

# Caring for yourself.

**Self-help for families and friends supporting people with mental health problems.**



# Caring for Yourself contents

*Caring for Yourself* is a self-help workbook for family and friends supporting people with mental health problems.

It is in eight parts. Each covers a different topic:

**Booklet 1** Introduction

**Booklet 2** Being a carer

**Booklet 3** Information

**Booklet 4** Communication skills

**Booklet 5** Problem solving and goal achievement

**Booklet 6** Relapse management and staying well

**Booklet 7** Recovery and hope

**Booklet 8** Taking care of yourself

## Quick guide icons

Throughout *Caring for Yourself*, you will see these picture icons to illustrate different sections.



**Question /  
To think about**



**Stories /  
case studies**



**Exercise**



**Action /  
things to do**



**Information  
and resources**

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# Introduction to Caring for Yourself

Rethink Mental Illness and the Meriden Family Programme have created *Caring for Yourself* to help people with mental health problems and carers, family and friends. It is for you if you support someone with any mental health condition. You may have a relative struggling with anxiety, depression or bipolar disorder, a friend with psychosis, schizophrenia or a personality disorder. Whatever the diagnosis, *Caring for Yourself* can help you to develop skills and new ways to cope.

## You can use *Caring for Yourself* in two ways:

- Use it yourself independently.
- Use it as part of other training programmes for carers such as the Rethink Mental Illness 'Caring and Coping Programme' or the Meriden Family Programme's 'Caring for Carers' training.

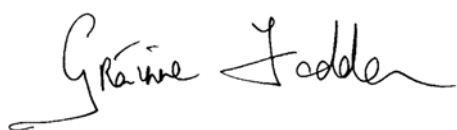
Whichever way is best for you, you can work through it at your own pace, in your own time. Start with Booklet 1, then plan how to use the other booklets and in which order you want to use them.

Everything in *Caring for Yourself* comes from the experiences of others who have cared for people with mental illness or from professionals. There are exercises and activities to help you develop skills to help you cope with your situation, whatever that is.

## You will find information about:

- Being in a caring role.
- Taking care of yourself.
- Getting your own life back.
- Finding information about what your relative or friend is going through.
- Dealing with problems.
- Talking about what is going on.
- Supporting your relative or friend.

We hope the exercises and activities will help people who cannot attend training courses or support groups. If it helps you, please get in touch. We want to know how we can help more people who are supporting a relative or friend with a mental health problem.



**Gráinne Fadden**  
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Meriden Family Programme



**Paul Jenkins**  
Chief Executive  
Rethink Mental Illness

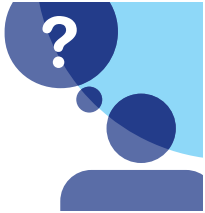
# Booklet 3: Information

You may have many questions and concerns about the mental health problems your friend or family member is experiencing and the treatment they are having. This booklet describes a way of understanding how mental health problems develop, which may be the first step in answering some of the questions you have. The way in which mental health problems develop varies greatly, so this booklet of the workbook is unlikely to be able to answer very specific questions you might have.

What it aims to do is to help you to focus on your current information needs, and to suggest how best to use the wide range of information on mental health problems that is available. So the booklet will not provide you with specific information you may need. It would be impossible for a resource such as this to cover everything, but it will guide you to useful sources of more detailed information.

# 3.1 Understanding mental health problems

Understanding mental health problems is complex. Before reading the next few paragraphs, take a moment to think about your friend or relative.



**What are your thoughts about what might have contributed to them developing a mental health problem?**

**Could several things have played a part in this happening?**

Mental health problems usually happen as a result of a combination of different things, rather than just one single cause. A detailed assessment of your friend or family member's difficulties is an important part in helping *everyone* understand how the problems developed and what treatment may be necessary or helpful. The factors that are known to play a role in mental illness are described below. While going through them, it may help to note down whether you think each particular factor relates to your friend or relative's experience.

## Factors that contribute to mental health problems developing

### Personality

People vary in character and react to the same situation in very different ways. From a very early age, we know that children can have very different temperaments. Some people are more sensitive and so may be more vulnerable to the effect of certain events. Others take things in their stride. You may be able to think of families you know where different children have very different personalities, even though they grow up in the same household with the same parents.

**Does this factor play a role for your friend or relative?**

### Early learning

People learn ways of behaving and thinking which may help or hinder them when coping with situations they face later in life. What they learn depends on the experiences they have in childhood, as well as the people they have around them to learn from. For example, when a crisis happens some people may see others panicking, so pick up that way of responding whenever something challenging happens. Other people might see their friends or family members stand back and think about things, before responding, and so may learn to do the same.

**What might your friend or relative have learnt from their early experiences?**

### Early life experiences

Events that happen in childhood may contribute to someone having problems later in life. These might include a death of a parent, a lengthy separation from parents, childhood illness or hospitalisation, or abuse.

**What early life experiences might play a part?**





### **Coping style**

Early life experiences, learning and personality lead to people developing typical ways of responding to situations and events. These might include withdrawing, fighting, becoming angry, talking about things, avoiding, becoming anxious.

**What coping style does your friend or relative have?**

### **Social factors**

Poverty, lack of social support, discrimination and unemployment are very important factors which play a part in everyone's mental health. Regardless of how well someone is coping, if some of these factors are present, they are likely to play a role in how well an individual can deal with situations.

**What, if any, factors might play a role for your friend or relative?**

### **Life events**

Major life events like ill-health, bereavement, loss of role, unemployment, breakup of a relationship or divorce, moving house or leaving home for the first time can put pressure on someone's ability to cope. Even positive, desired or chosen events, such as marriage or childbirth, can have the same effect. They may also increase a person's vulnerability to becoming unwell. Because of the individual nature of mental health problems, it is important to remember it is not the event itself, but the way the person sees that life event, that may play a part in them developing a mental health problem.

**What life events, if any, were happening before your friend or relative started experiencing mental health problems?**

### **Medical conditions**

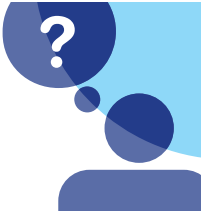
Certain physical conditions such as thyroid dysfunction or anaemia may play a role in depression. Your relative or friend may have tests for these to see if these conditions are present.

**Were there any medical issues that you are aware of that may have played a part?**

### **Family history**

People who have close blood relatives who have mental health problems such as bi-polar disorder, schizophrenia or clinical depression are at greater risk of developing these problems themselves. Some people may be genetically predisposed to be more vulnerable to developing mental illness, but in general, life events and stress play a major part in this vulnerability being triggered.

**What do you know of your family history or your friend's family history? Are there any factors that may be part of the cause of their difficulties?**



## Biochemistry

Apart from genetic factors, other biological factors can make it more likely that some people develop episodes of certain disorders while others don't. For example, some people may be more susceptible to the effects of alcohol, cannabis or other drugs than others.

### **It may be difficult to answer this but might there be other biological factors that may have contributed to your friend or relative's mental health problems?**

Mental health problems usually do not have a single cause, and you have probably been able to identify quite a few things that may play a part in your relative or friend developing a mental health problem. Sometimes, carers who have been with relatives since childhood can sometimes feel that they are to blame, especially when thinking about some of the early or family factors. For example, a mother who separated from a child's father may feel that this led to her son's problems later in life. It is important to remember that it is *unlikely* that one thing will have led to him developing mental health problems. It is *much* more likely that many other things will also have played a role.



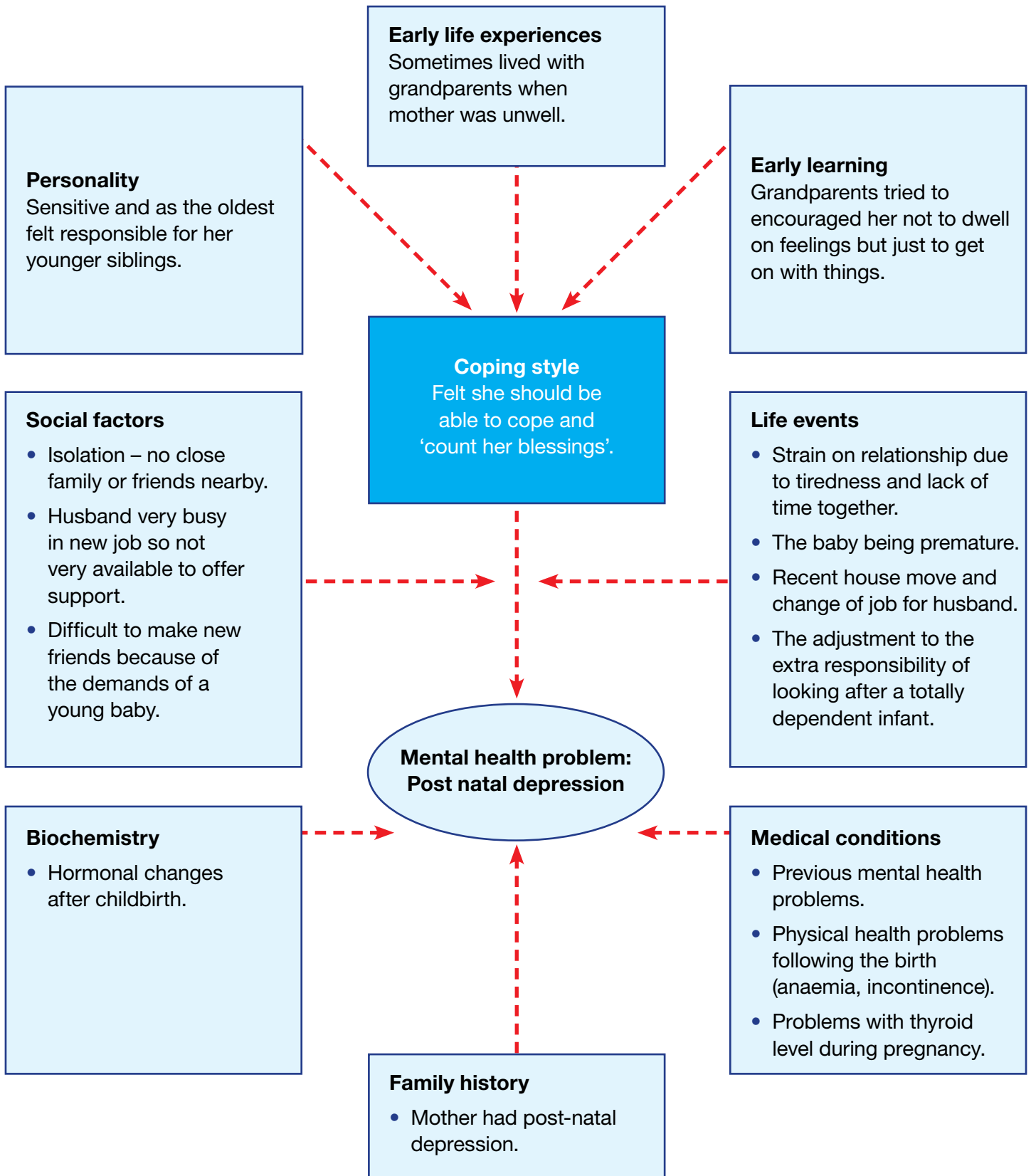
### **Amina**

Amina was the oldest of three children and her mother experienced bouts of depression following her birth and the birth of her two siblings. When her mother was unwell, she stayed with her grandparents who tried to encourage her to be independent by just getting on with things and not dwelling on feelings. She experienced minor depression in her early twenties following the breakup of her first serious relationship. A few years later she married, and her husband was very supportive.

When Amina became pregnant, her husband decided to accept a better paid job to meet their extra financial commitments, but this involved a house move away from extended family. She experienced some physical health problems during the pregnancy and found looking after a young baby exhausting. Her husband had to put in extra hours becoming familiar with his new job, and so was frequently late home from work. Amina found it more and more difficult to cope and became depressed.



# Factors contributing to Amina developing post natal depression

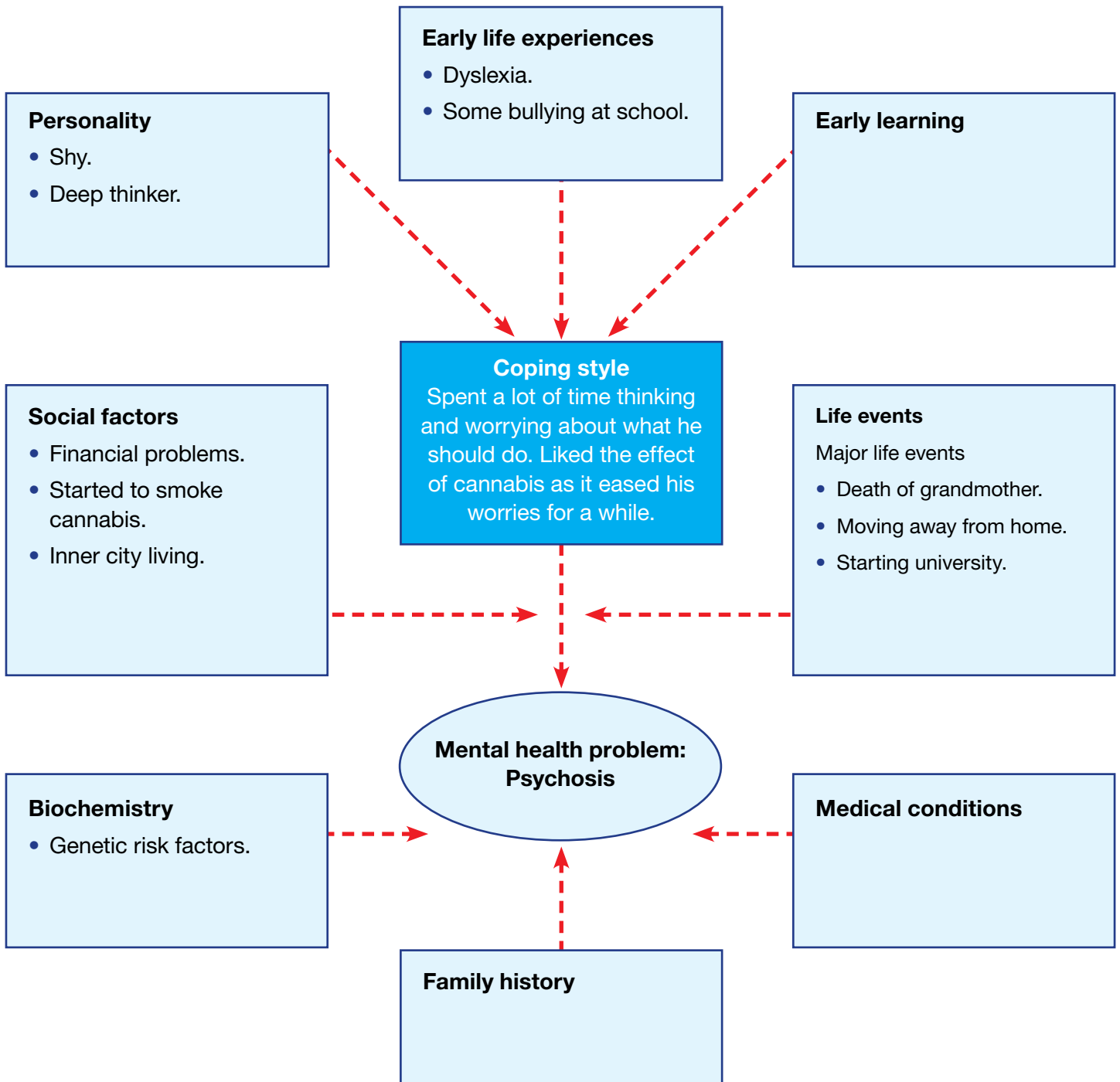








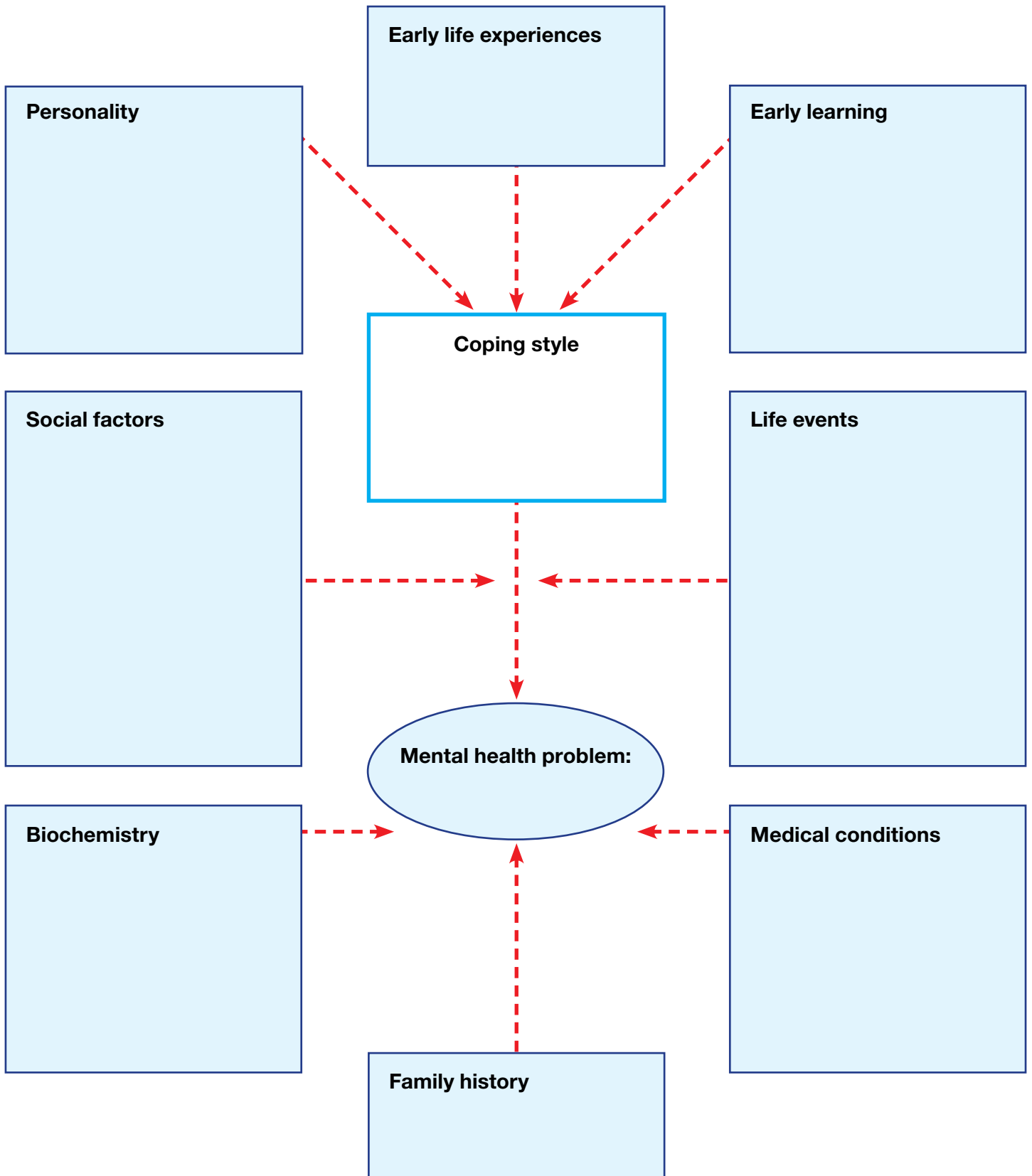
# What contributed to Carl developing psychosis



The diagrams show how individual and complex mental health difficulties can be. Making sense of your relative or friend's mental health problems may take some time, thought and discussion with them as well as the mental health professionals involved in their treatment. Pull together what you understand now, using the blank diagram is a good step in beginning this process. Add the notes you have made onto the diagram on the next page. It may be that you add to this over time, as you and your relative or friend begin to make sense of the mental health issues they are experiencing.

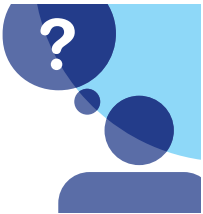


## Fill in what you think has contributed to your friend or relative's mental health problems



## Other explanations about mental health problems

The explanation above tries to take into account a range of factors. It draws on biological, social and psychological explanations of mental health problems. However, there may be other explanations or ideas you hold that do not fit with the above theory. Some of these may be based on your own experiences, or some may come from other societies, cultures and religions. For example, some people may feel that mental problems are caused by evil spirits, or by someone putting a spell on the person, or that the person is possessed.



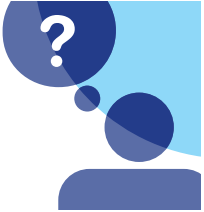
**What, if any, ideas or explanations do you have that don't seem to fit into the above model and diagram?**

**Is there a way that these views could be incorporated into the model?**

The first part of this booklet outlined a way of understanding mental health problems that shows that a number of factors may have contributed to your relative or friend experiencing difficulties. It has also acknowledged that there are many ways of explaining mental health problems and encourages you to consider holding all these in mind, and think about how all of them help you to make sense of what has happened. It may be that, as a result of reading the above, you still have questions. This is natural and it is often the case that getting answers leads to more questions.

Unfortunately, because of the individual nature of mental health problems, this workbook is not tailored to your own individual information needs. However, the next part of this booklet goes on to help you focus on what you still need to know and how to get this information.

## 3.2 Gathering the information that will help you



### What information do you need?

#### What questions do you have about:

**Your friend or relative's mental health problems.**

**The assessment process – how do professionals work out what's wrong and what will help.**

**The care and treatment they are receiving, or other approaches that might help confidentiality issues.**

**The Care Programme Approach (CPA).**

**The role of a Care Coordinator.**

**Medication, including benefits, side effects and management.**

**Your role and entitlements as a carer.**

**Hospital treatment and discharge.**

**Money matters – including managing debt and accessing personal budgets.**

**The difference between a voluntary and a compulsory admission to hospital.**

**The structure of local services.**

**Any other information you need that is relevant to your individual circumstances.**

It is possible that your relative or friend has just become unwell and you, they and the mental health professionals are just beginning to understand what is going on. If so, you may feel that a lot of the earlier questions are relevant for you. It may be that your friend or relative has been told what professionals think is the matter, and you, and they have more questions around this and their treatment. Or perhaps it has been some time since your relative or friend became unwell and you are wondering what the future might hold.

Understanding mental illness and the treatment that is necessary or helpful can take time. It may be helpful to see it as work in progress, where you move from knowing nothing, or very little, to knowing and understanding more about your relative or friend's particular mental health problem. Taking some time to think about what information you need at different times may help you to support your friend or relative, and you in your caring role. The extent of your involvement with your relative or friend will vary over time, so the amount and type of information you require will also vary. They will also be accessing information from various sources, so it can be helpful to discuss together the information that you have. In addition to the above prompts, it may be helpful to look at the 'Checklist for Carers of People with Mental Health Problems' published by The Royal College of Psychiatrists. This contains a useful list of questions from which you can select those that are relevant for your situation. It can be downloaded from: [www.partnersincare.co.uk](http://www.partnersincare.co.uk)

## 3.3 Using different resources to meet your information needs

So, developing an understanding about your relative or friend's mental health problems is work in progress. You may have already found some reliable, supportive sources of information that will continue to be useful along the way. You may also have found some less helpful pieces of information. The next part of this booklet will spend some time considering what sources of information are available, as well as how best to use them. Think about a time when you needed to take in some new information. It may have been reading something in a newspaper, magazine or book. It may have been something legal or financial, like a mortgage arrangement or a loan agreement. Or it might have been more recently, when a mental health professional was talking to you about your relative or friend's mental health issue.



**What helped you understand and remember the information you were being given?**

**What got in the way of you understanding and remembering this information?**

Certain factors, such as having the time and space to make sense of information are helpful for everyone. Other factors are very individual to you, and depend on how you learn best. Some people find it easier to make sense of information that is visual, so pictures, videos and text that is laid out using bullet points may be easier to make sense of. Others prefer to use written material, reading and stopping at certain points to think about what they have read. Knowing what works best for you will help you understand and remember the new, and sometimes painful, information you may come across. Take some time to think about the following issues:



**How urgently do I need to have the answers to my questions?**

**Can my information needs wait?**

**What are my information priorities?**

**How do I want to hear the answers to the questions I have?**

**Who do I want to hear the answers from?**

**Am I ready to hear the answers?**

**Is there anyone I would like to involve to help me with this?**

There are no right or wrong answers here. Everyone has different preferences for getting and making sense of information.



## Nadia

Nadia found that she became upset when searching the internet information on her lunch break at work. So, she decided that just printing the information off and reading it at home on the weekend, together with a number of leaflets she had picked up from the mental health team, was best for her. However, Henryk preferred his mother's mental health nurse to talk to him about why his mother was constantly washing her hands, sometimes until they were raw and bleeding, and why she would spend ages at night checking that she had switched off the cooker, lights and heating.

### Some things to consider might be:

#### Timing and pace

- **Time**  
People need time to take in information. Whether you are reading, watching a video or talking to someone, pause and recap on what you have understood.
- **Relevance**  
If the information in front of you relates to your situation it is more likely that you will be able to use it. For example, receiving information about treatment for schizophrenia may not be helpful, if what you really need to understand is what schizophrenia is.
- **Timing**  
Sometimes the information you find may have an emotional impact. So, if possible, it may be helpful to be prepared and have some time to deal with what you may find out. It may also be helpful to do this with someone else or have someone around you can talk to. While it may be hard to take in, it may be less painful than if you are "ambushed" by bad news at a time or place where you don't have the privacy or support to make sense of it.

### What, if any, of the above issues might be helpful for you to consider?

#### Assessing/weighing up information

The structure and 'look' of the information may also make it easier for you to take in. Some things to consider, particularly with written information are:

- Are there small chunks of information available?
- Is it free of jargon and technical detail?
- Are there simple, straightforward explanations?
- Is the information supported with diagrams, pictures, photographs?

There are particular issues to think about when looking at information on internet. For example, personal blogs can be helpful in understanding someone's experience of mental health problems. However, they may not be a substitute for information about your friend or relative's mental health problems and the treatment they are receiving.

**Noting the following points may be useful:**

- The source of the information on the website.
- Accuracy – does the website have an editorial board which checks that the material is up to date and from a reliable source?
- Is the information accredited – look out for the Information Standard logo.



- Is the tone helpful, hopeful and supportive?
- Have those with lived experience of mental illness and their carers been involved in producing the information?

**For you, what are the important things to consider when weighing up different sources of information?**

**How you are feeling?**

It may be difficult, given how things are for you at the moment, to feel relaxed and focused. However, it is likely that you will be able to make better use of the information to hand if you are less stressed and free from distraction.

**What do you need to help you feel as relaxed and focused as possible?**

**What do you need to help you manage the emotional impact of what you may have heard?**

In spite of all of the information that is available in leaflets or on the internet, it is likely that the one thing you really want to do is sit down and talk to the mental health professionals involved in supporting your relative or friend. This is natural as they are likely to have the most relevant information to *your* situation. However, one difficulty that can often come up when mental health professionals and family or friends talk together is confidentiality. The next part of this booklet goes on to talk about this in more detail.





## 3.4 Confidentiality

Confidentiality is something that many people with mental health problems, carers and professionals have concerns about. It may mean different things to different people and can be the cause of problems in sharing information, as well as conflict between professionals, those experiencing difficulties and their carers. This part of the booklet on information discusses confidentiality, what it means for you and your friend or relative and suggests ways of managing the problems that may arise as a result of conflict over confidentiality.

Friends and relatives often play an incredibly important role in the lives of people living with mental illness. Carers can have a key role in maintaining their relative or friend's mental health, safety and wellbeing. Equally, feeling involved and included can help carers feel less stressed, help sustain their own health and enable them to better support their family member. It can therefore come as a shock if you encounter services where you feel excluded, or where you ask for information and are told it cannot be provided to you because of confidentiality issues. It is important to understand that someone with a mental illness has a right to have information that is shared between them and the professional treated as confidential. However, this does not mean that you should be excluded, or not provided with any information.

You as a carer have rights too. You have a right to have your own needs assessed (known as a Carer's Assessment), and to have your own care plan. You can talk to the professionals involved in the care of your relative and they should listen to what you have to say. You are entitled to have general information that will help you to know how to best help your relative.

So, if you imagine for a minute that you had a mental health problem, you can probably see that you might prefer some things to remain private. It might be something you feel embarrassed about or regretted, or a particular worry, or it might be something you wanted to be clear about in your own head before you shared it with someone else. In the same way, your relative or friend will have things they would rather not share, and their right to confidentiality allows you to keep certain information private. All too often however, the incorrect interpretation of this right in healthcare systems blocks the sharing of information which is less sensitive with families, friends or carers. Finding a balance that works can be a challenge, but when done sensitively results in a better situation for everyone.

### The different types of information

To better understand issues of confidentiality, it is helpful to look at the different types of information. Information that may be shared between a mental health professional and a carer will fall into one of three categories:

## General information

This is information that supports carers in their role without providing specific personal or private details about the person. For example, talking to a relative about:

- the nature of depression or psychosis.
- what treatments are effective.
- what the Care Programme Approach is.
- what a community mental health nurse does.
- what a Carer's Assessment is.

These are all classed as general information that you should be provided with.

### **General information can be shared without the consent of the person.**

Service providers may share, and are encouraged to share, publicly available information with carers with regard to mental illness, treatment, coping, support, and communication strategies based on their description of the problems they have encountered.

## Personal information

This is new and specific information about the person that was previously unknown to the carer.

### **The sharing of personal information usually requires the consent of the person. However, issues of high risk and safety will impact on this.**

For example, if there is information that suggests that there is a risk to the person themselves (e.g. suicide) or to someone else, this information can be shared without consent.

## Personal sensitive information

This would include information of a highly personal nature, such as HIV status, details of previous sexual or emotional abuse and the service user's views about family members.

### **The sharing of personal sensitive information requires the consent of the person with the mental health problem.**

As you can see, there is practical information to help you in your caring role that can be shared freely. Other information can only be shared with the consent (agreement) of the person experiencing difficulties. Information involving risk of harm to oneself or others that can be shared without consent. In many circumstances, there are no difficulties with all of this. Many people are fine about some information being shared, when they are consulted in advance and have a clear understanding about what information is shared, why and with whom. In other situations there can be issues, and the professionals involved need to talk to all involved and work out a way of handling this in the best interests of everyone involved. This can take time.

Sometimes, what are known as '**Advance Statements**' or '**Advance Directives**' can be helpful. This is where the person states at a time when they are well what they would like to happen, and who should be told what if they become unwell again. This is usually in writing, and can specify what can be shared, and which subjects are excluded.



### **Kate, Ronnie and Gemma**

Kate and her husband Ronnie have been supporting their daughter Gemma who first developed mental health difficulties as a teenager. They were involved when she was under the care of the Child and Adolescent services, but once she turned 18, they felt excluded from the adult mental health services because Gemma said that she didn't want information shared with them. Staff on the inpatient unit said that because she was over 18 she was entitled to confidentiality. It was particularly difficult on a couple of occasions when Gemma went missing, and as parents Kate and Ronnie were distraught with worry. Things came to a head one of these times when the ward staff refused to tell her parents if Gemma was safely back on the ward or not.

Through attending a carers' group, Kate and Ronnie learned that it was not correct that they were being treated in this way. They asked for a meeting with the psychiatrist who was looking after Gemma and explained their concerns. He understood their position and the stress they were experiencing because of this. One of the nurses who had a good relationship with Gemma talked to her about her concerns around having information shared with her parents. Gemma was actually very concerned about her parents and didn't want to cause them worry. She didn't have a problem with them having general information, but wanted some things to be kept private. For example, she didn't want them to know about her boyfriend just then as she thought they would disapprove of him.

The psychiatrist and nurse met with Gemma and her parents and together they all agreed what types of information could be shared, and what types should be kept private. This reduced everyone's worries, and had the added benefit that everyone was much more involved in working towards the same goal of helping Gemma get better.

## Carers' right to confidentiality

As a carer, you also have a right to have your privacy and confidentiality respected. Obviously it is better if communication between all involved can be open and honest. The nature of mental health problems can make things difficult at times. You may find yourself in a situation where you feel you would like to share some information with a professional that you feel is relevant to the person's care, and that would benefit your relative, but at a particular point in time, it may be difficult to discuss this openly. For example, your friend or relative may be quite unwell, and you may be worried about them, or you may feel the need to talk to someone about the impact all of this is having on you, but don't want to upset the person. In these circumstances, you are entitled to have your confidentiality respected – the same laws of privacy apply to you as to anyone else. So unless you are sharing information that involves risk or harm to anyone, then you can ask for the information you share to be kept private. Over time, you can then work with the professionals involved and your relative or friend to find ways of sharing this information openly over time, as this is a preferable approach.

## Best practice guidelines

A number of organisations are now looking at practical things that can be done to help with confidentiality and information sharing. Some key suggestions or 'best practice guidelines' are:

- It is important to develop good working relationships. Talking and listening to one another about any anxieties will help. Taking time as professionals to listen to carers' concerns is never a breach of confidentiality!
- There is a greater understanding about the importance of information sharing and the benefits of this for all involved. Again, the key thing here is to be able to talk about how helpful it may be to have a greater understanding of the situation.
- It is helpful to discuss/clarify what information can/cannot be shared early on. This can prevent problems arising in the future or at points of crisis. Advance Directives or 'crisis plans' should be agreed wherever possible.
- Regular review. Things can change over time so it is important to revisit any decisions/agreements regularly. Someone may say no to information being shared at one time, particularly if they are feeling unwell or vulnerable. This does not mean that this will always be the case or that they won't have different views at another point in time.

There is more information on this topic available at the Rethink Mental Illness resource: [www.carersandconfidentiality.org.uk](http://www.carersandconfidentiality.org.uk)

It may also be helpful to look at a leaflet that has been produced by The Royal College of Psychiatrists, that goes into more detail and can be found at: [www.rcpsych.ac.uk/PDF/Carersandconfidentiality.pdf](http://www.rcpsych.ac.uk/PDF/Carersandconfidentiality.pdf)

## 3.5 Summary

This part of *Caring for Yourself* has presented a way of understanding mental health problems that shows that there are a number of factors that may have been involved in your relative or friend developing a mental illness. It has then gone on to help you think about what information you need and how you may best get this information in a way that suits you. Finally, there has been a brief discussion on confidentiality and what this means to you, your friend or relative and the professionals involved in their care. Before finishing this booklet, it may be helpful to put together your own list or 'library' of resources e.g. helplines, useful websites, name of a mental health specialist lawyer, so that you have that information to hand when you need it.

### What are your most trusted sources of information?

- Your own experience
- Your relative or friend's experience
- Other carers, especially \_\_\_\_\_ insert name(s)
- Mental health professionals in particular \_\_\_\_\_ insert name(s)
- Other mental health organisations \_\_\_\_\_ insert names(s)
- Voluntary groups and support groups
- Useful websites \_\_\_\_\_
- Helpful reading materials \_\_\_\_\_
- Telephone numbers \_\_\_\_\_

All of the above will help in your journey to understanding the mental health problems your family member or friend is experiencing, so keep it to hand so that it is readily available. In this way, if you are feeling stressed, you will not have to spend time looking for points of contact. Finally, review it at intervals and keep it updated as contact numbers, staff and website addresses can change.

## 3.6 Key learning points

- Mental health problems usually do not have a single cause – many different things contribute to someone becoming unwell.
- It can be useful to think of the different factors that may have contributed to your friend or relative becoming unwell.
- You are likely to be able to cope better, and support the person you are caring for more effectively if you have information that helps you to understand what's wrong and what will help your relative or friend to get better.
- You will find different types of information useful at different times.
- There are many sources of good information available – websites, written information, helpful groups, professionals, voluntary agencies – so you are not on your own.
- As a carer you have rights – rights to a Carer's Assessment, rights to information that will help you cope, rights to have your confidentiality respected.



Local libraries are a good general source of information

**You may also find the following other sites useful:**

## **Cochrane**

The Cochrane Library is a collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making.

 [www.thecochranelibrary.com](http://www.thecochranelibrary.com)


## **Healthtalk Online**

Health talk online is a website that allows you to share people's experiences and find reliable information about specific conditions.

 [www.healthtalkonline.org/mental\\_health](http://www.healthtalkonline.org/mental_health)

 [www.healthtalkonline.org/mental\\_health/Depression](http://www.healthtalkonline.org/mental_health/Depression)

 [www.healthtalkonline.org/mental\\_health/mentalhealthserviceusers](http://www.healthtalkonline.org/mental_health/mentalhealthserviceusers)

 [www.healthtalkonline.org/mental\\_health/mentalhealthcarers](http://www.healthtalkonline.org/mental_health/mentalhealthcarers)  
(Note: this has a section on carers from ethnic minorities)

## **Mental Health Foundation**

This is a charity working to improve the lives of those with mental health problems or learning disabilities. It carries out research and service development, and provides information to increase understanding.

 [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

## **Meriden Family Programme**

The Meriden Family Programme is a family-sensitive, evidence based training and organisational development programme.

 [www.meridenfamilyprogramme.com](http://www.meridenfamilyprogramme.com)

## **Mind**

Mind provides advice and support to empower those experiencing mental health problems as well as campaigning to improve services, raise awareness and promote understanding.

 [www.mind.org.uk](http://www.mind.org.uk)

### **Mental health care**

An online resource for carers from the Institute of Psychiatry and South London and Maudsley NHS Foundation Trust.

 [www.mentalhealthcare.org.uk](http://www.mentalhealthcare.org.uk)

### **Rethink Mental Illness**

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness.

 [www.rethink.org](http://www.rethink.org)

### **Royal College of Psychiatrists**

The Royal College of Psychiatrists is the professional and educational body for psychiatrists in the UK. They promote best practice in mental health services and promote and publish the research in psychiatric journals. They also produce publications that are accessible for carers and people affected by mental health issues.

 [www.rcpsych.ac.uk/campaigns/partnersincare](http://www.rcpsych.ac.uk/campaigns/partnersincare)

 [www.rcpsych.ac.uk/mentalhealthinfoforall](http://www.rcpsych.ac.uk/mentalhealthinfoforall)

### **The Carers Trust**

 [www.carers.org](http://www.carers.org)



# Thank you to . . .

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# About the authors

**Gráinne Fadden** is a Consultant Clinical Psychologist based in Birmingham and Solihull Mental Health NHS Trust, Honorary Senior Research Fellow at the University of Birmingham and Director of the Meriden Family Programme. The cascade method of training and system of organisational change for improving services to families developed through the Meriden Programme have been adopted by several organisations within the UK and abroad. The Programme has been the recipient of numerous awards for 'Modernising Mental Health Services' and for 'Mental Health Innovation'. She was awarded the prestigious Marsh Lifetime Achievement Award by Rethink Mental Illness in 2009 for her outstanding contribution to mental health. Gráinne has been involved in family work and research throughout her career, and has written extensively on the effects of mental health problems on families, on how family members can be supported, and the training of mental health professionals. She links with a range of national bodies on issues relating to families and carers and has delivered training around the world.

**Carolyn James** qualified as a Clinical Psychologist in 2003. Currently she works in clinical health psychology and training, and prior to this she was part of a child and adolescent mental health team in East Birmingham. Before training Carolyn worked as a Research Assistant on a number of projects, including the Meriden Programme. Carolyn is proud to have been part of the Programme since the very beginning. She has maintained her links with the team since that time and returned to talking with families and therapists as part of her doctoral research. Carolyn was interested to find out what helped engagement in family therapy and, as a result of her work, developed a theory about some of the factors that therapists may need to consider when talking with families about Behavioural Family Therapy (BFT).

**Vanessa Pinfold** is a health services researcher. She joined Rethink Mental Illness in 2003 to establish a research team within the charity. Previously she worked at the Institute of Psychiatry, Kings College London. She is currently working as a part time research fellow at Rethink Mental Illness and is chair of The McPin Foundation – a small family charity that supports mental health research and promotes mental well being through innovative projects.

Vanessa has always had an interest in mental health carers and through research programmes has sought to develop practical tools to assist families and relatives of people with mental illness. She has been involved in the Time to Change campaign to end mental health discrimination and the re-development of Rethink Mental Illness 'Caring and Coping' training programme. Vanessa has also led the development of an online package to assist practitioners to work with families through timely and appropriate information sharing in mental health.







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**Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.**

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