

Impact Report

Mental health training for non-paid carers

Bath & North East Somerset, Swindon and Wiltshire (BSW), Aug 2022 - March 2023

KS2 Bath & St Mungo's

May 2023 - Report written by Carolyn Trippick



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“It is tricky to quantify the impact of the course. I found it hugely beneficial spending structured time with people in a similar situation. The structured time and input from an experienced trainer gave me time to reflect and to feel better equipped. The resource pack is a useful tool to refer back to. Spending time with people in a similar situation over the 4 weeks was really timely for me. The person that I am supporting was in crisis and at a time of frustratingly stretched resources when accessing help is so challenging, it gave me time out and room to breathe. Spending time with people who just understood without lots of explanation was like a breath of fresh air. I would recommend the course to everyone in a position of supporting others because not only is it a worthwhile investment of time but feeling less alone is invaluable. Thank you!”

Carer

Background

Identified need

A non-paid carer can take many forms, being a friend, family member, neighbour, partner, peer, or colleague. They might provide practical, emotional support, or both.

Looking after a family member with a mental health problem can have a significant impact on carers' own mental health. Mental health problems of carers include emotional stress, depressive symptoms and, in some cases, clinical depression. ¹

Serious case reviews in mental health often highlight the lack of support available for carers within their roles.

This training was focused on helping address these needs.

¹ Shah, A.J., Wadoo, O., & Latoo, J. (2010). Review Article: Psychological Distress in Carers of People with Mental Disorders. *British Journal of Medical Practitioners*, 3(3), 327

Overview of the training

KS2 Bath commissioned and developed their 'mental health for non-paid carers' training in collaboration with St Mungo's, with support from Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and BANES Carers Centre. The training was co-produced between carers and mental health professionals.

The training supports carers to create a supportive space for people with a mental health need, as well as their supporters, based on the Psychologically Informed Environment (PIE) approach.

The course is delivered over four 3.5-hour sessions, which cover:

- Understanding mental health challenges - An opportunity to explore what it can be like to experience mental health challenges and how mental health needs impact on people's behavior.
- Support people with mental health needs to make changes - To explore some of the challenges of supporting people to make changes and introduces some techniques for working with change.

- Conflict and crisis - Reducing and managing conflict and crises with the person you support.
- Learning, reflecting and support - To be better able to establish clear boundaries, positive communication and relationships.

All participants receive a copy of the [training resource pack](#), with notes and materials covered within each of the sessions.

More information about the course content can be found on [St Mungo's website](#).

Trainers

The training is co-delivered by KS2 and St Mungo's, utilizing lived experience.

- Ralph Lillywhite, St Mungo's Building Bridges Manager and an experienced trainer.
- Mary Marchant is a carer, a founding member of KS2 Bath and a trainer who delivers training to mental health professionals. Mary was fundamental in the development of the training.
- Carolyn Trippick has lived experience of secondary mental health services and experience as a peer supporter. She co-designs and delivers training alongside NHS professionals and VSCE partners.



Outcomes

Project delivery

The BSW Integrated Care Board (formally the Clinical Commissioning Group) funded the project with an award of £6,240.

The carer's training course was widely promoted across all statutory and community mental health teams, as well as 3rd sector organisations. It was also promoted via Eventbrite.

7 courses (4 sessions each course) were delivered in community venues throughout BANES, Swindon and Wiltshire. These consisted of 2 online courses and 5 face-to-face courses. A total of 55 carers completed the course.

The majority of participants were female (88%), male (14%), (2% not stated). Age ranged from 18-84 years, with the majority falling in the 45-74 age categories. *See appendix I: Equality Diversity & Inclusion for quantitative data.*

Carers attending the training predominately supported close family members - parents, children and siblings.

Those being supported had varying degrees of mental health needs, ranging from not accessing mental health services, to having been in statutory mental health services for many years. Common diagnosis included bi-polar, OCD, PTSD, depression, anxiety, dementia and psychosis.

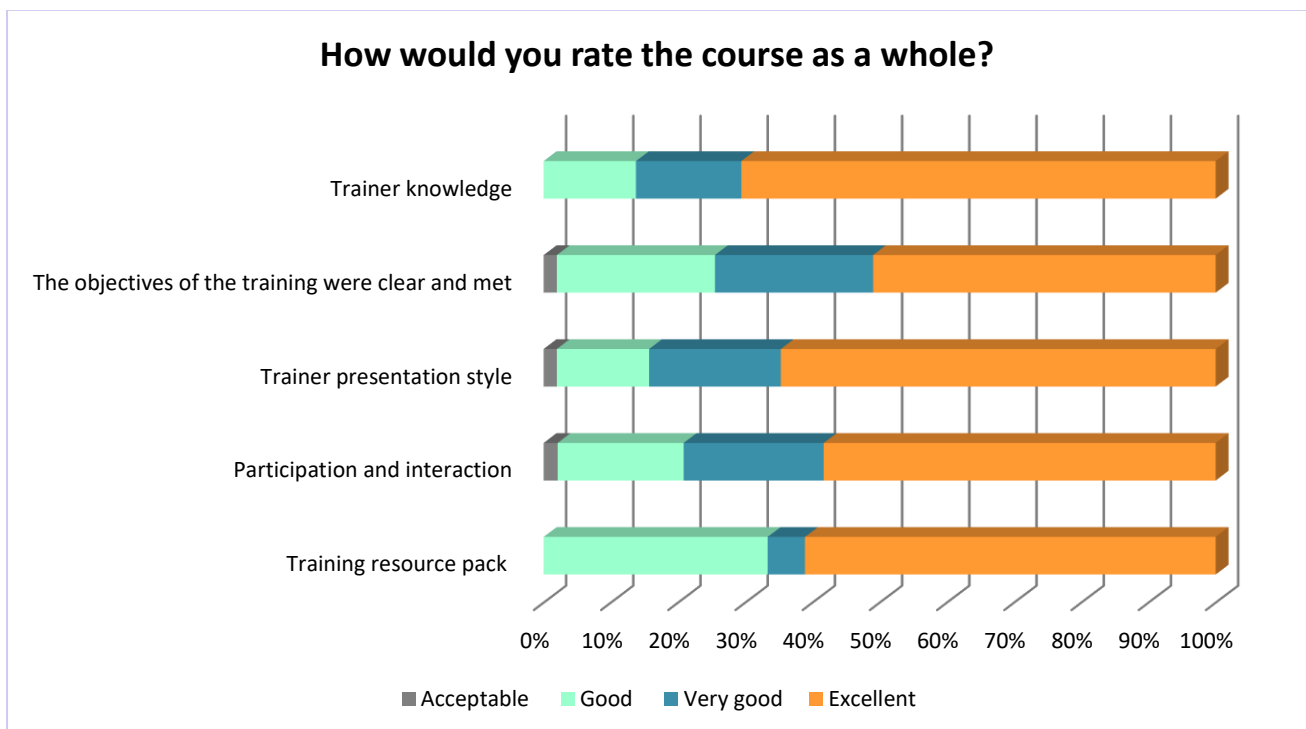
Not only were carers supporting the mental health needs of their loved ones, many were also supporting additional needs too. These needs included learning difficulties (i.e., ADHD, autism, dyslexia, Williams syndrome), communication barriers (i.e., selective mutism) and physical health issues (i.e., chronic fatigue).

Evaluation

Both quantitative and qualitative data was collected. Evaluation questionnaires were provided pre-course (95% response rate), post-course (93% response rate) and as a follow up a minimum of 4 weeks later (33% response rate). Data was also recorded on flipcharts from group discussions within sessions.

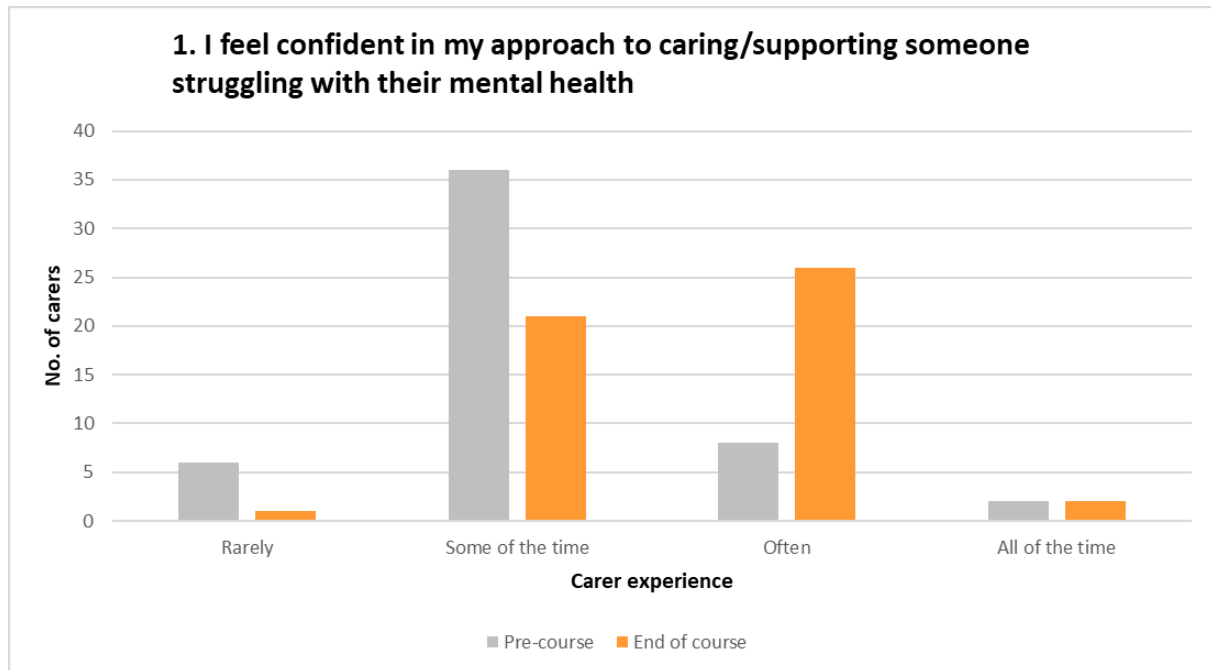
Three case study follow ups were conducted three months after course completion, to identify longer term outcomes. *See appendix II: Case studies*

The majority of participants rated the course on the whole as 'excellent', in all areas.



Outcome measures

Both quantitative and qualitative outcome measures were recorded, both pre-course (at the start of the first session) and at the end of the course (4 weeks later). Carers rated their experiences based on their experiences over the last month.

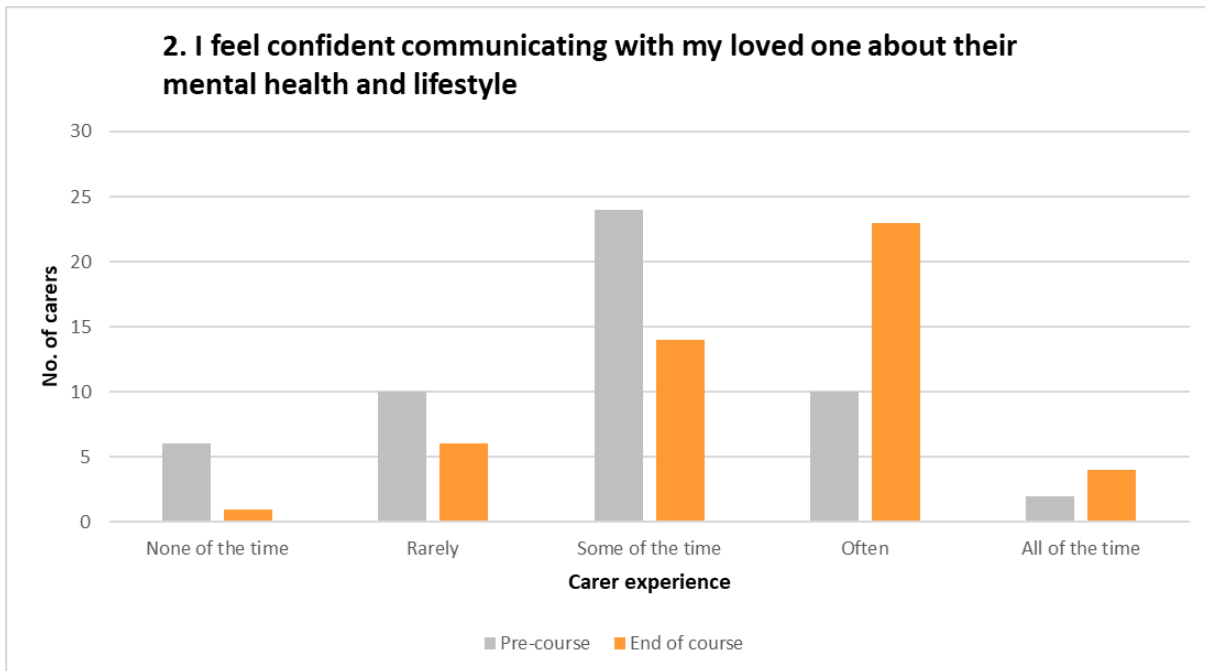


“The training helped me to feel more confident in my caring role”.

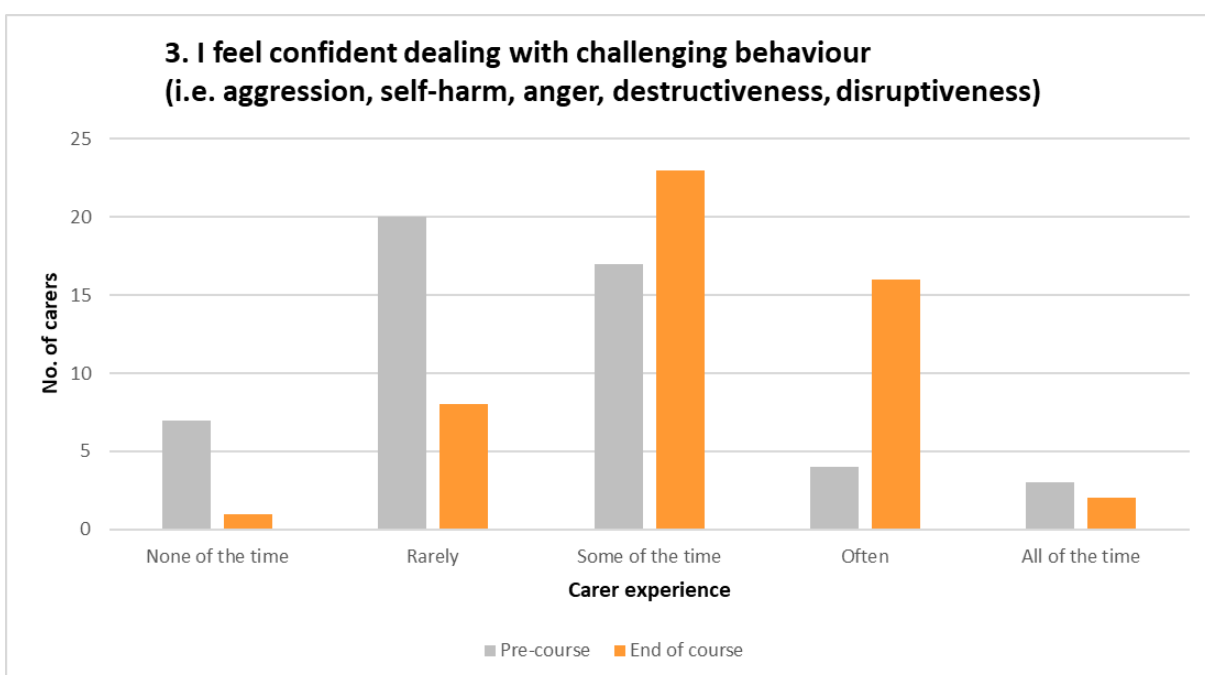
“Learnt so much from other participants on the course, as well as the trainers. Took away a lot of insight and more confidence in my supporting role going forward”.

“Excellent supported by a resource pack booklet that is easy to use, covering course content with space for notes and listing further links”.

“I was a bit freaked out in the first week with the deep emotion I felt and felt a bit like I wanted to run! BUT I found myself being very open and honest and it felt safe, then even more so and I have found it beneficial in so many ways; both for myself, the people I care for and the connection we made as a group. It’s be so very valuable”.

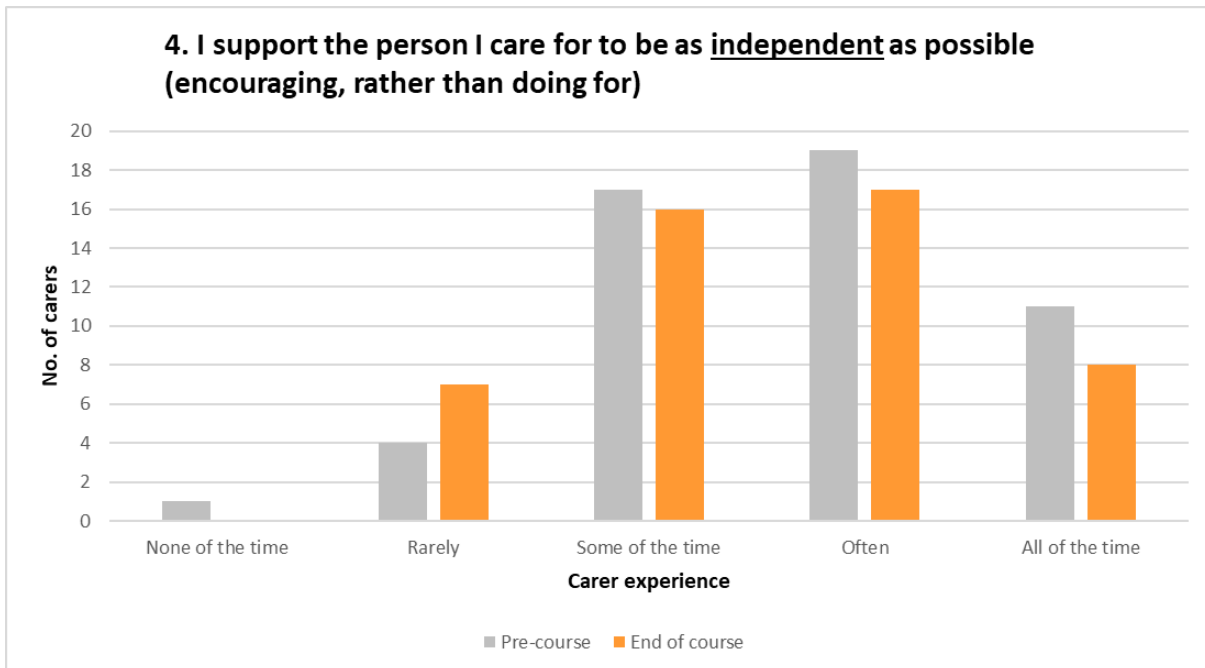


“Identifying as a jellyfish (carer styles model) raised my awareness of how I act and how I/my behaviour might be perceived by those I support”.



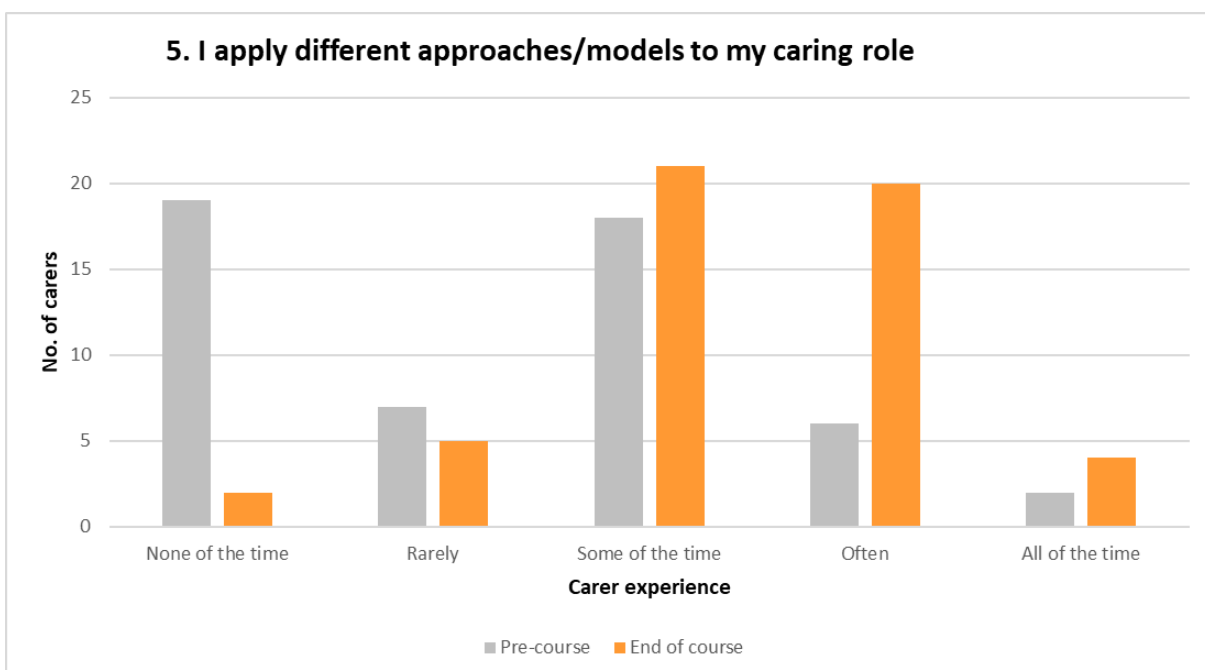
Challenging behaviours identified by carers included uncontrolled behaviour, anger, and cases of domestic violence.

“...made me consider boundaries more and how important they are (learning from carer styles model)”.

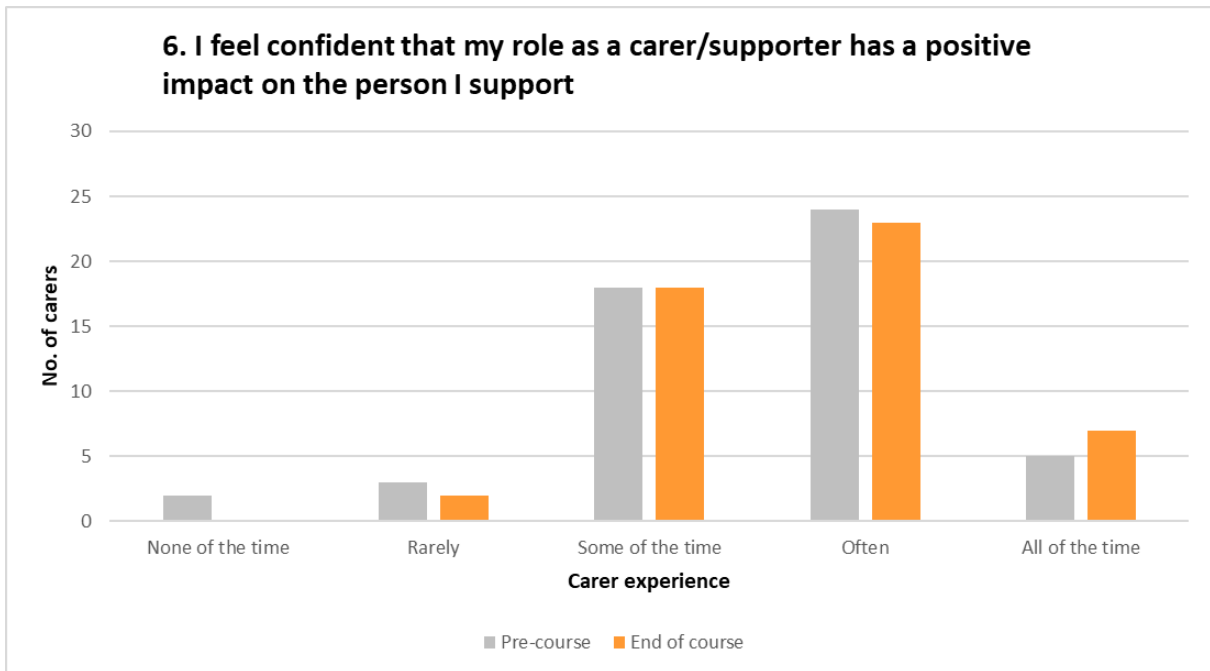


“The course was fantastic, it improved my confidence that I was doing the right things as a carer, and gave me the push to try and encourage more independence in my sons”.

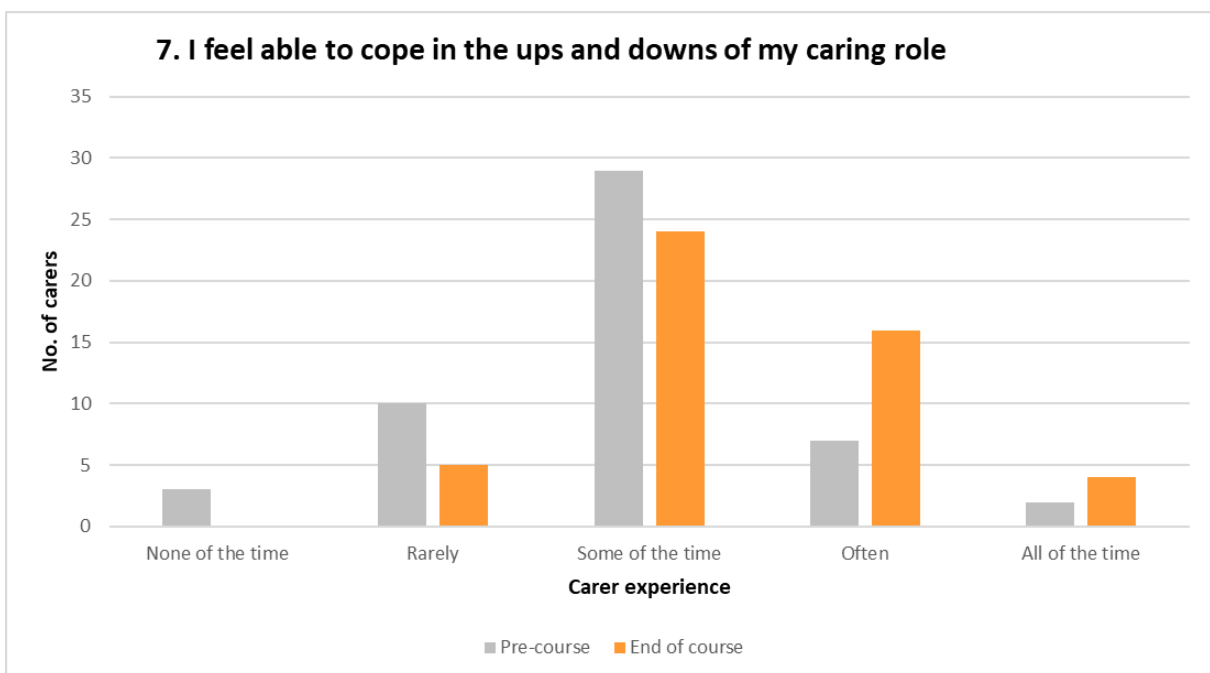
“I am encouraging my mother to be independent of me”.



“Really helpful to review and analyse my relationships, including those I care for, providing ideas and concepts to try and improve how helpful my interaction can be”.

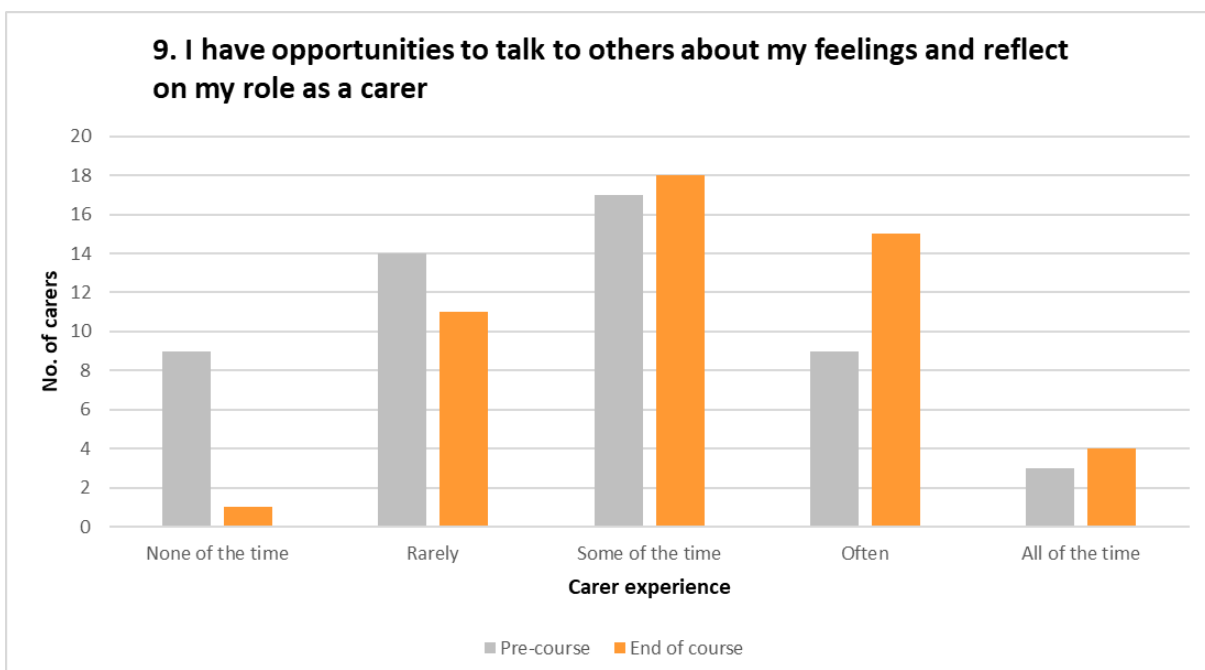
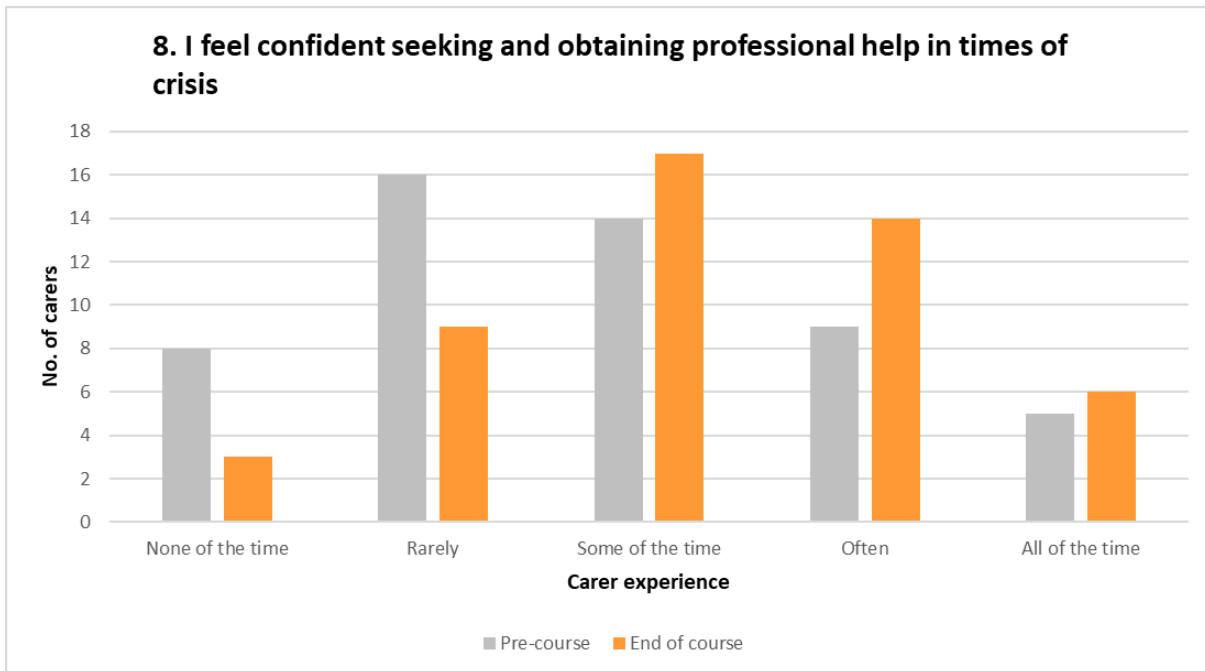


“Thought-provoking training that had me thinking about my caring role long after each week’s session”.



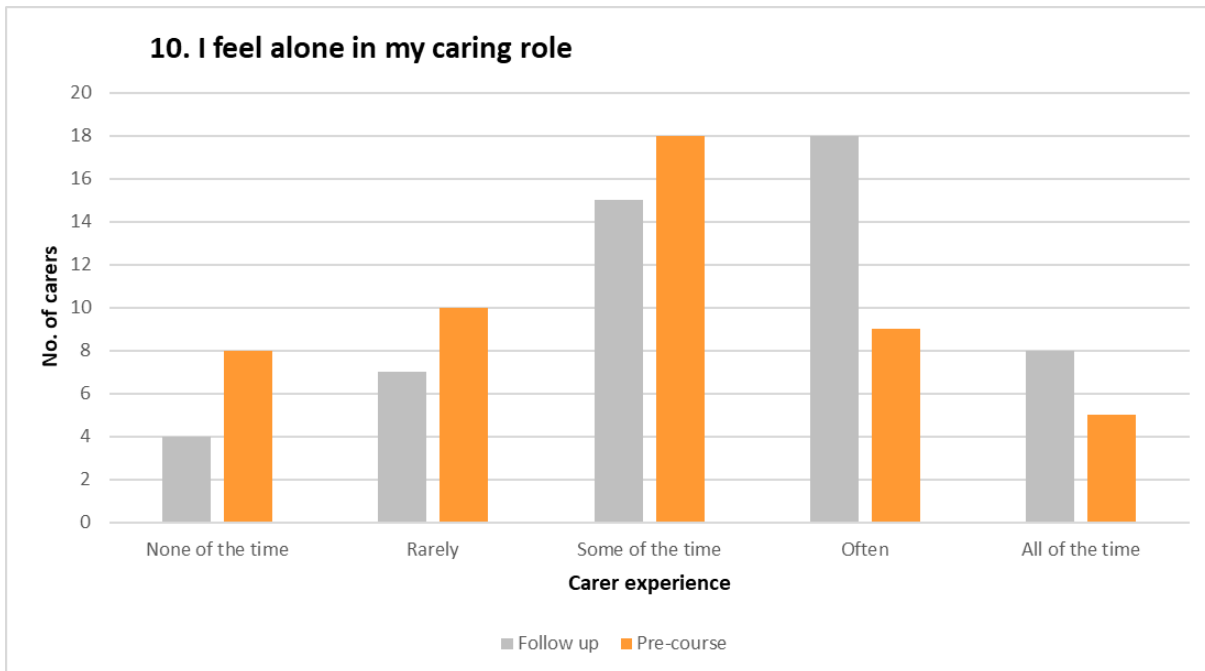
“Fun and open approach to the challenges of caring and protecting your own wellbeing”.

“Interesting and enlightening to hear from other carers and the things they are dealing with”.



“It can sometimes be hard to engage with friends and family, due to their attitude towards mental health, which has made me take a step back. Being a carer can be quite isolating. The course allowed me to talk without feeling a burden to others”.

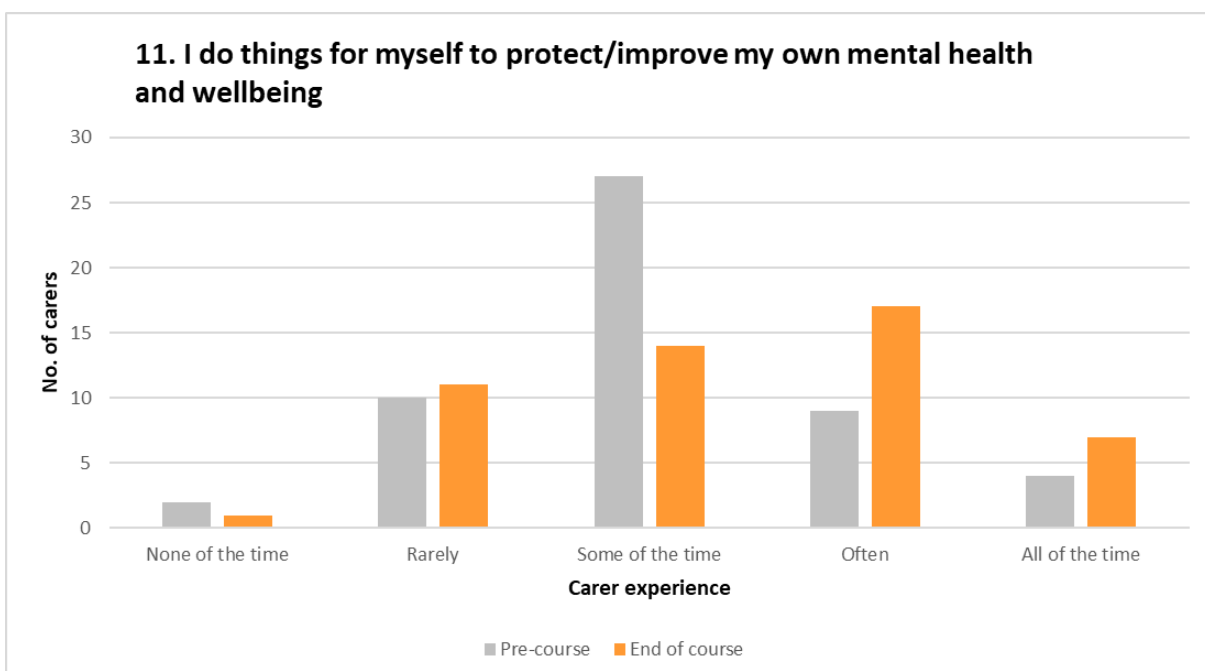
“Friendly, informal, informative, non-judgmental. It was really nice to be around other people experiencing similar challenges”.



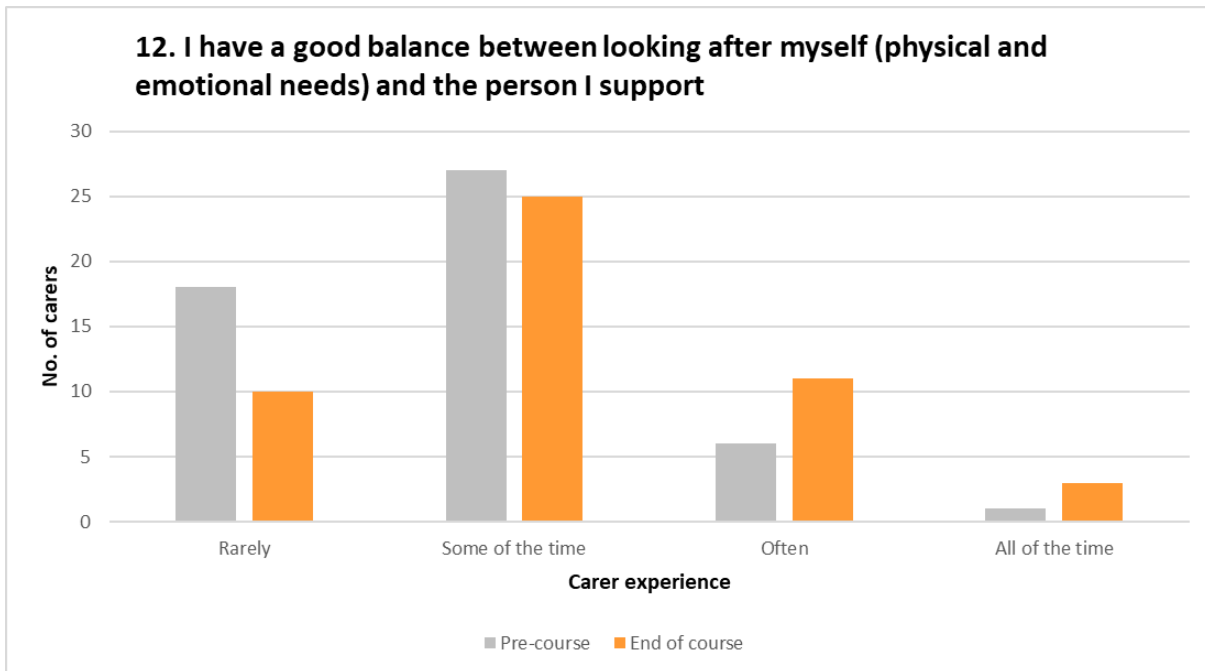
Sharing experiences during the course, helped carers to feel less alone.

“Really helped to find there are others coping with similar situations and to hear their stories”.

“I’ve stayed friends with one of the group members and we go for coffee. We don’t always have to talk about the mental health of our loved ones, but we know we can”.

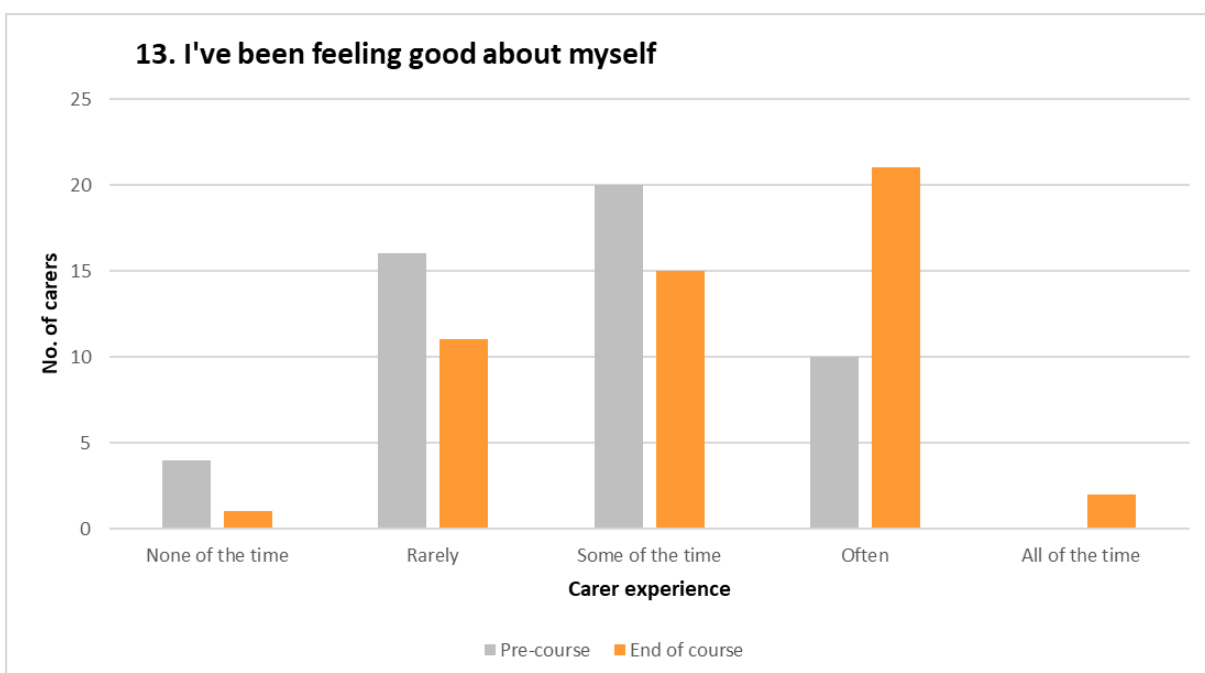


“Before the course I felt guilty for looking after myself, I don’t feel as guilty”.



“I’m more confident in my approach. With the jellyfish thing (carer style model) I’m not sure anything’s changed yet, but knowing is half the battle and it’s something to work on, with help. I’m going to contact talking therapies for some more help for me”.

“I’ve learnt to look at my options now, as well as my daughters. It has helped me set boundaries and both learn to compromise”.



“Made me feel more happy about myself as a carer”.

When asked ‘What changes are you going to make as a result of the course?’ the response was varied. Some examples are shown below:

- Look after myself more, set better boundaries. Better communication.
- Be more mindful of my reactions.
- Enjoy what I can with the person I support. Focus more on this and not the problems.
- Try to be more rounded and listen more.
- I am going to try and step back from wading in and firefighting - be more objective and analytical. Look at the Wellness Recovery Action Plan (WRAP) resource.
- Have discussions with other carers.
- Change my caring style to be more empowering, and learn to look after myself a bit more.
- Do a bit less solutioning, more empowering (about her, from her), open questioning.
- Open questioning, WRAP, active listening/coaching skills.
- Listen more, try to see things from my daughter’s point of view. Be less eager to jump in and “put things right”.

Reflecting on their learning from the course, carers identified a number of positive changes that they’d made, many in relation to improved communication:

“I’m more aware of my hair trigger temper and work hard to control it”

“Better use of questioning and using strategies to avoid conflict”. “Listen more.....”

“Really understand my husband now and how difficult it is to concentrate on a TV programme when you have intrusive thoughts (learning from the hearing voices activity)”.

Suggestions and improvements

On the whole, carers would’ve liked the course to have been longer, with the option for a group follow up.

“Spread it out over 6 weeks, to go more in-depth with some of the strategies”

“...would be advantageous to have a follow up in 2 months’ time with the group - increase confidence, understanding”.

Some carers felt that they really benefited from being in a diverse group (loved ones with different mental health conditions/difficulties), whereas some carers fed back that they would have liked to have attended specific groups (i.e., group for dementia, group for ADHD).

Access to more signposting information was identified as an area of improvement. Other comments were on inclusiveness, and improving the diversity of participants.

“More cultural diversity in terms of participants, for more diverse sharing of experience and insight into the caring role”.

“Having more young people attend”.

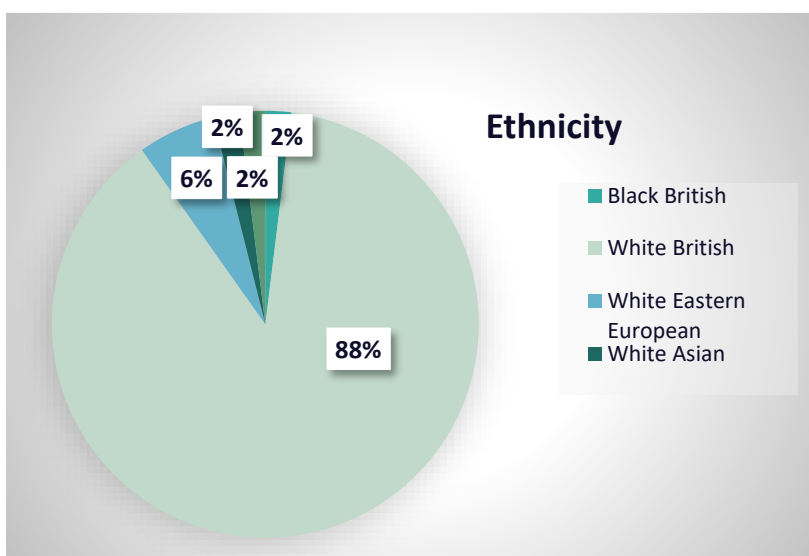
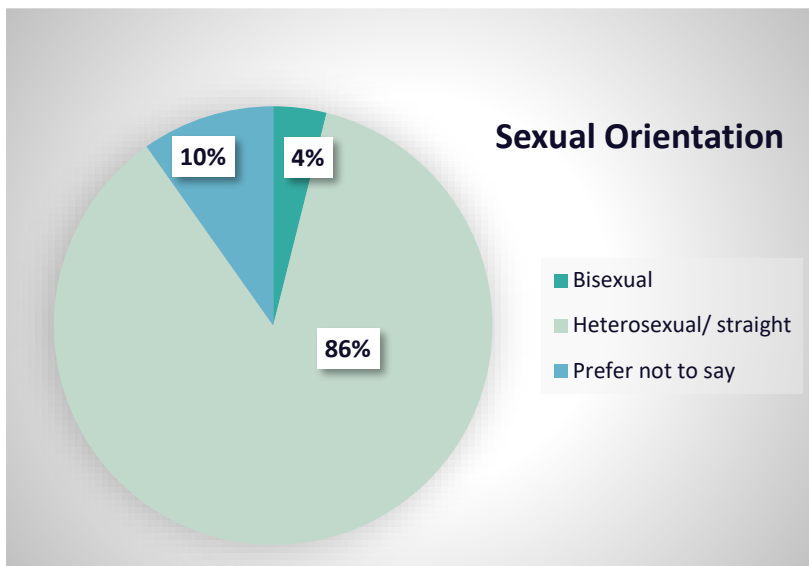
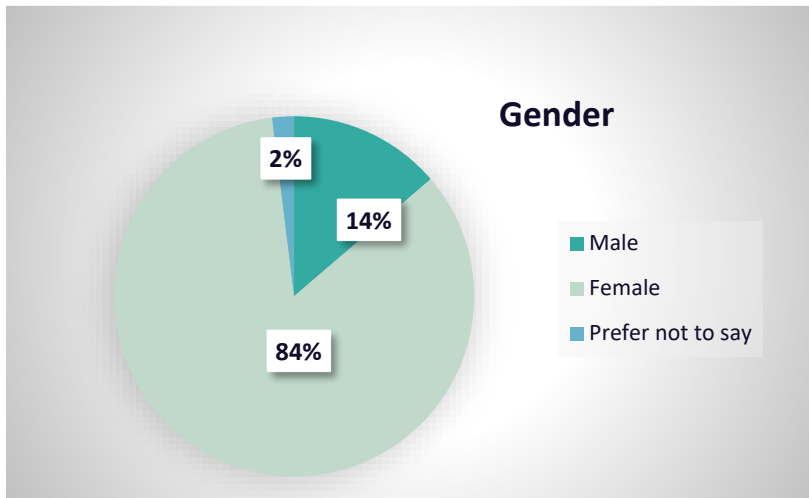
Conclusion

The training embeds partnership working between AWP, KS2 Bath & St Mungo’s, and their joined-up commitment to supporting carers within their roles across the whole of BANES, Swindon and Wiltshire (BSW).

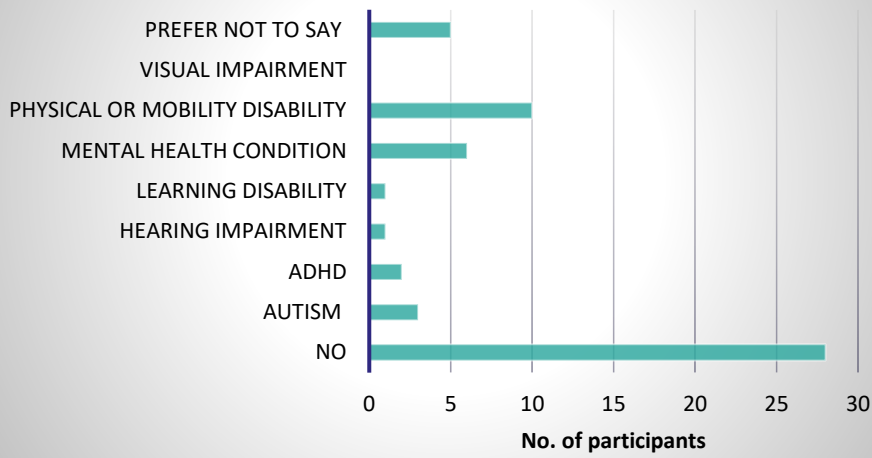
Summary of outcomes

- 7 courses delivered across BSW.
- A total of 55 carers completed the course; 14 in BANES, 14 in Swindon, 15 in Wiltshire and 12 online across BSW.
- Carers really valued the opportunity to be able to talk openly about their experiences, without feeling judged or a burden on others. This provided a safe space for reflection and learning.
- The majority of participants rated the course on the whole as ‘excellent’, in all areas.
- Opportunity for participants to complete a train the trainer course, to aid future sustainability of the training and increase diversity in delivery. To be facilitated by St Mungo’s.

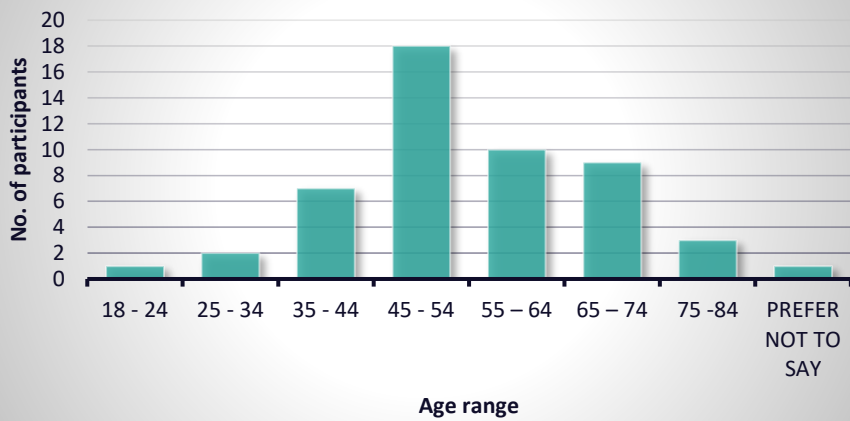
Appendix I: Equality, Diversity & Inclusion



Do you consider yourself to have a health condition or disability?



Age range



Appendix II: Case studies

Case study A

As a couple we support our daughter, and attended the course together. For the past 15 years our daughter has struggled with serious depression, episodes of psychosis and anxieties around food. She has physical health issues, as well as a learning difficulty that she denies. She refuses help from professionals and family. Our daughter's mental health is something she finds difficult to explain due to her learning difficulties. She can be violent, uncontrolled and very distressed.

The course provided a framework as a couple to work together on an external agenda. It allowed us to talk with others when challenges are a focus, in a safe and comfortable space, where we didn't feel we were burdening others.

We learnt about our own responses to situations and the caring styles model provided a vocabulary to describe our different roles as carers (Janet Treasure - caring styles of close others).

During the session on the nature of mental health and ill health, I came away thinking that the range of normal is quite wide and there is not always a diagnosis.

I have developed a better understanding of the difference between learning difficulties and mental health. When I work with my loved one, I have learnt to slow down, not rush around and to show empathy. Slowing down has helped her. We now have better conversations on the phone than we had. How I talk and listen to her has improved. Slowing down and giving more space, has calmed her and she is less anxious.

Learning to recognise my own triggers has been helpful and what triggers my own response (empathy). We have made small steps, and the insights have been helpful. It has reinforced that 'sometimes you can't put things right, because you can't'. The course resource pack is helpful as a reminder. Before the course I felt guilty for looking after myself, I don't feel as guilty. I'm very glad we did the course.

Case study B

I'm a full-time carer for my daughter who has had complex mental health needs (PTSD, extreme OCD and anxiety) for the past 14 years. Accessing both CAMHS and adult statutory mental health support has been difficult, due to the complicated nature of my daughter's specific communication barriers.

As a carer you can get a bit stuck in ways of being and you can carry a lot of guilt. The course provided useful information, but also allowed people to give ideas of what to try. We used open questions and discussed how we would deal with situations and how we could also do things differently. I talked about some situations I was struggling with and we worked through them. It gave me a lot to think about. I've learnt to look at my options now, as well as my daughters. It has helped me set boundaries and both learn to compromise.

I reflected on the caring style exercise with my daughter, reading through the character traits of each style. My daughter identified the type of carer that she thought I felt I was (feeling guilty, negative), and then the one that she thought I actually was (supportive). This was helpful.

It can sometimes be hard to engage with friends and family, due to their attitude towards mental health, which has made me take a step back. Being a carer can be quite isolating. The course allowed me to talk without feeling a burden to others. I've stayed friends with one of the group members and we go for coffee. We don't always have to talk about the mental health of our loved ones, but we know we can.

The most helpful part of the course was meeting other people in similar situations, listening to their stories and learning from their experiences. I would love to do another course, as it was really supportive and I looked forward to going. I would also love to have the opportunity to join a mental health carers support group.

Case study C

Working for Wiltshire Racial Equality Council I support carers and young carers of diverse communities.

Carers often have a fear of statutory agencies and the voluntary sector. I attended the course to break down barriers and bridge the gap. I wanted to be more forearmed, learn about the role and what is out there for carers, to help other people to find their voices.

As a result of the course, I am more sympathetic towards the carers I support. I now take things more slowly, I have more understanding, and I listen more. The carers have realised that I make more time (i.e., going out for coffee with them) and they appreciate this.

These courses are very much needed. They are friendly and informative.