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Mental Health Carers Alan Simpson Nursing Standard

Providing care for a friend or relative with mental health problems can have significant impacts on family life and finances, on work and career opportunities, on friendships and social relations, and on personal health and wellbeing. But being a carer to a close relative or friend can also provide positive experiences and elicit enormous personal rewards.

It is now recognised that carers play a key part in the lives of many people with mental health difficulties. An extensive range of legislation, policies and guidelines make clear the statutory requirement and expectation that mental health staff should consider and address the needs of mental health carers as an integral part of service delivery across all settings. Yet despite this, support for mental health carers frequently remains low.

As a result, engaging with carers in practice or as a researcher can be an emotional and challenging experience as carers often take the opportunity to offload understandable anger and frustration at the challenges they have faced while rarely being heard, understood or consulted by professional staff.

Around half the six million carers in the UK provide regular and substantial support to a friend, partner or relative with a mental health problem or with both mental and physical illness. Up to two million children provide care in the family home, most of them unsupported. Most would benefit from information, involvement and support.

Researchers at City University, London were commissioned by the Supporting Carers Better Network, a project of the national charity Together: Working for Wellbeing, to identify the content and design of an education and training programme that would help mental health staff better address the needs of mental health carers (Simpson & Benn 2007).

Focus groups were conducted with various stakeholders, including carers, carer support workers, service users, clinicians, managers and academic staff. Literature covering carers' needs, experiences and perspectives, family work, family therapy and psychosocial interventions was reviewed and a survey of organisations providing health and social care education undertaken.

The findings from this study provide a strong argument that a wide-ranging and comprehensive education and training programme is required in order to enable mental health staff to inform, involve and support families and carers of people with mental health problems.

Education on the importance of working in partnership with families should be provided to all mental health students and trainees throughout their preregistration professional education. This education should be supplemented with visits to and placements with families, carer support workers and carers' centres and organisations.

Continuing professional development and post-registration training should then be utilised to ensure that the mental health workforce is able and motivated to ensure that all mental health services are family-friendly and sensitive to the needs of families and carers, and able to provide intensive family work and interventions to those that require it. This requires three different but interlinked levels of training (See Figure 1):

Carers, carer trainers, carers' organisations, carer support workers and mental health service users should all be involved in the design, delivery and evaluation of any education and training, which needs to be underpinned by The Ten Essential Shared Capabilities (Hope 2004). Training must address the development and confident delivery of a range of communication skills and information sharing identified within the study as central in supporting mental health carers.

Figure 1: Levels of training in family work

Level 1	All staff (clinical, managerial and administrative) obtain an awareness of the experiences and needs of carers and families and of what family work involves, in order to facilitate carer and family-friendly practices and to recognise the need for carer support and family work, to discuss it with carers and families and make appropriate referrals. Information about local carer support services should also be provided and partnership working between mainstream mental health staff, Carer Support Workers and carers' organisations should be encouraged and supported. This level of training can be provided through staff induction programmes, workplace training and regular updates.
Level 2	Smaller numbers of clinical staff across all services and teams are trained to provide expert family work and psychosocial interventions to those that require them. Training should be supplemented with regular supervision, appropriate work placements, job shadowing and reorganisation of work practices so that knowledge and skills in family work are supported, encouraged, developed and implemented.
Level 3	Within each team or service area, a suitable number of staff are trained and supported to provide ongoing supervision, training and support of staff providing family work and interventions.

However, there is ample evidence in the literature on training in family work and psychosocial interventions that providing education and training alone is insufficient to bring about lasting change in clinical practice. There are too many barriers and restrictions to prevent all but the most determined of staff to carve out a space in which to work with families.

In order to be effective, any programme to improve the support of families and mental health carers needs to form part of a comprehensive organisational

strategy that includes explicit support throughout all levels of health and social care organisations. Consequently, we have drawn on the experiences and recommendations of successful programmes and projects to identify key factors that help establish, develop and maintain family-focused services and greater support for carers (see Figure 2).

Figure 2: Key structural factors required to establish, develop and maintain family-focused services and greater support for carers	
Establish a service users' and carers' forum	Establish a steering group and detailed strategy for change
Appoint a credible, skilled person to lead developments	Appraise the work priorities and organisation of workload in teams
Identify family work and carers' 'champions' within teams	Prepare and support senior and middle managers to support changes
Establish good links between different service areas, with carer support workers and carers' organisations	Target GPs and primary health care teams, so that staff are aware of family and early intervention services for people with mental health problems, their families and carers
Deliver a comprehensive education and training programme and provide regular supervision in family work	

The full report with an extensive literature review, a summary of key legislation and policies and accounts from carers and others can be downloaded free from: <http://www.citypsych.com/docs/Carersfinal.pdf>

References:

Hope, R. (2004) The Ten Essential Shared Capabilities: A framework for the whole of the mental health workforce. London: NIMHE.

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