

# *Guideline Five*

**Family and friends should be actively involved in the engagement, assessment, treatment and recovery process**

## Background

The effectiveness of family intervention in relapse prevention is well established. Many families themselves describe difficulties in coping with the emergence of psychosis and the burden this creates (Fadden, 1998). Effective family interventions have been developed which should be made available routinely. The seeds of longer-term family difficulty are sown in the early phase. The first episode of psychosis is as distressing for family and friends as it is for those who experience it: they may experience feelings of sadness and a sense of loss of the person they knew (Birchwood & Smith, 1987). The pathway to services is not always straightforward and initial contact with relatives may reveal feelings of anger and frustrations with services. These feelings should be responded to directly and families provided with information about the services and their role in the individual's recovery. Developing an alliance with the family holds the key to engagement of the client and prepares the ground for later collaboration, for example in times of crisis.

The main aim of the involvement of family in the early phase is to:

- **Provide a complete picture of the build up to psychosis;**
- **To engage them in a collaborative therapeutic process;**
- **To deal with the crisis of psychotic illness in the family;**
- **To identify and respond to the needs of individual families.**

## Requirements

1. The process of engagement of the client should always embrace the family. Initial contact with the family should be made within one week of presentation so that crisis support, debriefing and the family's perspective can be gained.

2. The initial contact should be at the home including a 'debriefing' session, giving the family opportunity to 'tell their story' about the build up to psychosis and to air their feelings and concerns.
3. Straightforward psycho-education and support should be provided as needed as well as access to a support group.
4. Psycho-educational Family Intervention should be available focusing on:

**On-going relationship problems in the family**

**Unresolved loss and despair in key relatives**

**Stress management for individual Family members**

**Problems of coping with psychosis-related behaviour at home**

5. Family and friends should, with the agreement of the client, be part of the ongoing review process.

Getting it right....

**Joanna, aged 17, became ill over a period of around 6 months and exhibited various psychotic phenomena. She was reluctant to accept her illness initially and engage with services. Her parents were very distressed and supported her as best they could, giving her 24-hour support as they did not wish her to go into hospital. CPN contact was arranged as well as out-patient (psychiatric) appointments. Over a few weeks, the CPN discussed the illness and offered practical advice and Information. After several visits, the Family and Joanna felt able to meet together and work as a family on their difficulties and facing the future.**

Where things can go wrong....

**Margaret's husband had been supporting her for around 5 years through what was in retrospect an insidious onset of psychosis. He had coped by giving up all his hobbies and limiting his social life. Margaret was admitted to the psychiatric hospital during an acute episode of psychosis precipitated by a family illness. She was discharged one month later with 6 monthly reviews. Her husband receives anti-depressants to cope with the stress of managing the situation without support or any information about her illness.**

*Ask Yourself.....*

### **About your service- — i.e, CMHT or inpatient service:**

- Does the family know who is the CPN/named nurse?
- Do they know who to speak with if this person is not available?
- Are you able to visit at a time convenient to that family?
- Has the family been consulted as part of the assessment process?
- Have the family had face to face contact with professionals for a dedicated time to discuss the situation?
- Has a professional visited at home? (Once/twice/thrice?)

[National Service Framework Links: Standard 6 requires that carers' own needs be assessed and addressed, using where appropriate structured family intervention techniques.](#)