HEALTH SYSTEM PERFORMANCE RESEARCH NETWORK (HSPRN)

A Review of the Literature on Barriers and Facilitators to Implementing Family Support in Early Psychosis Intervention Programs

Applied Health Research Question Evidence Brief (Project Summary)

In response to:

Early Psychosis Intervention Ontario Network*

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*The Early Psychosis Intervention Ontario Network (EPION) is a province-wide volunteer network of service providers, persons with lived experience, and families. EPION currently includes over 50 programs and satellite partners across Ontario. The network facilitates collaboration, training, resource sharing, and quality improvement efforts. EPION is funded by the Ministry of Health and Long-Term Care.

Project Summary

Background

- Family support and education is a core component of the *Ontario Early Psychosis Intervention Program Standards*, released in 2011.[1] However, feedback from key informant surveys of Ontario early psychosis intervention (EPI) programs[2,3] indicated that it can be challenging for programs to implement.

- The present project responded to an Applied Health Research Question posed by the Early Psychosis Intervention Ontario Network (EPION). The network was interested in learning about the barriers and facilitators to implementing family support experienced in other settings to order to inform Ontario EPI program efforts to meet the *Program Standards*.

Aim

- Conduct a systematic literature review on the barriers and facilitators for implementing support for families of individuals experiencing early psychosis.

Method

- An electronic database search was performed of Medline, EMBASE, PsycINFO and Joanna Briggs databases from January 2000 to September 2014. The database search identified 3396 unique articles. After excluding those that did not meet inclusion criteria, seven articles[4,5,6,7,8,9,10] were retained and constituted the body of work for this review.

- A thematic analysis approach was used to produce a narrative synthesis of results. In this early stage of the evidence base, the aim was to identify prominent themes and summarize related findings rather than develop higher order new explanations or theories.

- The studies were abstracted using a structured template that included the objective, method, intervention description, intervention participation, barriers and facilitators to participation, other results, and recommendations. The text on barriers and facilitators was then coded, and the codes were grouped and aggregated to higher level themes.

Results

- The reviewed studies were primarily qualitative examinations of the experience of delivering or using family support. Study participants included program staff,[4,5,6] families,[4,7,8,9] and the client.[9] One study,[10] included quantitative intervention participation data. Most of the studied interventions were structured intensive family psychoeducational programs that extended over a number of months.[4,6,8,9,10] Of these, four[4,8,9,10] were multifamily group approaches.[11]

- Family and client experience:
  - Family interest in and perceived relevance of support: Early stage caregivers may still be struggling to understand the illness and their caregiving role. Support may be perceived as unnecessary or irrelevant. Some families are disengaged from their ill relative and are not

  interested in participating. However, the illness course and family relations are dynamic, and perceived relevance can change over time.

  - Client interest: Clients may be anxious about participating, especially early in their illness. They may also be eager to 'return to normal' and not keen to pursue more treatment. Older clients may be focused on separating from their families.

  - Practical challenges accessing support: For group interventions with fixed locations and timing, participation and attendance was affected by travel distance, access to transportation and competing work and family commitments. In some cases families felt they had to be at home with their ill relative.

  - Preferred formats for support: There was variation in the length, intensity and content of the desired support. While some families joined intensive psychoeducational programs that extended for months or years, others expressed a preference for minimal support (e.g., information, point of care contact). Some families saw a benefit to having the client participate with them in the intervention while others preferred the opportunity to discuss topics without clients present. Multifamily groups were valued for their peer support by some families but were perceived as an invasion of privacy by others. Some families wanted input on session topics while others wanted a priori clarity in what was being offered.

- Staff experience. Most staff valued family support. The main delivery barrier identified was not having sufficient program support. Specifically mentioned by staff were need for training, field supervision, sufficient time which could be compromised by high client caseloads and immediate clinical demands, and resources such as educational materials and assessment tools designed for first episode families.

- The identified themes should be understood in the context that the majority of the studied interventions were structured multifamily groups. Also, study samples were small and generally not well described. Some views may have been missed such as families who dropped out or choose not to attend the program.

Conclusion

- Family support is a core component of the Early Psychosis Intervention model. However, it continues to receive low rates of implementation by programs and low rates of uptake by families.

- In the present review, the lack of fit between delivered support and family needs and preferences was a consistently identified barrier. Both program staff and families indicated the value of staff taking time to assess family needs and explain options so that the provided supports align with family needs and preferences. Since many families prefer a lower level of support, this approach may also reduce program burden. However, programs need to ensure that staff are appropriately supported to deliver the intervention.

- The pyramid of family care[12] recommends a needs-based approach to delivery that is intended to be responsive to families, and may be helpful to EPI programs. This approach requires that programs be flexible in the format, content and timing of the interventions and supports that they deliver.

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