



CREaTE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Please cite this publication as follows:

Taylor, R., Mellotte, H., Griffiths, M., Compton, A. and Koravangattu, V. (2016) Carers matter: promoting the inclusion of families within acute inpatient settings. *Journal of Psychiatric Intensive Care*, 12 (2). pp. 69-77.

Link to official URL (if available):

<https://doi.org/10.20299/jpi.2016.014>

This version is made available in accordance with publishers' policies. All material made available by CReaTE is protected by intellectual property law, including copyright law. Any use made of the contents should comply with the relevant law.

Contact: create.library@canterbury.ac.uk



Table 1: Outline of Structure and Content of Family Awareness Teaching (Stanbridge et al, 2009)

Topic	Content and Discussion
Aims	<ul style="list-style-type: none"> • To reflect on the experiences and difficulties of family members. Rationale for involving them. • What are we currently doing to involve families and carers? • Opportunities and interventions available to improve carer experience.
Carer Perspective	<ul style="list-style-type: none"> • Carer consultant shares experiences.
Current Provision for Families and Carers	<ul style="list-style-type: none"> • How are teams currently including family members and carers? • What has been helpful? • What else would teams like to be doing to support and involve families?
Rationale for Family Inclusive Practice	<ul style="list-style-type: none"> • Families are a resource, asset and provide a lot of care that we can't. • Families are often distressed but not supported. • Links between expressed emotion and service user/carer outcomes. • National policy guidance requirement.
Key Issues for Families	<ul style="list-style-type: none"> • Dealing with complex difficulties and challenging behaviour. • Carers experience their own emotional and physical health difficulties as well as financial and social losses. Lack of respite. • Needs identified by families e.g. to be listened to, involved in care planning, and supported.
Barriers to Family Inclusive Practice	<ul style="list-style-type: none"> • Families' previous experiences of services. • Service user not providing consent. • Practitioners' experiences and challenges.
Confidentiality and Information Sharing	<ul style="list-style-type: none"> • Discussions with carers and service users to understand what types of information can be shared. • Differentiating between general information, personal information and sensitive personal information. • Advance decisions and powers of attorneys.
Pathway Interventions and Opportunities	<ul style="list-style-type: none"> • Current interventions available in the acute pathway, community teams and voluntary sector. • How to discuss family interventions with service users and carers and how to make referrals. • Identify one suggestion to enable staff to further improve their practice in this area.

Table 2: Patient and Carer Sociodemographic Characteristics

Demographic Characteristic		Clients (n=22)	Caregivers (n=39)
Age	18 years +	10	7
	30 years +	12	21
	Missing	0	11
Ethnicity	White	5	11
	Black African	1	3
	Black Caribbean	6	9
	Black Other	8	9
	Pakistani	1	2
	Other	1	2
	Missing	0	3
Marital Status	Single	19	10
	Married	2	20
	Divorced/separated	1	4
	Co-habiting	0	1
	Missing	0	4
Occupational Status	Employed	3	18
	Unemployed	14	2
	Volunteering	1	1
	Retired	1	6
	Housewife/husband	0	3
	Student	1	2
	Missing	2	7
Relationship to Client	Mother	-	16
	Father	-	7
	Spouse/partner	-	2
	Sibling	-	7

	Child	-	4
	Other	-	3
Living with client	Yes	-	24
	No	-	15

Table 3: Statistical analysis of patient outcomes (n = 15)

Measure		Mean (SD)	Clinical Interpretation
CORE-10	Pre	12.7 (9.7)	Mild distress
	Post	10.7 (8.6)	Mild distress
WEMWBS	Pre	48.2 (11.5)	Average wellbeing
	Post	50.1 (9.3)	Average wellbeing

Table 4: Statistical analysis of carer outcomes

Measure		N	Mean (SD)	Clinical Interpretation	Analyses
CORE-10	Pre	21	10.8 (7.7)	Mild distress	t=3.37, df=20, p=0.002
	Post		5.8 (5.3)	Non-clinical	
WEMWBS	Pre	23	49.7 (14.1)	Average wellbeing	t=-2.18, df=22, p=0.04
	Post		55.2 (10.4)	Average wellbeing	
CBI	Pre	25	32.5 (21.7)	≥24 (respite required)	t=3.35, df=24, p=0.003
	Post		21.2 (14.1)	Non-clinical	
BIPQ	Pre	22	59.6 (13)	Higher scores:	t=3.93, df=21, p=0.001
	Post		36.6 (13.9)	more threatening negative illness perceptions	

Table 5: Carers' clinic attendance and content of sessions

Total Carer Attendance	Relationship to Client (%)	Client Diagnosis (%)	Issues Discussed (%)
119	Mother (29)	Psychosis (64)	Carer support (44)
	Spouse/partner (21)	Mood, anxiety, personality disorder (24)	Care planning (43)
	Children (19)	Other (12)	Psychoeducation: diagnosis, current difficulties, medication, how to cope with discharge (13)
	Siblings (19)		
	Father (7)		
	Others (5)		

Table 6: Ward complaints following carers' clinic implementation

No. of Complaints	Baseline Year 1, Q1	Carers' Clinic Starts Year 1, Q2	Year 1		Year 2				Year 3
			Q3	Q4	Q1	Q2	Q3	Q4	Q1
Client	4	3	3	2	1	4	1	2	1
Caregiver	6	1	0	3	0	0	2	0	0
Other	1	0	0	0	0	1	0	0	0
Total	11	4	3	5	1	5	3	2	1