Initial Family Meetings

[Oxleas NHS Foundation Trust]

Case study: Oxleas Initial Family Meetings

1. Introduction

In recent decades, there has been growing support for the effectiveness of family interventions in treating individuals with psychosis. In 2007, Oxleas commissioned training to help services involve families in treatment, but this approach often fell away over time. In 2015, the Adult Mental Health Services redesigned teams catering to people with psychosis and became a pilot site for involving families in initial meetings, known as Initial Family Meetings (IFMs).

2. Initial Family Meetings – What are they

IFMs are conducted at the first assessment of a client referred to the Greenwich Community Mental Health Team. Clients are asked if they can bring family members or significant others to the meeting, where the purpose is to gain a wider view of the problem and understand the reason for referral to the team. This approach sees people in the context of their lives rather than as individuals with mental health issues. When presenting as individuals, people often shape what they say based on what they think the psychologist wants to hear.

By involving significant others, the context is broadened, and clients are more likely to present their situation in a more comprehensive and accurate manner. By introducing this meeting at the initial stage and changing how the pathway operates structurally, the IFMs help to tailor the care plan according to the needs of the client and determine the priorities. Depending on the needs of the client, appropriate referrals to different groups in the team or in the community are made. Key areas of support for the client are discussed and fed-back to the team.

DIALOG+ and Core-10 are the standardised assessment tools used during IFMs. The advantage of DIALOG is that it focuses on wider areas of life, such as relationships, home, hobbies, interests, and work, helping to broaden the focus from a purely 'illness' model.

Psychologists do not need to be trained in family intervention for psychosis to conduct IFMs; they only need to be comfortable working with families. There is support available to help colleagues build their confidence to conduct IFMs. The work has now been expanded to include wider teams, including nurses, social workers, and medics who join some of the meetings.

3. Outcome

The impact of IFMs was measured through quantitative and qualitative data collected 6 months post IFM. While there was no significant difference on quantitative outcome measures for people who attended IFMs alone compared to those who attended with family, qualitative analysis showed that clients and significant others had more positive ongoing relational experiences because of the IFMs, compared to when IFMs were

not a part of standard procedure. This included gaining new insights into each other's perspectives and talking more after the appointment. Clinicians also felt they had a better understanding of their clients, which informed how they worked with them.

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4. Appendix

For further information, see Appendix 1.

Further information

This case study has been shared as part of a quality improvement project led by Transformation Partners in Health and Care's (TPHC) Psychological Therapies for Severe Mental Health Problems Programme team.

This project aims to promote the delivery of psychological therapies that are accessible and responsive to the needs of diverse populations. Through an information mapping exercise, the team has gathered information on good practices and interventions that mental health providers have adopted, or are adopting, to make therapies and therapy services more accessible.

To view more case studies and learn more about this programme, please visit the TPHC website.