

[New research](#) published by CLAHRC researchers based at the Queen Mary University of London highlights the value of family and friends being involved in the care of mental health inpatients.

The [paper](#), published in BMC Psychiatry details how feasible it was to implement carer involvement in four inpatient wards across East London, and explores the experiences of participants.

The intervention was of particular value soon after admission to an inpatient ward, which can be a traumatic and frightening experience.



The researchers, working out of the University's [Unit for Social and Community Psychiatry](#), found that despite the challenges of implementing carer involvement in hospital treatment for mental illness, a simple structured approach can make a positive difference. The research also found that patients, clinicians and carers appreciated this approach to care.

The intervention will be of value to clinicians as it offers clear procedures to follow. The authors conclude that wider organisational support is vital to make the intervention work, in particular from senior managers and clinical leaders.

“It’s a matter of building bridges...” - feasibility of a carer involvement intervention for inpatients with severe mental illness

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RESEARCH ARTICLE

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"It's a matter of building bridges..." – feasibility of a carer involvement intervention for inpatients with severe mental illness



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Abstract

Background: Family and friends (carer) involvement in the treatment of people with mental illness is widely recommended. However, the implementation remains poor, especially during hospital treatment, where carers report being excluded from care decisions.

Methods: We developed structured clinical procedures to maximise carer involvement in inpatient treatment. The aim of this study was to test their feasibility across four inpatient wards in East London and explore experiences of the participants. The intervention was delivered by clinicians (social therapists, nurses and psychiatrists) who were trained by the research team. Thirty patients and thirty carers received the intervention and completed research assessments and qualitative interviews after the intervention. 80% of the patients were followed up after six weeks of admission to complete quantitative questionnaires. Six clinicians were interviewed to explore their views on the intervention. Thematic analysis was used to analyse qualitative data.

Results: The intervention was found to be feasible to be delivered within the first week of admission in more than a half of the patients (53%) who provided consent. The main reasons why the interventions was not delivered in the remaining 47% of patients included staff or carers not being available, withdrawal of consent from the patient or patient being discharged prior to the intervention. Two themes were identified through thematic analysis. The first captured participant experiences of the intervention as facilitating a three-way collaborative approach to treatment. The second covered how patients' mental states and practicalities of inpatient care acted as barriers and facilitators to the intervention being implemented.

Conclusions: Carer involvement in hospital treatment for mental illness is more difficult to implement than is commonly thought. This study has shown that a simple structured approach can facilitate a dialogue and that patients, clinicians and carers appreciate this approach to care. Our intervention provides clear and simple manualised clinical procedures that clinicians can follow. However, even the implementation of such procedures may be challenging in the absence of wider organisational support. The involvement of senior managers and clinical leaders might play a key role in overcoming barriers and support front-line clinicians to prioritise and implement carer involvement.

Keywords: Carers, Family, Friends, Inpatient care, Psychosis, Severe mental disorders

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