

Families, Systems, & Health

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Online First Publication, December 8, 2014. <http://dx.doi.org/10.1037/fsh0000098>

CITATION

Shor, R., & Shalev, A. (2014, December 8). The Significance of Services in a Psychiatric Hospital for Family Members of Persons With Mental Illness. *Families, Systems, & Health*. Advance online publication. <http://dx.doi.org/10.1037/fsh0000098>

BRIEF REPORT

The Significance of Services in a Psychiatric Hospital for Family Members of Persons With Mental Illness

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Hospitalization of persons with mental illness may cause their family members to experience multiple stressors that stem from the hospitalization as well as from the duties of helping him or her. However, providing support services in psychiatric hospitals for family members has received only limited attention. To change this situation, mental health professionals in a psychiatric hospital in Israel developed an innovative family-centered practice model, the Family Members' Support and Consultation (FMSC) service center. We examined the significance to family members of the services they received from the FMSC service center in a study that included 20 caregivers. Ten participated in 2 focus groups of 5 participants each; 10 were interviewed personally. We implemented a thematic analysis to analyze the data. According to the participants, the staff of the FMSC service center provided support services that helped them cope with the stressors and difficulties they experienced within the context of the psychiatric hospital. The participants emphasized the significance of the immediacy and accessibility of support provided, as well as the positive effects of systemic interventions aimed at changing the relationships between family members and systems in the psychiatric hospital. Our findings show the importance of integrating a service that focuses on the needs of family members of persons with mental illness within a psychiatric hospital.

Keywords: family, services, mental illness, psychiatric hospital

Studies with family members of persons with mental illness have shown that they need supportive interventions (Gavois, Paulsson, & Fridlund, 2006; Nordby, Kjønsgberg, & Hummelvoll, 2010) for the multiple stressors they face during the hospitalization of their relative with mental illness in a psychiatric hospital (Epstein-Lubow et al., 2012). However, the staff of psychiatric hospitals provides family members with little support and

relates to them mainly for issues concerning the treatment of the relative with mental illness (Weimand, Hedelin, Hall-Lord, & Sällström, 2011). To meet the needs of family members, mental health professionals developed a service called MEITAL (the acronym in Hebrew for a Family Members' Support and Consultation [FMSC] service center) in a psychiatric hospital in the south of Israel. The FMSC service center provides services for family members, mainly parents or spouses, whose lives are affected by the situation of the person with mental illness and his or her hospitalization. The services provided are based on two existing models: family-centered care, a model implemented in medical institutions in recent years that advances inclusion of family members in the treatment process of the ill family member (Franck, Gay, & Rubin, 2013), and family-centered practice, a model that expands the orientation of the above model and focuses on the family members as the unit of attention for sup-

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port services matched to their individual needs (Epley, Summers, & Turnbull, 2010). Social workers, psychologists, and nurses provide the family members with the services offered in the FMSC service center. These services include: treatment and support given to family members to help them cope with their difficulties, as well as liaison services facilitating family members' interactions with professional staff treating the hospitalized relative. Because of limited knowledge about services for family members in psychiatric hospitals, we conducted a study to examine the significance to family members of areas of help received from the FMSC service center.

Method

The study consisted of two methods of data collection: focus groups and personal interviews. The inclusion criteria in the study were that all the participants had to be family members of a person with mental illness who had been hospitalized at least once. The 10 participants in the focus groups (two groups of five persons) were family members who had extensive experience in receiving help from the FMSC service center, and who could provide the researchers a broad perspective about the significance of receiving this help. The 10 participants who were interviewed personally were family members who had been receiving services for periods of up to 3 months, and who could relate to their recent experience.

The main questions utilized in the focus groups were: What are the advantages and disadvantages of having the family-centered services located in the psychiatric hospital, and what are the systemic effects of this model of service? The main questions utilized in the in-depth personal interviews were: What services the family members thought were helpful and in what way, how the location in a psychiatric hospital affected the nature of help received, and in what ways the help they received affected their interaction with the staff of the psychiatric hospital?

Two researchers conducted a two stage thematic analysis of the taped and transcribed data. First, they identified the support services provided by the FMSC service center staff; then they analyzed specifics relating to each of the services. The significance participants gave to each of these services was the basis for identifying the major themes. To address possible concerns about the credibility of the analyses, a family member who

had received services from the FMSC service center in the past evaluated them. The human subject committee of the psychiatric hospital and the human subject committee of the university employing one of the researchers approved the research. The participants completed consent forms before their participation in the research.

Results

Background of the Participants

Twenty family members who were parents of persons with mental illness participated in the study; 75% ($n = 15$) of them were women, and 25% ($n = 5$) were men. Their mean age was 56.6, $SD = 12.23$. Half of the participants reported that the relative with mental illness lived with them. The average age of the relative with mental illness was 37.8, $SD = 15.6$. The diagnoses were schizophrenia (45%), bipolar disorder (30%), and depression (25%).

Support Services Provided to Family Members

Participants described the following support services the staff of the FMSC service center offered (see Table 1):

Providing opportunities for ventilation and advice. They had a setting in which they could speak about their own difficulties, emotions, and stressors, topics that are not generally the focus of attention.

Accompanying family members in difficult situations. The staff of the FMSC service center accompanied and supported the family members if they encountered difficult situations during their relative's hospitalization. The family members emphasized the significance of the immediacy and accessibility of the support they received because the FMSC service center was located in the psychiatric hospital.

Helping family members support the person with mental illness. The support the staff of the FMSC service center provided the family members when they felt overwhelmed helped them deal with their emotions. This type of help enabled them to continue to maintain contact with and support their hospitalized relative.

Preventing additional burden. The staff of the FMSC service center provided the family members help with respect to issues related to

Table 1
Identification of Support Services That Professionals of the FMSC Service Center Provided to Family Members of Persons With Mental Illness

Support services	Examples
Providing opportunities for ventilation and advice	<p>“This service helps me to not stay alone with the dilemmas and difficulties related to our son’s hospitalization.”</p> <p>“I can tell everything I have on my heart without a mask.”</p> <p>“This place gives us tools about what to do.”</p>
Accompanying family members in difficult situations	<p>“The fact that the professionals of the FMSC service center accompanied me to the ward during the most difficult situations made a major difference.”</p> <p>“They calmed us down and helped us cope with the difficult situation of our son.”</p>
Helping family members support the person with mental illness	<p>“There are situations in which family members need help in order to help the ill family member.”</p> <p>“Without the family service, I would have been totally disabled and helpless in my relations with my ill family member.”</p>
Preventing additional burden	<p>“We learned that we have a right to live and do things for ourselves.”</p>

their hospitalized relative, as well as help that focused on their needs as human beings with issues of their own. They felt that this approach helped them sustain their mental health balance and prevent the emergence of further burden.

Facilitating the Interaction Between Family Members and Systems in the Psychiatric Hospital

Participants in both the focus groups and the personal interviews emphasized individualized types of support; participants in the focus groups emphasized the broader systemic impact of the FMSC service center. They described systemic services focusing on the relationships between family members and systems in the psychiatric hospital (see Table 2).

Providing guidance about overcoming communication barriers. The family members mentioned the empowering effect of the guidance they received from the staff of the FMSC service center about what to do and ask, and how to communicate with the hospital staff. They also stated that the location of the service center within the hospital enabled the staff of the FMSC service center to become familiar with the ward staff, and that this was an advantage for the guidance they received.

Performing liaison functions. The staff of the FMSC service center participated in meetings between family members and ward staff. They helped family members overcome barriers and connect with ward staff. They also discussed the situation of the relative with mental illness with

Table 2
Systemic Services: Facilitating the Interaction Between Family Members of Persons With Mental Illness and Systems in the Psychiatric Hospital

Systemic services	Examples
Providing guidance about overcoming communication barriers	<p>“They helped me to be more open and active and develop a partnership with the ward staff.”</p> <p>“The professional in the FMSC service center told me what to do and what to ask; she knew how we should communicate with the staff in the hospital.”</p>
Performing liaison functions	<p>“The staff of the FMSC service center helped me establish contact with the professional staff in the wards.”</p> <p>“The professionals from the FMSC service center communicated with the staff in the ward, found out what my family member’s situation was and helped us understand it.”</p>
Intervening for broader systemic change	<p>A special place was set up in the wards where family members could spend time with the hospitalized relative.</p> <p>Guidelines were developed about how ward staff should relate to family members and include them in different stages of the treatment.</p>

the ward staff, helped family members understand the treatment process, and represented their often overlooked point of view.

Intervening for broader systemic change.

The staff of the FMSC service center collaborated with family members, and were advocates for changing the orientation of the wards staff to be more in tune with the needs of family members of relatives with mental illness.

Discussion

Previous research indicates the significance of providing liaison services for family members in the wards (Standbridge, Burbach, Rapsey, Leftwich, & McIver, 2013). The findings of the present study confirm the importance of liaison services; however, they also indicate that the needs of family members for help are broader than just the need for liaison services (e.g., the need for ventilation and advice). Therefore, there is a need for establishing special services in psychiatric hospitals, such as the FSMC service center, that provide easy access for family members of persons with mental illness who have been hospitalized. Advancing a family-centered orientation in addition to the common patient-centered orientation in psychiatric hospitals could fill a gap in addressing unmet needs of family members.

The FMSC service center also included interventions at the systemic level, emphasizing inclusion of family members in decisions regarding treatment of the relative with mental illness, thus advancing an orientation similar to that of the family-centered care model. Such orientation is especially important considering findings that family members are often excluded from the treatment process of the relative with mental illness during psychiatric hospitalizations (e.g., Ewertzon, Lützén, Svensson, & Andershed, 2010; Weimand et al., 2011).

The qualitative findings of the study presented in this manuscript provide a preliminary indication of the value of services such as the FMSC service center. There is, however, a need to examine further the impact and systemic aspects of such a service. For example, the impact that the service might have on the relative with mental illness and the extent to which there is continuity between services provided in the psychiatric hospital and services provided in the community.

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Received April 10, 2014

Revision received November 1, 2014

Accepted November 11, 2014 ■