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# CLAHRC BITE

Brokering Innovation Through Evidence

**Building bridges: Is it feasible to work with carers and patients within a few days of a psychiatric admission?**



Evidence shows that involving carers – families and friends – in treatment decisions for patients with severe mental illness delivers benefits patients, carers and professionals. These include the prevention of re-hospitalisations.

Carer involvement is often not possible however, due to lack of time and opportunities for participation in decisions. Based on suggestions by patients, carers and clinicians on how to make this happen, we designed a single-session intervention, taking place in the inpatient ward during the first week of hospitalisation. This involved a structured meeting between the patient, the clinician and their carer.

## What was the aim of the project?

Our work investigates both the viability of this intervention and the experiences of everyone taking part, with the aim of establishing whether it can form part of routine care for this group of patients. This would increase carers' involvement in treatment and facilitate the planning for patient's treatment in the community after hospital discharge.

## What did we do?

The intervention consisted of: a) obtaining consent by the patient to involve their carer early on during admission; b) a structured meeting between the patient, their carer and the clinician to discuss issues related to the hospital admission, the illness and the plan for treatment in the community. Clinicians were trained in four inpatient ward teams across East London then implemented the intervention with 30 patients and their carers. After the intervention,



patients and carers completed measures of care involvement and satisfaction, which were repeated six weeks later. In addition patients, carers and clinicians were interviewed to share their experiences and views of the intervention.

## What we found and what it means

We found it was feasible to deliver the intervention within the first week of admission in more than a half of the patients (53%) who provided consent. The experiences and views of participants we captured focused on two major areas:

- Benefits of the intervention: an opportunity to express concerns, improve the communication and facilitate the carer involvement
- Barriers and facilitators for implementing it: these may be related to specific characteristics of patients' mental health difficulties and to the multifaceted clinicians' role and demands.

## Recommendations

- A structured meeting with the patient, their carer and a clinician that takes place in the first days following admission could be the stepping stone that provides the opportunity for connection between what happens within and outside the hospital doors and could lead to improved patient outcomes.
- A systematic approach of asking newly admitted patients for their preferences of carer involvement may help to ensure no one is missed out and all patients have a named carer in their records.
- Even a simple one-session intervention can boost the positive carer feelings towards the service and the care their relative is receiving and provide an opportunity for raising their concerns, something that is not happening currently in clinical practice.
- There is a need for strong support from the ward leadership so as to establish protected time for carer involvement meetings as part of the ward routine and to also provide motivation and supervision for such meetings.

## What next?

- Examine online delivery of the training as a way forward for scaling up across different services in remote and rural areas. (Currently the CAPRI study is in process, with clinicians from four different sites across England receiving the training in its online form)
- Explore innovative strategies to ensure carer participation might be enabled by systems for remote communication such as Skype
- Explore the implementation of concurrent awareness programmes to reach patients, carers and clinicians that are difficult to engage

## Who needs to know

- Patients with severe mental illness and their carers
- Health professionals working in inpatient mental health care
- Service Managers of inpatient care
- Commissioners of acute care inpatient mental health services
- Mental health charities and support groups

## Find out more

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

Kaselionyte et al. BMC Psychiatry (2019) 19:268  
<https://doi.org/10.1186/s12888-019-2257-6>

Study homepage:

[https://clahrc-norththames.nihr.ac.uk/mental\\_health\\_theme/involvement-of-carers-in-acute-treatment-of-patients-with-psychosis/](https://clahrc-norththames.nihr.ac.uk/mental_health_theme/involvement-of-carers-in-acute-treatment-of-patients-with-psychosis/)

Family involvement in the treatment of patients with psychosis

CLAHRC North Thames, October 2014

[https://clahrc-norththames.nihr.ac.uk/wp-content/uploads/2017/02/NIHR\\_CLAHRC\\_North-Thames\\_Carers-involvement-BITEfinalv2-1.pdf](https://clahrc-norththames.nihr.ac.uk/wp-content/uploads/2017/02/NIHR_CLAHRC_North-Thames_Carers-involvement-BITEfinalv2-1.pdf)