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CONTEXT

Family support and education is a core component of the Ontario Early Psychosis Intervention Program Standards, released in 2011. However, feedback from key informant surveys of Ontario early psychosis intervention (EPI) programs 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. 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.

OBJECTIVES

The aim of this study was to conduct a systematic review on the barriers and facilitators for implementing support for families of individuals experiencing early psychosis.

METHODS

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 were retained and constituted the body of work for this review. A thematic analysis approach was used to produce a narrative synthesis of results. 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.

FINDINGS

Study participants included program staff, families, and the client. Most of the studied interventions were structured intensive family psychoeducational programs that extended over a number of months, of which four were multifamily group approaches. Most studies used qualitative methods, while one study included quantitative participation data.

Four key themes pertaining to barriers and facilitators were identified. Firstly, family and client perceptions of relevance were recognized. Early stage caregivers may still be struggling to understand the illness and their caregiving role. Support may be perceived as unnecessary or irrelevant, although the illness course and family relations are dynamic, and perceived relevance can change over time. It was also acknowledged that clients may be anxious about participating, especially early in their illness. Secondly, there were 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. Thirdly, families have different needs and preferences regarding the type of support services they want, in relation to the length, intensity and content of the desired support. Multifamily groups were valued for their peer support by some families but were perceived as an invasion of privacy by others. Lastly, the reviewed studies recognized that most staff valued family support. The main delivery barrier identified was not having sufficient program support, and other barriers included lack of training, field supervision, and insufficient time and resources.

CONCLUSIONS

Family support is a core component of the Early Psychosis Intervention model. However, similar to other areas of mental health care, it continues to receive low rates of implementation by programs and low rates of uptake by families. Developing support protocols that consider family preferences and needs, and measuring implementation and uptake are important steps to clarify what programs are offering and to increase consistency in delivery. Such data can also contribute to advancing understanding of what families want and effective approaches to delivery.