

FAMILY RECOVERY GUIDANCE DOCUMENT

2018 - 2020

Supporting 'A National Framework for
Recovery in Mental Health 2018-2020'



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Recovery in Mental Health 2018-2020'


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Foreword

When applying recovery principles to mental health service practice it becomes clear quite quickly that the well-being of service users is significantly impacted by the extent and quality of their social networks and support. In most cases chief among those supports is the family. It is undoubtedly the case that families play a very significant role in the recovery journey of many service users. Families want the best for their loved one and more often than not do not count the cost to themselves in terms of demands put upon them. The primary focus of mental health services is always going to be on those who need and use services and on providing appropriate care and treatment to them. This is as it should be. If we truly want to have recovery-orientated services we need to acknowledge both the immense contribution that families can make to the recovery journey of their loved one and their need for supports in their own right to enable them to make their contribution.

This guidance has been developed by those who know and understand the family experience from the inside. We hope that it gives clarity on what services need to take into consideration when redesigning their service offerings to ensure that the perspectives and needs of families are included.

A handwritten signature in black ink, appearing to read 'Tony Leahy', written in a cursive, flowing style.

Tony Leahy

General Manager

MHD Service Improvement

Introduction

The development of the National Framework for Recovery in Mental Health (2018-2020) is a further step in ensuring the provision of recovery-orientated services in Ireland. The Framework will ensure a consistent, good quality evidenced-based, co-produced and clinically excellent approach to building on recovery-focused services in Ireland. It provides an overview and definition of what a recovery-orientated service means and the key principles, actions and measures that underpin such a service in an Irish context. It is building upon the dedicated efforts in recent decades of Irish service users, family members, carers, supporters, service providers and Non-Governmental Organisations (NGOs) to develop a more recovery-orientated service worthy of those who use and provide that service. In keeping with the recovery ethos, the framework and supporting guidance documents (Family Recovery, Recovery Education and Coproduction) were co-produced utilising the expertise of service users, family members/carers, supporters and service providers.

The Family Recovery Guidance document has been developed to support mental health services in the implementation of the framework, to strengthen the delivery of a quality person-centred service and to provide mental health services with a practical guide to encourage recovery for families in practice. This document will support staff already using a recovery approach with families and those looking for more guidance to support their recovery practice. Recovery promotes working in a holistic and respectful manner ensuring that everyone is valued and acknowledged for their unique experiences. It offers a way of working where the expertise of Service Users, Family Member and Service Providers are accepted and valued to ensure better recovery outcomes for all. This is relevant across all services, Child and Adolescent Mental Health Services, General Adult and Psychiatry of Later Life, across all mental health issues, and across all roles within the family (sibling, child, parent, etc.). When we use the term family / family member we are inclusive of carer, relative, supporter or friends.

It will provide staff with the opportunities to develop more confidence in how best to include the family when permission is given by the person using the service but also when permission is not given, while always being respectful of the person who uses the service. Where service providers find themselves bound by confidentiality listening to families does not mean confidentiality is breached. This document outlines actions under the four principles of the National Framework for Recovery in Mental Health, 2018-2020, that indicate a service is working in a recovery orientated way for families. All stakeholders will be able to use this document as a guide to effectively use family recovery practices in their local mental health services. An outcome from this document will be a move towards a common understanding in services of what recovery for families is and the creation of an environment where this can take place.

“No longer fearful, I see professionals as equals. I understand what it is to be hopeful. I am no longer trying to fix my daughter. As a result of my better understanding of recovery the atmosphere in our home has changed from one of gloom and doom to one of happiness and positivity. I didn't notice until I changed. My daughter noticed the changes in me from who I was to who I am now. In my situation while finding out my loved one has a mental health difficulty can come out of the blue, it is important to remember that they are probably aware of it for a long time” (FRIENDS Family Recovery Booklet, 2016).

'Family members and long standing friends have a unique role to play in recovery because we know the person well, often before their distress. We can therefore serve as a reminder that the person is not solely someone with a mental health problem, but someone with talents and abilities, a person with qualities, interests, skills, beliefs and ambitions.' (Recovery: a carers perspective ImROC BriefingP4).

The four Recovery Principles in the Framework are:



Context

In reviewing the literature on family recovery in Ireland and internationally it is evident that this area is growing and helping define 'Family Recovery'. It also highlights a need for more specific research to provide a better understanding of family recovery and this guidance document will help inform this as it evolves in an Irish context. In Ireland the concept of mental health recovery emerged in the 1980's when a series of personal narratives were published. These narratives demonstrated that people diagnosed with severe mental illness quite often recovered and reclaimed meaningful lives. (Mental Health Commission: 2008). Two of the most central Irish national policy documents in mental health, "A Vision for Change: Report of the expert group on Mental Health Policy" (Department of Health & Children, 2006) and the "Quality Framework for Mental Health Services in Ireland" (Mental Health Commission, 2007), promote recovery as a guiding principle in terms of service development, delivery and evaluation.

A Vision for Change (Department of Health 2006) states that service users and family should be involved in every aspect of mental health service development, delivery and that statutory services should be put in place for peer-led initiatives. The 'recovery' ethos is cited as at the core of the radical changes needed in service development. The Best Practice Guidance for Mental Health Services (2017) contains five themes, one of which is Recovery-Orientated Care and Support. This is described as 'protecting a service user's rights, respect for diversity, and promotion of access advocacy, connections with family and community. It is about a partnership approach to recovery.'

Other countries such as Australia, New Zealand, Canada and Great Britain have also made strides towards the development of recovery orientated mental health services and communities. The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Healthcare in England and Australia's guidance document for staff, A Practical Guide for Working with Carers of People with a Mental Illness, recognises the service user, staff and family member share a common goal working towards recovery.

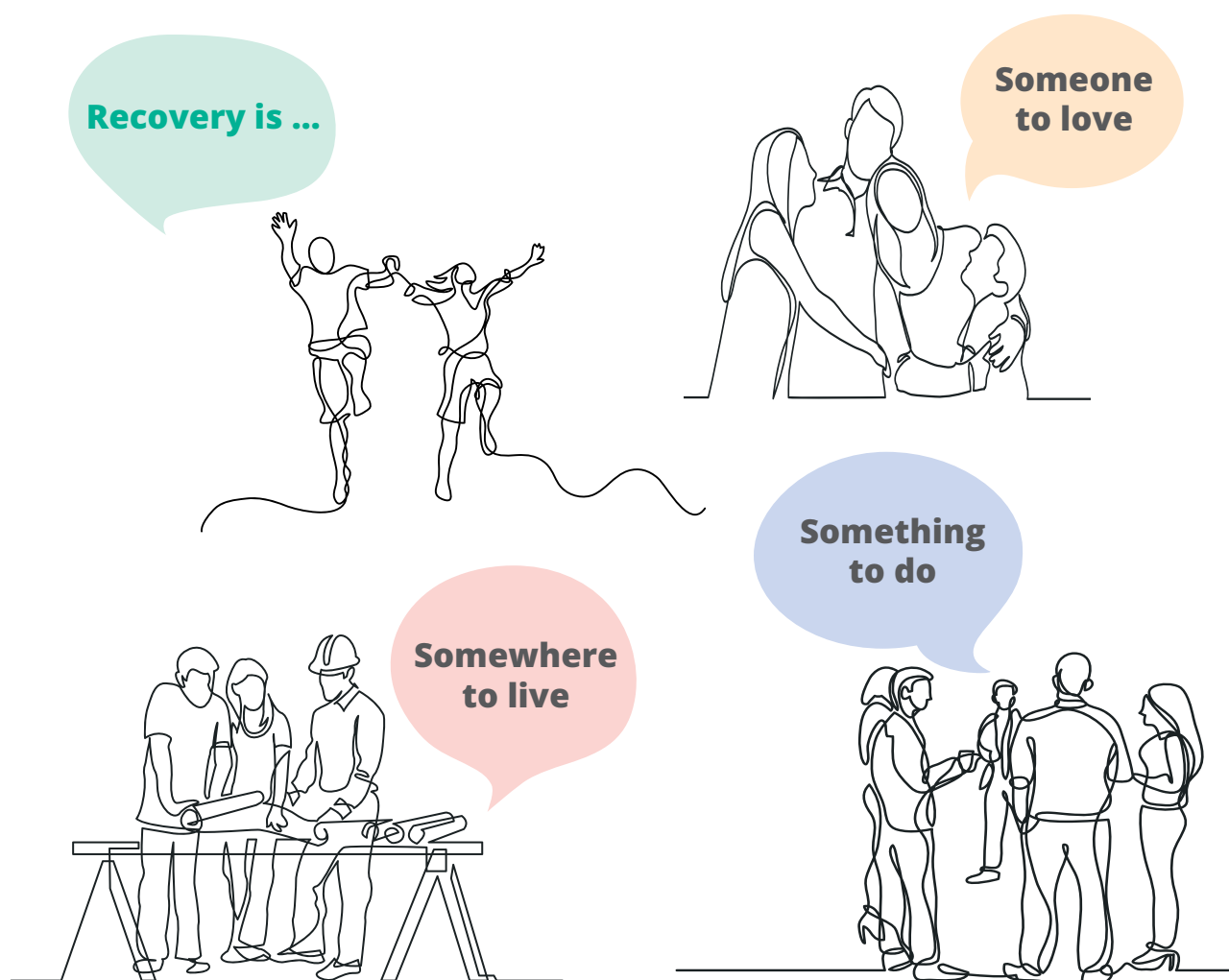
Significant progress has also been made towards developing Irish mental health services that are more recovery orientated with national developments such as the *Office of Mental Health Engagement, EOLAS, Enhancing Teamwork and Advancing Recovery in Ireland*, as well as numerous recovery initiatives at local Community Healthcare Organisation level. Since 2013 the Recovery movement has strengthened, supported by ARI both nationally and at local level. There are now many recovery initiatives in existence inclusive of the whole family including family peer support services, Recovery Colleges, Recovery Principles and Practices Workshops, Peer-Led involvement Centres, WRAP and Dialogues. This document acknowledges the many existing family recovery practices, which work effectively. This paper will support a more consistent national approach.

What is Recovery for Families?

Family recovery is intrinsically about all members of the family being able to live a life of their own choosing regardless of the challenges of mental health issues. "Family recovery is respecting and accepting that while we all see things differently there are key skills we can draw on to live a life with hope, empathy, equality and autonomy. Learning to care about our relatives and feel supported is what family recovery is all about." FRIENDS, Family Recovery Booklet (2016).

There is a need to develop an organisational culture which fosters an understanding of family recovery as it continues to evolve in Ireland. In families where a member has a mental health issue, the family also require support for their own recovery. Each Family member will have experienced the impact of the mental health difficulty in a different way and will have their own specific recovery needs, and so having access to a variety of supports is essential. Family members should not just be seen as supporters of the person using the services but as individuals with their own unique recovery journey to make.

'If we define recovery as a journey of self-discovery, 'fellow travellers' are then also welcome and 'guides' can be useful. Carers, supporters and staff are also on a journey of their own alongside the person experiencing distress.' (*Recovery: a carer's perspective ImROC Briefing*).



Supporting Family Recovery

Recovery Principle 1:

The centrality of the lived experience as it relates to the family.

True meaningful engagement, listening to the family narrative and co-production with the services positively affects the recovery outcomes of the whole family, including the person experiencing the mental health issue who is central in this process. When services practice in a way that the person with the lived experience and their family are at the heart of designing, delivering and evaluating what the service provides, the desired result is an experience and outcomes that are better for everyone.

Examples include;

- Family Need Assessments & Family Recovery Plans.
- Family Recovery Peer Support.
- Co-production and co-facilitation of training.
- Family recovery policies and procedures.
- Formal opportunities for family members to be involved in service planning, development and delivery.

See Action Table on page 14/15

Recovery Principle 2:

The Co-production of recovery promoting services, between all stakeholders.

This principle recognises that best results come from the insights and experiences of everyone working together to achieve better recovery outcomes. This provides more opportunities for all stakeholders to share a collective, sustainable understanding of what supports individuals to progress in their lives. When developing recovery supports in care planning, and discharge planning within Multi-Disciplinary Team Meetings, it should be done through co-production to ensure that everyone is working towards achieving the same goal. Conversations about options, services, supports and education, etc. can strengthen recovery opportunities within the whole family. The Co-production Guidance document discusses this in more detail.

Examples include;

- Co-produced and co-facilitated recovery training & education
- Co-produced recovery care planning & discharge planning
- Co-produced local operational plans

See Action Table on page 14/15

Recovery Principle 3:

An Organisational commitment to the development of recovery orientated Mental Health Services.

In a recovery orientated mental health service the organisation is committed to a strategic approach to bring about the cultural and structural changes that are necessary at both organisation and service level. To become recovery orientated, services may need to reconfigure their current services to deliver a quality evidenced-based approach to recovery (National Framework for Recovery in Mental Health, 2018 -2020). For families to receive a recovery-orientated mental health service, the organisation at all levels needs to be inclusive of family recovery.

Examples include;

- Co-produced family recovery policies and procedures.
- An Information Booklet for Families to support their recovery.
- Access to a range of emotional supports for families for example family key worker, family recovery peer support, family liaison, self-advocacy and open dialogue.
- Empower staff to actively refer family members to funded NGO's.
- Opportunities for family members to engage and feedback through the local Mental Health Fora and Trialogues.

See Action Table on page 14/15

Recovery Principle 4:

Supporting recovery-orientated learning and recovery-orientated practice across all stakeholder groups

Through the process of co-production, recovery education can assist staff, family members and service users to identify their own needs and develop workshops to address these. There are many common benefits to recovery education across all stakeholder groups and there are also specific needs to each group. The Recovery Education Guidance document discusses this in more detail.

Examples include;



- The CHO recovery education plan encompasses the family recovery education needs.
- Family recovery education programmes are available and accessible.
- Co-production of recovery competencies for all staff as it relates to the family.



See Action Table on page 14/15

Actions and Implementation

As stated, this guidance paper has been developed to support mental health services in implementing the National Framework for Recovery in Mental Health (2018-2020). In compiling this guidance document, the group's view at the time was that the framework did not fully reflect family requirements. That while the family are implied within the actions when using the term service user in its broadest most inclusive sense, within this document these actions can be articulated more clearly for the benefit of families and the services. Below are seven actions with associated tasks which correspond to the principles and actions within the framework. There are resources and appendices within this guidance document to support these actions.

It is suggested that at the beginning of the process every CHO area will collect baseline data on current family recovery practices in their service. The National Framework for Recovery in Mental Health recommends a process for this; 'Each service should establish a multi stakeholder, co-produced forum to develop a plan for the implementation of the framework locally'. This baseline data should measure against all components of the family recovery guidance. Evaluation of the plan should be co-produced annually so that the CHO can map progress and challenges in relation to implementing their family recovery actions tabled below. In beginning the implementation process of this guidance it would be helpful if every Community Healthcare Organisation (CHO) collected baseline data on current family recovery orientated initiatives in their service.

ACTIONS 	TASKS 
<p>1: Formal opportunities for family members to be involved in service planning, development and delivery.</p> <p><i>Recovery Principle 2, 3</i> <i>Action 2.2, 2.4, 3.1, 3.3, 3.7</i></p>	<p>1.1. Ensure representation of family members in the co-production of the CHO Recovery Framework operational plan and its implementation.</p> <p>1.2. Ensure representation of family members on the Area Management Team, Governance groups and Mental Health Fora.</p> <p>1.3. Ensure representation of family members in the development of relevant policy and procedures that have a direct impact on them. For example, Information Sharing, Confidentiality, Visiting Rooms, Care and Discharge Planning.</p>
<p>2: Family Needs Assessments and Recovery Plan.</p> <p><i>Recovery Principle 1, 2</i> <i>Action 1.1, 1.2, 2.1</i></p>	<p>2.1. Carry out a Needs Assessment to assist with the development of a Recovery Plan for Family Members identifying specific requirements such as young people or children with support needs.</p> <p>2.2. Complete a recovery plan and show referrals to supports such as family key worker, family recovery peer support, family liaison and NGOs.</p>
<p>3: Access to Family Recovery Peer Support</p> <p><i>Recovery Principle 1</i> <i>Action 1.1</i></p>	<p>3.1. Carry out a review of current family recovery peer support services already in place.</p> <p>3.2. Develop a plan for Family Recovery Peer Support services where none exist.</p> <p>3.3. Continue to strengthen and develop family recovery peer support services already established.</p>
<p>4: Access to Family Recovery Advocacy services</p> <p><i>Recovery Principle 1, 3</i> <i>Action 1.1, 1.2, 3.3</i></p>	<p>4.1. Complete a needs analysis for family recovery advocacy services.</p> <p>4.2. Provide information to Families on advocacy services where available e.g. Family Carers Ireland.</p> <p>4.3. Promote self-advocacy through appropriate information on opportunities for families to give feedback i.e. mental health fora, dialogues, Your Service Your Say.</p>
<p>5: Family Information Booklet</p> <p><i>Recovery Principle 1</i> <i>Action 1.1</i></p>	<p>5.1. Provide the family with information on what they should expect for themselves and their relative or friend when they use the mental health services.</p> <p>5.2. Provide information on how family members can care for themselves and understand their own recovery needs.</p> <p>5.3. Provide information on how to deal with the issue of confidentiality for the benefit of service users, their families and service providers in a constructive manner that can be helpful to all.</p>

ACTIONS 	TASKS 
<p>6: Recovery Care Plan and Discharge Planning.</p> <p><i>Recovery Principle 1, 2</i> <i>Action 1.2, 1.2, 2.1</i></p>	<p>6.1. Ensure that recovery care plans and discharge plans address the needs of the whole family and the wider support networks e.g. housing, employment and NGO partners.</p> <p>6.2. Ensure family members have access to a staff point of contact to support them with queries in relation to information, education and services available.</p>
<p>7: Access to Recovery Education</p> <p><i>Recovery Principle 4, 2</i> <i>Action 1.1, 4.1</i></p>	<p>7.1. Ensure family members are represented in the development of the CHO recovery education plan and that is inclusive of the needs of the Family.</p> <p>7.2. Families are provided with information on available recovery education.</p> <p>7.3. Family Recovery education programmes are available and accessible across all mental health services (CAMHS, General Adult, Psychiatry of Later Life) in the Dept. of Psychiatry, Early Intervention services, Involvement Centres and Recovery Colleges for example – Recovery Principles and Practice, Eolas, Wrap, Recovery Star.</p> <p>7.4. Families are partners in the co-production and facilitation of recovery education for service users, family members, staff and wider community.</p>

Additional Information

Glossary of Terms

Advancing Recovery in Ireland (ARI): A national HSE initiative aimed at bringing about the organisational and cultural change in mental health services necessary to support services to become more recovery orientated based on a partnership approach between service users, family and carers and service providers.

A Vision for Change: The current national policy in Mental Health services published in 2006.

National Framework for Recovery in Mental Health: The National Framework for Recovery in Mental Health (2018-2020) is a document outlining 4 principles underpinning recovery and the actions required to develop more recovery orientated Mental Health services which has been developed by the Mental Health Division of the HSE.

Co-Production: In mental health, sustained recovery involves a wide range of supports including clinical supports and services, community supports, housing, employment and social integration. Co-Production is where key stakeholders work together to develop and deliver these supports. (National Recovery Framework 2017)

Community Healthcare Organisation (CHO): There are 9 CHO regions across Ireland providing services in Primary Care, Social Care, Mental Health and Health & Wellbeing. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes. (HSE 2017)

Family members: This includes relatives, friends and other supporters of all ages who care about and are supporting people who use mental health services during their recovery journey. Throughout the document the term Family Member will be used, it is agreed that this term will be inclusive of supporters, friends, relatives, carers, parents, sibling and children.

Family Recovery is intrinsically about all members of the family being able to live a life of their own choosing regardless of the challenges of mental health issues. 'Family recovery is respecting and accepting that while we all see things differently there are key skills we can draw on to live a life with hope, empathy, equality and autonomy. Learning to care about our relatives and feel supported is what family recovery is all about.' (FRIENDS Family Recovery Booklet, 2016)

Family Recovery Peer Supporter: An individual who has had personal lived experience of supporting a family member with mental health difficulties and now enjoys a good level of recovery themselves and is employed in a professional role to use their expertise and experience to inspire hope and recovery in others in similar situations.

HSE Service Plan: An annual document which outlines the priorities and objectives of care that the HSE service will provide in the following 12 month period.

Lived Experience: People who have a mental health condition and diagnosis and their families who engage with services have unique insights into the actual experience of having that condition, using mental health services and the impact of both on their lives. (National Recovery Framework 2017)

Multi-disciplinary team (MDT): A group of health care workers who are members of different professional disciplines (e.g. Psychiatrists, Nurses, Social workers, Occupational Therapists, Peer Support Workers.) each providing specific services to patients and service users. (HSE 2017)

NGOs: Non-Governmental organisations (NGO's), community and voluntary sector organisations that engage in supporting communities in a social, cultural and humanitarian context. They are funded from a variety of sources including state funding through section 38 & 39 agreements.

Office of Mental Health Engagement: A national office dedicated to developing structures, systems and mechanisms for service user, family member and carer engagement.

Peer support worker: Is an individual who has had personal lived experience of mental health issues difficulties and now enjoys a good level of recovery. They are employed in a professional role to use their expertise and experience to inspire hope and recovery in others who are undergoing similar mental health experiences. (See also, Family Peer Support)

Recovery: 'Recovery is best understood as being about the person in their life. It is about how they want to live a life of their own choosing to achieve self-determined goals, dreams and ambitions, with or without the presence of mental health challenges, and regardless of the severity of those challenges.' (National Recovery Framework 2017)

Recovery College: A facility where all mental health stakeholders and wider community can come together to engage in recovery promoting education based on an adult education philosophy.

Recovery Competencies: These are sets of core skills that need to be demonstrated by all mental health service staff that supports the delivery of a recovery focused approach to care and treatment for service users.

Recovery Education: Recovery Education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and the communities that sustain them. (National ARI Recovery Education Working Group, 2017)

Service User: People who are either current or past users of mental health services (Department of Health 2006)

Stakeholder: An individual, group, professional or organisation who has as an interest or actively participates in promoting recovery at an individual or organisational level.

Resources to Support the Implementation of Family Recovery

A National Framework for Recovery in Mental Health (2018-2020)

The National Framework for Recovery in Mental Health (2018-2020) is a document outlining 4 principles underpinning recovery and the actions required to develop more recovery-orientated Mental Health services which have been developed by the Mental Health Division of the HSE. It builds on the committed efforts in recent decades of Irish service users, family members, carers and service providers to develop a more recovery-orientated mental health service that is worthy of those who use and provide that service.

The Framework was developed based on our current understanding of recovery and how mental health service provision supports recovery. In keeping with the recovery ethos, it was co-produced with service users, family members and carers and experts by experience.

The National Framework for Recovery in Mental Health is for service users, family members and carers, mental health service providers and the voluntary and community sector. It will facilitate the development of recovery-orientated services from 2018-2020, at which point it will be reviewed.

http://www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/

Guidance documents to support the implementation of the Framework for Recovery, 2018-2020 for Recovery Education and Coproduction in Practice.

Advancing Recovery Ireland

ARI is a National Mental Health Division initiative that brings together people who provide our services, those who use them and their families and community supports, to work on how we make our mental health services more recovery-focused.

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

ARI Recovery Committees

The Recovery committee is established as a structure to support the implementation of recovery objectives identified within mental health services. The membership includes those who provide services, service users, family members as well as community and voluntary agency representation.

www.hse.ie/eng/services/list/4/Mental_Health_Services/advancingrecoveryireland/

Best Practice Guidance for Mental Health Services

This publication consists of best practice guidance, checklists and a self-assessment framework, which are intended to support and guide further quality improvement within mental health services.

www.hse.ie/eng/services/list/4/Mental_Health_Services/mental-health-guidance/

Community and voluntary supports

The community and the voluntary sector provide a range of recovery supports that are available to service users and family members to support their recovery processes. Additionally these supports are a co-production resource to services. These can be accessed through your local mental health service.

www.yourmentalhealth.ie/supports-services/find-services/

EOLAS

The EOLAS programme delivers two mental health information and learning programmes, one for service users with a diagnosis of schizophrenia or bipolar disorder and another for their families and friends. The EOLAS Programmes are co-facilitated by a peer facilitator and a clinical facilitator. Clinicians bring their professional expertise and family members and service users are experts by experience.

www.eolasproject.ie/

Family Recovery Peer Support

Family Members who have had personal lived experience of supporting a family member with mental health difficulties and is employed in a professional role to use their expertise and experience to inspire hope and recovery in others in similar situations.

Examples include;

- **FRIENDS:** ‘Family Recovery Initiative by Engaging, Networking and Developing Supports’ is a partnership with the HSE, Shine, Family members trained in and practising recovery and Aras Follain. Published FRIENDS Family Recovery Booklet is available online.
www.shine.ie/wp-content/uploads/2015/10/FRIENDS-Family-Recovery-Booklet-PDF-1.pdf
- **Bealach Nua:** Peer-led support service established in Co. Mayo by the HSE Mayo Mental Health Service and is co-managed by Shine. It aims to recognise the importance of recovery while maintaining wellbeing for carers and as a way of building capacity in the community. Family members are employed through the mental health services to support other family members .
- **CLASS** (Carer Liaison and Support Service): Peer Support for family members which was developed in co-production through the DCU Cooperative Learning course and managed by HSE, Family Carers Ireland and the Kilkenny Consumer Panel for Mental Health.

ImROC: (Implementing Recovery through Organisational Change)

A UK-based consultancy organisation which supports mental health services in becoming more recovery-orientated using a specific methodology. They have developed a Needs Assessment to use with family members in the development of a recovery plan.

<https://imroc.org/resources/personal-health-wellbeing-plan-family-friends-carers/>

Mental Health Engagement

The office of Mental Health Engagement has established the role of Area Mental Health Engagement Lead to establish a network of local Fora across the country to ensure local and national engagement with service users, family members and carers.

www.hse.ie/eng/services/list/4/Mental_Health_Services/mentalhealthengagement/

Service Reform Fund

The Service Reform Fund (SRF) has been created by the Department of Health Ireland, the Health Service Executive Ireland (HSE) and the Atlantic Philanthropies in collaboration with Genio to implement mental health and disability service reform in Ireland. These reforms will focus on ensuring that person-centred and recovery-orientated services and supports are embedded, in line with government policy.

www.genio.ie/meeting-the-challenges/mental-health-srf

Team Recovery Implementation Plan (TRIP)

TRIP was developed by ImROC and is a tried and tested instrument designed to support recovery through working with the whole team. Successfully embedding recovery ideas and practice into the day-to-day work of individual teams requires two parallel processes:

1. Empowering teams (their staff and people using services) to translate abstract ideas about recovery into practice.
2. Utilising the skills and resources of everyone at the front line (staff and people using services) to develop innovative ways of promoting recovery and recovery environments.

<https://imroc.org/resources/team-recovery-implementation-plan/>

Contributors and Acknowledgments

This guidance document has been developed in keeping with our recovery principles through co-production with all stakeholder groups.

The working group was comprised of members from various stakeholder groups;

Catherine Brogan, National Manager, Advancing Recovery in Ireland, HSE

Gina Delaney, National Manager, Advancing Recovery in Ireland, HSE

Sandra Dillon, Family Carers Ireland, National Carers Group

Mary Doyle, Family Peer Supporter, FRIENDS

Aisling Duffy, National Development Officer, Advancing Recovery in Ireland, HSE

Ann Marie Flannigan, Regional Development Officer, SHINE, FRIENDS

Fiona Gallagher, Projects Manager, Family Carers Ireland

Liam Hennessy, Head of Mental Health Engagement, Mental Health Division, HSE

Gerry Maley, Business Manager, Mental Health Engagement, Mental Health Division, HSE

Maria McGoldrick, Family Peer Supporter, Bealach Nua, Mayo Mental Health Services

Patrick O Leary, Community Recovery Nurse, Kilkenny Mental Health Services

Michael O'Sullivan, Family Peer Support, Bealach Nua, Mayo Mental Health Services

Michael Ryan, Service Improvement Lead, Mental Health Division, HSE

Millie Ryan, Family Peer Supporter, CLASS, Kilkenny Consumer Panel for Mental Health

We thank the many people who took time to review, give important feedback and valuable suggestions at all stages of development. Feedback was also received from then National Mental Health Division, National ARI Steering Group, NGO'S, National Recovery Consultants, Recovery Education/Coproduction Working Group, and many other individuals involved in recovery at all levels and from all stakeholder groups. We are very grateful for their expertise.

This ARI Family Recovery Guidance document is available to download in electronic format from:

www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/

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Appendix 1



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Family / Carer Involvement Policy, MMHS

Approved by:

1.0. Policy Statement

- 1.1. Mayo Mental Health Service promotes the involvement of family and/significant others in all aspects of care to service users. This includes strategic developments as well as frontline service provision.
- 1.2. MMHS is committed to involve service users and family/significant others in monitoring current services, improving and developing services to meet their needs. We welcome the expertise of service users and family/significant others which will add to the expertise of our staff.

2.0. Aim of Policy

- 2.1. To promote best practice
- 2.2. To ensure regulatory requirements are met
- 2.3. To facilitate staff induction
- 2.4. To clarify the philosophy and values of the Mental Health organisation with regard to involvement of family and / significant others.

3.0. Scope of Policy

- 3.1. This policy applies to all aspects of care in MMHS, development of services, service planning and changes made to service provision

4.0. Legislation and related Policies

- 4.1. Department of Health & Children (2006) A Vision for Change: Report of the Expert Group on Mental Health Policy

5.0. Glossary of terms and definitions

- 5.1. **Family/significant others:** Service user will define who their family and/significant others are, this can include support workers and significant others as defined by the service user.

Involvement of family and/or carers is considered in four areas:

- 5.2. **Information:** Providing service users, family/significant others and the public with the information that they need to make best use of services.
- 5.3. **Involvement:** Ensuring that individual service users and their family/significant others are fully involved as partners in the services they receive [with support from independent advocates if needed]
- 5.4. **Evaluation:** Providing a role for service users and family/significant others to help evaluate our services from their unique perspectives.
- 5.5. **Planning and decision making:** As well as meeting legal duties to consult, this means involving service users and family/significant others in all decisions which affect their services.

6.0. Responsibilities

- 6.1. It is the responsibility of MMHS Management to involve family/significant others in all aspects of service development and change
- 6.2. It is good practice for all mdt members to encourage and promote the involvement of family members where appropriate.
- 6.3. The care co-ordinator is responsible for ensuring consent is obtained (verbally) and noted in clinical notes for involvement of family/significant others with individual service users. The confidentiality of Family also needs to be respected at all times.

7.0. Procedure

Key Points to be included in family involvement policy

- 7.1. Every effort shall be made by all team members to engage family/significant others from the start.
- 7.2. The Care Co-ordinator should negotiate with the service user the level of family involvement and the nature and type of information that can be shared.

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- 7.3. It should be made clear to all service users and families/significant others that at all times the safety of the service user and family will override the issues of consent and confidentiality.
 - 7.4. Even if service user not has consented, the family/significant others should be advised of local supports.
 - 7.5. Each family/significant others where their relative has consented should be written to and advised of relative's care co-ordinator.
 - 7.6. Information should be given to the family/significant others on their relative's illness by care co-ordinator where consent has been established.
 - 7.7. Family/significant others should be invited to attend care plan meeting and work in partnership with service user and service provider
 - 7.8. Information on medication should be shared with families/significant others and service users and risks and benefits outlined.
 - 7.9. The support needs of families/significant others should be recognised and responded to within the limits of the current service provision.
 - 7.10. Where it is identified that the family/significant others may have additional support needs social work involvement should be advised.
 - 7.11. At the point of admission, diagnosis and discharge the social worker may have a distinctive role in terms of supporting the service user and the family/significant others.
 - 7.12. Families/significant others should be advised of their rights and entitlements and services available to support themselves and their relatives.

8.0. Implementation Plan

- 8.1. Mayo adult mental health Services should recognise the benefits to service users of supporting families/significant others. To this end training should be a priority in this area via social work
- 8.2. This policy shall be disseminated to all areas one month prior to implementation to allow line managers and staff an opportunity to familiarise themselves with the manner in which this policy will operate.

9.0. Revision and Audit

- 9.1. This policy shall be revised three years from the implementation date and sooner if necessary

10.0. References

- 10.1. Suffolk Mental Health Trust (2009-2012) Strategy for involvement of Public and Patients.

Appendix 2

‘Family Carer Charter: Expert Partners in Mental Health Care’ - Family Carers Ireland

Families and carers play a crucial role in supporting people who experience mental health difficulties. At *(name of organisation)* we acknowledge the important role carers play and respect them as expert partners in the care and treatment of their loved one. This charter provides a clear statement of how carers can expect to be treated by our staff when their loved one is receiving care from *(name of organisation)*.

A carer is a family member or friend who provides practical or emotional support to a person who is in need due to disability, frailty or illness, including mental health difficulties.

1. We will respect you as an expert partner and involve you in decisions relating to the care of your loved one.

This means we will:

- Treat you with respect, listen to your opinions and recognise your expertise.
- Take your worries and concerns seriously.
- Respect your right to be involved in decisions which affect you and your family's life.
- Recognise that you are integral to the care plan and ensure the service user is aware of their right to have their carer involved.
- With your loved one's consent we will share a copy of the care plan with you so you see who is involved in their care and what each partner's responsibilities are.

2. We recognise your need for information and will provide you with jargon-free information about your loved ones condition and care plan.

This means we will:

- Where possible, give you information about the illness and treatment of your loved one that is clear, accurate and in a format that is easy to understand.
- Respect carers and service users confidentiality and work to overcome barriers to sharing information, including making carers and service users aware of opportunities to give consent for the sharing of information.
- You will be given information about what to do and who to contact in times of crisis.

3. We will recognise your needs as a carer and support you to get help when you need it.

This means we will:

- Consider your needs without assuming that you are willing or able to continue to provide care.
- Signpost you to carer organisations who can help you get the support you need including emotional, financial and respite support.
- Create a 'carer friendly' environment across our services.

4. We will include carers views in the development of our services and train our staff to be aware of your needs.

This means we will:

- Give you the opportunity to state your views on the quality of the services we provide and clearly outline our complaints procedure.
- Include carer's views in service development proposals and ensure that carers are represented and consulted at every level.
- Train our staff to be 'carer aware' and ensure they can identify carers at first contact so carers can access the help they need as early as possible in their caring journey.

What carers can do to help:

1. Where possible encourage your loved one to attend their appointments and if you can, let us know in advance if you're loved one can't attend.
2. Let us know if you or your loved one have any special needs such as alternative methods of communication.
3. Ask questions, share your concerns and let us know important information about your loved ones condition.
4. Tell us about your experience of our services whether good or bad.

Mrs. Mary Bloggs
Chief Executive Officer

Mr. Joe Bloggs
Director of Operation

