MENTAL HEALTH PSYCHO-EDUCATION: ARE WE MAKING THE GRADE?

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BACKGROUND

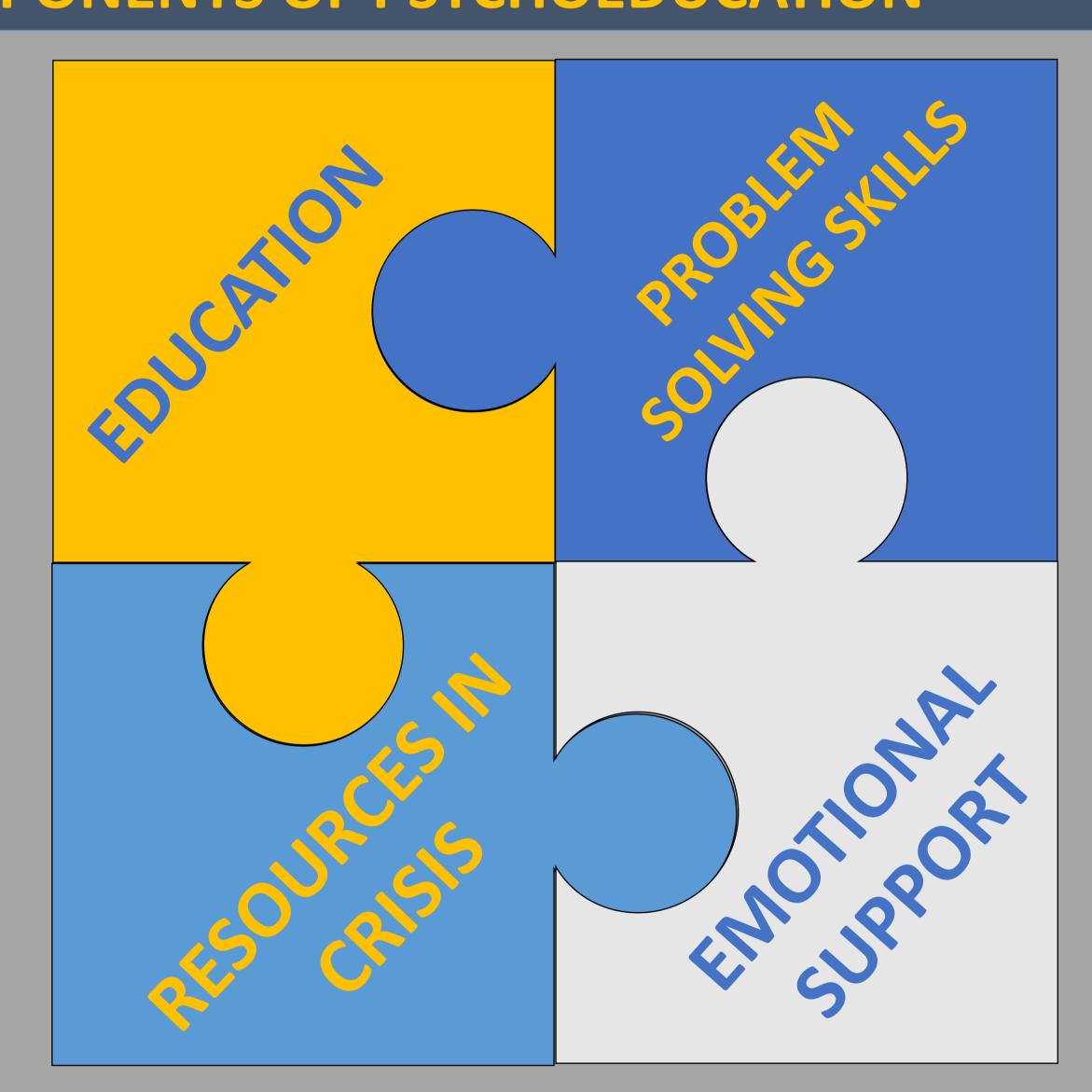
With mental health services under-resourced and underfunded in Ireland today, clinicians are under pressure to find innovative means of delivering care.

Psychoeducation is an evidence based therapeutic intervention for patients and families, providing information and support to better cope with illness. (1)

In Child and Adolescent Mental Health Services (CAMHS), parent psychoeducation is offered alongside traditional interventions, and empowers families to support optimal mental wellbeing in their young person.

Since 2006, parent psycho-education, along with clinician training has been an aim of the Lucena Foundation. (2)

COMPONENTS OF PSYCHOEDUCATION (3)



AIM OF STUDY

The objective of this study is to evaluate recent psychoeducational and clinician training events organised by Lucena CAMHS.

The study aims to reveal aspects of the sessions which appealed to attendees and will shed light on some limitations.

EVENTS EVALUATED IN STUDY

	Eating Disorder Awareness Evening	TICS, Tourette's and OCD Evening	ADHD Parents' Evening	22q Behaviour Management Drop-in	ADHD Masterclass	Eating Disorder Masterclass	Catatonia Masterclass
Number of respondents	35	14	14	7	20	20	12
Type of event	Public parent evening	Public parent evening	Public parent evening	Condition specific parent afternoon	Clinician training-day	Clinician training-day	Clinician training-day
Attendance Fee	Free	Free	Free	Free	€100	€100	€100
Approximate running cost	€130	€130	€130	€75	€470	€470	€470

METHODS

Attendees completed feedback questionnaires rating overall satisfaction, along with interest in content and relevance of topic on a Likert scale of 1-5, where 1 = poor, 2 = average, 3 = good, 4 = very good and <math>5 = excellent.

Anonymous data were input into SPSS for analysis, descriptive and correlational (*Pearson's r*) statistics were obtained.

Qualitative data was also collected through open-ended questions on the attendee feedback forms.

RESULTS

Response to all events was overwhelmingly positive, with high mean *overall* satisfaction scores (Parents = 4.36 / Clinicians = 4.46).

Most notably at the public Eating Disorder evening, there was a strong correlation (Pearson's r = 0.78, p = 0.003) between relevance of topic and overall satisfaction.

	Overall satisfaction mean	Interest in content mean	Relevance of topic mean	Pearson correlation between <i>relevance</i> and <i>overall satisfaction</i>
Eating Disorder Awareness Evening	4.86 <i>(SD = 0.36)</i>	4.75 <i>(SD = 0.32)</i>	4.81 <i>(SD = 0.27)</i>	0.78 (p = 0.003)
ADHD Parents' Evening	4.33 (<i>SD</i> = 0.78)	3.97 <i>(SD = 0.63)</i>	4.14 <i>(SD = 0.56)</i>	-0.70 (p = 0.12)
TICS, Tourette's and OCD Evening	3.90 <i>(SD = 1.1)</i>	3.85 <i>(SD = 0.63)</i>	4.25 <i>(SD = 0.56)</i>	1.00 (p > 0.001)
22q Behaviour Management Drop-In	N/A	4.36 <i>(SD = 0.38)</i>	N/A	N/A
Catatonia Masterclass	4.50 <i>(SD = 0.53)</i>	4.55 <i>(SD = 0.48)</i>	4.67 <i>(SD = 0.58)</i>	0.66 (p = 0.33)
ADHD Masterclass	4.42 (SD = 0.69)	4.33 <i>(SD = 0.52)</i>	4.31 <i>(SD = 0.81)</i>	0.33 (p = 0.23)
Eating Disorder Masterclass	N/A	4.56 <i>(SD = 0.46)</i>	4.37 <i>(SD = 0.58)</i>	N/A

QUALITATIVE FEEDBACK

"Overall found the day really helpful and enjoyable. Will certainly bring it back to my practice."

CLINICIAN EATING DISORDER DAY

It's always helpful to be pointed in the direction of new and beneficial resources!

PARENT EATING DISORDER EVENING

Behavioural issues can arise when child's routine changes.
Advice on consistency in parenting is very useful.

PARENT 22q DROP-IN

I found comfort and agreement with hearing other parents talk about similar issues.. Would be interested to attend each month where possible."

PARENT 22q DROP-IN

DISCUSSION AND CONCLUSIONS

Psychoeducational events are being perceived by attendees as relevant and informative, with high satisfaction ratings. Attendees enjoyed the group learning experience and noted that they would apply knowledge acquired to their parenting and professional practice. Parents in particular benefitted from the sense of solidarity they felt while talking to each other during tea-breaks and interactive portions of sessions.

The primary limitations of this study to be rectified in subsequent research were poor survey design and low response rate. The latter was a particular problem at the ADHD Parents' Evening, where approximately 150 attended but only 14 completed surveys. Clearer survey design could increase response rate. Future work should more comprehensively compare the different modalities of psycho-education being offered by CAMHS. Targeted "drop-in" events relating to specific conditions offer attendees a more personalised experience but are suitable only for small groups, and therefore may prove less cost-effective than traditional didactic sessions.

It was of note that a large number of clinicians and trainees from psychology and dietetics attended the Eating Disorder Awareness Evening which was mainly aimed at parents. They enjoyed the evening and expressed interest in attending similar events in future. The event being free of charge was likely a significant pull factor compared to alternative CPD events. It is worth considering the appropriateness of blending parent and professional education days. As one clinician noted; "the needs are very different".

This preliminary study suggests that psychoeducation events are feasible, cost-effective and should be offered alongside traditional treatments. Future work is needed to determine the formats of psychoeducation most suitable for CAMHS.

REFERENCES: (1) Lukens EP, McFarlane WR. Psychoeducation as Evidence-Based Practice: Considerations for Practice, Research, and Policy. Brief Treatment & Crisis Intervention. 2004 Oct 1;4(3), (2) McNicholas F, Lennon R, Coakley S, Doyle P, O'Connor N, McCourt M, Byrne G. Parent information evenings: filling a gap in Irish child and adolescent mental health services?. (3) Dixon L, McFarlane WR, Lefley H, Lucksted A, Cohen M, Falloon I, et al. Evidence-based practices for services to families of people with psychiatric disabilities. Psychiatr Serv 2001;52(7):903–10.