

Identifying factors that influence the implementation of digital family interventions in an early psychosis service

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Table 1: Staff Barriers and Enablers

Barriers	Enablers
Beliefs/ concerns about digital therapy	
<ul style="list-style-type: none"> • Face-to-face is more effective than internet therapy (enhances therapeutic relationship) • Prefer to provide the FI themselves <ul style="list-style-type: none"> • continuity of therapeutic relationship • to develop own skills • More difficult to manage conflict • Inappropriate for people with paranoid beliefs about technology • It will reinforce social isolation • Unable to afford a computer or internet access • Poor internet signal in some rural locations • Ethically opposed to private sector providers and fears this will lead to a loss of NHS jobs 	<ul style="list-style-type: none"> • More time efficient than home visits • Enables geographically dispersed family members to participate • The structured approach is suitable for some families • The helpfulness of Healios staff and the ease of referral • Helpful when clinicians are too busy to offer FI themselves • Seeing it being delivered successfully encourages more referrals
Beliefs/ concerns about Healios FI	
<ul style="list-style-type: none"> • The clinician prefers a more flexible dialogical approach • The approach is too structured for some families 	
Other	
<ul style="list-style-type: none"> • Insufficient information about Healios FI • Too busy to think about offering Healios FI 	

Introduction

Family intervention (FI) is a must do- especially for Early Intervention in psychosis services. The Somerset Team for Early Psychosis (STEP) has a long tradition of family work but undertook an 18-month trial of the additional offer of a web-based FI. Healios has developed a secure clinical platform which enables the client and family members to participate in family sessions with a trained clinician from any internet connected device in any location. The Healios FI, endorsed by NICE in 2014, is an integrated approach including psycho-education, exploration of interactional cycles and skills training based on Behavioural Family Therapy, CBT and Systemic practice.

STEP covers the rural county of Somerset, pop. 530,000, using a hub-and-spoke model with 2-3 staff based in four geographical areas; total 7.8 WTE care coordinators and 1 WTE support worker. Caseload at the time of the study was 169. Four clinicians attended a one-hour training session in November 2015 and Healios was added as a standing item on the monthly team meeting agenda. Clinicians were encouraged to ask clients if they would like to undertake digital FI and, upon written consent from the client, to pass on the details of any potential participants to Healios, who introduced the service and set it up on a case by case basis. Of the 158 clients in contact with their families 23% were engaged in face-to-face (F2F) FI, 25% had routine family work with their care coordinators, and 16% were offered Healios FI but only 8 families (32%) commenced. We therefore decided to explore whether staff attitudes about Digital FI and its implementation

Method

All staff were invited to attend a focus group in March 2017, but as only 3 attended a further group was run in April with three more care coordinators and a FI-trained support worker. Thus seven of the nine staff members (78%) contributed. The 45-minute focus groups utilised an open-ended interview schedule, were audio recorded, transcribed and thematically analysed (Braun & Clarke, 2006). Themes were independently identified by the authors and discussed and refined. Emerging themes were also discussed with some of the team members who had contributed to the focus groups.

Results

Thematic analysis revealed enabling factors including the ease of referral to Healios and overcoming geographical challenges via the internet, but these were outweighed by the perceived barriers (see Table 1).

There appeared to be three main narratives within EIP regarding their engagement with digital FI, their referral to Healios and their families' take up of the digital FI: Pragmatic engagement; implacable opposition or its use in exceptional circumstances only; and being too busy to think about it.

Conclusions

The main barriers to digital FI were staff viewing face-to-face FI as preferable and concerns about its appropriateness for clients with psychosis. Some staff were also ideologically opposed to working with a private sector provider. However, this study provided useful pointers towards factors that need to be addressed to maximise the take-up of digital interventions in NHS services.

Recommendations

Further audit and research into digital FI, including service users' attitudes, experiences of FI and outcomes.

Implications for Practitioners

- Digital FI is helpful for some EIP clients and their families and staff should offer this option alongside other forms of FI where possible.
- Digital FI is particularly useful where the family members find it difficult to meet face to face for geographical or other reasons.
- NHS staff require careful preparation for the introduction of digital FI and their concerns about internet therapy and private sector providers need to be addressed.