

# Optimizing Patient - Family Engagement through Structured Family Meetings in Male 4 Mental Health Service

## INTRODUCTION

**Male Psychiatry 4 (MP4)** is a unit of Mental Health Service (MHS) located in Rumailah Hospital compound. This new unit was opened to increase service utilization in MHS and to decrease bed pressure on Emergency Department across HMC.

Family Interventions for patients with mental illness can reduce number of relapse events and hospitalization (Pharoah et al., 2010).

Mental Health policies and guidelines advocate for involvement of family in to the care of the patients (Dirik et al., 2017)

One of the identified way by the staffs of MP4 to involve families to the care of their patient is through **Structured Family Meetings**.

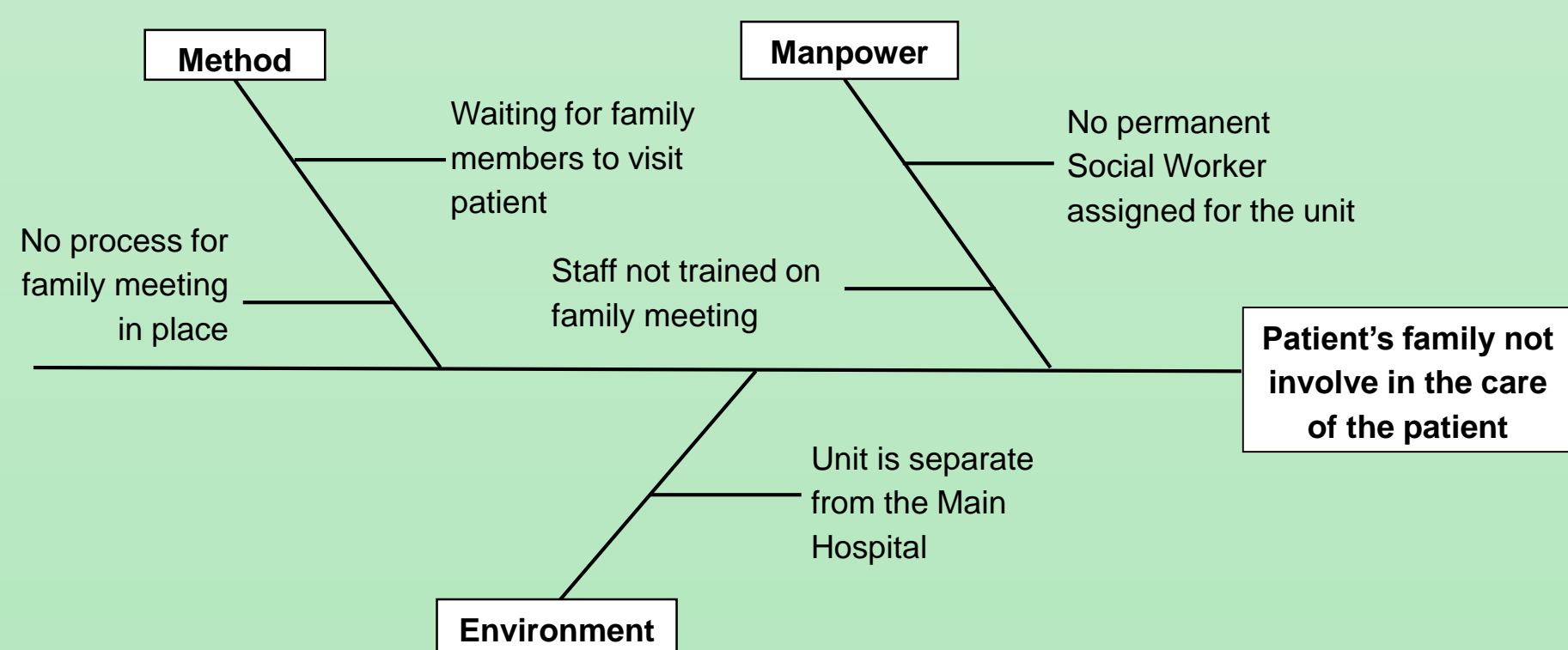
## OBJECTIVE

To improve patient's family engagement in providing holistic care to our clients by reaching 80% compliance to structured patient - family meetings in Male Psychiatry 4 by August 2019.

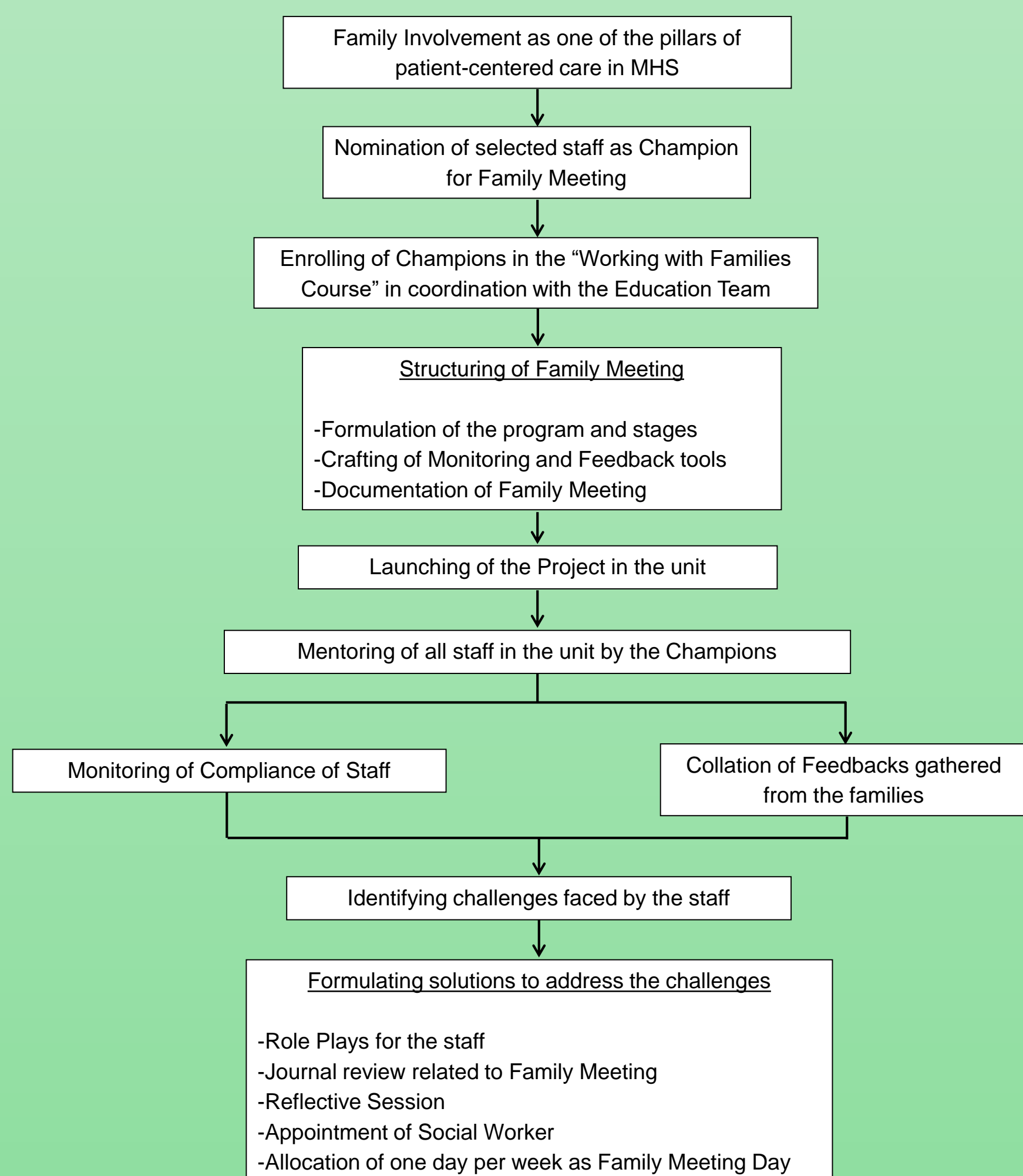
## METHODS

- A Fish Bone Diagram was created to look into the challenges why families were not involve in the care of the patient.
- Process Map was developed to formulate a Structured Family Meeting, implement, and monitor compliance and effectiveness.
- Pilot study ran for 3 months to look into the feasibility of the program. Results of the Pilot study was integrated into the program for improvement.
- The program was implemented over the period of 17 months.

### Fish Bone Diagram



### Process Map



## Stages of Family Meeting

### Stage 1

- Orientation to the unit and explaining the importance of admission
- Assist families in their concerns and clear their doubts
- Give emotional support
- Assess the problems of the patient as observed by the family
- Collect all information, including past medical and psychiatric history
- Explain the importance of family meeting and discharge process
- Explain the importance of taking medication
- Take the next convenient date for the family meeting

### Stage 2

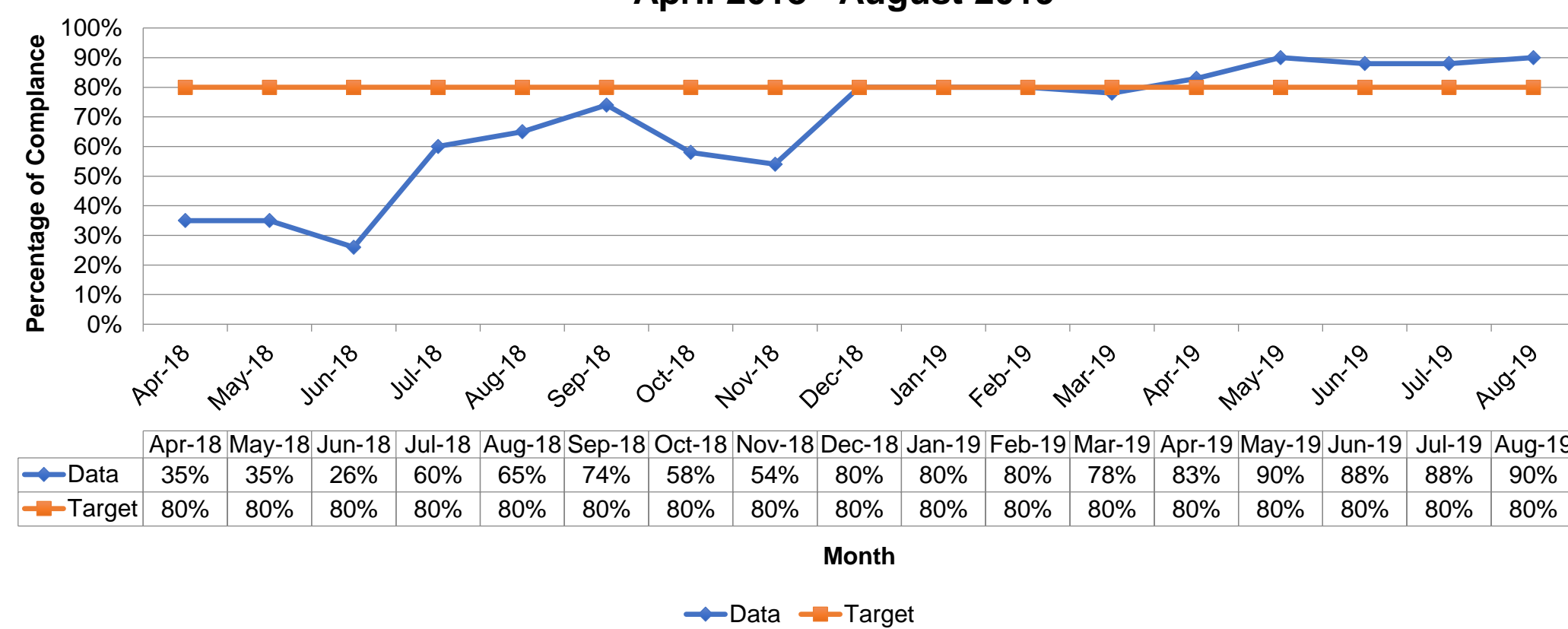
- Explain the effects and possible side effects of medications
- Reassessment / feedback from the family regarding the patient's condition
- Explain about the Multi-disciplinary team
- Explain about the disease condition, causes, symptoms, management, and prevention
- Explain about stress management, relaxation techniques, anger management, and health improvement profile
- Take the next convenient date for the family meeting

### Stage 3

- Reassessment / feedback from the family regarding the patient's condition
- Explain about relapse prevention, importance of continuity of medication and follow-up care
- Explain about follow-up of HIP

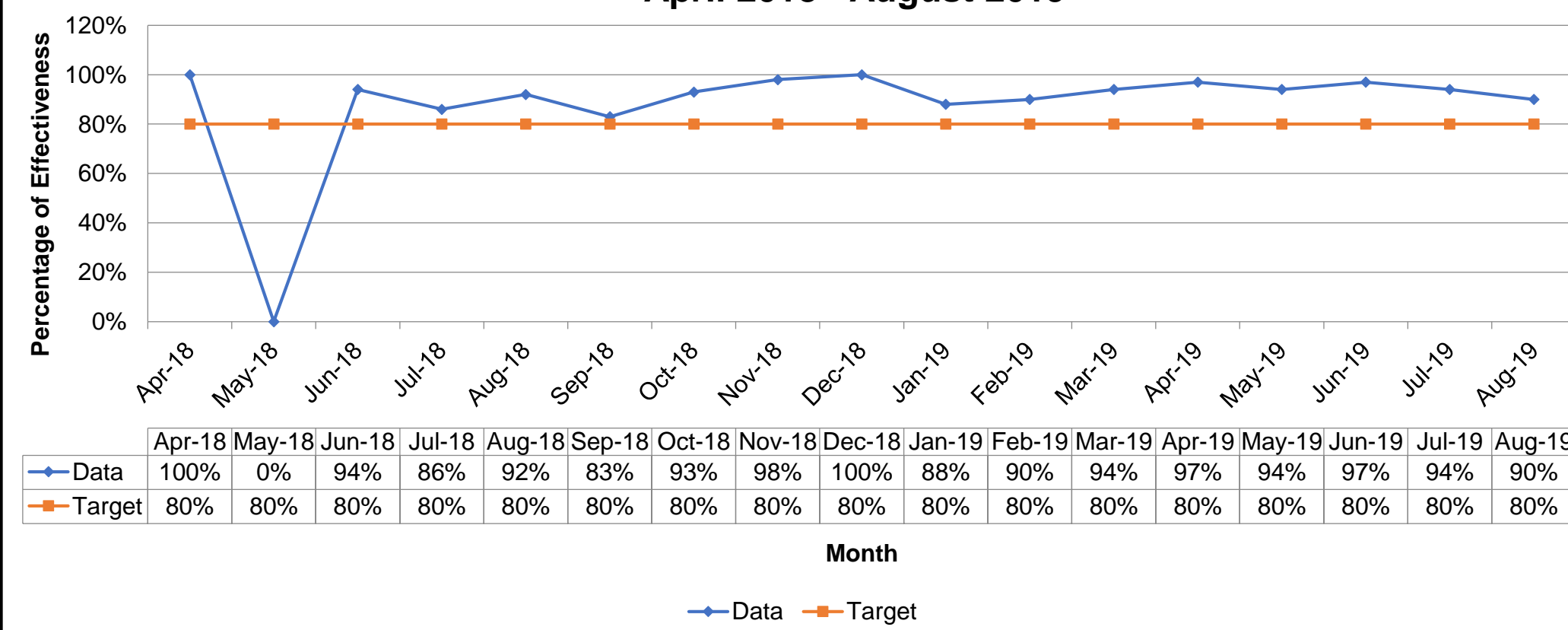
## RESULTS

### Compliance of Patient Family Meeting by the MDT in MP4 April 2018 - August 2019



During the 17 month period of the project, compliance of the staff in conducting family meeting raised from 26% to 90% at the end of the project, surpassing the target of 80%. This can be credited from the interventions implemented such as improving skills of the staffs thru educational activities and conducting survey to know the challenges.

### Effectiveness of Patient Family Meeting by the MDT in MP4 April 2018 - August 2019



Rate of effectiveness throughout the project duration ranges from 83% to 100%, exceeding the target rate of 80%. Only during the period of May 2018 that yielded 0% due to no family members accomplished the feedback form.

## CONCLUSION

Structure for the family meeting was developed, which enabled the staffs to do family meeting easier and more organized.

Family members become more involved in the care of the patients, as their concerns were being addresses, and current care plan discussed with them and the patients. There is also increased collaboration among the MDT and the families, as they were able to give their feedback regarding the patient's prognosis, which can help the MDT in planning the care and discharge of the patient.

Staff become more confident as they feel supported and having learned and developed the necessary skills in conducting family meeting.

## REFERENCES

- Dirik A, Sandhu S, Giacco D, et al. Why involve families in acute mental healthcare? A collaborative conceptual review. *BMJ Open* 2017;7:e017680. doi:10.1136/bmjopen-2017-017680
- Pharoah F, Mari J, Rathbone J, & Wong W. Family intervention for schizophrenia. *The Cochrane Collaboration* 2010; (12): CD000088. doi:10.1002/14651858.CD000088.pub2.