite a lot	A little	Not at all

6) (10) NURSES THAT ARE TAKING CARE OF S, ARE HELPING HIM/HER.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Very much	Quite a lot	A little	Not at all

7) (14) IN THE PAST TWO MONTHS, I HAVE HAD TO STAY AWAKE AT NIGHT OR TO WAKE UP BECAUSE OF S'S PROBLEMS.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Every night	Often	Sometim es	Never

8) (15) IN THE PAST TWO MONTHS, I HAVE HAD TO NEGLECT MY HOBBIES AND THINGS I LIKE DOING IN MY FREE TIME TO LOOK AFTER S.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Always	Often	Sometim es	Never

9) (16) IN THE PAST TWO MONTHS, I HAVE HAD DIFFICULTY IN GOING ON SUNDAY OUTINGS, BECAUSE OF THIS SITUATION.

<input type="checkbox"/> 7	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Not applicable, I am not used to go on Sunday outings	Always	Often	Sometim es	Never

10) (17) IN THE PAST TWO MONTHS, I FOUND IT DIFFICULT TO HAVE FRIENDS OR RELATIVES AT HOME BECAUSE OF THIS SITUATION.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Always	Often	Sometim es	Never

11) 18) IN THE PAST TWO MONTHS, I HAVE NOT MET FRIENDS AND PEOPLE I LIKE TO SPEND MY LEISURE TIME WITH BECAUSE OF THIS SITUATION.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
This has always happene d	This has often happene d	This has sometimes happened	This has never happene d

12) (19) IN THE PAST TWO MONTHS, BECAUSE OF S'S CONDITION, I FOUND IT DIFFICULT TO CARRY OUT MY USUAL WORK OR HOUSEHOLD ACTIVITIES OR I HAD TO STAY AT HOME FROM WORK OR SCHOOL.

4 Always 3 Often 2 Sometimes 1 Never

13) (20) IN THE PAST TWO MONTHS, IN ORDER TO LOOK AFTER S, I HAD TO NEGLECT OTHER FAMILY MEMBERS (E.G., CHILDREN, WIFE/HUSBAND, ETC.).

7 Not applicable, there is no other family member living with us 4 Always 3 Often 2 Sometimes 1 Never

14) (21) IN THE PAST YEAR, I HAD DIFFICULTY IN GOING ON HOLIDAY, BECAUSE OF THIS SITUATION.

7 Not applicable, I am not used to go on holiday 4 Yes, it was impossible 3 Yes, I had quite a lot of difficulties 2 Yes, I had some difficulties 1 No, I had no difficulty

15) (29) IN THE PAST TWO MONTHS, I FELT THAT I WOULD NOT BE ABLE TO BEAR THIS SITUATION MUCH LONGER.

4 Every day 3 Often 2 Sometimes 1 Never

16) (30) IN THE PAST TWO MONTHS, WHEN I WAS ALONE, I CRIED OR FELT DEPRESSED BECAUSE OF THIS SITUATION.

4 Every day 3 Often 2 Sometimes 1 Never

17) (34) I WORRY FOR THE FUTURE OF OTHER FAMILY MEMBERS DUE TO THIS SITUATION.

4 Very much 3 Quite a lot 2 A little 1 Not at all

18) (35) IN THE PAST TWO MONTHS, WHEN I WENT TO A PUBLIC PLACE WITH S (SHOPS, CHURCH, RESTAURANT, CINEMA, ETC.) I FELT THAT EVERYONE WAS WATCHING US.

7	4	3	2	1
Not applicable, I never went to a public place with S	Always	Often	Sometimes	Never

19) (37) (Only for patient's parents) I FEEL GUILTY BECAUSE I BELIEVE THAT I OR MY SPOUSE MAY HAVE PASSED ON THE ILLNESS TO S.

4	3	2	1
Very much so	Quite guilty	A little guilty	Not at all

20) (38) IF S DIDN'T HAVE THIS PROBLEM, EVERYTHING WOULD BE ALL RIGHT IN THE FAMILY.

4	3	2	1
I am convinced of this	I often think this	I sometimes think this	I never think this

21) (47) WHEN I THINK ON HOW S WAS BEFOREHAND AND HOW HE/SHE IS NOW, I FEEL DISAPPOINTED.

4	3	2	1
Very much so	A lot	A little	Not at all

22) (48) IN THE PAST TWO MONTHS, I WAS SATISFIED WITH THE WAY S HELPED AT HOME.

7	4	3	2	1
Not applicable, S does not use to help at home	Totally	Quite a lot	A little	Not at all

23) (54) IN THE PAST TWO MONTHS, WHEN S BEHAVED IN AN UNUSUAL FASHION, IT WAS BECAUSE HE/SHE WAS TRYING TO BE A NUISANCE.

7	4	3	2	1
Not applicable, S never behaved in an unusual fashion	Always	Often	Sometim es	Never

24) (55) IN THE PAST TWO MONTHS, S COOPERATED WITH THOSE WHO TRIED TO HELP HIM/HER.

4	3	2	1
Very much so	A lot	A little	Not at all

25) (58) EVEN IF IT WAS NOT US (FAMILY MEMBERS), THERE WOULD BE STILL SOMEONE TO TAKE CARE OF S.

4	3	2	1
Yes, absolutel y	Yes, in many respects	Yes, in some respects	Not at all

26) (60) S IS SENSITIVE AND CONCERNED ABOUT OTHER PEOPLE'S PROBLEMS.

4	3	2	1
Very much so	A lot	A little	Not at all

27) (62) I THINK THAT S HAS SOME SPECIAL ABILITIES OR TALENTS (FOR EXAMPLE, HE/SHE IS HIGHLY INTELLIGENT, PERCEPTIVE OR LIKEABLE, OR IS GOOD AT PLAYING A MUSICAL INSTRUMENT VERY WELL).

4	3	2	1
Yes, absolutel y	Yes, in many respects	Yes, in some respects	Not at all

If your answer is "yes", please specify.....
.....

55) (41) I FEEL THAT THE PRESENCE OF S AFFECTS NEGATIVELY THE PSYCHOLOGICAL WELL-BEING OF MY CHILDREN (E.G., I SEE THEM CRYING, BEING FEARFUL, AGGRESSIVE, SHY).

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I am	I often	I	I never
convince	think this	sometimes	think
d of this		think this	this

ARE YOU CURRENTLY WORKING?

<input type="checkbox"/> 4	<input type="checkbox"/> 1
Yes	No

IF YES, PLEASE ANSWER THE TWO FOLLOWING QUESTIONS, OTHERWISE SKIP THEM.

56) (22) IN THE PAST YEAR, MY WORK SITUATION HAS BEEN AFFECTED BY S'S CONDITION.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Yes, I	Yes,	I	Not at
took early	took	up	all
retirement a	less	up a job	
	ambitious	with shorter	
	job	hours or	
		which was	
		less	
		demanding	

57) (23) IN THE PAST YEAR, I HAD TO WORK MORE (RETURN TO WORK, PUT IN MORE OVERTIME, ETC.) IN ORDER TO MAKE ENDS MEET.

<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Yes, I	Yes, I	Yes, I	No
had to	had to	had to	
work	work	work	
more for	more for	more for	
the	several	a few	
whole	months	weeks	
year			

58-60) (91-93) HOW LONG DID IT TAKE YOU TO ANSWER THIS QUESTIONNAIRE?

minutes

--	--	--

THANK YOU FOR COOPERATING WITH US. THE INFORMATION YOU HAVE VOLUNTERED WILL HOPEFULLY CONTRIBUTE TO A MORE EFFECTIVE SERVICE FOR S AND OTHER ESPERIENCING SIMILAR PROBLEMS.

APPENDIX 12

CARING FOR CARERS - 11 WEEK TRAINING PROGRAMME

ATTENDANCE SHEET

Participant No.	Week 1 28/6/05	Week 2 5/7/05	Week 03/8/05	Week 4 09/8/05	Week 5 16/8/05	Week 6 23/8/05	Week 7 6/9/05	Week 8 13/9/05	Week 9 20/9/05	Week 10 27/9/05	Week 11 4/11/05
ONE (1)	Present	Present	Present	Present	Absent	Absent	Present	Absent	Absent	Present	Absent
TWO (2)	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
THREE (3)	Present	Present	Present	Present	Present	Present	Present	Absent	Present	Present	Present
FOUR (4)	Present	Present	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending
FIVE (5)	Present	Absent	Absent	Present	Present	Present	Present	Present	Present	Present	Present
SIX (6)	Present	Present	Present	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
SEVEN (7)	Present	Present	Present	Present	Present	Present	Present	Present	Absent	Present	Absent
EIGHT (8)	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present	Present
NINE (9)	Absent	Present	Absent	Present	Absent	Present	Absent	Absent	Absent	Absent	Absent
TEN (10)	Absent	Present	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending	Not attending
ELEVEN (11)	Absent	Absent	Present	Present	Present	Present	Present	Present	Present	Present	Present
TWELVE (12)	Absent	Absent	Present	Present	Present	Present	Present	Present	Present	Present	Present

Appendix 13

Caring for Carers Post-Course Evaluation

Total number of participants who completed Evaluation form = 7

Did this event meet its objectives?

Overall: 85.7% reported 'Completely' (6 out of 7 participants)

(Scale: 0 'Not at all' - 5 'Partly' - 10 'Completely')

Range	Minimum	Maximum	Mean
	8	10	9.7

RoI participants: 100% reported 'Completely' (n = 4)

NI participants: 66.7% reported 'Completely' (2 out of 3 participants)

How would you evaluate the following?

(Scale: Excellent (1), Good (2), Satisfactory (3), Poor (4))

- Pre-event Notification and Administration

85.7% reported 'Excellent' (6 out of 7 participants)

14.3% reported 'Good' (1 out of 7 participants)

- **Event Facilities**

71.4% reported 'Excellent' (5 out of 7 participants)

28.6% reported 'Good' (2 out of 7 participants)

- **Quality of Trainers**

100% reported 'Excellent' (n = 7)

- **Presentations and Handouts**

85.7% reported 'Excellent' (6 out of 7 participants)

14.3% reported 'Good' (1 out of 7 participants)

- **Outside Speakers**

100% reported 'Excellent' (n = 7)

- **Content of Training Course**

100% reported 'Excellent' (n = 7)

Remarks

- **Which parts of the training did you find most useful?**
 - Coping Skills
 - All of it and hearing others' stories
 - All of it [*Noted by 2 Participants*]
 - Being able to speak your own thoughts/being listened to/help being given
 - I found all of the course good – most of all listening to other people
 - Understanding mental health, coping with the patient's mood swings, learning to listen

- **Which parts of the Training did you find least useful?**
 - Nothing
 - They were all good [*Noted by 2 Participants*]
 - None
 - All beneficial

- **What follow up do you think would be useful to build on this training event**
 - Follow up day to meet the carers
 - Follow up session
 - I did enjoy the course, and the tea and cake
 - Building self-esteem – for carer and family member
 - A yearly meeting to catch up and talk with previous people at course to encourage each other

- **Any other comments**
 - Excellent and very informative
 - Just to say thanks
 - I enjoyed the course, I loved meeting all of the people
 - A very helpful and worthwhile course
 - I enjoyed the course and learned quite a bit

Caring for Carers Post-Course Feedback (N=8)

1. What are your views on the number of sessions held?

(Scale: Too Many, Too Few, Just Right)

100% reported 'Just Right' (n = 8)

General comments on the number of sessions

[No comments recorded]

2. What are your views on the length of each individual session?

(Scale: Too Long, Not Long Enough, Just Right)

100% reported 'Just Right' (n=8)

General comments on the length of sessions

– The time was just right

3. What are your views on the number of people in the group?

(Scale: Too Many, Too Few, Just Right)

75% reported 'Just Right' (6 out of 8 participants)

25% reported Too few (2 out of 8 participants)

4. Did you find the following presentation methods useful?

(Scale: Yes/No)

Handouts:

100% reported 'Yes' (7 participants, 1 participant missing data)

Working with other people in the group:

100% reported 'Yes' (7 participants, 1 participant missing data)

Style of presenters:

100% reported 'Yes' (6 participants, 2 participants missing data)

Please mention any other presentation methods which you would have found helpful

- Speakers
- Other people's comments

5. Was the content of the sessions appropriate to your situation?

(Scale: Yes/No)

100% reported 'Yes' (n = 8)

6. Was the content pitched at an appropriate level?

(Scale: Difficult to Understand, Too Few, Just Right)

100% reported 'Just Right' (n = 8)

7. Was the amount of information provided

(Too Much, Too Little, Just Right)

100% reported 'Just Right' (n = 8)

General comments on the topics covered in group sessions

- Very good
- Everything was helpful
- All were good
- Well done
- I thought all talks were great and useful

Should anything else have been included?

- CPN input
- Not really
- No
- Very useful

8. What do you think was most helpful about being in the group?

(Scale: 1 = Most Useful, 7 = Least Useful)

- Being able to talk to other people about my experiences
- Having time to think about the issues/problems I face
- Practical advice from group facilitators
- Meeting other people with similar experiences/difficulties
- Skills learned about how to handle situations differently
- Finding out it's ok to feel the way I do
- Finding out I have been doing the right things all along

Rank	Above Option	Sum
1 Most Useful	a) Being able to talk to other people about my experiences	12
2	d) Meeting other people with similar experiences/difficulties	13
3	e) Skills learned about how to handle situations differently	20
4	c) Practical advice from group facilitators	22
5	f) Finding out it's ok to feel the way I do	23
6	b) Having time to think about the issues/problems I face	26
7 Least Useful	g) Finding out I have been doing the right things all along	35

Sum = Sum of ranks awarded to each option (Lower score indicates more useful, higher score indicates less useful)

Other – Please describe

- Company
- All of the course was useful

9. Of the different elements of the educational and skills-based programme, please rank the various components in terms of which you feel will be most useful to you, with 1 being most useful, 2 next most useful etc.

- Information on mental health difficulties
- Relapse management and coping with crises
- Communication Skills
- Problem Solving
- The model of recovery and hope

Rank	Above Option	Sum
1 Most Useful	a) Information on mental health difficulties	6
2.5	c) Communication Skills	19
2.5	d) Problem Solving	19
4	b) Relapse management and coping with crises	20
5 Least Useful	e) The model of recovery and hope	26

Sum = Sum of ranks awarded to each option (Lower score indicates more useful, higher score indicates less useful)

What have you learned most from being in the group?

- Coping Skills
- Excepting [Accepting] the mental health in my loved one
- I have learned I am not the only one with a sick person
- I have learned that I am not alone, and that it is not my fault that I am in the situation I find myself
- There are people who have mental health problems as bad/worse but still be positive
- Learned to listen
- Sharing experiences with other people

10. How do you think what you learned will change the way in which you deal with situations?

- Calmer and accept the person as they are now
- Yes, better
- I hope to be stronger
- I will try to be more positive when dealing with problems
- To think about your situation not to kept [keep] things to yourself, it's good to share issues
- To be more understanding
- Listen and be more careful how I comment to situations
- Better able to cope

11. Any other general comments about the group which you would like to make

- Very nice people
- Great friendly group
- I have learned to talk about my feelings, and have come closer to accepting the fact that my family member has a mental health condition
- With time and effort of those taking part in course it was a shame there were not more encouraged to attend
- I thought all of the course was great
- I was delighted to meet very nice people for the first time and I enjoyed the course

Carer's Perspectives of the Training

By Maureen Hoy (Carer/Trainer)

Being part of the facilitation of the 'Caring for Carers' group from a carer's perspective made me realise how much a carer has to offer within a group, both to carers and to professionals. I found that I was alert at all times to the needs of the carer, giving encouragement and trying to enable other carers with my sharing or presentation.

The group found it helpful when I shared my background and my family history around the Multi Causal Model that is part of the package. There was a real sense of understanding and identifying with each other. Also, in Week Ten I shared about 'Recovery for Carers' and gave quite a lot of detail, both factual and emotional about my own situation. This, I felt, really touched hearts.

All through the weeks I drew attention to the fact that the course was 'Caring For Carers' and kept bringing the group back to this. By the final night I could sense that people had become more confident, more alive, pro-active and there was a real sense of movement.

By Mae Kelly (Carer/Trainer)

I accepted the invitation to join the Training Programme with much apprehension. When I heard the group would consist of Doctors, Community Psychiatric Nurses (CPN's), Carers and Nurses, I was puzzled to know how this 'playing field' would level out. It was curiosity more than anything that took me forward.

The day dawned. I was picked up by a local Nurse and was amazed I didn't know anybody there. Ground rules were set, introductions took place and immediately I could identify with the other Carers. Their stories were different but the basic needs, searching etc. so similar. We progressed through the Programme and the day flew by. I went home delighted with the camaraderie already forming among both Professionals and Carers. I had lots to read up on that night, but it was sufficiently interesting that time and tiredness were my only problems.

On day 2, the presentations concerned me – not the standing up and speaking, I was familiar with this from being Secretary of Organisations and from my work as Library Assistant in a Secondary School and Public Library. But speaking on a mental health issue in front of Professionals was a greater challenge. However we got on with the course, and by the time it came to my turn I wasn't conscious of who was or wasn't a Professional. Credit due to the Professionals involved who were so easy to fit in with. So day 2 was over, apart from more reading.

Off again next morning and we seemed to pack in more than ever, but very soon it was all over. I found it very intensive but I know consideration had to be given to the fact that Professionals involved knew all this (stuff) already. For that reason I think it would be good if Carers had a few extra days Training first. I found the Programme very well presented and very compact. Language was easy to understand and the enthusiasm and professionalism of each Presenter very motivating. I congratulate them all, Gráinne, Peter and Steven.

Teams were selected. I was paired with 2 Professional ladies and another Carer to facilitate the Cross-Border Project (Carers' group). We met one day to prepare the first 2 night's topics. We were very relieved when our first night went well. On to week 2 and the pressure was on to keep participants on track. They were inclined to spend a lot of time on their own story and concerns. It was hard to move them on but we kept going anyway. I found the Programme ambitious and hard to fit the content of each night's session into 2½ hours, plus have tea break. After our second night, we had to break for 2 weeks due to local tradition in Northern Ireland, where everything is suspended for a fortnight in mid July because of the Marching Season. Then a speaker arranged for 27 July cancelled that morning which meant that night had to be cancelled also.

The team met again to prepare two more night's topics. Then we had our follow-up day in August which was very valuable at this time, it got us re-motivated. Each night rolled out without major incident to the end. We had a full programme to cram in on the last night when the topic was 'Taking Care of Your Own Health'. I gave a presentation that night on "My Recovery". It was challenging for me to cram my experience of 9 years into 5 minutes or so – like most Carers I could talk for a month on the ups and downs of my son's illness. I do feel Carers benefit from talking about the experiences and there's not much opportunity for doing so.

I believe accepting the illness was the start of the recovery for me, allowing my son to be ill on one hand and to be a normal person i.e. himself, on the other hand. To treat him as such and give him his own space. I could not live his life for him but I could try to improve my own, to be a better wife and mother to my other children, now young adults, than I'd been for the previous two years. Between reading self help books and attending a few courses recommended by our CPN, I started to get on track. Progress was slow, is continual and needs renewed effort. I really wish I'd had the benefit of a course like this early on in the illness.

The first time my son was admitted to hospital I knew I needed counselling of some sort. I enquired at the hospital to be told there was nothing available. I nearly hit rock bottom. We were blessed to have had an excellent CPN who spared no efforts to keep our, or at least my head ABOVE water at these bleak times. He kept saying to accept each day as it comes and it's true; there comes a peace with accepting how things are. The lines "*God grant me the strength to change the things I can, courage to accept the things I cannot and the wisdom to know the difference*" is very relevant here.

Anyway after the break, a lot of form filling took place and little farewell speeches were made, all in praise of the training course, both content and delivery, and us as facilitators, thanking participants for their helpfulness and eager interest shown in the programme and to each other.

That session ran over by at least an extra hour but nobody minded. Everyone went away in a positive mood.

What did I get from it? It was very gratifying to hear some Carers say at the end of the Training Programme, "At least I can talk about my loved one's illness now, and I now have a lot of information on the illness and the system".

It was encouraging for me when a few said I look and sound so happy after all that. Thank God I do most of the time. While relieved it was over, I also felt sad – the Team were breaking up. It was a wonderful experience working with the Team. Thanks to Una, Therese and Maureen. I look forward to the follow-up days both with Trainers and Carers.

The success of course was due in a big way to the dedicated input of the Project Manager who spared no effort in organising for us and being available at all times.

Professional's Perspectives of the Training

By Therese Armstrong (Sperrin Lakeland Health & Social Care Trust)

I will talk about my experience of the 'Caring for Carers' Course with reference to four main headings - initial training, the 11-week course, benefits achieved by the course and my conclusions/future recommendations.

Meriden Training

The initial 3-day training in June 2005 was a unique coming together of carers and professionals to learn about the 'Caring for Carers' Course. The purpose of the training was to develop the participants' knowledge base, demonstrate presentation skills and familiarise us with the training package to be rolled out to carers. Whilst these objectives were realized, I felt the 3-day training could well have been condensed to 2 days, with a little more emphasis on the content of the course. The 3 presenters - Gráinne, Steven and Peter

demonstrated excellently the skills required, particularly in giving feedback. This was very useful in groupwork sessions when we rolled out the package.

11-Week Course

I was involved in the Cross-Border Carers' Group, along with another professional and two carers - this ran from the end of June to October. The overall package is excellent, the course outline clear and easy to follow, the skills covered are basic, useful and easy to apply.

Benefits

Working alongside two carers as facilitators was a new experience and one which I thoroughly enjoyed and benefited from. Their views and input made the whole course much more real and it was obvious that other carers appreciated Mae's and Maureen's honesty.

Those who attended the course, a core group of 8, were varied in experience and years of caring. This I feel was useful as it allowed each individual to explore their own situation without comparing it to others. Whilst most of the participants were mothers, there were 2 men in the group. This, I feel, brought a different perspective and highlighted the different issues facing different carers.

Whilst following the training manual methodically, we found it difficult to stay within the given time, especially in Session 5 - Communication Skills. The package is a fool-proof guide to the sessions and walks the facilitators through it easily. The flow of the sessions and, indeed the whole course, would not have happened but for the organisational skills and eye to detail of the co-ordinator, Margaret. All handouts were produced on time, people contacted and if necessary, travel arrangements made when required.

Conclusion

I have appreciated being involved in Caring for Carers Programme and, having seen the positive impact on carers, would be determined to ensure its roll-out within the Sperrin Lakeland Trust. It is very important that carers are

enabled to talk, accept, and understand their own emotions regarding caring. After participation in this course, carers should feel that:

- They are empowered to question and request services, not just for their relative, but also for themselves
- They will be open to partaking of other training which will enable them in their caring role.

One area of training, highlighted throughout the 11-week course, as a possible follow-up, was work on self-esteem.

In order to cascade this training, more facilitators, particularly carers, need to be identified. The ultimate result of this training is to have skilled, confident carers who challenge the mental health system constructively.

By Una McGinley (Mental Health Service – Sligo/Leitrim/Donegal)

We completed the Meriden three-day training in June of this year and kicked off the first Caring for Carers eleven week Programme.

The Caring for Carers Programme was delivered in Blacklion, County Cavan, in the Republic of Ireland. It was a unique Programme because it brought together carers and professionals from both sides of the Border. It was true partnership and inter-agency Cross Border working.

As a professional it was a positive, inspiring experience and a new way of working with carers. The carer co-facilitators, Mae and Maureen were great: they shared so much of their own personal experiences with the group and it became clearer to Therese and I that our professional knowledge combined with the carers' personal experiences and sharing of this, worked very well.

We had a great attendance each week despite the journey people had to travel. With a core group of eight participants attending nightly, we learned a lot about the services from the carers' perspective, what worked well for them and what does not work. We also learned that the services both North and South of the Border have a lot of similarities but are also quite diverse. Carers in Northern Ireland have access to an out of hours service and a telephone help line, which is something that is not available in the Republic of Ireland.

The group participants were all at different stages of caring, from a few months to twenty years approximately, and were also at different stages of acceptance of their loved one's illness. The participants were mothers, fathers, and husbands in caring roles. This combination added to the richness

of the experience for carers. Isolation was a very common experience for all the participants and for some, the programme was their first social outlet and gave them a chance to talk about their situation in a safe place.

Mae and Maureen were excellent as co-facilitators and really took on a full role mid-way through the Programme, sharing and discussing issues relating to crises, relapse management, recovery and hope, and the carers' own health

I enjoyed working with Therese, Mae and Maureen. I was motivated week-by-week by the interest, commitment, devotion, trust and bonding of the carers. Now that the Programme has finished, I really miss it and cannot wait to roll out another eleven week Programme. The Programme spanning over eleven weeks provided the carers with the information, knowledge, confidences and practical skills to cope.

It brought a group of people together who all shared a common experience of having a close relative with a mental health problem and who shared similar experiences both positive and negative of accessing Mental Health Services, information and support both North and South of the Irish border.

It brought it home to us as professionals that the services are not yet addressing the needs of carers and that the "Caring for Carers" Programme can strengthen and empower the voice of the carers. As professionals involved in the delivery of these Programmes, we can act as advocates on behalf of Carers and influence change in services.

My thanks to everybody involved especially the participants, the carer facilitators and the guest speakers Dr Dax, Consultant Psychiatrist and Kathleen Barry, Cognitive Behaviour Therapist.

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