

Family Partnership Needs Survey

Introduction

On October 9th, 2006 the Family Partnership Policy was approved by the Director of Marin County Community Mental Health Services. The Policy states family members are to be included and participate in the design, operations and governance of Marin's public mental health services, and in the development of their family member's treatment services. The Family Partnership Training Committee was convened to help implement the policy by developing a curriculum to insure that all clinical staff receive an initial training in the concepts of Family Partnership, new staff are oriented to the concepts of Family Partnership, and there is continuing training on an annual basis for all clinical staff.

Much of the framework of the Family Partnership Policy was developed by Richard Whiteside and Frances Steinberg in New Zealand. The purpose of the New Zealand project was to ensure more effective, knowledgeable inclusion of families by the mental health workforce because research has demonstrated that including families in routine mental health settings improves the lives of people with severe mental illness.

Phase one of the New Zealand project involved the development and implementation of an effective needs assessment tool. The Family Partnership Training Committee agreed to implement a Family Partnership Survey as a first step necessary to gather information. The information will be used to plan an effective curriculum to help staff implement the Family Partnership Policy.

Implementation of the Survey

Four needs assessment forms (Management, Family Member, Consumer, and Provider) were sent out in March of 2007 and collected until the end of April 2007. Approximately 3000 surveys were sent out to the four groups who primarily have contact with consumers who have serious mental illness. A total of 401 surveys were returned, a return rate of 13%. The responses were compiled by the committee a put into graph form with a section for comments after each survey.

Note: Some of the responses to the questions on the survey were not answered or left blank. As a result, the percentages or individual responses will not always add up to 100%.

Summary of Responses by Survey Group

Adult Family Members

N=60

Trends

- 35% of respondents reported that family members had been included in assessment while 30% reported sometimes and 33% reported rarely or never.
- 33% of respondents reported that family members had been asked for a complete history, 18% reported sometimes, and 33% reported staff being asked for a complete history.
- 31% of respondents reported being included in the treatment plan, 23% responded sometimes, and 46% responded they never or rarely were involved in the treatment plan.
- 33% of respondents reported receiving timely, useful information about the client's condition, 35% sometimes, and 28% rarely or never.
- 28% of respondents reported being asked for their perspective, 28% sometimes, and 41% were rarely or never asked.
- 18% of respondents reported being contacted about changes in plans, 21% sometimes, and 56% reported rarely or never contacted.
- 35% of respondents feel staff are aware of their cultural needs, 15% sometimes and 21% reported never or rarely.
- 50% of respondents felt encouraged to assist with the recovery process, 18% sometimes, and 26% rarely or never.
- Majority of respondents had a diagnosis of bipolar or schizophrenia. An equal number listed "none".
- Majority of respondents had received services from CMHS or Buckelew Programs
- Majority of respondents said they were sometimes included in assessment, many said that they were typically not consulted about changes in treatment, treatment planning or discharge planning.
- Respondents wanted more education in areas of medication and medical/dental issues, future needs planning, available support services, symptom and crisis management.

What do families need the most?

- Want to be included in providing staff with historical information for treatment planning.
- Want programs to emphasize healthy, fun activities, exercise programs, smoking cessation, recruit more male staff members.
- Better communication with providers.

- More consistent framework to help the treatment team communicate more effectively.
- Training on how to engage reluctant consumers, family members, and providers regarding confidentiality and HIPAA regulations so that staff learn how to encourage family members and consumers to work together to develop a treatment plan.

Promoting Engagement Among Providers and Family Members

- Timely returning of phone calls.
- More information on next steps to recovery, treatment planning, and assessment
- More time available to speak in greater depth with providers.
- Acknowledgement that families are vital to the treatment and recovery of their family member.

Youth and Family Services Family Members

N=45

Trends

- 75% of family members are always or frequently included in the assessment of their relative. 13% reported rarely or never.
- 75% of family members always or frequently are asked for a complete history. Less than 10% sometimes and 13% reported rarely or never.
- 77% of family members report being included in the treatment plan. Less than 1% sometimes and 13% rarely or never.
- 62% of family members are always or frequently given timely information about the nature of their relative's condition. 24% sometimes, and 11% rarely or never.
- 84% of family members are always asked for their perspective or evaluation of the situation. Less than 1% sometimes, and 13% rarely or never.
- 48% of family members are contacted about changes in treatment or discharge plans, less than 1% sometimes, and 28% rarely or never.
- 57% of family members feel that staff are aware of the cultural needs of the family, 22% sometimes, and less than 1% rarely or never.
- 57% of family members feel that their needs have been addressed by care providers, 28% sometimes, and less than 1% rarely or never.
- 71% of families felt encouraged by providers to assist with the recovery process.

Training Needs

- Information about treatment plans
- Available support services
- Symptom management skills

Consumers

N=206

Trends

- Consumers identified 4 areas of need for training; information about the disorder, available support services, information about medication, and training about legal rights.
- 101 consumers did not list a diagnosis, 37 listed Schizophrenia, 34 Depression, 24 Bipolar Disorder, 11 Schizoaffective Disorder, and 9 Mood/Anxiety disorder.
- 106 consumers either did not know who their provider was or did not list one. 48 listed Community Mental Health Services (CMHS), 11 Family Service Agency, 7 Buckelew Programs, 7 Private Providers, 38 Other.
- 32% of consumers always or frequently want their family included in assessment, treatment, and care, 22% sometimes, and 42% rarely or never.
- 33% of consumers always or frequently have the opportunity to choose their support person, 18% sometimes, 30% rarely or never.
- 27% of consumers reported always or frequently having their family involved in their treatment, 27% sometimes, less than 1% rarely or never.
- 35% of consumers always or frequently felt that staff was aware of their cultural needs, 20% sometimes, their were no responses on rarely or never.

Practitioners

Adults

N=50

Trends

- 80% of practitioners always or frequently include family members during assessments, 13% sometimes, and 5% rarely or never.
- 75% of practitioners always or frequently include family during treatment, 15% sometimes, and less than 1% rarely or never.
- 78% of practitioners always or frequently are encouraged by their agency to include family, 17% sometimes, and less than 1% rarely or never.
- 80% of practitioners always or frequently ask consumers who they would like to include in treatment, less than 1% sometimes, and less than 1% rarely, 0 never.
- 86% of practitioners always or frequently feel comfortable working with families, 11% sometimes, 0 rarely or never.

- Practitioners rate the importance of training on empirical data, privacy, cultural issues, ethical issues and legislative issues involving families as extremely important and needed.
- Other training issues rated as extremely important are skills for involving families, conflict management, and how to encourage participation from reluctant family members.

Youth and Family Services

N=23

Trends

- 96% of practitioners always or frequently include family members during Assessment, less than 4% listed sometimes or rarely.
- 100% of practitioners always or frequently include family members during treatment.
- 65% of practitioners are always or frequently encouraged by the agency to include families, 26% sometimes, and less than 1% rarely or never.
- 82% of practitioners always or frequently feel comfortable working with families, 13% sometimes.
- 65% of practitioners always or frequently ask consumers who they would like include in treatment, 26% sometimes, and less than 1% rarely.
- Practitioners rate the importance of training on encouraging reluctant family members, skills for involving family members and conflict management as extremely important.
- Areas Practitioners rate as needed are documenting accountability for involving families, the importance of legislative issues, and the importance of staffing issues.

Management

N=17

Trends

- 70% of management rated training rational/empirical basis for involving families as extremely important and needed, 23% not necessary.
- 76% of management rated the importance of training on privacy issues regarding involving families as extremely important and needed, 17% not necessary.
- 94% of management rated training on cultural issues regarding involving families as extremely important and needed.

- 94% of management rated training on ethical issues regarding involving families as extremely important and needed.
- 70% of management rated the importance of staffing as extremely important and needed, 6% not needed.
- 100% of management rated training on skills for involving families as extremely important and needed.
- 100% of management rated training on skills for conflict management when working with families.
- 94% of management rated training on skills for encouraging participation from reluctant family members.
- 82% of management rated training on the importance of documenting accountability pathways for families, 11% not necessary.
- 90% of management report having a formal policy and previous training on privacy issues.
- 70% of management report having a written handbook for service users or families.
- 64% of management report having a grievance process for families.
- 58% of management have a policy for training on including families.
- 70% of management report having a family advocate or partner in their programs.

Comments

There were many comments that accompanied the surveys from the practitioner, family, and provider group. There were no comments from the consumer group. Only a few of the comments are presented here to provide a sample.

Practitioner Comments

- I think there is often unintentional judgment when working with families and it is important for clinicians to understand how to approach families and respect their strengths.
- More often than not the population I work with will not allow contact with their family. As I see their involvement as important in some circumstances, I would like to know how to approach this situation.
- Training is extremely important and needed: Privacy, cultural, legislative, staffing issues involving families and conflict management when working with families.

Family Member Comments-Adult

- I stayed in touch with my son by making calls, asking questions, and attending client family education meetings.
- What are the next steps to recovery? How does he/she get there? What about less medication? How does he/she function “not so medicated”. Thanks you for all you do.
- We have not been included in treatment or assessments/history of our family member since they turned 18.
- Family to Family was a godsend to us.
- We would like to be involved in crisis plan/advance directive for our family member, but how do we get started?

Family Member Comments-Youth and Family Services

- It's been very overwhelming.
- Staff have been very good and helpful. Unfortunately, we have not yet been assigned a Psychiatrist to help with prescriptions.
- (Spanish) Doctors should have the ability to integrate oriental medicine with other alternative medicines. It is necessary to include bilingual/bicultural services.
- The main difficulty is the lack of information between hospital acute care facilities, outpatient providers, and schools.

Management Comments

- I'd like to see us have annual training sessions on skills in family participation and on skills relevant to specific cultural groups.
- I would like to see skills for encouraging inclusion of families from clients reluctant to have family involvement; also how to work with families when the client is adamant about not having any family involvement (but the family knows their family member is a mental health client)