

Gathering evidence on whether family-focused support for people with mental health issues can turn their lives around

If this research shows that working with families encourages improved engagement, greater independence and reduced need for support, then there's a case for fundamental service redesign.

Family focused support is an approach that is increasingly being used in adult mental health services to help restore wellbeing and independence to those with mental health issues.

Exactly what impact this approach has, and whether it has the potential to be used more widely across adult social care, is not clear. But Dr Jerry Tew, senior lecturer at the Institute of Applied Social Studies, University of Birmingham, intends to find out.

Can it help with reablement?

"Whole family approaches go beyond a focus on an individual plus an identified other or specific role relationships between a couple of people," he explains. "They involve a wider group such as the nuclear or extended family and unrelated 'significant others'."

The idea is that the other players in a person's life can act as a valuable resource that can work with them to help them overcome difficulties and regain more control over their own life – known as reablement.

Previous research has shown that behavioural family therapy can help to curb the recurrence of schizophrenia symptoms, with the evidence sufficiently strong for the approach to have merited inclusion in national clinical guidelines, he says.

"I wanted to know if mobilising a group of people around the person with mental health issues would help them become more engaged and independent and reduce clinical symptoms," he explains.

There are four main approaches: family group conferencing, in which family members and other significant people gather together to come up with a support plan; behavioural family therapy, which focuses on developing clear communication patterns; systemic family therapy, which homes in on relationship patterns to pinpoint areas where people feel stuck; and intensive family therapy, which provides both supportive and directive help.

And the first stage of the research – a scoping review to look at current provision in England – indicated that

'Relationships with the wider family, friends and neighbours are a key resource in most people's lives, but it's a resource that services typically overlook.'

Dr Jerry Tew, Institute of Applied Social Studies, University of Birmingham

family focused practice was more common than expected and that some services were offering a hybrid of different components from each of the main approaches.

In some areas, family focused therapy was provided as a tertiary service, to which people would be referred for extra special help; in others, there were moves to integrate 'family thinking' across the whole organisation.

"But most of the activity was located in mental health trusts, with very little involvement from local authorities, which is worrying," notes Dr Tew. "In the past whole family approaches would have been seen as core activity for local authorities; now they are seen as specialist activity."

Looking for what works

The second phase of the research will involve an in-depth exploration of different approaches in four different locations to get a handle on what works well – and what doesn't – and for whom.

"We don't just want success stories. We will be asking each of our sites to select one approach that has worked and one that hasn't," explains Dr Tew, although he acknowledges that this may be a tall order.

The plan is to recruit six families for each of the sites, interview the person with mental health issues, one or more family members, the lead practitioner and the service manager to get a sense of what difference the approach makes, including whether it reduces demand for other social care services.

The impact on four key dimensions of reablement for the person with mental health issues – empowerment and choice; social inclusion; personal relationships; and wellbeing – will also be explored.

"If it emerges that group conferencing works extremely well, but only one or two places are doing it, that might be a trigger for others to look at [this approach]," says Dr Tew, although he suspects that a clear-cut winner is unlikely. But the implications could be far reaching.

"We invest hugely in separating people with mental health issues from their families, caring for them in expensive ways and then bouncing them back into the family situation and expecting it to work," he contends.

"If we can show that working with families encourages higher level engagement and reduces the need for support, then there's a case for fundamental service redesign."

Project: Can whole family approaches contribute to the reablement of people with mental health difficulties?

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