



psychosocial
RESEARCH CENTRE

Evaluating family-centred approaches to recovery

Building Family Skills Together Mind

mindaustralia.org.au



Supporting mental health recovery

The Presenters

- Judy Hamann: General Manager, Victorian Operations, Mind
- Elise Whatley: Family Worker, BFST Mind
- Laura Hayes: Research and Development Manager, Psychosocial Research Centre

The Organisations

- Mind
- The Bouverie Centre
- The Psychosocial Research Centre (PRC)
- North West Area Mental Health Service
- ADEC (Action for Disabilities for Ethnic Communities)
- Foundation House
- Funded by FAHCSIA

How it all began

- Existing relationships: Mind, North West Area Mental Health Service and Bouverie
- COAG: Funding for Community Based Programs: Submission for funding
- Behavioural Family Therapy being implemented by two of the partners
- Mind: strategic directions: more services for families

The Model

- Pushed the boundaries for a service not involved in therapy services
- Consistent with recovery
- Was evidence based
- Partnership approach was essential
- Funding gained: FAHCSIA

Behavioural Family Therapy (BFT)

The Family Intervention Model used in Mind- Building Family Skills Together

... is a structured, and at the same time, flexible model of family intervention that aims to equip families, where someone has a serious mental illness, with the skills they need to cope with the inevitable difficulties they face on a day-to-day basis.

**Developed by Dr Ian Falloon and implemented by Dr Grainne Fadden
in the UK (Meriden Program)**

What does it involve?

- Weekly or fortnightly frequency
- One hour sessions
- Active contact averaging 12 sessions over 6-9 months
 - can be up to 2 years
- Home or centre-based

Key elements and general pattern of BFT

- **Engagement:** Meeting with family/agreement to begin family work (mainly targeting non-case managed clients often resulting in working with 'hidden' and complex needs families)
- **Assessment:** Individual family members; family communication-problem solving; establishing individual goals(2 or more sessions)
- **Formulation/intervention:** By family worker of family resources, problems & goals; discuss & in-put from family; establish family meeting

Key elements and general pattern of BFT continued

- ***Information Sharing:*** About the illness & its impacts on family members; education about illness and relapse prevention - early warning signs plan
- ***Communication Skills:*** Expressing pleasant feelings; making positive requests; expressing difficult feelings; active listening
- ***Problem Solving/Working Towards Goals*** (as a collaborative process with the whole family)

Key elements and general pattern of BFT continued

- *Booster session*
- *Finishing up*
- These are general guidelines and there are times when the sequence will differ according to the needs of the family:

E.g. If a family is in crisis when first engaged, introducing problem solving may be the priority; the family may be proficient in a particular skill and can move on to other skills

Adaptations

- Engagement and information gathering elongated
- Medical expertise – NWAMHS registrar
- Multiple and complex needs
- Multi referral pathways
- CALD interpreters used and information provided in other languages
- Focus on oral teaching /illiteracy/ cultural issues
- Children focussed learning activities developed

Connecting with “Hidden Families”

- No clinical case management
- CALD families
- Parents who have a mental illness
- Young Carers
- Ageing families

Promotion

- Visited over 50 services/community groups/schools
- Utilized multilingual media outlets
 - eg. radio, newspapers, brochures, Turkish Directory,
 - interviews in Turkish on SBS radio two
- CALD staff members bi-lingual



psychosocial
RESEARCH CENTRE

Evaluating family-centred approaches to recovery

Outcomes of the independent evaluation

Evaluation team at PRC:

Ms Laura Hayes

A/Prof Carol Harvey

Ms Rebecca Bereny

Ms Nicole Atkinson

Ms Nicole Hill

mindaustralia.org.au



Supporting mental health recovery

Family Interventions - what we know so far....

Outcomes for consumers

- Decrease relapse (20-50%)
- Decrease symptoms
- Improved medication adherence
- Better social engagement, such as improved social functioning, employment
- Improved family relations

Positive outcomes for family members

Outcomes for carers

- Decrease in burden
- Decreased psychological distress
- Increase in coping
- Increased social connection

The striking results of outcome studies have led to family interventions being recommended for routine treatment of SMIs

Unanswered questions in the literature

Research done in clinical settings, not the PDRS sector

- Little research in Australia
- Often focuses on consumer only and not other family members
- Cultural background not often considered
- Outcomes for children where their parent(s) have an SMI are rarely studied

This evaluation was important because of the novel setting in a diverse community

Considerations in designing the evaluation

- Easy for consumers and families to complete
- Methodology preserves privacy of clients
- Provide useful information for stakeholders
- Instruments are relevant to the intervention
- Instruments are psychometrically valid
- Collect quantitative and qualitative information
- Evaluation design is relevant to the phase of the program

Three main aims

ACCESS: Investigate program visibility and who was accessing the program

ENGAGEMENT: Learn about barriers and incentives for engagement

OUTCOMES: Assess the mental health and wellbeing of families joining the BFST program and changes on completing BFST sessions

Referrals

- Nearly 300 referrals and enquiries over the period of evaluation September 2008 to June 2010
 - 60 different sources
- No red tape
- Seen immediately
- No other family services

Outcomes for families after BFST treatment

- Assess families as sessions are starting
- Revisit them after sessions conclude

Family profile

39 consumers, 35 family members (carers)

- 1/3 Schizophrenia, 1/3 bipolar, 1/3 Depression consumer diagnosis
- 15% of consumers, half carers work outside home
- Family member in evaluation 40% partner, 25% offspring, 25% parent, 10% other
- 50% consumers born overseas, 1/3 carers

mindaustralia.org.au

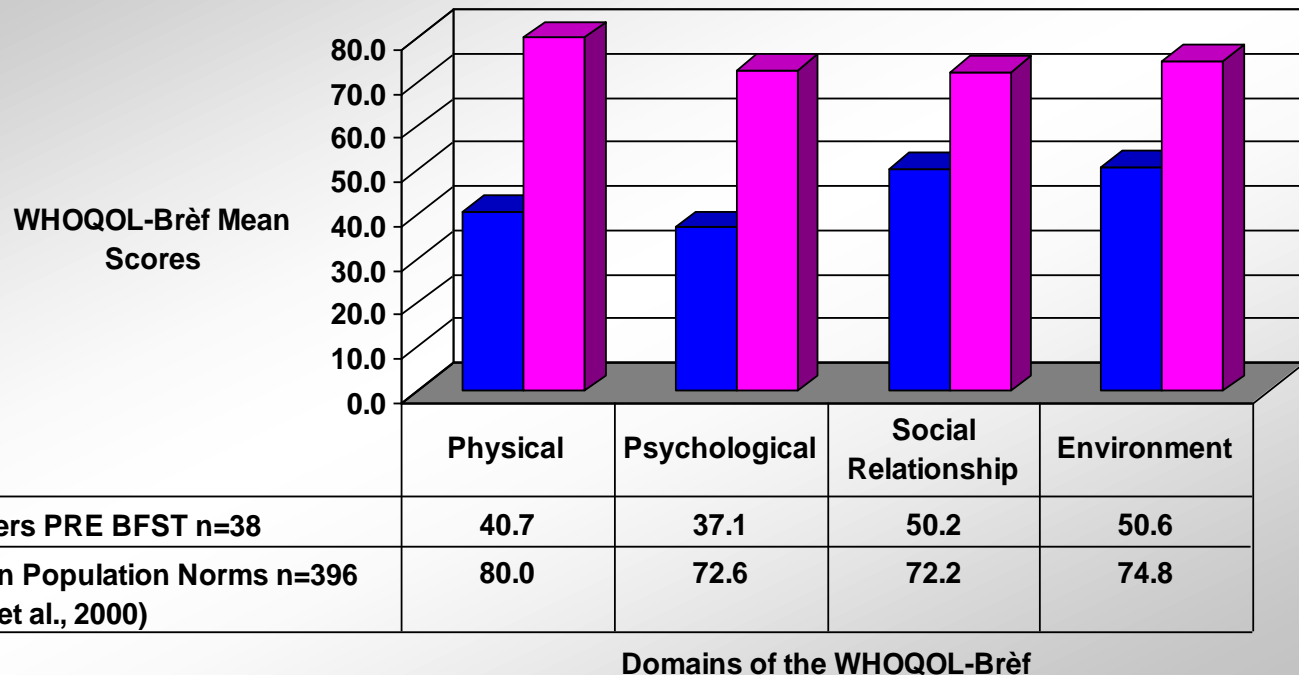
The logo for Mind Australia, featuring a stylized arch above the word "mind" in a bold, lowercase sans-serif font.

mind

Supporting mental health recovery

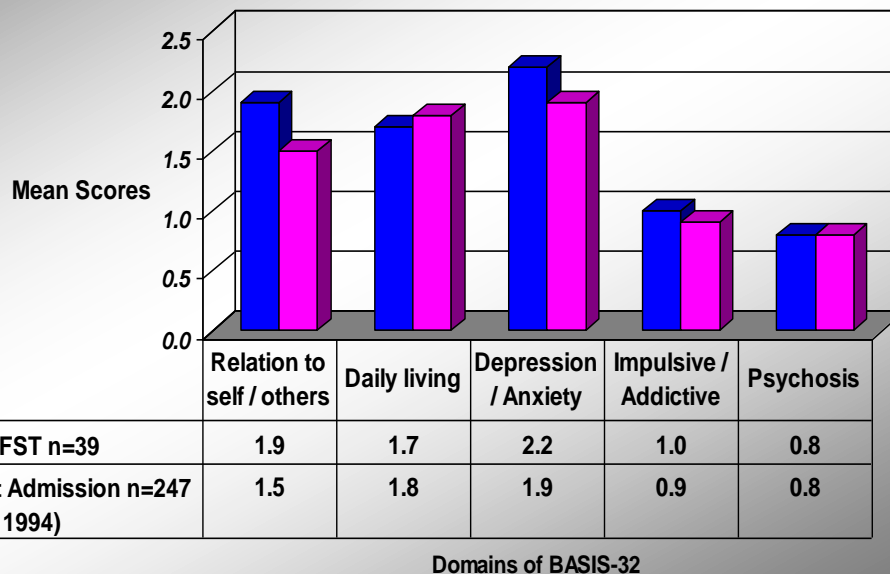
Consumer quality of life at baseline

PRE BFST Consumers Mean Scores on the WHOQOL-Brèf.



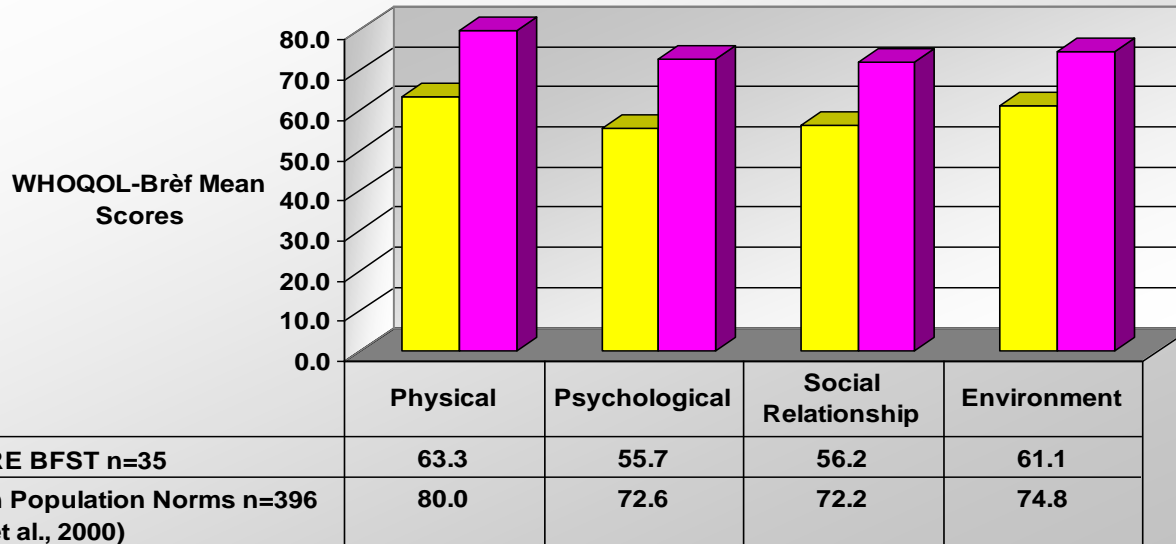
Consumer symptoms at baseline

PRE BFST Mean Scores for Consumers on the BASIS-32.



Carer quality of life at baseline

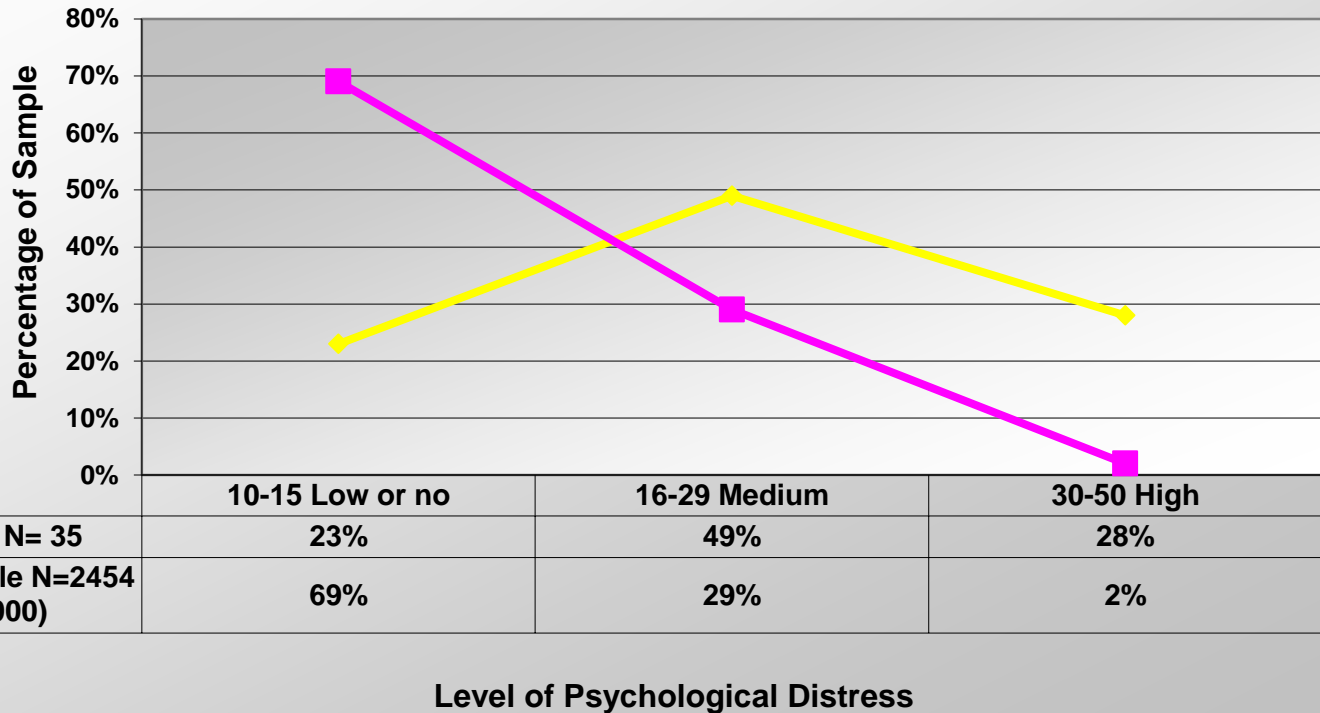
PRE BFST Carers Mean Scores on the WHOQOL-Brèf.



Domains of the WHOQOL-Brèf

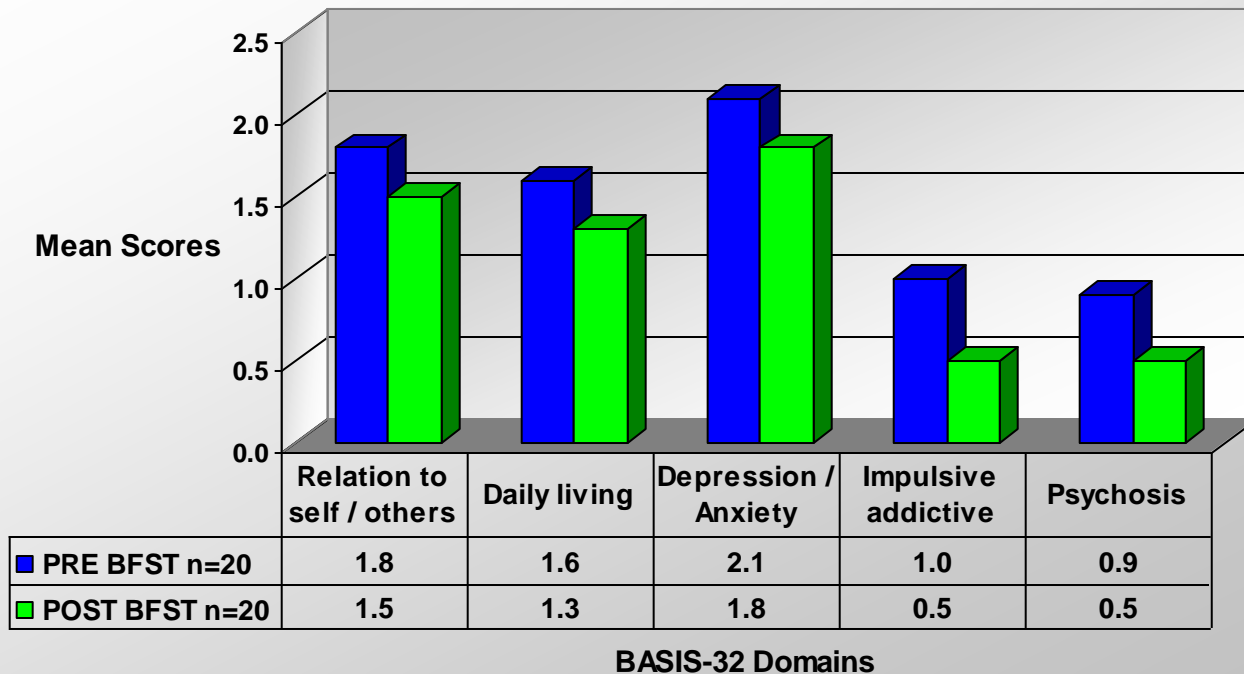
Carer psychological distress (K-10) Baseline

PRE BFST Results for Carers on the Kessler Psychological Distress Scale (K10).

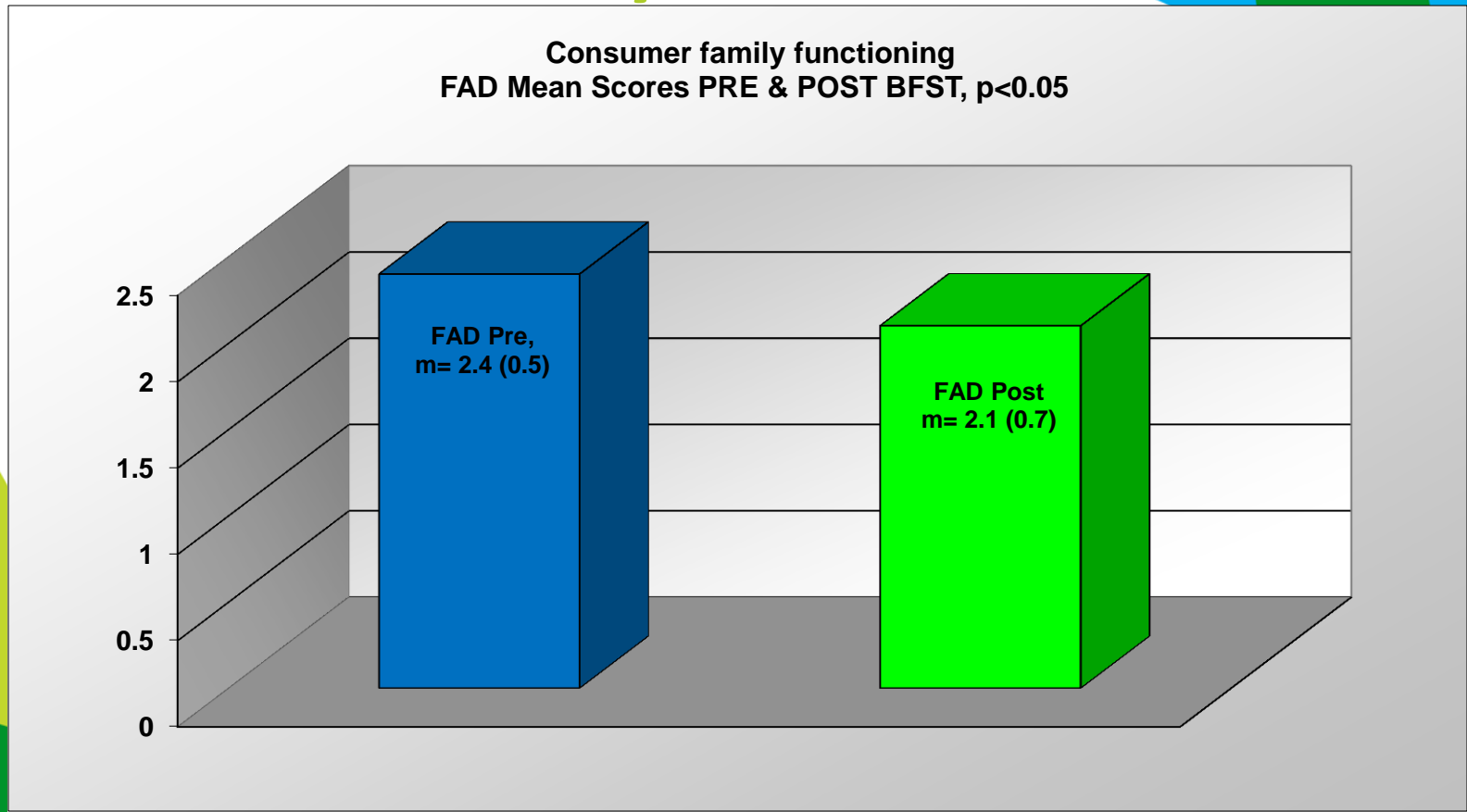


Consumer before and after -Symptoms (BASIS-32)

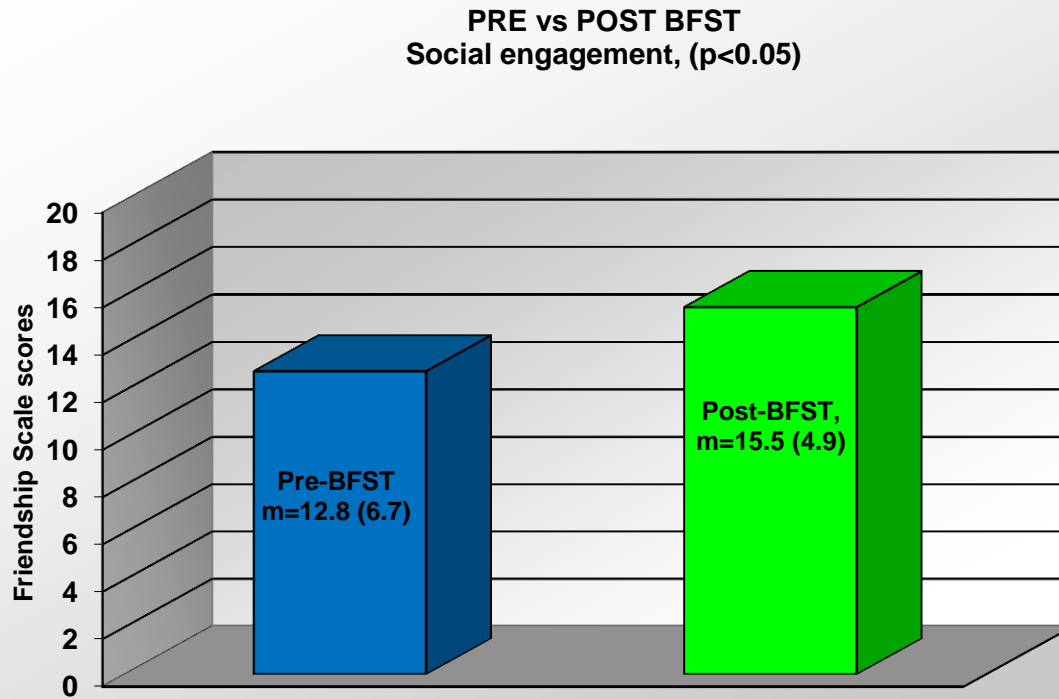
PRE & POST BFST Results for Consumer Symptom difficulties



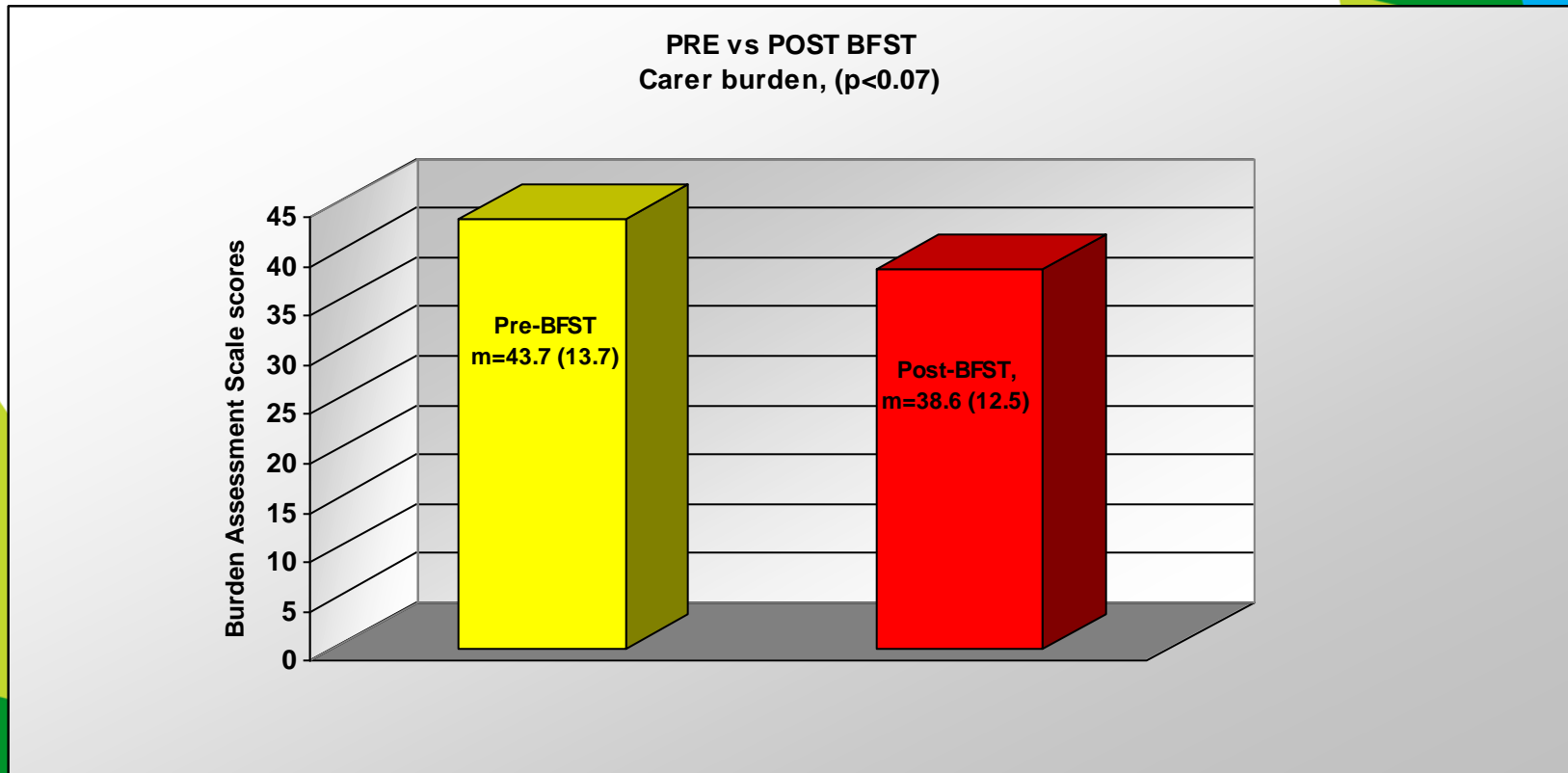
Consumer before and after - Family outcomes



Consumer before and after - social engagement (FS)



Carer before and after - burden (BAS)



Conclusions

- Wide range of referrers and enquirers
 - = community links
 - = high visibility
 - = good access
- High numbers of consumers are born overseas or are parents
 - = meets targets for services to CALD communities
 - = working with wide variety of family constellations
- Poor mental health at baseline
 - = targeting those in need
- Significant improvement in mental health and wellbeing of participants
 - = BFST program effective

Evaluating family programs

- Which family members will join the evaluation?
- Sometimes more than one consumer in the family
- Variety of family constellations
- Evaluating children requires particular expertise and resources, but is clearly an evidence gap
- Family process impacts on the evaluation interview
- Think consumer, think carer, think FAMILY DYNAMICS – include some family measures as well

QUESTIONS?



psychosocial
RESEARCH CENTRE



mindaustralia.org.au



Supporting mental health recovery



bfst@mindaustralia.org.au

bfst-info@unimelb.edu.au

mindaustralia.org.au



Supporting mental health recovery