



# Developing the integrated delivery of family intervention within community mental health teams for people with psychosis: a pilot project

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## Project background

The project was undertaken in one community mental health team (CMHT) within Cardiff and Vale University Health Board. The CMHT is one of seven that deliver community-based mental health care to the population of Cardiff and the Vale of Glamorgan. A local audit of service user records revealed a significant number diagnosed with psychotic illness were not receiving, or being considered for, family intervention – a best practice intervention. This mirrors national findings, which indicate the need to address organisational factors associated with using evidence-based interventions.

## Aims and objectives

The project had two key aims: a practice development initiative involving recruitment and work with one CMHT to develop feasible, acceptable and sustainable working practices to increase delivery of family intervention for psychosis; and a realistic evaluation to determine the relationships between context, mechanisms and outcomes of this practice development, to enhance confidence in spreading effective working practices to the remaining six CMHTs. The objectives identified were to:

- Review access to family intervention in a CMHT in Cardiff
- Review the training needs of the multidisciplinary team and implement a programme of staff training
- Develop explicit, evidence-based protocols for assessing the needs of service users and their families and carers
- Develop a care bundle that addresses the psychosocial needs of service users and their families
- Produce practice guidance and a training package
- Assess the feasibility, acceptability and sustainability of integrating a family intervention care bundle
- Collect and analyse service user, staff and routine data to determine the context, mechanism and outcomes of this service development
- Make recommendations on adoption of the care bundle

## Implications for practice

- Unique contextual factors can impact on successful implementation of complex health interventions in the NHS
- Lack of knowledge, skills, support and confidence can be barriers to the implementation of family intervention
- Mechanisms that promote improved outcomes include targeted training, refinement of team processes and a collective responsibility for intervention delivery
- Support from direct line managers as well as the wider organisation can facilitate a top-down approach to implementation; increasing awareness among service users, family members and carers can create a bottom-up approach to accessing family intervention, further enhancing feasibility, sustainability and acceptability

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## Key activities and outcomes

### • Development of steering group

A group with expertise and understanding of the local context was created and met quarterly to support and operationalise the project.

### • Collecting baseline data

Process mapping was undertaken to highlight the service users' journey through the CMHT and the issues/complexities encountered by the team. Interviews with staff trained in family intervention were also conducted. Few families were being offered this intervention, with other priorities and a lack of clear processes being identified as contributing factors.

### • Developing new processes

Baseline data were used to inform improvements in how family intervention was implemented. This included a caseload review enabling a fast-track (database) system for prioritising clients with psychosis and facilitating access to the intervention. It also involved working with staff to develop and trial new family intervention workbooks.

### • Meeting training needs

Staff reported a lack of confidence in delivering family intervention to service users and their families, particularly if they had not worked with families since their initial family intervention training. A one-day refresher was facilitated as well as the full five-day training for staff nominated by the CMHT managers.

### • Evaluation

A total of 38 service users and their families were identified as suitable and offered family intervention. Of these, 19 accepted and consented to the intervention, seven were allocated to clinicians to start immediately and 12 were placed on a waiting list. One service user who presented with first-episode psychosis was fast-tracked to receive the intervention as a priority. Those who declined were asked again by the team at their six-monthly review meetings; if family intervention was acceptable at this stage they were placed on the waiting list.

At the end of the project, ongoing evaluation of family intervention work was handed over to the lead nurse and CMHT managers.

### • Wider implementation

Work continues to enable implementation of family intervention in the six remaining CMHTs. Senior clinical staff from the project site are supporting other senior managers to facilitate effective and sustainable implementation.

## Online

Further information about the project can be accessed from: [fons.org/library/report-details?nstdid=71663](https://fons.org/library/report-details?nstdid=71663)