

# Chief Psychiatrist's Treatment Plan Forum

## Notes to accompany power point presentation

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### **Key issues/challenges for Treatment Plans to work well for carers and their relatives**

- Carer Inclusion
- Confidentiality & Common-sense
- Continuity of Carer Inclusion

In identifying these three challenges, I have consulted with Family Carers, Carer Consultants, and Support Group Convenors. Disappointingly, the consensus is that Carers generally have no idea what Treatment Plans are. Most Carers who do know about them described them as not being useful.

I personally welcomed the DHS Treatment Plan when it was put into practice at the end of 2004, and I had some input into its development. The DHS Treatment Plan makes it clear that Family Carers have a role in the treatment of the person they care for, and care about.

### **Carer Inclusion**

*Family Carers can play an important supportive role*

Carers see their relative's wellness, illness, and everything in between. They are on duty all the time in some capacity, and are committed to the long haul.

*Most carers don't know about Treatment Plans and many report unsatisfactory involvement*

This is particularly evident in acute services, such as the Inpatient Unit. Many Carers have related being bewildered by the system, and of having their knowledge of their relative's behaviours taken lightly by Workers.

*When Treatment Plans have worked for Carers, they felt listened to, and reported that the Case Manager used the Carer's knowledge and experience to enhance the client's treatment*

In these cases, when the Worker notices a change in the client, he or she checks in with the Family Carer to discuss what the change may mean. Such examples of Inclusion are empowering for the Carer, and have eventuated after a long and determined struggle by the Carer to be heard.

## Confidentiality & Common-sense

### *First Episode needs of Carers*

- *Address confidentiality issues early* – The emergence of mental illness is traumatic for all, but for the Family Carers of a relative experience a first episode it is a time of great trauma. If there is an admission, then this may have involved not only the CAT Team, but also police and ambulance. There is little privacy with such an admission, and the possible stigma only adds to the trauma. And, while the client's immediate needs are looked after following admission, the Carers have little or no idea of what is happening because the psychiatric inpatient experience is so different to a general hospital admission.
- *Promote mutual exchange of information* - Early inclusion of the Family Carers in their relative's Treatment Plan is of benefit to Workers, and is a relief to the Carers. It is a cooperation of all involved in the client's care. This communication provides opportunities to discuss likely prognosis, something that Carers need to know despite the fear about the future, and what to expect from medication.
- *Provide education and reassurance* - Workers need to be aware of the grief that Family Carers are experiencing at the development of a mental illness in their relative, and Carers may need to have reassurance from Workers about any guilt they may be feeling about the onset of the illness. Workers can provide education to Carers on how to relate to their relative in the immediate future, and can provide referral to Carer peer supports such as Carer Consultants and Support Groups. Peer support is an acknowledged way to combat feelings of isolation and stigma, and a source of tried and true knowledge and strategies.

### *Carers' Needs with Changes in Treatment*

- *Information and reassurance* – This is particularly important when there is a resistance to treatment and clozapine or ECT is prescribed.
- *Identify known risks, alerts and responses* – Any new medication may cause symptoms of which the Carer needs to be aware, and open communication between Carers and Workers is in the best interests of the Consumer.

### *Independent Living*

- *Carer is often still involved with their relative* – Carers can provide practical and emotional support to their relatives who live independently. This may be

a daily phone call between them, help with maintenance, shopping together and a coffee afterwards.

- Workers need to be sensitive to Family Carers who have been cut off by the Consumer – the Carer still cares about their relative, and holds a heavy burden of grief for the disconnection. Treatment Plans can provide an opportunity to mend relationships.
- *Carer may welcome ideas on recovery promotion* - Carers benefit from education in promoting independent living, and how they can support their relative from a distance.

## **Continuity of Carer Inclusion**

### *Discharge Plans across services, and beyond*

- *From High Dependency to the Inpatient Unit* – This is especially important for the first episode. It is very distressing for Family Carers to see their relative in a high security room with its lack of furniture apart from a mattress on the floor with untearable sheets. Some Inpatient Wards are locked, and this often provides a sense of relief for the Family Carers. When Inpatient Wards are open, then the Carer worries that their relative will be at risk from walking out of the ward and be in danger, or turn up unexpectedly at their home. Inclusion in the Treatment Plan will explain the different levels of management for their relative, and will allow Carers to voice their concerns.
- *From the Inpatient Unit to Early Discharge Management* – Through the Treatment Plan, Carers can be given advice on roles and responsibilities for the consumer, the EDM team, and for themselves.
- *From EDM to Case Management* – The effects of rehabilitation and treatment fine-tuning can be monitored through Family Carer inclusion in the Treatment Plan. The serious issue of the connection between suicidality and insight can be assessed and education provided.
- *From Case Management to the Private Sector* – This is a big step for Consumers and for their Carers. A good relationship with the GP is essential for the Consumer, and Privacy and Confidentiality issues need to be sensitively addressed so as to accommodate the Carer's role.

***Apart from the Consumer, the Family Carer is often the only person who knows the whole story.***