USING FAMILY GROUP CONFERENCE IN MENTAL HEALTH

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHOR Tracy Wright, MA, PGCert, PGDip, RMN, RN, is consultant practitioner, South Essex Partnership NHS Foundation Trust.

ABSTRACT Wright, T. (2008) Using family group conference in mental health. Nursing Times; 104: 4, 33–34. This article outlines use of the family group conference in mental health care. This model of care is unique in involving both professionals and family and other support networks in helping clients to manage their condition. The process is led by the client and family network, and promotes social inclusion of an often isolated group of people.

WHAT IS FAMILY GROUP CONFERENCE?
The roots of the family group conference (FGC) lie in the culture of New Zealand’s Maori people, who identified that responding to child and family problems by placing the child in care was damaging family life. They challenged this type of official intervention, demanding that the child’s community be consulted first, as they would care for and support the child if there were family difficulties. The Maori people used a ‘family meeting’ involving the child’s entire support network to develop a ‘family plan’ on how the child was to be supported.

The emphasis on family involvement in planning and decision-making led to reforms in New Zealand legislation. Central to the new law was the FGC model, which was to be applied in both child welfare and youth justice. The model is now applied nationally and internationally to education, domestic violence, young carers and adult offenders. In the UK, any child involved in the child protection process has an FGC.

TRADITIONAL COMMUNITY MENTAL HEALTH SERVICES
Traditionally, community mental health services in the UK offer clients appointments with the psychiatrist and treating team, access to individual or group therapy, education on mental illness and symptom management and a contingency plan should the condition return. Clients’ immediate carers may receive a carer’s assessment and information about their relative’s illness.

The Care Programme Approach (CPA) is the framework in which UK health and social care mental health services work. It offers opportunities for clients, family members and support agencies to put together a care plan and contingency plan for when a client’s condition deteriorates, but does not involve other people who may come into contact with clients when their condition deteriorates, such as neighbours or friends.

THE FGC IN MENTAL HEALTH
Mental health FGC offers an opportunity for all the client’s ‘family’ to have the condition explained – the word ‘family’ is used to mean any support person identified by clients. The model gives them an opportunity to contribute positively to clients’ recovery and provides information on who to contact/what to do should the client become unwell.

Mental health FGC was introduced in Essex social care in 2000. It complements traditional services and has the following benefits (Mirsky, 2003b):

● Service users and family members have the opportunity to meet a professional at a time and place convenient to them, including evenings or weekends – more than one session can be offered if necessary;

● The process is client-led and socially inclusive. Clients identify the issues they wish to discuss and the family members they wish to be included. Plans to return to education, voluntary work and employment can be included;

● The family meeting is in clients’ time and not professionally led, which is less intimidating than a ward round or CPA meeting. It can help improve clients’ and family members’ understanding of each others’ perspectives and support needs;

● The model identifies resources outside the usual mental health network, which promotes social inclusion;

● It improves communication within the support network. Further work may be agreed on in family therapy settings;

● As the family plan is produced by clients and their support networks, there is a feeling of ownership and commitment;

● We seek to work with all professionals involved so the process is totally inclusive of all the different networks;

● The results are then integrated into the CPA framework (Mirsky, 2003c).

THE PROCESS
There are two full-time and one sessional psychiatric nurses working as mental health FGC facilitators in Essex. They establish whether clients have received all the

IMPLICATIONS FOR PRACTICE

● FGC is totally service user and family led, which envelops the philosophy of social inclusion (Partners in Care, 2004).

● Since the model has been introduced in adult mental health, the framework has had to be adapted to deliver the service in a timely manner to meet the client’s and family network’s needs. This has allowed referrals to be dealt with in 16 weeks.

● The framework has been adopted in other settings, which demonstrates that it is flexible.
BACKGROUND

- The introduction of FGC in the UK coincided with reforms in the Children Act 1989, which stressed the need for partnership in child welfare.
- The national body Family Rights Group introduced FGC to the UK in 1993, and continues to play a role in its implementation throughout the UK.
- Culturally, there has been an assumption that professionals know best and that the ‘experts’ have all the answers. The concept that service users have the answer to their problems was a unique viewpoint.

THE CONFERENCE

Once all family members have been visited and are clear about the issues, a conference date is set. A venue is selected, which must be big enough to hold all family members and able to accommodate those with disabilities if necessary. Any professionals whom clients wish to attend are invited to the first part of the session to explain their role and what can or cannot be offered by their services, and to discuss any ideas or concerns (Mirsky, 2003a). The professionals, including the facilitator, then withdraw and the family spends up to an hour’s ‘family time’ deciding on a completed ‘family plan’. During this time, the family can call on the facilitator at any time to clarify information. Then the facilitator returns and shares food with the family. Once this process is completed the facilitator reviews the family plan and clarifies any issues it raises. The plan is then typed up (using the service users’ language) and circulated for comments by the client, family and professionals. The client and care coordinator then sign up to the plan, which can have a family crisis plan attached to it, containing contact details of all involved and details of their agreed roles in a crisis.

TRADITIONAL CMHTS AND FGC

The FGC model raises much debate in CMHTs. Professionals often raise questions such as ‘Why can’t a care coordinator do this?’ and ‘Surely we do this anyway?’. However, FGC does not replace the CPA process and should be viewed as complementary to it. Families may have experienced ward rounds and CPA meetings and can feel traumatised by them (Jones, 2004). It takes time to convince the family that the FGC is their meeting and the plan that they formulated by them will then be put into practice by professionals. The model is led entirely by the client and family, and which encompasses the philosophy of social inclusion (Partners in Care, 2004).

The area requiring most work when introducing the model is gaining professionals’ participation. They need to understand that they are working within the process and are not excluded. Some are intimidated by the concept of a care plan introduced the model is gaining professionals’ participation. They need to understand that they are working within the process and are not excluded. Some are intimidated by the concept of a care plan designed and led by service users, and facilitators have to work hard to ensure professionals fully understand the framework, but once this is achieved, it can influence their practice positively.

CONCLUSION

Mutter (2005) reported increased confidence among clients and families that was still evident one year later. Mental health FGC has introduced a way of working in mental health that is totally service user and family led. The process is socially inclusive and has a positive impact on clients’ mental health.