

The Future of Family Interventions in Mental Health

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Date



Family Interventions: What we know

- Family Interventions (FI) are known to significantly reduce risk of relapse for those with psychosis.
- There is a robust evidence base demonstrating effectiveness.
- NICE has consistently recommended FI since 2002.



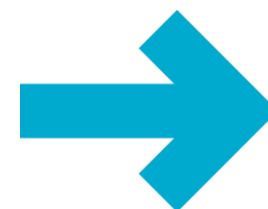
What is a Family Intervention? (NICE)

- A family intervention is delivered in a structured format with the individual family, and tends to include the service user as much as possible.
- A family Intervention is a discrete psychological interventions where:
 - family sessions have a specific supportive, educational or treatment function and
 - contain at least one of the following components:
 - problem solving/crisis management work, or intervention with the identified service user.



Who Should be Offered CBTp and Family Interventions? NICE (2014)

- Those “at-risk” of developing psychosis (they should not be offered antipsychotic medication).
- Those with a first episode of psychosis (if person wants to try therapy alone, go ahead, but advise that more effective if combined with medication – review after a month).
- Anyone with a diagnosis of schizophrenia or psychosis irrespective of phase (i.e. acute, in remission).



Despite evidence & national guidance, implementation remained poor.

5 years ago approx 3% of families of those with psychosis in England received FI.





The 15/16 EIP Access & Waiting Time Standard



The access and waiting time standard required that, by 1 April 2016, more than 50% of people experiencing a first episode of psychosis would be **treated with a NICE approved care package** within two weeks of referral.



The Two Strands of the Standard EIP Access

- ✓ A maximum wait of two weeks from referral to treatment (50%)
- ✓ Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people CG155 (2013) or in adults CG178 (2014). (100%)



2016 Baseline Audit of FI Practitioners in EIP Services



Definition of a Family Intervention Practitioner.

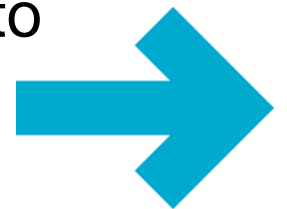
- Attended at least 5 days structured Family Intervention training that covers the FI competences outlined in the competence framework.
- PLUS regular supervision from competent supervisor



National Picture	120 EIP Teams	67 patients per WTE trained FI worker
North of England	38 Teams	64 SU per WTE trained worker 8 teams (21%) have no provision
Midlands & East	31 Teams	31 SU per WTE 8 teams (26%) no provision
South of England	22 Teams	94 SU per WTE 11 teams (50%) no FI provision
London	29 Teams	103 SU per WTE 9 Teams (31%) no FI provision

Barriers to Implementing Psychological Therapies

- Family Interventions not seen as a priority by Trusts.
- Lack of staff with appropriate competences to deliver Family Interventions
- Poor understanding of what competences are required.
- Insufficient high quality training in FI
- Lack of available high quality supervision in FI
- Insufficient therapists or staff with dedicated time to deliver therapy.



Impact of Poor Implementation

- Limited access to interventions that can improve outcomes and reduce costs.
- Lack of choice
- Access to poor quality psychological interventions often without critical ingredients (money wasted).
- Service user & carer dissatisfaction with what is (and what is not) delivered.



Implementing the standard

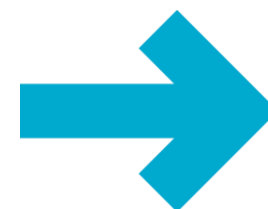


Ensuring EIP staff have appropriate competences

- Development of national competence framework for delivery of CBT and Family Interventions for Psychosis.

https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological_Interventions_with_People_with_Psychosis_and_Bipolar_Disorder

- £5m allocated by HEE to support training linked to implementation of the standard (to ensure staff have appropriate competencies).



HEE Funded Family Therapy Training

- University of Exeter
- Sussex Partnership Trust
- Kings College London
- South West London & St George's Trust
- University of West London
- Meriden - Birmingham and Solihull Trust
- Anglia Ruskin University
- Sheffield Health and Social Care Trust
- University of Manchester
- University of Central Lancashire



National Picture	FI Training Places Taken Up
North of England	126
Midlands & East	212
South of England	74
London	137
Total	549

2017 CCQI Self Assessment Found:

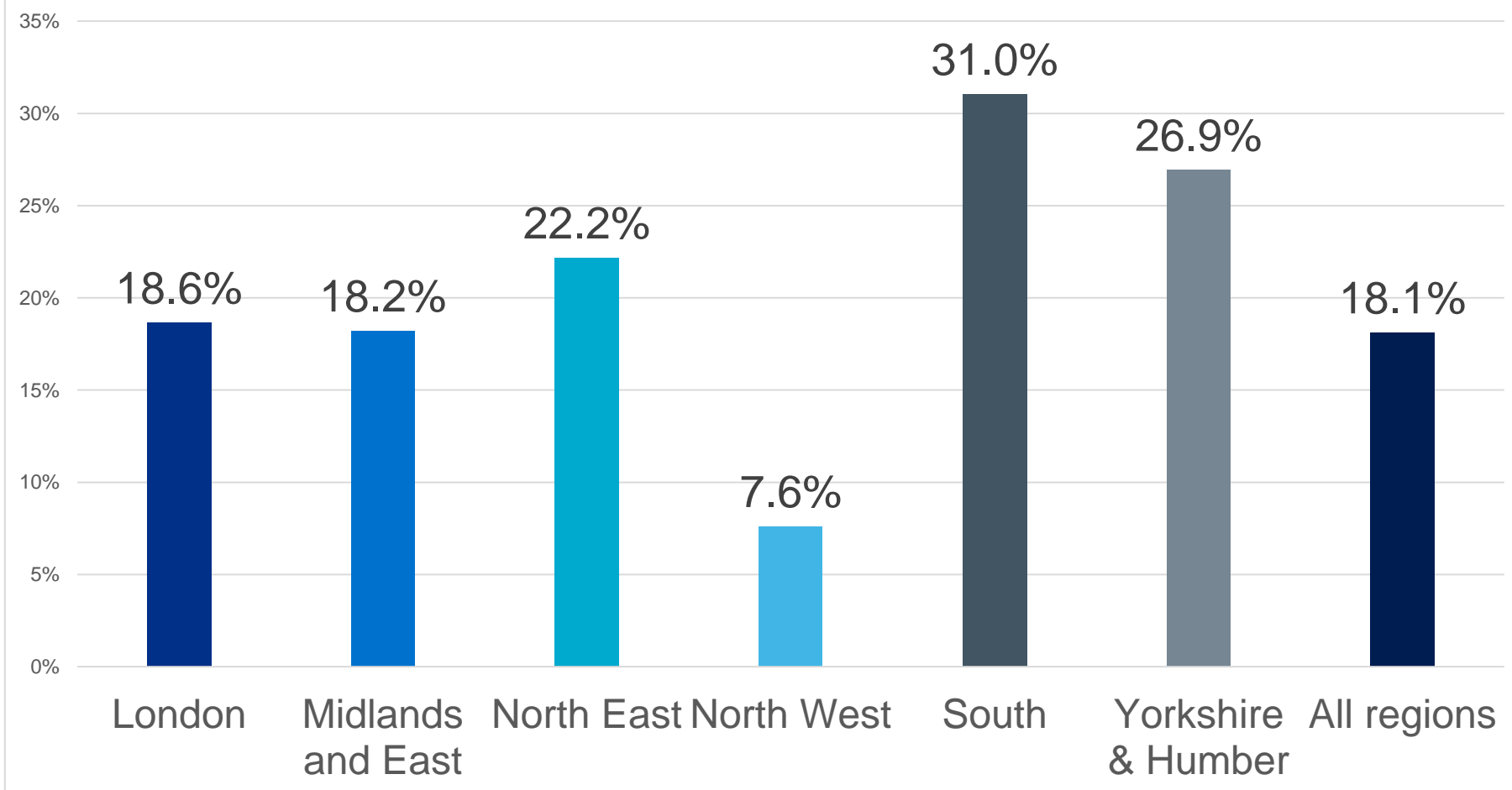
On average:

- 7 wte staff trained in FI per team
- 84% of service users in regular contact with family
- 45% of those offered FI
- 46% of those offered FI accepted this.
- 15% of entire First Episode caseload received FI.



2018 CCQI Results

% of Caseload with a First Episode of Psychosis who started Family Interventions



Variation in implementation: what can we learn?



Family Intervention for Psychosis: Teesside Model

- All care coordination staff trained in BFT plus a Systemic Family Therapist.
- All service users and their families have an engagement meeting which serves as offer of Family Intervention
- First line offer of Family Intervention is BFT
- Supervision, support and co-therapy for BFT available from Systemic Family Therapist.
- Following BFT family can access systemic family therapy if indicated
- In 2017: 23% of FEP caseload in Teesside received Family Intervention, this was in contrast to 0% - 5% in other 3 localities where similar number BFT trained care coordinators and equivalent caseload : staffing ratios.



Challenges for Implementation

- Definitions and Model Fidelity – ensuring competence of therapists.
- Reliability of Reporting
- Ensuring money reaches services.
- Ensuring the appropriate values & the flexibility of service provision don't get lost within procedures – don't want a production line approach.
- Ensuring there is continued investment in psychological therapy training and training remains accessible.
- Need to ensure quality of available training.
- Measuring impact – need for reliable outcome measurement.



What Next?

- Need to observe and learn – what helps and hinders implementation (go beyond BFT?).
- Greater focus on successful implementation of FI within services going forward – ‘service ratings’ linked to level of implementation.
- Further investment in FI training for both EIP and Community Mental Health Staff.
- Establish reliable methods of recording who is receiving which interventions including FI – allows us to identify gaps in service provision and focus on services that are struggling.
- Widespread access to FI has to go beyond EIP



Thank you for listening.

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