



MERIDEN

The Meriden Family Programme

Vol 4 Issue 4

July 2017

Those of you who are avid followers of our newsletter must be wondering if we have gone out of production! Far from it! We were so busy with a variety of work activities in 2016 that the newsletter had to take a back seat. One of the areas that took up a lot of our time was delivering family work as part of the Health Education England initiative to train clinicians in early intervention services in evidence-based family interventions in Spring 2016, and delivering supervision afterwards for a year up to March 2017. We were pleased to be able to increase the number of people delivering family work by training 185 people between January and March 2016 and provided supervision for them until March 2017. We have recently delivered follow up training for managers in services where those trained are working.

You will see from the current edition of the newsletter that much has been happening during the intervening period, supporting existing work and introducing new developments. We continue to support and encourage implementation through regular contact with those trained and through providing supervision as evidenced in the articles by Martin Atchison on developments in the North East / North West of England, and by Julia Danks on family work in the Isle of Wight. The comments by one of the family who received family work there exemplifies the value of the approach. What motivating comments for any clinicians to receive! A service user has also done an interesting article on an innovative way of remembering early warning signs by making a video.

Our international work continues, and it is wonderful to see how the Commonwealth Fellowship Scheme with clinicians from Uganda and Nigeria has supported the development of services for families – a number of articles in the newsletter describe this work. We have also been supporting a group of interested clinicians

in Japan to train therapists in the family approach and then to train trainers and supervisors so that they can gradually develop skills in their workforce – a big task! We were also really pleased in May to deliver our first family work training course in Northern Ireland. While we have done various introductory events there, this is the first time a group of people have gone through the 5-day training course. Northern Ireland had been the only area in the British Isles where no one was trained in the approach, but we anticipate things will now move at a pace with plans to train trainers over the coming year.



Our own team continues to develop in many ways. We welcome two new team members, Sana, a Research Assistant and Jeanette, a family member. Paula has written a chapter on family work for Occupational Therapists and we have developed an app for carers – MyCare which is proving very successful. We have also produced transcripts of our training DVDs as well as updating them with subtitles in both English and Japanese.

Finally, we are all feeling very old when we realise that next year, the Meriden Family Programme will be 20 years old. It's a cliché, but it doesn't seem that long since we were having our 10th anniversary celebration. So we are planning our 20th anniversary celebration for 19th and 20th June 2018 – save the date! More details will follow, so keep an eye on our website. We plan to have a celebration event on Tuesday 19th and conference on the theme of family work on Wednesday 20th June 2018 in Birmingham. We're hoping that lots of our old friends will be able to attend.

Best wishes to all.

Dr Gráinne Fadden



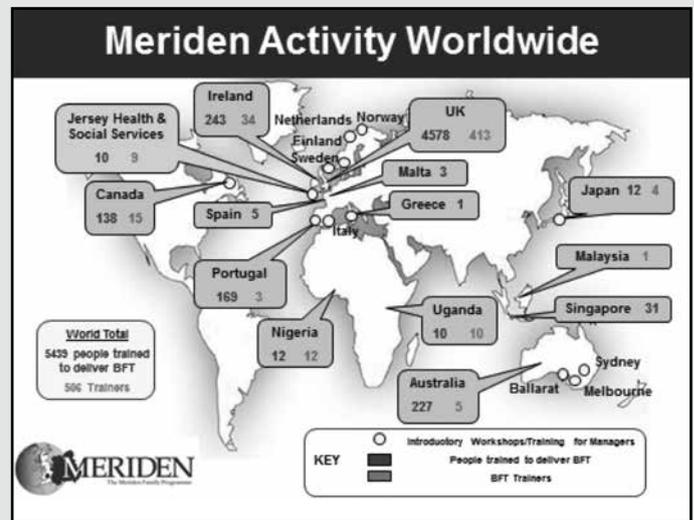
Meriden 20th Anniversary Celebration

19 June 2018 – Celebration Event
20 June 2018 – Family Work Conference

The Meriden Family Programme will be twenty years old next year! The first training course in Behavioural Family Therapy as part of a UK West Midlands initiative took place in April 1998, and the first course for Trainers and Supervisors was in October 1998.

I don't think that any of us thought at that time that the Programme would go from strength to strength. As I write this we have trained 5439 number of people to deliver family work, with 506 trainers in twelve different countries.

We will be holding a celebratory event in Solihull, just outside Birmingham on 19th June 2018, followed by a one day conference on family work themes on Wednesday 20th June. More details to follow, but put the date in your diary!



Welcome to the Meriden team!



Jeanette Partridge Carer Consultant

Several years ago my eldest son was diagnosed with a severe mental illness and so my life as a carer began. I was a full time primary school teacher at the time and I struggled to cope with both roles. Eventually I had to retire from the teaching career that I loved,

as caring for my son proved to be a full time job.

I became involved in various carer representative roles including Rethink's Carer Education & Support programme. The real turning point came when our family started receiving Behavioural Family Therapy (BFT). I was asked to consider training in this intervention myself as it was felt I had transitional skills. I was more than happy to do this!

Eventually, with my wealth of lived caring experience and BFT training, I started working in Early Intervention Services in Coventry and Warwickshire. Not only did I raise the profile of family work in these teams, I also worked alongside clinicians to ensure families were supported in the best possible way.

Today, I feel very fortunate indeed to be part of such a unique committed team that is the Meriden Family Programme who, I know, value what I do in my present

role as Carer Consultant. I have been working mainly as a trainer on BFT and Caring for Carer courses and it is intended I focus on working alongside staff to support families on acute care wards.



Sana Munshi Psychology Research Assistant

Hi, my name is Sana and I have joined the Meriden team as a Psychology Research Assistant. I have been working in NHS psychological services since 2014, after completing my undergraduate and postgraduate

studies in Psychology and Cognitive Neuroscience. I have previously worked as an Assistant Clinical Psychologist in Non-Acute Inpatient and Community Mental Health Services.

Primarily my work will involve evaluating outcome measures of training programmes in terms of the impact of the range of training that we offer, and measures related to recovery for service users and their family members. I will also manage team databases, carry out data analysis and write reports.

I am looking forward to gaining new experience in the field of family work and research with the team at Meriden.

Implementing Family Work in Adult Mental Health Services

A Training Day for Managers

By Chris Mansell, Deputy Director, Meriden Family Programme

The Meriden Family Programme facilitated a learning event, commissioned by Health Education England (HEE) for Managers whose staff received family work training as part of the HEE Early Intervention training initiative in Spring 2016.

This aim of the day was to provide managers with an overview of psychoeducational approaches to working with families, and the differences between these and systemic family approaches. Local and national policy focussing on carers and families was explored, as well as issues to do with implementation and supervision. The Behavioural Family Therapy (BFT) approach was outlined in detail to ensure all participants had an understanding of the model.

There was focus on implementation challenges, with time for participants to reflect on and find potential solutions to current implementation difficulties in their services, and think how they could support the transfer of skills from the learning environment into clinical practice.

The objectives for the day were that each participant would:

- Have an understanding of the key components of the BFT approach, and similarities and differences between BFT and other family approaches.
- Have a brief summary of the research and policy which supports the implementation of these approaches in clinical practice.
- Be aware of the difficulties team members experience in putting these approaches into practice.

- Have had an opportunity to reflect on their role in supporting staff to implement this approach in their work.
- Develop an action plan for their own teams and services, and look at how this can be supported in their Trust.

The day was well attended by range of clinicians from across London and neighbouring Trusts. The event was very interactive and participants were able to develop action plans for their services. The day evaluated very well, comments included:

‘Completely relevant – so good to have practical discussions about the issues affecting family interventions’.

‘Really helpful to think about the content of supervision sessions and implementing BFT in the team’.

‘Very interactive and relevant’.

‘Very helpful to hear from other teams and compare practicalities on the ground implementing family interventions’.

**If you would like further information on this event, please contact
Dr Gráinne Fadden on grainne.fadden1@nhs.net**

My Experience of Behavioural Family Therapy

My name is Paul, I am 28, a service user and I recently attended Behavioural Family Therapy with my family. I would like to tell you about my experience of this.

I began BFT sessions after a period of individual therapy and during a time of change in medication I take. They happened at the right time because I needed help at the time with communicating. I'd also had a difficult period with my mental health just before we started the sessions.

The sessions were weekly, which either my mum or dad attended. Occasionally I had a session on my own. The two therapists asked questions that helped me, my mum and my dad talk about mental health and what was going on at that time. They helped us to bring our own ideas and express how we were feeling. It got me speaking; my mum and dad speaking and the psychologists all talking together naturally.

We were able to concentrate and focus on what was right for me and look at the bigger picture. I could identify what I needed to do day-by-day and step-by-step, to move forward into the future. I learnt things to do that helped in the moment, for example using breathing techniques to calm your senses. I listened to advice from my mum and dad to help me cope during difficult times. We were able to recognise what was going on, spot things early and notice the triggers. I learnt that if you understand where things are coming from, you can then share it with others, realise it's okay and speak about it.

I found the sessions very good and helpful. Early on you don't know what to expect, then 5-10mins in, it feels like a positive thing and you can express how you're feeling by talking and giving your views. There are sometimes a lot of questions, but you just answer these the best you can.

I believe that BFT gives parents or carers the chance to learn things and get help and support themselves. This is helpful for parents/carers themselves because of the stress, pressure and anxiety that they can experience. For example, when I was going through a difficult period, my parents didn't know if they were coming or going, sometimes the impact on them was hidden. They were worrying about me and my mental health state; they did not know what was wrong and were trying their best to cope with the mental health episode. The sessions can help parents/carers to know more about what's happening for their son or daughter, to learn at the same time as the person e.g. knowing the triggers, warning signs and ways of helping if there is a setback in a person's mental health.

The advice I would give to others who are considering BFT is to give it a go. It means important people in your life can help you and it can be a good experience.

Relapse Prevention Video

As part of this work, I also created a Relapse Prevention video about my mental health experiences. The video included my ideas about early warning signs, to watch out for triggers and what I (or others) could do to help. It also included advice from people I've met, messages of encouragement, important people in my life and my strengths and skills.

The idea of making the video came to me in a session when we were talking about how to make my relapse prevention plan memorable and something I can look back on or share with others. Choosing the song was the first step in making the video, followed by planning the content, wording and structure. The song I chose was one that stood out to me. It meant a lot to me because the lyrics and the title related to when I was first diagnosed.

I created the video using my mobile phone with the help of the psychologists. We looked at different ways of filming and adding the music to the video. We didn't have lots of knowledge about technology or special programmes so we used the basic mobile phone functions and came up with our own ideas for making it work.

One of the things I learnt from this is that anything is possible when you put your mind to it. I feel very proud of the video. I want to inspire other people in my position to know that anything is possible.

Recently I presented my video and my experience of making it to a team of mental health professionals during a teaching session on relapse prevention. When this idea was first suggested by the psychologists, I was a bit taken back and shocked but also excited by the prospect of doing it. It went really well and I enjoyed my role as 'Expert by Experience' – I felt like a professional myself!

This has been a great start to reaching my goal of working in co-production for the Recovery College and training to be a peer support worker in the future.

To be continued...

Behavioural Family Therapy Training Trainers Course 2017

By Julia Danks
Clinical Specialist, Meriden Family Programme

In March 2017 the annual spring Training Trainers course was held in Birmingham, here in the UK. This course saw another huge intake of 44 delegates training to be trainers and supervisors within their own organisations. This is the second time in recent years the numbers have reached this high figure.

Unfortunately many people were still disappointed as even with such numbers, the course was still oversubscribed and a waiting/reserve list was created. We are happy to announce that a second course will be delivered this Autumn as well as the usual Spring course. Please see page 9 for further details.

Continuing the theme of our international work, the Training Trainers course reflected this, with 34% of the delegates from Uganda, Nigeria, Japan, Canada and the Republic of Ireland. The remaining 66% were all from the UK.

Delegates represented several disciplines including Occupational Therapists, Social Workers, Nurses, Carer Support Workers, Family Workers, CBT Therapists, Psychologists and Psychotherapists.

Feedback

'Action packed week, all information presented professionally and in a relaxed and informal way.'

'Fantastic content, I feel very confident to go back and train the team.'

'Very helpful balance of training in supervision, presenting and facilitating role play.'

Some suggestions for change were practical, like suggesting to delegates that they bring an empty folder with them to house the wealth of information gained over the week; running smaller courses and spending different amounts of time on various components. Feedback is always gratefully received and helps the team to keep courses relevant and fresh for delegates.

One other theme that came through the feedback and deserves a further mention, is how much help and support our administration team give to delegates both prior and during the course and how appreciative people are of this assistance. A course like this, whatever size but particularly one this big, really could not happen without the excellent behind the scenes work that goes on. Thanks Team!



Trainers and delegates on the March 2017 Training Trainers Course

Meeting of BFT Trainers in North West of England

By Martin Atchison, Deputy Director, Meriden Family Programme

As the number of BFT trainers increases across the UK, some trainers from neighbouring trusts have found it valuable to meet with each other to share good practice and to discuss training, supervision and organisational issues. Trainers in the North East of England have been meeting together on a quarterly basis for the last couple of years, and given the recent increase in the number of trainers and supervisors in the North West of England, it was thought that it would be helpful to hold a similar meeting there.

The meeting was co-ordinated by Joanne Green, a veteran trainer who originally worked in Lancashire but now works in Manchester. The meeting was in November 2016 and was held at The Curve, Greater Manchester Mental Health NHS Foundation Trust's headquarters. The meeting was attended by a number of trainers from three neighbouring trusts. Joanne Green, Imran Qureshi, David Glentworth, Stephanie Kennedy and Helen Morey attended from Greater Manchester Mental Health NHS Foundation Trust; Jenny Stanford and Helen Lockett attended from Lancashire Care NHS Foundation Trust and James Dixon attended from 5 Boroughs Partnership NHS Foundation Trust. I also attended the meeting on behalf of the Meriden Family Programme.

The meeting began with discussion about recent developments in the Meriden Family Programme. Copies of the 'Caring for Yourself' manual were distributed, and discussion took place about the usefulness of a workbook for families to go through in their own time. There were questions about whether this could potentially impact on the face to face delivery of family work, i.e. if organisations could justify they were supporting families through directing them to self-help resources. While this was deemed unlikely, it was still a concern that the implementation of BFT could be side-tracked by this. The 'MyCare' app was also highlighted as well as the recovery section of the Meriden Family Programme's website.

The Health Education England (HEE) funded family work training that had occurred earlier in 2016 was then discussed. This raft of training had enabled Meriden clinicians to train with different groups of people from across the country, and some trainers had developed new exercises around the engagement and information sharing aspects of the BFT course. These were shared with the group who discussed whether they would be utilised in local training. Also, the high number of courses in a short space of time had led to recognition that it would be helpful to review the training slides. The revised slides were subsequently shared with the group.

We then heard from the different organisations about training and implementation of family work. As usual,

issues discussed around the implementation of family work were complex. Additional factors which influenced the delivery of family work were discussed, such as a Care Quality Commission (CQC) report highlighting the need for family work to be offered and the national targets set for Early Intervention services. While it was thought that these had the potential to positively influence the family work agenda, it wasn't enough to have pressure from senior members of the organisation, and that consistent implementation of family work required longer term planning and review.

There isn't a formula to make this happen, and indeed one trainer who had only recently become involved with this work found it 'grimly reassuring' that other organisations had similar issues to the ones that she had been grappling with.

Discussion was held about how to manage the issue of different members of the same team having had training in different, but similar, models of family work. It was generally thought that it was beneficial not to become protective of your own model of family work, but work alongside people in the team.

There was interest in using the model of family work in inpatient and older adults settings also, and the group had a discussion about how the model had been used in these settings in organisations across the country. Finally, there was some discussion about which outcome measures were most suitable to measure the impact of family work. It was thought that the older, validated measures such as the Family Problem Questionnaire (FPQ) and Family Coping Questionnaire (FCQ) were very much outdated, and different organisations were using different outcome measures. This has emerged as a key topic over recent years and is something that requires some thought.

Generally the meeting was thought to be a useful one, with three different organisations sharing views and experiences and learning from each other. It was decided to hold a meeting every six months or so which would help to consolidate the work that the trainers had done in their areas and maintain the momentum that had developed.

Implementation of Behavioural Family Therapy (BFT) in Lira Regional Hospital, Uganda

By Ilera Charles Moses, Principal Psychiatric Clinical Officer

Our team of four Ugandan fellows facilitated by the Commonwealth Scholarship Commission in the UK attended an intensive training programme at the Meriden Family Programme in the United Kingdom. The fellows acquired skills in Behavioural Family Therapy (BFT), Caring for Carers and BFT Training Trainers course. We returned to Uganda in March 2016 and embarked on introducing BFT in our different regions. This report covers only one region in the northern part of Uganda.

Training

The Hospital Director received a report of our training in the first week of arrival. I was given a slot for the continuous professional development which I utilized to disseminate information to the hospital staff and students about BFT implementation at the mental health unit. Mr Walunguba Thomas, the Co-ordinator for BFT in Uganda previously trained in 2012, assisted me with the slides for the presentation and provided guidance on what needed to be covered. The staff appreciated the presentation and at the end I started getting referrals of families to start implementing BFT.

There were issues of staffing at the unit and the workload involved. This made me act faster to conduct training for the ten staff working within the Mental Health Unit and five workers of a Non-Government Organisation (NGO) Center for Children in Vulnerable Situations. The trained clinicians offer psychological interventions and BFT for service users every Thursday at the unit. These include 3 Clinical Officers, 4 Nurses, 2 Occupational Therapists and a Social Worker. There is also a unit for people who are not very comfortable with coming to a mental health unit.

Each family worker has been tasked to do family work with at least two families and get support in group supervision by August 2016. The hospital management provided materials, meals, the presentation equipment and we utilized the boardroom for the training. Martin Atchison from the Meriden team in the UK assisted me with the slides for the training and advised me on the preparations. He also offered support supervision on the work going on and what had been done so far.

Since the team was big, I sought the services of a co-trainer at the nearest regional hospital at Hoima. Kabasomi Doreen had been one of the fellows trained at the Meriden Family Programme in 2016. It was a very taxing exercise when it came to role plays as the group was up to seven people. The participants were well motivated and always put in extra time to allow each person to actively participate. We had communicated this in our invitation letter.

Family Work

Two rooms have been set for family work during working hours on Wednesday and Thursday. BFT trained staff offer a brief introduction during the morning sessions before conducting ward rounds or prior to reviewing out-patients to offer information about family work at the unit. This has resulted in improved communication between unit staff, carers and service users. There is increased availability of information regarding symptoms and resources and services available at the unit. There is some culture change as clinicians spend more time looking at the needs of both service users and carers.

Some staff have reported use of the skills at home during meetings. Family meetings are being encouraged for most families as a way of dealing with some of the relationship problems in families after hospitalization. Sessions are flexible bearing in mind the service user's mental state and an initial session is arranged as soon as possible.

Structured family work sessions have become available to service users and their families at the Mental Health Unit. The Caring for Carers Programme is to be covered soon to enable a better flow of family work. There are challenges like releasing nurses from core tasks which need to be prioritized over family work. There are also significant staffing shortages and a requirement to offer family work at the unit rather than home visiting. Family workers are being requested to use weekends and unpaid overtime to do family work.

There are also logistical difficulties like transport to a family where it is more feasible to make a visit. It has been considered preferable to offer some family work based on the components the family feels to be most beneficial whilst the patient is at the ward. This calls for proper collaboration and documentation for co-workers as we offer family work to in-patients. The out-patients have been encouraged to continue seeing the same family workers for better continuity. Some families have been offered only some sessions considered the most critical and we hope this will impact on the admission rates.

Future Plans

We hope to train the staff who provided cover while others underwent training. We hope to conduct a nationwide training of BFT in the capital city for at least two clinicians per regional hospital. We also hope to participate in training students at the Psychiatric Clinical Officers School and two tutors to ensure that family work takes off during training. We hope to get more feedback from our service users and

carers as they form a carers' group. A carers' course is being organized to take place in June 2016. Support supervision is being offered monthly for the first three months, then later it will be quarterly. I hope to continue getting more supervision from the Meriden team on a quarterly basis.

We are grateful for the support offered so far by the management of the Hospital and the Meriden Family Programme to enable us start family work in Lira Hospital.

Supporting Families in Uganda

By Martin Atchison, Deputy Director, Meriden Family Programme

The Meriden Family Programme has been supporting clinicians in Uganda to improve services for families in touch with mental health services since 2012, when we had our first person visit us through the Commonwealth Fellowship Scheme.

Mr Thomas Walunguba came to Birmingham for eight weeks to complete our training, and a report about his plans following this can be read in our August 2012 newsletter. The following year, Mr Robert Tigawalana, and Mrs Hasifa Nakisekka came to the UK and a report of Thomas's progress and the experience of the two fellows attending the UK in 2013 can be read in our June 2013 newsletter.

All three trainers continued to implement new ways of supporting families in the Masaka Regional Referral Hospital where they were based. Given that resources for travelling to families' homes were limited, flexibility was required in order to provide support to families. For example, when someone is admitted to a psychiatric hospital in Uganda, family members are routinely invited to stay with their relative in the hospital for the first two weeks in order to provide support for the person. It was felt that this provided an opportunity to equip the families with information and skills to help them provide more effective support. Regular weekly groups for family members were held, which looked at information sharing, staying well planning, communication and problem solving skills.

While they started to explore the benefits of supporting families in this way, they also continued to publicise their work more broadly, with presentations at national conferences, linking up with colleagues from various organisations and keeping the Ministry of Health informed of these developments.

The Meriden Family Programme has maintained contact with the group since 2012 and it has been evident that interest in this work has been growing across Uganda. It was thought that it would be feasible to aim at having a clinician that had completed The Meriden Family Programme's training through the Commonwealth Fellowship Scheme in each regional referral hospital.

In 2016, four psychiatric clinical officers from four regions came to the UK for seven weeks. They were from regional referral hospitals where no one had trained previously and were tasked with implementing changes within their own region.

In 2017, three psychiatric clinical officers came to the UK, two of whom were from hospitals with an existing alumnus of the fellowship scheme, and another from a different area. As it currently stands, the Meriden Family Programme has ten clinicians trained in eight regions of Uganda who will be influencing services for families in their hospitals. They are:

Thomas Walunguba	–	Moroto
Hasifa Nakisekka	–	Masaka
Robert Tigawalana	–	Kampala
Richard Mugisha	–	Fort Portal
Damalie Mukyala	–	Jinja
Robinah Nampijja	–	Jinja
Doreen Kabasomi	–	Hoima
Charles Ilera Moses	–	Lira
Bruno Atyang	–	Lira
Ivan Mwiiwa Leackey	–	Mbale

Thomas Walunguba has recently been nominated as the Programme Director for the Behavioural Family Therapy Programme in Uganda (BFTPU), an organisation that has become officially registered in the country and they are looking to raise funds to develop work further. They have an office in the Butabika School of Psychiatric Clinical Officers in Kampala and have support from the Ministry of Health in Uganda, and the Uganda United Kingdom

Health Alliance (UUKHA). Thomas has also been given an international award by the Meriden Family Programme in recognition of his influence on mental health services in Uganda, which, in the context of an under resourced and stretched service, has been remarkable (see page 10). Psychiatric Clinical Officers are working often in the absence of other professionals, with very few psychiatrists, psychologists and pharmacists across the country.

The Meriden Family Programme has recently become a member of the UUKHA in order to link up with organisations in the UK and Uganda which can have a positive impact upon health services in Uganda.



More information about UUKHA can be found here www.globalhealthexchange.co.uk/projects/uukha

Looking Ahead

The Meriden Family Programme continues to offer support to the fellows who have completed the Meriden training programme in the UK as part of the Commonwealth Fellowship Scheme. Another article in the newsletter has been written by Charles Irera Moses about his work in Lira Regional Referral Hospital. The fellows continue to keep in touch with each other about their work, and continue to link up with the Ministry of Health (see page 7).

In order to start to embed family work in the culture of mental health services in Uganda, there are plans to deliver a BFT course to the 50 or so people who are training to be Psychiatric Clinical Officers at Butabika School in Kampala. If this can become part of the training of every newly qualified Psychiatric Clinical Officer, then the workforce in mental health services in Uganda will be one that will be moving quickly towards a service that has the family as an integral part of their working practice.

It is fair to say that the members of the team are very proud of the influence that we have had in this process, but none of it would have been possible without the admirable commitment and dedication that the fellows have demonstrated over recent years.



Behavioural Family Therapy (BFT)

Training Trainers Five Day Course

Date: 16-20 October 2017

Venue: Westmead Hotel, Redditch Road, Hopwood, Birmingham B48 7AL

Our annual Training Trainers courses have been oversubscribed for the last few years so this year we have decided to run two courses so please make a note in your diaries of the dates now!

The first course will take place this Autumn from **16-20 October 2017** at the Westmead Hotel, Redditch Road, Hopwood, Birmingham B48 7AL.

The second will take place in the Spring from **5-9 March 2018**. This will also take place in Birmingham. The venue will be confirmed nearer the time.

Date: 5-9 March 2018

Venue: Ramada Birmingham Solihull Hotel, The Square, Solihull, Birmingham, B91 3RF

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

Please contact Nadine Berry on nadine.berry@nhs.net or telephone 0121 301 2896 for further information.

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

Meriden International Awards

At intervals, we issue Meriden Family Programme awards to individuals or services nationally or internationally for excellence in commitment to developing services for families. Our current series of awards are to three countries where individuals or groups have worked really hard to implement family services – Japan, Uganda and Republic of Ireland.

Japan

We want to reward the ambition, commitment and diligence of our colleagues in Japan who are attempting to implement family work against the background of a very traditional mental health system, primarily built on a model of hospital care – 90% of the mental health budget is provided to hospital care. Against this backdrop, and with a population of 120million, a mental health charity (Minna-Net) and a small group of committed professionals led by Professor Atsushi Sato, Notre Dame University, Kyoto, have an ambitious plan to train 300 clinicians to work with families over the next five years.



Professor Sato (left) receiving the Meriden International Award from Dr Gráinne Fadden and Mrs Paula Conneely

We have been impressed that those at the forefront of this project have been methodical in planning how to take this forward, from an initial fact-finding visit in 2011, and a visit by members of Minna-Net in 2013. They then raised the profile of the work in Japan by inviting three members of the Meriden team to present the model in Japan. Since then, there has been a steady plan to build the number of therapists trained and begin the cascade model by training the first trainers.

It is hoped that the first training courses will be held locally in Japan in Spring 2018. It is fantastic that Atsushi and colleagues are not daunted by the size of the challenge, nor by on-going challenges such as having to find alternative sources of funding, as from April 2017 Minna-Net was unable to continue to provide financial support.



Thomas Walunguba

Uganda

We are delighted to be awarding Mr Thomas Walunguba with the Meriden Family Programme’s international award. Thomas’s connection with the Programme began when he met our Carer Consultant Peter Woodhams at a conference in India. We subsequently discovered that the Commonwealth Fellowship Scheme could provide funds for people from commonwealth countries to travel and attend training which would provide an impact in these countries. Thomas came to Birmingham in January 2012 for an eight week period, attending training and visiting sites in the trust.

Since his return to Uganda, he has worked tirelessly in promoting the benefits of supporting families in services, not only in his own region but across the country. He has spoken at conferences, linked with the Minister for Health and implemented a different way of supporting families in the services he has worked in. This has led to nine more people from Uganda coming to the UK over recent years, covering a total of eight regions.

Thomas has become Programme Director of the Behavioural Family Therapy Programme in Uganda, with an office in Butabika School of Psychiatric Clinical Officers in Kampala. The Meriden Family Programme has also joined the Uganda United Kingdom Health Alliance in order to link up with similar schemes. The plan is to ensure that every region in Uganda will have a clinician who will be delivering training in BFT and improving services for families across Uganda. None of this would have been possible without the dedication and commitment that Thomas has shown. Further details about this can be found in the newsletter.

Republic of Ireland

For the past five years, the national public health service in Ireland, the Health Service Executive (HSE), has funded the development of evidence-based family interventions, particularly for people with early psychosis and their

families. This has been a well-planned, well thought-out and phased initiative to develop services country-wide.

Using the Meriden Family Programme cascade model, 268 people have been trained to deliver family work, and there are currently 30 trainers and supervisors covering most geographical areas of the country. The Meriden Family Programme provided training and supervision for therapists initially. Now, the training and supervision for therapists is provided by local trainers and supervisors, while the supervision for trainers is provided by Meriden staff. The next phase is to support highly experienced and accredited local trainers/supervisors to become supervisors for trainers within the country.



Ms. Rhona Jennings, Programme Manager of the Mental Health Clinical Programme with a group of BFT trainers/supervisors receiving the Meriden International Award on behalf of the Health Service Executive in Ireland

Visitors from Japan

The first 2 weeks in March are always very busy for members of the Meriden team because of the annual Training Trainers course and this was especially true in 2017 as a Visitors Programme for guests from Japan was being run at the same time.

A group of 3 Professors in Psychiatric Nursing and their translator joined Meriden for a 2 day visit during Training Trainers week and a very full programme of visits in the Birmingham area was organised for them. The purpose of their visit was to enable them to understand the approach taken in England to parental mental health and to learn what support is available for siblings, young carers and families generally. This would then help them to develop a psycho-education programme to support and educate family members with a strong emphasis on supporting children and siblings.

A varied programme of visits and meetings was arranged with an emphasis on the first day on academic approaches. This included a meeting with Professor Jo Smith and then meeting Professor Saul Becker.

Professor Smith is Professor of Early Intervention and Psychosis at the Institute of Health and Safety, University of Worcester and is recognised internationally as a specialist in psychosocial interventions for early psychosis. She talked to the visitors about issues related to siblings.

Professor Becker is Pro-Vice-Chancellor and Head of the College of Social Sciences at the University of Birmingham and is a past holder of Chairs at 3 different universities. He is a very active research leader and is world renowned for his research on young carers and as a national policy adviser in a number of countries.

The second day of the visit was focused on the support services available to young carers and siblings in this country and included a visit to Stonham Carer Support in Birmingham in the morning and Solihull Carers Centre in the afternoon. At Stonham, the Manager of the carer support service Kieran Jones explained the wide range of services provided by Stonham including one to one support, support groups and a wide range of activities. The visitors

were also able to meet a support worker and a young carer. In the afternoon the Manager for Young Carer Services at Solihull Carers Centre, Gina Ward, explained the wide range of support and activities available to young carers in Solihull.

Between these visits, the visitors met with Meriden's Director Dr Grainne Fadden who talked about issues relating to parental mental health and relevant resources that might be helpful.

The visit was well received by the guests from Japan and one of the Professors wrote to us to say '*Thank you for your warm welcome. While the support system for families and carers varies in different countries, I realised that we all share similar challenging situations. We are determined to move forward with what we learnt from this trip.*'

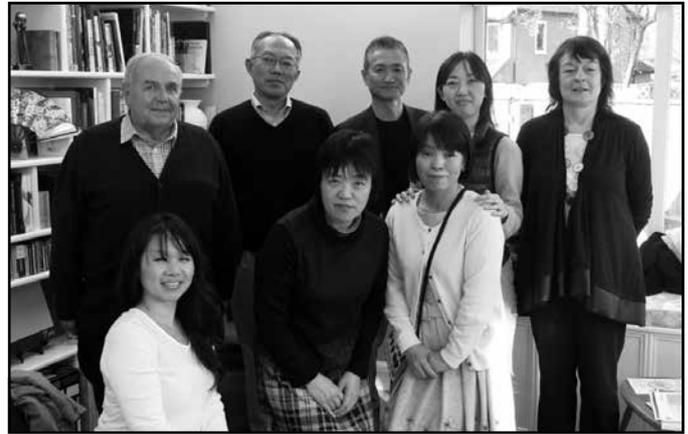
In the following week a short visitor programme was arranged for 2 of the clinicians from Japan who had just completed the Training Trainers course. Mr Kazu Sakai (an Occupational Therapist in Outpatient Services) and Ms Kasumi Yoshino (a Nursing Manager in Inpatient Services). They were keen to see how Behavioural Family Therapy was applied in practice so they visited the Barberry Centre, the South Assertive Outreach team and the Community team at Northcroft. In addition they learned about the carer support service provided by Stonham and then met family members who had benefitted from family work.

Meriden's links with Japan have developed through the interest shown in the country in Behavioural Family Therapy which is gradually being introduced in some of the Prefectures. In order to progress this initiative a Social Worker from Kyoto Prefecture, Mariko Kamikubo, completed a 5-day BFT course in June. At the same time a further 3 Social Workers from Kyoto Prefecture, Akira Kumatoriya, Toru Yamaguchi and Tomomi Ando, spent

a week with our Trust learning about the wide range of services provided and visiting different teams and units.

The places they visited included the South Assertive Outreach Team at Bartley Green, the Early Intervention and CAMHS Services in Solihull, the Street Triage team, the Community Mental Health Team at Erdington, Healthy Minds, the British Transport Police team, the AVERTS team and the services at Mary Seacole, Oleaster and the Barberry. They also had an interesting meeting with Maureen Johnson, Carer Governor at which they learned about the role of a Board of Governors.

Professor Atsushi Sato of Kyoto Notre Dame University continues to be the driving force for developing family work in Japan and he also visited Meriden in June. The hope is that this initiative will continue albeit a little slower than was first anticipated.



(Back Row, L-R) Peter Woodhams, Atsushi Sato, Yusuke Nagae, Rie Ino, Gráinne Fadden
(Front Row L-R) Tomoko Miwa, Sachiko Tsuchida, Kyoko Amasa

Family Work Project has Started in Japan

By Atsushi Sato, Assistant Professor and Social Worker, Kyoto Notredame University, Japan

In Japan deinstitutionalisation has lagged behind western countries with the number of hospital beds remaining at about 310,000 in 2017 (note: The population of Japan is 120 million). Regional support for service users with mental health issues is insufficient. Therefore, family members, who live with about 75% of service users, have no choice but to spend most of their time taking care of their relatives with mental health problems.

On the recommendation of Mrs. Keiko Mishima, a professor at Hanazono University, who had visited Birmingham several times, I visited Birmingham for the first time in 2011. I inspected the mental health care and welfare system and admired the system of the support provided by professionals from different specialty areas. Furthermore, I was impressed with the fact that family work is wholly provided for family and service users by such professional teams. There are a lot of people waiting for the introduction of these support skills and methods in Japan. Therefore, I and others who share the same goals started taking action to build a home-based support system, and a family work system in Japan.

We have worked with Japan Family Federation of Mental Health and Welfare (common name Minna-Net – a national charity in Japan concerned with the needs of family members of those with mental health difficulties) toward our goal until March 2017. In March 2013 we visited Birmingham, along with board members of Minna-Net. We invited Dr Grainne Fadden, Mr. Chris Mansell, and Mr. Peter Woodhams to Japan to hold lectures in Tokyo and Kyoto in March, 2014. There were about 600 participants from family members to professionals at each event. In June 2015, five of our Japanese members undertook the 5-day training course in Behavioural Family Therapy, and they are implementing family work under the supervision of

Dr Fadden through international conference phone calls. Three of them attended the BFT Training Trainers course in March 2017. We have four Japanese BFT trainers including one person, Dr Mirai So, who had taken the training course in the past. We feel ready to begin the implementation of family work. We plan to train a further trainer, Yoko Komatsu, in March 2018.

Regarding the implementation of family work in Japan, it is expected to show its effectiveness as a method which can bring out the ability of service user and family by increasing mutual understanding and expressing appreciation and sympathy for each other in terms of communication practices, and by setting each person's objective in spite of the differences of culture and background between the U.K. and Japan.

In April 2017, ten interested professionals and I established a working group to look at how we start taking things forward in Japan. This group aims to standardise the support for service users and family members based on the co-operation of service users, carers and professionals in the field of mental health care and welfare in Japan. We also plan to train family workers all over Japan within five years so that more service users and their families can receive a family work service.

Actually, I'm not so good at English, thus I'd like to continue this challenge with the help of interpreters and other people. The support from the Meriden Family Programme, people from the U.K. and all over the world would be an encouragement to us. I also would like to make advances with those who have the same will in Japan as well as people we've met on the Training Trainers course and people who have been meeting the challenge of spreading family work in Uganda, Nigeria, and Canada.

Working with Families in Leicestershire

By Anne Ndlovu
Leicestershire Partnership NHS Foundation Trust

I attended my Behavioural Family Therapy (BFT) training at the beginning of March 2016. It was all quite rushed due to funding considerations. Two of us from the same team attended a course in Telford. I honestly didn't know what to expect from this course. I hadn't heard of Behavioural Family Therapy before and I was quite intrigued to learn what it was all about.

Training went smoothly. Initially I dreaded the role play. However, after we had established a good rapport with the other members of my role play group, it became fun and was very interesting. After saying our goodbyes on the final day, I began to wonder if BFT would really work and if I would be able to remember everything I had learnt and not look like an amateur in front of my patients. At the same time I was scared of disappointing both my patients and my team.

My first family was referred by a colleague. We managed to get through the engagement session with no problems and the family felt that BFT would be helpful for them. We did the individual assessments and as we were about to go in to review these with the family, we started getting constant calls from the family cancelling the appointments. When we finally managed to meet up with them, the first thing they told us was that after the last session we had had with them, their son (our patient), had gone out straight away and had been binge drinking. They felt that BFT would not help as he would only listen during sessions and as soon as we were gone return to drinking alcohol.

It was at this point that we realised that the family had hopes that BFT would solve their problems with their son. We had to explain to them that this was part of the treatment plan and we had to be realistic in that it would not solve all their problems.

The family decided they did not want to continue with BFT.

This really left my colleague and I quite flat and frustrated, thinking what we could have done differently to encourage the family to want to continue with BFT. It also, for a short time, reduced the enthusiasm and the high motivation we had for implementing BFT, especially with my colleague. This may possibly have been due to the self-critical stance we took towards ourselves.

After a few weeks I took on a young patient who was doing his 'A' Levels. He had a younger brother and sister. This family was identified at the right time for us as we needed to boost our low spirits due to our previous experience.

The parents of my patient were willing to try everything to assist their child to overcome what he was going through. One of the precipitating factors that led to the patient's mental illness was the relationship he had with his dad. Communication was not very good and this created a rift between the father, son and mother. At this point, I thought BFT would be perfect for the family. I offered this to them and they took it up immediately. One of the challenges we faced was that the siblings did not know what was happening with their brother and they had been told I was a tutor giving him extra lessons. We sat down with the patient and his parents and explained to them that with BFT, we are looking at the family as a whole and that we would not concentrate on the patient. We then agreed that for the psychoeducation part, we would look at stress as a whole and not concentrate on psychosis.

We had to negotiate the sessions with the family to accommodate them all including the children who were all at school and had a lot of commitments. We agreed to see them every other week and also agreed for the siblings and at times the patient to miss some sessions due to schooling commitments. They would then use their family meetings to cascade the information to those that were not present.

The family was very accommodating and each time we went to see them, we felt like part of the family. Initially the parents didn't know what to expect from the younger children. However, as time passed and they became familiar with us, they felt more open and free to discuss issues in their house. I was nicknamed, 'the good cop' by the children and my colleague, David was nicknamed, 'bad cop', and this was only because I am so talkative and David tends to be calm and brought us all back on track if we lost track of time.

We managed to complete all the sessions with the family and we were getting positive feedback especially from Mum who felt that this intervention had made a great impact on her relationship with her husband. The younger siblings also found it helpful in that they felt they could raise any issues without being reprimanded by their parents during the Family meetings and the BFT sessions. I was a little doubtful about how BFT would work, however, after the third session on communication which looked at

Expressing Unpleasant Feelings, the feedback we received from the family was quite overwhelming and emotional. I clearly remember coming into the office the morning after that session and shouting out to my colleagues, "BFT does work!"

The patient, who was also receiving individual psychology sessions, appeared to improve in his mental state and this was reflected in his grades returning to what they were prior to the psychotic episode.

The patient's mother agreed to come to our team base and contribute towards the training session we had put aside for BFT. She felt it was a positive experience all in all. She reported that they had a slogan at home now and each time someone didn't speak positively, they would then say, "What do you think Anne would say?" Her speech was quite emotional and it is at this point that members of our team realised how BFT can benefit the family as a whole, which may then lead to an improvement of the patient and carers overall experience with the service. As a thank you, the team gave her a meal voucher towards one of her personal goals, which was to go out for a date with her husband. This training session assisted us to spread the news about BFT within our team.

However, I do feel that as professionals we need to realise that BFT is a powerful intervention and we need to acknowledge that it does have its limitations. It does give the family a good starting point to look at the problems they are experiencing more positively. Unfortunately with this family, we were unable to facilitate the final session of BFT due to a relationship breakdown between the patient and the Dad which was quite historical and we felt would possibly benefit from using a different model to BFT due to the structure.

Throughout these experiences, we were supported by the Meriden team via group supervision once every month. The supervisors were all so accommodating and always reminded us that they were available if we needed advice. I felt free to discuss my families with them or when I found myself in particularly difficult situations and did not know what steps to take next, or even a BFT session I was proud of. Julia would always be available to communicate with via email.

As I am writing this article, I can't help but smile when I remember some of the good moments we had with this family and within BFT supervision. At present, I have two families who are waiting to commence BFT and I am quite hopeful that we will be able to confidently deliver the therapy successfully due to the experiences we have had.

Recovery College For All – Including Carers

By Peter Woodhams, Carer Consultant, Meriden Family Programme

The Recovery College established by Birmingham and Solihull Mental Health NHS Foundation Trust in 2016 continues to develop and we are very pleased to report that the prospectus now includes sessions directly relevant to carers, friends and families. These include a half day session called 'Caring in a Crisis' which is presented by the Trust's carers' team and also a half day session run by the Meriden Family Programme entitled 'Recovery for Carers, Friends and Families'.

This latter session promotes the concept that Recovery applies to carers and families as well as to the service user. The focus of the workshop is on the wellbeing of the carer and it helps carers to develop their own recovery journey by exploring what recovery means, what resources might help and how to access these resources. The resources include the following which were developed by Meriden:

- **The Recovery for Carers website the link for which is: www.meridenfamilyprogramme.com/recovery**
- **The app developed by Meriden called MyCare the content of which can be viewed on: www.mycareapp.co.uk. It can be downloaded from the App Store or Google Play as explained on page 18 of this newsletter**
- **Caring for Yourself is a self-help workbook which has been developed by Meriden in conjunction with the charity Rethink Mental Illness. It can be viewed on: www.meridenfamilyprogramme.com/caring-for-yourself. As with all the Meriden resources, the workbook includes information about Communications Within the Family, Being a Carer, Problem Solving and Goal Achievement, Sharing Information, Relapse Management, Taking Care of Yourself and Hope.**

The Recovery College also runs several other sessions which carers might also find useful including Five ways to wellbeing, Reading for wellbeing, Recovery hope and spirituality and Towards a dementia-friendly society.

The inclusion of carers in the development of the Recovery College has been widely welcomed and well supported by carers and very positive feedback has been received from those attending the carer focused sessions.



Trainers and participants of the Newtownards training cohort

Behavioural Family Therapy Training in Newtownards, Northern Ireland

May 2017

By Paula Conneely, Clinical Specialist, Meriden Family Programme

In May, the Meriden Programme had the opportunity to begin training their first Behavioural Family Therapy (BFT) cohort in Northern Ireland. The 5-day course was held in Newtownards, a large town in County Down, which lies at the most northern tip of Strangford Lough, east of Belfast. The training was attended by 18 staff from Acute and Community services from the surrounding area. Participants represented a range of professional groups, including Consultant Psychiatrist staff, Nursing and Occupational Therapy, across 3 predominant geographical areas. The Meriden team were also pleased to have been able to work with Carer Consultant, Jeanette Partridge, and Dr Joanne Green from the Greater Manchester West Mental Health NHS Foundation Trust, whose substantial skill set and experience were welcomed by both trainers and trainees alike.

The week itself proved most enjoyable, with everyone eager to learn new skills and displaying a keen interest in how best to apply their learning in a principally Acute or Home Treatment based setting. Throughout the 5 days, participants fully engaged in a packed programme of teaching and threw themselves into the role-play exercises with great enthusiasm! Those who attended are receiving telephone supervision from Meriden staff, and the plan

is that four delegates will attend the Meriden Training Trainers course so that in time they will be able to provide supervision and training locally.

We look forward to keeping in touch throughout 2017 and beyond...

Comments from course participants:

“The course has completely changed my view of working with families. I’m ashamed to say I used to think of Service Users’ supporters as ‘someone else’s responsibility’. I’ve totally changed my view. I love the structured but flexible approach”.

“This week has given me a new way of thinking and knowledge of how this will work. Very excited for my role and developing this within the Trust”.

“Excellent use of material. I could easily adapt content to situations in work. Level of information flowed well between days and I gained confidence and lots of learning”.

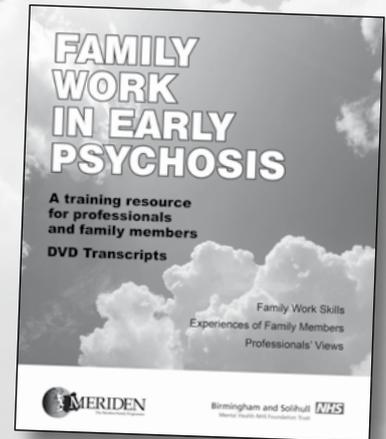
“I can see how this can help families and be useful in reducing hospital admission and positive results for future”.

Family Work in Early Psychosis DVDs Now Available with Subtitles and Transcripts

Following feedback on our 'Family Work in Early Psychosis' DVDs, we have now updated these and they are now available to purchase.

The DVDs now have English and Japanese subtitles on them and also have an accompanying transcript which makes it easier for those who struggle with regional accents or for those with hearing difficulties.

Please get in touch with Maria Albanese on maria.albanese1@nhs.net if you would like further information about these.



Taking Behavioural Family Therapy (BFT) to the Isle of Wight

By Julia Danks, Clinical Specialist, Meriden Family Programme

Since completing both BFT training and Training Trainers courses in 2016 Helen and Nicky returned to the Isle of Wight and began to work with families using the BFT model. Since that time they have successfully worked with several families and have engaged other families with the idea of family work in the future.

Despite tremendous service pressures, staff changes, being the only two BFT trained staff on the island, they have steadfastly carried on delivering evidence-based family interventions to families they are in contact with during the course of their work. I take my hat off to both of them and feel inspired by them after each supervision session. In a service that is stretched and teams are stressed, it would be easy to 'just get by' but these frontline clinicians are really putting families first and whilst it isn't always easy it is definitely worthwhile.

Our Experience of Supervision Provided by the Meriden Programme

By Helen Batchelor and Nicola Scanlon, Early Intervention in Psychosis, Isle of Wight



Left to right: Nicola Scanlon and Helen Batchelor

We completed the BFT training in Feb 2016, followed a few weeks later by the Training Trainers Course.

We work for a Trust on the Isle of Wight – a ferry ride away from the mainland, and other therapists. There are currently no other BFT practitioners working here.

Supervision is provided by Julia at Meriden on a monthly basis, for an hour, via conference telephone. The opportunity to reflect on current families, our work, progress and challenges is invaluable. The supervision is always positive – which is super important as we haven't had that support from the service since completing our training. It gives us confidence in our abilities and the programme (which we do really believe in). Supervision provides guidance and reassurance and encourages us to continue working with families, when other service demands could trump this.

Here is a letter written by the two family workers and the response received from the family following completion of the intervention. Permission is given by the family to reproduce this letter (names have been changed).

Dear Geoff, Chrissie and David

It has been a pleasure to meet and work with you over the past weeks.

We've really appreciated the way you've engaged so openly and enthusiastically. It's made us feel happy that we can help, and it's been a really enjoyable and positive experience for us too.

In the spirit of BFT, could you please tell us what you liked and anything you think we could have done differently as therapists?

Thank you; we wish you all the best for the future, Helen and Nicky

What the family liked...

Nicky and Helen,

I cannot thank you enough for the support you have given to our family over the weeks that you have worked with us. When you first arrived I can honestly say that we were a family that was broken due to the long term stress of having someone we love being so incapacitated with depression and everything that comes hand in hand with it.

I honestly thought my 27 year marriage was over; however you enabled us to focus on problems other than Geoff, and think, once again, in a positive way about life and the future for us all. It made me think a lot about the way I was behaving and helped me to realise that I needed to make changes rather than expecting other people to do so and that as individuals, of course we are going to have different opinions and cope with stress differently to others.

Self-reflection is all very well and good as long as you are prepared to be more proactive in making changes in a positive and productive way, you enabled me to have the courage and strength to do so. As a family you encouraged us to problem solve, talk to one another in a more appreciative, pleasant and positive manner and spend more quality time together which over the last two years we had neglected to do.

I think doing this more often helped us to realise how much we all value and love each other and that we actually enjoyed each other's company from time to time and could still laugh.

Knowing that we were able to text, ring or meet face to face to talk through our feelings and worries and know that you would listen in a non-judgemental, supportive and empathetic way really made a huge difference to us. Being honest in such a sensitive way with solutions helped too.

I firmly believe that with the support from you and IRIS we have been able to continue to support Geoff in the way that was needed and will continue to do so in the future and that your intervention was a turning point in his recovery. I also consider myself very fortunate to be surrounded by such a great family and lovely patient friends.

I fully appreciate the difficult job that you both do and will always be thankful for the input you gave to our family. Many thanks.

What the family thought could have been done differently by the therapists...

The only thing that I can say is that on reflection it may have helped to have a better understanding of what psychosis actually meant. You may well have discussed this with us at the beginning and I know you gave us handouts to read, but I was so exhausted from everything that had gone on that I was probably not taking everything in.

I am aware that I could also have asked questions and was given the opportunity to do so, but was so stressed and upset that I don't think I was capable of doing so. I may well have appeared to be calm on the surface but in reality I was not really functioning properly. However, I do think that you do a fantastic job and are wonderful people.



Caring for two? Learn to care for yourself while caring for a loved one with depression

Available to download at:

http://eufami.org/wp-content/uploads/2017/04/8701_eufami_online-brochure_guidance-to-caregivers_a4_v22-_1_.pdf

This brochure is published by the European Federation of Associations of Families of People with Mental Illness (EUFAMI) and seeks to offer advice and guidance for those supporting a loved one who experiences depression. It starts by acknowledging that depression is the leading cause of disability worldwide and affects over 350 million people (WHO, 2012).

It emphasises that recovery is most efficient when a collaborative approach is taken between the patient, their family and friends and service providers – and supports this by offering practical guidance to the carer in terms of:

- Taking care of yourself
- Steps for caring for your loved one

In part one, the opening statement is “Put on your own oxygen mask before helping others”; a helpful analogy we often use in our own Meriden Family Programme training. It considers the importance of being mindful of your own mental wellbeing and taking care of your physical self. Being aware of your own signs of stress (early warning signs) features prominently, alongside tips for managing difficult

situations. Constructive communication is highlighted as important and a 3-step technique offered.

Part two looks at how to recognise common symptoms of depression, and some helpful communication strategies are suggested. Other sections look at both the importance of seeking professional help and how the carer themselves can support the person’s recovery goals.

Risk of suicide is addressed and www.depnet.org guidance presented in terms of potential warning signs and strategies for the carer. In addition, a whole section focuses on accessing on-line support and a range of European partner organisations and sources of information and support are listed.

Further information on the work of EUFAMI can be found at www.eufami.org

References: World Health Organisation (2012) Depression: A global public health concern. Available at http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf (Accessed May 2017)

www.depnet.org “A website supporting all those touched by depression by providing relevant, unbiased information and a platform for communication” (Accessed May 2017).

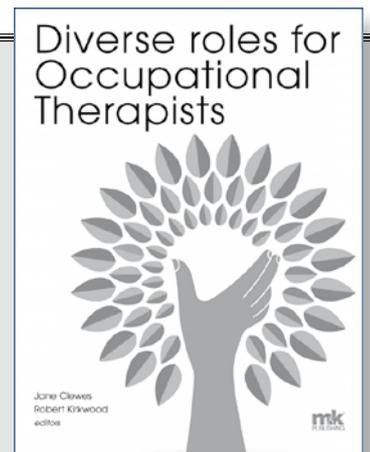
Diverse Roles for Occupational Therapists (2016)

Edited by Jane Clewes and Rob Kirkwood

November 2016 • M&K Publishing • ISBN: 9781910451069

Paula Conneely, Occupational Therapist and Clinical Specialist with the Meriden Family Programme, has contributed a chapter to the newly published ‘Diverse Roles for Occupational Therapists (2016)’ Occupational Therapy text entitled “Working with Families” (Chapter 13).

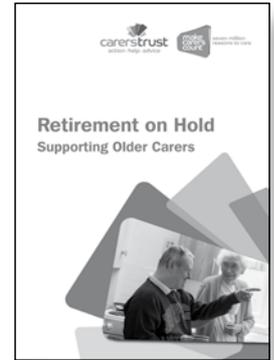
In it, Paula describes her work with the Meriden Programme, the nature of family work and why she feels OTs make great family work practitioners, supervisors and trainers. In addition, she presents a case study from her own clinical practice to reinforce the benefits of family work and highlight the links between family work and Occupational Therapy’.



“Occupational therapists get everywhere it would seem and this book is testament to the breadth of roles being undertaken by occupational therapists in the UK today. The diversity of practice settings that appear to be available to occupational therapists is certainly a strong factor that draws people in to the profession.... This book offers a rich context from which to reflect upon your own experience, broaden your understanding and triangulate your knowledge.” (M & K Publishing, 2017).

Retirement on Hold: Supporting Older Carers

Carers Trust (2016)



Full report available to download at:
https://carers.org/sites/files/carerstrust/retirementonhold_report.pdf

Carers Trust is a major charity for, with, and about carers. This report summarises their recent research undertaken with older carers in England and will form the basis of a future campaign which will highlight awareness of the specific and unique needs of this group. Given that the last UK census (2011) indicated that there are over 1.8m carers aged 60 and over in England (including 151,674 aged between 80–84 and 87,346 aged over 85), the need for a greater understanding of this aging population is paramount. As Carers Trust states, people are “*caring for longer and later in their lives*”.

Funded through The Dulverton Trust and The Headley Trust, the research questions included:

- What issues were faced by older carers?
- What if anything they wish they had known sooner?
- Did they plan ahead for caring?

The Carers Trust consultation consisted of 6 focus groups across 6 locations, attended by 92 carers aged 60–88 years, with an additional 8 individual interviews. The carers were diverse in background and lived in both urban and rural communities. The report itself highlights several key areas and is interspersed with short case studies to highlight key findings and experience.

Topic areas and key themes included:

- **Care co-ordination:** The impact of providing 24 hour care with the additional responsibility of organising appointments, phone calls and navigating an often frustrating array of services.
- **Carers’ own health issues:** The impact of personal health issues; deteriorating health; loss of own strength and mobility; increasing tiredness and sleep issues; poor or delayed self-care.
- **Transport:** Particularly in rural areas. Importance and value of being able to drive/own a car versus difficulties with hospital and public transport, including hospital parking arrangements.
- **Benefits, allowances and finances:** Patchy provision of information by services reported; difficulty accessing and managing finances combined with carers using their own money/savings to fund support or equipment.
- **Duty to care:** A sense of responsibility (“It’s what we do”), coupled with the sense of feeling judged by others

- if they are unable/unwilling to take on the role of carer.
- **Taking a break:** Seen as vital but not always possible; cost prohibitive; lack of appropriate services; too difficult to arrange and a sense of not being “worth it” in the longer-term.
 - **Planning for the future:** A difficult topic to discuss; frequently not addressed prior to being in the caring role; often difficult or distressing to involve the cared-for person.
 - **Housing:** Coping with the disruption of adapting the home versus the distress of moving house/environment.
 - **Support:** A general consensus that the “day-to-day” caring activities are less challenging than co-ordinating things generally (accessing and navigating services). Participants emphasising the value of carer groups and local carer organisations.

In summary, this report highlights that a lack of planning and early access to information often exacerbates issues for older carers. Although many issues highlighted were true for carers of any age, the reluctance of older carers to come forward combined with their lack of recognition of the role (perceiving themselves commonly as family members with a duty to support their relative) makes them a particularly isolated and vulnerable group. Recommendations include the allocation of a “Care Co-ordinator” or individual in a position to support and navigate the health/social care system, and the provision of appropriate and timely access to information. Practical recommendations include better co-ordination of hospital appointments, improved access to replacement and respite care and improved transport and parking arrangements for carers. In addition, awareness raising in terms of planning for the future was seen as a key area for concern.

Further information about the work of Carers Trust can be found at www.carers.org

References

The Dulverton Trust (Independent grant-making charitable trust) www.dulverton.org

The Headley Trust (A Sainsbury Family Charitable Trust) <http://www.sfct.org.uk/the-headley-trust/>

UK Census 2011. Source: Office for National Statistics licensed under the Open Government License v.1.0

Meriden Exhibits the MyCare App at NHS Providers Conference

The MyCare app developed by the Meriden Family Programme in partnership with families and carers of people who live with mental health difficulties was one of only twelve new initiatives selected by organisers for the Showcase Exhibition run in conjunction with the Annual NHS Providers Conference which took place at the ICC in Birmingham on 29-30 November 2016.



The high profile conference was attended by senior executives from provider trusts across the country and featured many significant speakers.

The app has been developed by Meriden in conjunction with carers and provides information and support to aid the recovery of carers, friends and families of people who experience mental health difficulties. It has been designed to encourage carers to take better care of themselves and provides advice on topics such as wellbeing, relaxation, sleep, managing stress and exercise as well as contact details for helpful organisations and support services.

The app has been well received by carers, staff in provider trusts and organisations providing support to carers and is free to download through the App Store or Google Play. Executives of NHS Provider Trusts attending the conference showed great interest in the app and it is hoped that this promotional opportunity will help carers across the country to hear about the benefits of MyCare and how to access it.



The MyCare App is free to download

From the Meriden Family Programme website:
www.meridenfamilyprogramme.com/mycare

No smart phone or tablet?

View the MyCare website in your web browser: www.mycareapp.co.uk



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