


8. CASE STUDY 08: MERIDEN FAMILY PROGRAM

Code of the project: UK04	
Name of the project: Meriden Family Program	
	Country: United Kingdom
	Promoter organization: NHS

8.1. The project characteristics

TITLE OF THE PROJECT/SERVICE	Meriden Family Program
CONTEXT	<p>The Meriden Family Work Programme is a training and organisational development programme, which has been promoting the development of family-sensitive mental health services since 1998.</p> <p>It is an NHS programme which is hosted within Birmingham and Solihull Mental Health Foundation NHS Trust, although its remit has always been regional, and it now operates at a national and international level.</p>
DESCRIPTION	<p>a) Target area of needs / aims</p> <p>Traditionally adult mental health services have focussed primarily on the individual. In the past, they have not offered a broad range of treatment modalities such as routine availability of 'talking treatments' including support for the family. The innovative Meriden Programme has been influential in modernising mental health services by shifting their focus to ensure that families and others in the person's social network receive care and support.</p> <p>The overall aim of the programme is to train clinical staff, service users and carers in the skills needed to work with families, and to ensure that workers are able to implement these interventions following receipt of training through influencing management and creating a supportive host culture in the organisation.</p> <p>The programme has had two main focus:</p> <ol style="list-style-type: none"> 1. A cascade system of training whereby therapists are trained as trainers and supervisors. These trainers provide in-

service courses in their own localities to multi-disciplinary professional groups, service users and family members. This has ensured the widespread dissemination and sustainability of the programme and has been effective due to the ongoing support offered to the trainers and supervisors.

2. On-going contact with managers and key individuals within services to identify barriers to the implementation of family work and solutions for overcoming these obstacles. The aim here is to bring about attitudinal and organisational change and ensure that family work becomes firmly embedded within services. Concrete structures have been put in place to ensure sustainability including recording and auditing systems, and ensuring that the provision of family work is written into clinicians' job descriptions.

b) Target population

The main focus of delivery has been around providing intervention to those families with a member with 'psychosis' or 'manic depression'. The National Institute for Clinical Excellence Schizophrenia guidelines, originally published in 2002 recommend family interventions should be offered to 100% of individuals with schizophrenia who have experienced a recent relapse.

c) Were users (families) involved in the finalization of the training programme/intervention?

Yes, families were actively involved in the finalization of the programme. The model of family work adopted by the Meriden Programme is in fact a psycho-educational approach known as Behavioural Family Therapy (BFT). This was developed by Professor Ian Falloon and colleagues. It is a practical, skills based intervention that usually takes 10 to 14 sessions to deliver. It provides information to the service user and their family about the service user's mental health issues and treatment. The family also completes work on recognising early signs of relapse and develops a clear relapse plan. BFT promotes positive communication, problem solving skills and stress management within the family thus leading to stress reduction. The needs of all family members are addressed, and individual family members are encouraged to identify and work towards

	<p>clear goals.</p> <p>d) Type of the intervention set up</p> <p>The approach employed by the Meriden Programme is not a 'package' where components are delivered to all families. Rather, it is an individualised approach where what is delivered to an individual family is based on the assessment of that particular family, and is tailored to their specific needs. Equally the pace and timescale of the support offered varies from family to family. In this collaborative approach, the therapist and family together determine what the agenda will be. Family work is generally offered in the family home unless the family have a preference for meeting elsewhere. This makes it easier for family members who are often in a stressful situation to be able to attend. The elements of what is offered are drawn from those listed below:</p> <ul style="list-style-type: none"> • Meet with the family to discuss the benefits of the approach • Agreement with the family that they are willing to try the approach • Assessment of individual family members • Assessment of families communication and problem solving skills • Review of the assessment information on the families resources, problems and goals • Meeting with the family to discuss and plan how to proceed and establishment of family meetings • Information-sharing about the mental health issue and reaching a shared understanding • Early warning signs and relapse prevention work – development of 'staying well' plans • Helping the family to develop effective communication skills • Supporting the development of the family's Problem Solving skills • Booster sessions • Review and on-going support or closure <p>e) Techniques, methodologies and tools used</p> <p>-</p>
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	<p>f) Professionals involved in the project/service</p> <p>One part of the Meriden Family Programme is the training for carers, which is called “Caring for Carers”. It has the aim of preparing participants, both carers and professionals, to deliver an eleven-week programme covering information-sharing, coping strategies and support to carers of people experiencing mental health difficulties. This is achieved through experiential learning, and the provision of an extensive range of written materials. A detailed manual has been prepared with eleven modules covering the following topics:</p> <p>Introduction – the experience of mental health problems in a family</p> <p>Experiences of caring</p> <p>Information sharing – assessment and treatments</p> <p>Information on local mental health services</p> <p>Communication in families</p> <p>Communicating with professionals</p> <p>Problem solving</p> <p>Dealing with crisis and relapse management</p> <p>Recovery and hope</p> <p>Taking care of your own health</p> <p>Since 2005, the “Caring for Carers” programme has been delivered on a number of occasions and has been adapted to meet the needs of specific groups of carers. A Black and Minority Ethnic (BME) programme had been produced, and also a substance misuse adaptation, both of which received excellent feedback and evaluation</p> <p>g) What kind of training was delivered to the professionals? What’s the knowledge and skills needed</p> <p>-</p> <p>h) Mainstreaming, communication strategy</p> <p>-</p>
SPECIFICITIES / INNOVATION	-
SOURCES AND STARTING MODELS	-

DURATION/ TESTING PERIOD	-
POTENTIAL AND ACTUALLY ACHIEVED TARGET POPOULATION	-
ACCESS	<p>a) Is there a selective access? If so, describe how it works.</p> <p>b) Access modality</p> <p>-</p>
COSTS AND FUND RAISING	<p>a) Cost supported by the promoter and the financing organizations</p> <p>-</p> <p>b) Cost and fares for the users</p> <p>-</p> <p>c) Financing organizations</p> <p>Originally funded from 1998 to 2004 through central West Midlands regional funding, Meriden worked closely with all the mental health provider trusts within the West Midlands region in a comprehensive programme of training and implementation. Subsequent funding for 2004 – 2007 was provided by several of those Trusts, demonstrating their commitment to ensuring that family work was available locally and embedded within the organisational infrastructures. From April 2007, the funding for the programme comes from a range of sources including West Midlands Mental Health and Primary Care NHS trusts and through other organisations, primarily NHS and Social Care, both within the West Midlands, and at a national and international level.</p>
PARTNERSHIP	<p>d) Name and description of the partners</p> <p>-</p> <p>b) Functions within the project</p> <p>-</p> <p>c) Coordination mechanisms</p> <p>-</p>
STRENGTHS	-
WEAKNESSES	-
EVALUATION OF THE RESULTS	-

SUSTAINABILITY	-
FORMAT TRANSFERRABILITY	-
POSSIBLE DEVELOPMENTS	-
PRODUCTS	-

8.2. The collected documentation

PRODUCTS AND DOCUMENTATION COLLECTED		
CODE	TYPE OF DOCUMENT	SHORT DESCRIPTION
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