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Reflections in Systemic Family Psychotherapy and Adult Mental Health Services in the South East of Ireland; and beyond.

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Dr Sean Boland: I am employed in the Carlow Kilkenny South Tipperary Adult Mental Health Service (AMHS) for the last twenty years. My main focus is on meeting services users of the AMHS and their families/partners to help them recover from mental health issues.

I have also completed a PhD in 2016 which was: '*Guardedness in Communications between People Experiencing Acute Psychosis and Mental Health Nurses'*

I was also the lead on the Article 'Bringing families to the table: meaningful inclusion of families/significant others in adult eating disorder programme' S.Boland, A.Byrne, C. De Jongh, W. Hackett and Sean O'Neill

My colleagues are: Byrne, A., Hackett, W., Kavanagh. C., O'Neill. S., Mahan, M., and Doran., K.

Perspective Piece

Reflections on Systemic Family Psychotherapy in Adult Mental Health Services in the South East of Ireland: and beyond.

Abstract

Systemic Family Psychotherapy (SFP) has been involved in the Carlow Kilkenny South Tipperary Adult Mental Services since 1994: in the main this involved meeting with service users, their families, couples and friends. However, from 2012 to 2019 five SFPs retired. This occurred when decisions were made by some Mental Health Management not to replace those SFPs that retired: thereby reducing the number of SFPs in the Southeast Adult Mental Health Services (AMHS); presumably due to funding difficulties at that time. However, as the months and years went by it became oblivious that two AMHSs were not going to employ SPTs. It was obvious that the AMHS in Waterford had never employed any SFT, and Wexford AMHS has only employed a half-time SFT for four Community Mental Teams. Consequently, this had an impact on the availability of SFPs in AMHSs in the south east AMHSs. However, on the other hand, the Carlow Kilkenny AMHS continues to be supported from Management and colleagues; SFTs since 1997. This is obvious as all Community Mental Health Teams refer service users attends the AMHSs in Carlow and Kilkenny, as well as their families/partners/friends for SFP. This article will try to ascertain how this came about, and what can be done to influences AMHS managers' and concerning supporting SFPs.

Key words: Family Therapy; Families; Mental Health Services; Family Meetings; Context in family therapy.

Introduction

There are a number of AMHS within the south-east of Ireland. These are: Carlow and Kilkenny MHS; South Tipperary MHS; Waterford MHS and Wexford MHS. The South-East and has a population of 434,267 (2019). Within the context of AMHS, there is Mental Health Clinicians (MHC) who helps Service Users (SU) in recovering from their mental health difficulties. The MHC are usually part of a Community Mental Health Team (CMHT), the professionals involved are typically: a consultant psychiatrist; Non Consultant House Officer (NCH0); Community Mental Health Nurses (CMHN); Clinical Psychologist; Systemic Family Psychotherapists (SFP); Occupational Therapist (OT) Mental Health Social Worker (MHSW); Team Secretary; CBT Therapist; Addiction Counsellor and other therapies. However, SFP also engage with SU and families/couples/individuals with relationship issues and friends that have contact with the SU. We will just refer to them as 'SUs and families'. It is recognised that not only the SU needs help with their recovery but also families need to recover as well (O'Riordan and Kelleher 2016). The focus in this article is mainly on SFP, AMHS and the Adult Mental Health Systems. SFP was initially developed in Carlow AMHS (1994). In particular, by Dr Mary Mooney, Consultant Psychiatrist and Clinical Director, and Brendan Byrne, Director of Nursing, who decided that engaging with the SU and families, both in the community and when their loved one is in hospital, connects the SU at both levels. There was a realisation that in order to help the SU you also need to engage with their families as well. This was ground breaking in the South East in AMHS at that time (1994). To operationalise their plan, they sought MHC to train as STP. As time went by, most AMHS employed SFP in the South East.

1. Development of SFP in Ireland

In Ireland, SFP is a somewhat small profession, with about three hundred registered SFP in the Republic of Ireland and about seventy in Northern Ireland. According to Alan Carr the

beginnings of Irish family psychotherapy occurred in the mid-1970s, when SFP was established as a discipline in Ireland (Carr, 2013). By 1980, the Family Therapy Network of Ireland in the Republic of Ireland and the Northern Ireland Branch of the UK Association Family therapy had been founded. At present, there are three main family therapy training centres in Ireland: two in the south (the Mater Hospital affiliated to University College Dublin and the Clanwilliam Institute) and one in the north (at Queen's University Belfast). These centres run professional Systemic Family Psychotherapy training programmes accredited by National and European psychotherapy associations, with which systemic family psychotherapists register. Accredited professional SFP programmes in Ireland are 4-year part-time courses culminating in Masters level qualifications. A primary degree in medicine, nursing, psychology, social science or education is a prerequisite for entry. Most SFP in the public sector are employed as social workers, psychologists, psychiatrists or nurses, and conduct SFP as part of their broader professional roles. Couple therapy in Ireland is provided also by SFT. However, SFP have also now accepted others that are not based initially in Mental Health Service. The three major future challenges for SFP are creating a research infrastructure, developing a career structure in the public health service, and introducing statutory registration (Carr 2016).

In the last number of years, the CAMHS Mater Hospital moved to University Collage Dublin where SFP students attend CAMHS Linn Dara, Out-Patients' services, may obtain an MSc in Systemic Psychotherapy.

Similarly, the Clanwilliam Institute, previously based in central Dublin, is now based in Lynx House, Old Church Road, Lower Kilmacud Road, Stillorgan, Co Dublin. AP4E4Y0. Here SFP students meet with Children, Adolescents and Adults. These Family Therapy students also may obtain an MSc Systemic Psychotherapy.

The '***Family Therapy Association of Ireland***' (FTAI) is the professional organisation which represents Systemic Family Psychotherapists in Ireland. The FTAI is also the registering body for SFP, with a code of ethics that sets professional standards in order to encourage and maintain best practice among SFP and provide their clients with the confidence and reassurance that their therapist is well-trained and experienced. The FTAI Accredited programmes consist of four essential components: Theory, Supervised Clinical Practice, Personal Professional Development and Research. Hence, SFP is well established in the psychotherapy field.

2. Grounded Theory Methods for Mental Health Practitioners

Grounded theory as a qualitative methodology was developed by Barney G. Glaser and Anselm L. Strauss who investigated the social processes of death and dying in hospital in the mid 1960s. Glaser brought positivist ideas of objectivity based upon his quantitative background whereas Strauss took a pragmatist stance, influenced by an interest in action, language and meaning.

This article attempts to elicit accounts from SFPs in AMHSs in the south-east of Ireland; also derive a main concern (s) for SFPs and how the shared main concern resolved/or managed. All SFPs agree to be involved in this article. There were eight SFPs in the study. ln keeping with grounded methodology there are no pre-set limits on the number of interviews required for this study, as well as gathering other data where relevant.

Open coding: this was the first stage of the analysis, which according to Charmaz (2006), is the process of defining what the data is about. It provided "a point of departure" (Charmaz 2006, p. 100). The process entailed putting trust in the method through repeatedly asking myself: what is this a study of? What categories does it incident indicate? What property of what category does this incident indicate? (Glaser 1998, p. 123). In addition, Holton (2007)

advice of being patient, staying with the process while striving for higher levels of concepts in the naming of codes also helped.

Ethical Considerations: the Concise Oxford Dictionary defines ethics as “moral principles” (1992, p.401). Robson (2002) separates the two by understanding ethics as the general guidelines’ and procedures of what a researcher should do, while morals refer to whether a certain act is consistent with the accepted view of right and wrong. Hence, ethical principles have been devised by various research ethics committees in health and education settings to guide researchers.

Anonymity and Confidentiality:

This refers to how the details about participants’ involvement are protected. Anonymity of participants and confidentiality of interview material was safeguarded through a number of measures, including the following:

- Taped recording materials were kept by the researcher in a locked filing cabinet in a secure location.
- Only the researcher has access to this material.
- Signed consent forms were stored by the researcher in a locked filing cabinet, in a secure location and did not carry any identifying codes
- No information identifying an individual person was used in documentation

The process of identifying the main concern

According to Glaser (2005) it is important to ascertain the main concern(s), and usually it begun to emerge through constant comparison, selective sampling and writing memos which established the processes participants used to resolve the main concern(s). Kathy Charmaz’s Constructivist Theory clarifies how a constructivist approach encourages one to theorize in

the interpretive tradition. Through covert overt processes but also delves into implicit meaning and processes.

Which was *'**Hope and Worry**'*? Hope; that more SFPs will be employed. Worry that as time goes by there will be fewer and fewer SFPs as time go by…

3. The Beginnings of Systemic Family Psychotherapy in the South-East

The first clinician that attended the Child and Adolescent Mental Health Service (CAMHS), in the Mater Misericordiae Hospital, Dublin was Willie Hackett CMHN (1994). The SFP training occurred one day a week over three years and once Willie graduated he became a SFP in Carlow South MHS. As far as we are aware, this was the first SFP position in the South-East of Ireland. Willie also encouraged a colleague (Sean) to become a SFP, and when he graduated Sean worked in the Carlow North MHS (1997). This was an exciting time for the two SFP in Carlow AMHS meeting SUs and families in their own homes, which helped families to resolve issues within the session, or the SFP began to understand what the SU was experiencing and how they could be of help to him/her. However, for some SU and their families, as well as some hospital based clinicians there were some initial uncertainties about meeting families in their home, but this decreased as the SU and families became more familiar with the SFP. As time went by, a SFP department in the AMHS in Carlow was developed. This was supported by the two CMHTs and they worked together as SFP for three years. Currently in Carlow the population is 56,932.

In 2002, Dr Mooney moved to the Adult Kilkenny MHS and applied for two more SFP, for this service, in the national papers. Sean B. and Miriam Airy successfully applied, along with Sean O'Neill who then replaced Sean B. in Carlow. After two years Miriam left to become a clinical psychologist, and was replaced by Paddy Bollard. This resulted in Carlow and Kilkenny AMHS having four STP and the beginnings of the development of a SFP team who meet every fortnight to review the work. However, as with any change in work place, there

were some challenges, whereby some clinicians were concerned that their position could be under treat from other clinicians within the AMHS. This was resolved as the clinicians came to understand how Systemic Family Therapy works, and that they were not a threat to their approaches. As a result, we began to develop family therapy programmes, such as being involved in Domestic Abuse for those who want to reconcile or separate. Currently the population of Kilkenny is 99,118.

In addition, in and around 2004, the management of South Tipperary AMHS sent three mental health nurses to the Clanwilliam Institute, Dublin, to train as SFP. This then resulted in South Tipperary having SFP working in the two Clonmel Adult Mental Heal Teams and another SFP worked in Cashel/Tipperary AMHS. Hence, at that time there were seven STP in the Carlow/Kilkenny/South Tipperary MHS consisting of three SFP and four Clinical Nurse Specialists' (CNS) in SFP. Indeed, feedback from all CMHTs was very positive and considered SFP as important aspect of each CMHT teams'. This group of SFP would meet quarterly to share our work with SU and their families and promote Systemic Family Therapy (SFT). At this point in the Carlow/Kilkenny/South Tipperary AMHS there were a significant number of families/couples and individuals with relationship issues attending SFT. However, as time went by some difficulties arose.

4. The Shrinking of Family Therapy in Carlow Kilkenny South Tipperary AMHS

It appears that the impact of the financial crash in 2007/8, had an impact on the public expenditure resulting negatively on AMHS in Ireland. Indeed, the health services revenue fell by about 9% which required several efficiencies to be achieved through lowering costs. This impacted human resources, resulting in decreased productivity, and reallocation of services across levels of care. However, it could be said the resulting impact never went away. According to (Nolan et al., 2015) it highlighted the need for health system reform, such as the

Irish Government committing to a staged introduction of universal health charges within the context of continued budgetary constraints.

In addition, between 2011 to 2014 in South Tipperary AMHS two SFP retired and were not replaced. Another SFP retired from the Kilkenny (2014), and was also not replaced. Indeed, the remaining SFP in South Tipperary retired last year (2019), which left South Tipperary with no SFP. Therefore, this means that those SU are attending South Tipperary AMHS along with their families/couples and individuals have no access to SFP, where in the past there would have been access to expert SFP clinicians. This is a significant issue, considering that South Tipperary has a population 88,433.

5 Wexford AMHS

In Wexford AMHS, Caroline Kavanagh got permission from the AMHS management to attend the Clanwilliam Institute, Dublin (2007). Caroline's impetuous to train as a SFP came from her experience of working with family centred services in New York and seeing a gap in AMHS for SFT in Wexford on her return to Ireland. Management at the time were very supportive of developing SFP in the AMHS and after graduating in 2010 from the Clanwilliam Institute, it was agreed initially that half Caroline's role would be dedicated to a SFP for AMHS Wexford, eventually becoming a whole-time post. Unfortunately due to changes in management and funding cuts this did not come to fruition as was hoped. As a result, Wexford AMHS still only has a half time SFP post to cover four CMHT with a population of approximately 150,000.

Whereas, the Vision for Change (2006) stated, at the very most, a STP should cover two AMHTs not four. It is Caroline's hope that the original plan for a full time STP position will be honoured in the future, as there is an ongoing significant need for this identified service.

Indeed, rather having only one ½ SFP person covering Four Community Mental Health Teams, it would be more productive if the SFP was a full time post, rather than trying to achieve the impossible, attempting to attend the four CMHTs within limited time frames. However, Wexford AMHS have decided, reasons on unknown, have kept the status quo. Our hope is that in the near future Caroline will get a full SFP post in the Wexford AMHS.

Recently, the Vision for Change has been revised: '*Sharing the Vision, A Mental Health Policy for Everyone*'. It appears that it has updated a lot of the old aspects of the Vision for Change Policy's. In particular, in regards to Adult Mental Health Services it does to speak to service users, mental health clinicians and other providers, which will be of help to them. However, apart from Whole-Family Interventions for Early Interventions in Psychosis (EIP), and Home Based Treatment Teams, from a SFP perspective it does not really speak about and engage with Families, Couples, relatives and friends of SUs. We would recommend that families and others should be encouraged to engage with SFP regarding helping the SU and Families to recovery.

6. Waterford MHS

As far as we are aware, Waterford AMHS has never employed a SFP. Waterford has a population of 116, 401.

7. Some of the Underlying approaches regarding Systemic Family Psychotherapy

With regard to SFP approaches to mental mealth difficulties, in the 1960s, many therapists began to take an interest in the interactional context on the lives and symptoms of individuals (Ackerman, 1958; 1966; Bateson, 1972; Bowen, 1966; Minuchin and Montalvo 1967; Minuchin, S. (1974); and Minuchin, M, and Fishman, C. 1981).

Therapists began to understand that problems could be resolved when the family participated in therapy, thereby developing different approaches to family systems therapy (Frude, 1992). These and others were the first to help those experiencing difficulties within their families. Family systems approach was the 'Milan Method' (Selvini Palazzoli et al. 1978), which used hypothesising, circularity, neutrality, as well as 'paradox and counter paradox' (Selvini Palazzoli et al. 1978). The development of the 'Milan Method' in Systemic Family Psychotherapy happened between 1967 and 1984. Hence, family system therapy has used over five decades helping those families that are struggling.

In addition, other approaches used are 'Narrative' (White 1990: Freedman and Combs 1996; Hare-Mustin 1987); 'Geekie and Read 2009' (Carr, A. 2009; Carr, A. 2013; Carr, A. 2014; and Carr, A. 2018), Johnson S (2004); **CORU** (Health & Social Care Professionals Council) https://www.coru.ie/); Mackler and Morrissey 2010; Higgins and McDaid 2014; Houlihan, Sharek and Higgins, (2013); French, Smith, Shiers, et al. 2010; Hardcastle, Kennard, Grandison and Fagin, L. 2007; Higgins, and McDaid, S. eds (2014); Gelin, Cook-Darzens, and Hendrick, (2010); Boland, Bollard, Hackett, W, et al. (2009); Boland, 2016; Early Intervention in Psychosis: Family/Carer Information, Support and intervention (Pgs 135 – 143) (2019); Boland, (2016). Boland, S. Byrne, A. De Jongh et al, (2019); Stratton and Lask (2013), and Stratton. P. (2016).Vision for Change (2006); Jhadray., Fadden., Atchison., et al. (2015).

8. What is Systemic Family Psychotherapy?

SFP enables family members, couples, and others who care about each other to express and explore difficult thoughts and emotions safely. To understand each other's experiences and views, appreciate each other's needs, build on strengths and make useful changes in their relationships and lives. Research shows it is for every age experiencing difficulties.

Systemic Family Psychotherapy aims to:

- Be inclusive and considerate of the needs of each member of the family and/or other key relationships (Systems) in people's lives.
- Recognise and build on people's strengths and relational resources
- Work in partnership 'with' families and others, not 'on' them
- Be sensitive to diverse family forms and relationships, beliefs and cultures
- Enable people to talk, together or individually, often about difficult or distressing issues, in ways that respect their experiences, invite engagement and support recovery.

What difficulties are helped by a Systemic Family Psychotherapist?

Research shows that a SFP is useful for children, young people, adults and older adults experiencing a wide range of difficulties and circumstances including:

- Couple relationship problems
- Adult Mental Health issues
- Parenting issues
- Illness and disability
- Separation, divorce and step-family life
- Eating Disorders - MHS National Clinical Programme
- Domestic violence and abuse
- Self-harm
- The affects of trauma
- Difficulties related to aging and other life cycle changes

- Families and the person attending mental health services, such as psychosis, depression, etc.
- Behavioural Family Therapy (BFT) – MHS National Clinical Programme
- Family Talk - MHS National Clinical Programme

http://www.aft.org.uk/ http://www.familytherapyireland.com/

https://www.clanwilliam.ie/education/

https://www.ucd.ie/medicine/studywithus/graduatestudies/psychotherapy/mscsystemicpsychotherapy/

9. Some Difficulties in becoming a Systemic Family Psychotherapist in Adult Mental Health Services in Ireland

It appears that 'The Vision for Change: Report of the Expert Group on Mental Health (2006) has resulted in a lot of positives for SUs, their families and clinicians. It looked at staffing and infrastructure requirements regarding what types of clinicians are needed. However, it was noted that while SFP have been accepted in CAMHS, it appears that many AMHS have not, as yet, accepted SFP into their service. However, the Vision for Change report maintains that SFP should be part of a Community Mental Health Team, where the psychotherapist would cover two Community Mental Health Teams within AMHS. Considering that AMHS has the most numbers of SU and their families' attending out-patient and in-patient services, SFP definitely has place in AMHS.

On the other hand, Carlow/Kilkenny/South Tipperary AMHS, with the support of management, have helped set up SFP programmes for over the last twenty years. More recently, within Carlow/Kilkenny AMHS, we have continually met with SU and families and are available to all CMHTs within the service. Our experience, of over twenty years, working as SFP, is that each CMHT appreciates having a SFP available on the team, recognising that

it enhances the CMHT outcomes, due to the SFP experience in engaging with families/couples/individuals with relationship/group, supervision/post-suicide support for family. Also, our colleagues in Sligo, Donegal, Leitrim and Cork MHS, as well as a ½ post in Wexford, are very positive about STP work.

However, the United Kingdom (UK) NHS in AMHS has been employed SFP over the last 30 years. With regards to the AMHS, UK as of (12/05/2020), there are nine SFP posts available on 'Indeed' based in London UK, and this is the same throughout England, Scotland and Wales. The questions then are: Why does it appear that AMHS in Ireland do not employ a sufficient amount of SFP? Why it is seen as normal that the majority of CAMHS have SFP? Considering, that SFP are the experts in Ireland, who can help SU and their families to recover quickly, it is somewhat perplexing that more AMHS do not employ them. See below for some approaches regarding SFP.

It is our hope that when SFP come under **CORU** (Health & Social Care Professionals Council) in the coming years it will be easier for SFP to gain employment in AMHS in Ireland.

10. Some Systemic Family Psychotherapy Approaches

Systemic Family Therapy and Adults with Eating Disorders'

We also contend that a family system approach should be part of the National Clinical Programme for Eating Disorders (ED). In particular with regard to single family meetings where the relationships and family dynamics between the persons experiencing an eating disorder and family are addressed. This is an important aspect of our Community Integrated Eating Disorder Programme (CIEDP) in Carlow/Kilkenny AMHS. In order to provide a more family systemic-oriented approach, the CIEDP was developed in (2000), initially in the Carlow AMHS, then later in the Kilkenny and South Tipperary AMHS. This service was

created in order to provide out-patient services for adults with a diagnosable EDs and their families, who are living in the geographical area covered by the Carlow Kilkenny South Tipperary MHSs. It is an integrated treatment model that includes treatment and interventions in the following key areas: psychosocial, psychological, relational, dietetics, medical care and monitoring, and appropriate medication management when warranted, with an emphasis on rapid response. This integrated approach is important, as from a systemic perspective it promotes a close, transparent, collaborative relationship between the service user, family members and all the clinicians involved. To date, the programme has received 260 referrals. In 2009, the CIEDP held a national conference in Carlow regarding our out-patient programme. The Systemic Family Therapy Team in Carlow/Kilkenny MHS published a paper on 'Therapeutic engagement with the person experience and eating disorder and their families' (Boland, S. et al. 2009).

SFP is an important aspect of the CIEDP, which also includes: psychiatrists, CBT therapists, psychologists', Senior Dietician, O.T. and a clinical lead for eating disorders. As initially indicated, the SFP role is to meet with the SU who is experiencing an eating disorder and his/her family/partner/friends, through single family meetings.

Initially, Step one, referrals are received from CMHTs, and thus it is presumed that the SU has given permission to be referred. However, usually (but not always) the SU also meets with SFP to discuss family involvement and obtain permission for their inclusion, which is recorded in the SU file. If agreed, the SFP would meet with the SU and family where they would outline what is SFP role in the eating disorder programme and how we work. In addition, each participant discusses what might the programme might entail in the context of 'SFP and consent in action', they all agree regarding consent. The SFP also answer/clarify any issues that arise. A therapeutic agreement is agreed on. Usually, SFP usually meet the SU

and family every two weeks, and as time goes by, the meetings get more in depth. Approaches we use are Educational Biopsychosocial; Emotional Focused Couple Therapy; Skills-Based caring for a Loved One with an Eating Disorder and we also have a eclectic mix of approaches that suits the SU and the family.

Another approach that we use is emotional focused therapy, developed by Johnson (2004) and applied widely as an integral part of systemic family therapy. It offers a way of understanding the development of emotional difficulties in eating disorders. In this therapeutic approach, patterns of attachment through three generations are explored and the narrative family members hold about the nature of earlier relationships are discussed. Therapy aims to help to generate new connections and narratives about their current relationships (Johnson, 2004). In addition, Andersson (1995) looked particularly at the mother–daughter attachment and hypotheses that an incomplete attachment between mother and daughter is at the heart of anorexia and bulimia nervosa (Andersson, 1995).

From SFT and the inclusion of whole family therapy meetings in our practice, it is clear to us that all families and most SU have tried to, in varying degrees, access help. For this reason, it is essential to actively involve families in a meaningful way in the treatment of their relative's difficulties, as they usually either live with the SU or have significant contact with them. It is also important to note that families of those with long-term EDs often have extensive experience of trying a variety of approaches in their attempts to be of help. Family therapists are in a unique position to provide help in the here and now through facilitating the adult SU and their family to articulate and feel safe enough to be heard regarding what is considered helpful and not so helpful, in relation to everyone's recovery. This approach can also contribute to the creation of joint understandings and develop ways forward towards recovery, by implementing a step-by-step approach. These single family therapy meetings are

also important as they can facilitate the reduction of critical comments and high expressed emotion, creating and facilitating therapeutic dialogue in real time, while not addressing these issues can lead to poorer outcomes (Uehara et al. 2001).

With regard to the whole single family therapy meetings, the SU and family decide what to share and withhold. Furthermore, they also give permission to talk about identified issues when they speak in the session about worries, concerns and hope, and by contributing to discussions that arise. Within this context negotiation and partnership occurs.

SFP has been involved in the development and organisation of the Carlow Kilkenny AMHS (which is now the Carlow Kilkenny South Tipperary MHS) out-patient ED programme since 2000, in addition, SEP meet with SU and families/significant other(s). In the last 20 years, over 80% of families attended for family therapy meetings as part of the CIEDP. Therefore, it is important to meet with the SU and their identified network support(s), as they are a resource for the SU in their recovery journey (Boland, et al. 2019, Treasure et al. 2010).

11. Guardedness in Communication between People Experiencing Acute Psychosis and Mental Health Nurses

Mental health nurses are the largest cohort of clinicians working in Irish Mental Health services, and are usually involved in the care of SUs experiencing acute psychosis either as in-patients, attending mental health community facilities or in the SUs own home. Some SUs place value on communication with nurses as it helps with easing their difficulties (Gilburt, Rose and Slade 2008; Russo and Hamilton 2007. However, others report not being listened to, ignored and disempowered (Octwell and Capital Members 2007). In addition, both groups worry about risk and vulnerability when communicating with each other, (Norwood 2007; Duxbury and Whittington 2005). Consequently, understanding the process of how these two

groups manage to communicate together is worthy of study as research into this area is limited. Classic Grounded Theory study aimed to address these gaps by developing a substantive theory pertaining to the phenomena of communications between nurses and SUs experiencing acute psychosis that could be used to inform mental health nursing practice (Glaser and Strauss 1967). This involved interviewing sixteen participants, seven nurses and nine SUs who had experienced acute psychosis, and recording their views about communicating together. The study led to the development of a substantive theory that explains how they established what constituted permissible communication for period in time through the processes of guardedness in communications. The theory incorporated a dynamic psychosocial process where nurses and SUs moved from raising to lowering guardedness and vice versa depending on their sense of risk, attempts to ease distress, or consider that it is advantageous to raise or lower their guard. This was a complex and interactional process which was influenced by past experiences, current events, contexts and how nurses and SUs presented when communicating. This guardedness in communications also facilitated a sense of ownership and control over what they say and do. It is proposed that mental health nurses and SUs can use appropriate guardedness to establish what they consider are permissible communications, at a moment in time, in order to enhance their understandings of how they communicate together and hopefully to make a difference for SUs experiencing acute psychosis.

12. Some Encouraging Signs

However, there are some positives; the SFP in Carlow continue their SFP work with SUs and families in Carlow. In addition, there are three others SFP who are qualified about two years ago; Katie and Catherine and Annette is completing her Masters this year. One is working part-time in Psychiatry of Later Life (POLL) the other is working in CAMHS for two and a

half days a week, and Annette is working in the Acute Day hospital, St Canices Complex, Kilkenny MHS. This leads us to being somewhat positive for SFT in the Carlow Kilkenny AMHS. However, as yet there is no SFP in South Tipperary since the last SFP retired (2019), where once there were three.

Discussion

As already indicated, it appears that SFP traditionally has a somewhat chequered interaction with AMHS in Ireland. Some SFP are employed in AMHS, but it appears that there are significantly more AMHS that do not employ them. We can say this with some certainty, as clinicians and psychiatrists do appreciate SFP work in Carlow/Kilkenny AMHS and we experience positive feedback from them. This has resulted in two full time SFP in Carlow; one for each CMHT. There is also a fulltime SFP and one half-post in Kilkenny, in addition to a half-post in CAMHS, and another SFP has one day a week with Psychiatry of later Life (POLL). However, while the Vision for Change report (2006) has been mostly positive for MHC it had a somewhat been a negative impact on STP. The Vision for Change report stated that Mental Health Social Workers (MHSW) and Occupational Therapists (OT), were deemed essential clinicians in each AMHS and therefore, as a consequence, it appears that there is a decreased funding for other psychotherapies such as SFP.

Another possibility is that some AMHS in Ireland have made decisions about whether to decline or approve MHCs to train as a SFP. It is our understanding from colleagues that some managers have made decisions not to employ SFP and would have a poor understanding of what SFT is and its benefits/value. In other cases, it known that some managers might fund the MHC to become a SFP and on completion do not engage that member of staff as an STP rather they are placed in other mental health areas deemed to have more pressing demands.

However, there are other managers/consultants who do appreciate the advantages of employing SFP in their AMHS. Our experiences, over the last twenty years, where CMHT

have familiarity with SFP, appreciate and value what SFP can bring to their expertise when engaging with families and the person experiencing mental health difficulties, as well as meeting couples and individuals with relationship issues, through mostly single family meetings. This indicates that if there is an absence of SFP in AMHS, it diminishes the therapies that clinicians and families can access, such as SFP.

As already indicated, the idea behind the family systems approach is to create a space that allows family members to listen and talk to each other about their worries, fears and hopes, thereby fostering greater understandings and reflection. This approach also assists them to develop more 'healthy' supportive relationships with each other, through negotiations with regards to roles, responsibilities, and problem solving. In addition, when attending a SFP, the family therapy room can be seen as a neutral space where difficult issues are discussed and heard, and where families can contribute to dissolving the effects of the impact of their current difficulties. SFP also aims to set up patterns of sustainable interaction that are age and life cycle appropriate. Therefore, patterns of behaviour, cogitation and emotion, can change within this process resulting in decreased critical comments and negative interactions, thereby developing new understanding regarding the impact on the SU, their families/couples In other words, it helps families to see ways forward regarding developing hope and recovery.

In our opinion, the above can only occur if there are clinicians involved who have the expertise and experience of meeting SUs, who have mental health difficulties, and their families. SFP encourage taking a wider, more comprehensive systemic approach, by including families/couples/Individuals with relationship issues. It is our contention that without the involvement of SFP, there are significant gaps in AMHS. Consequently, we encourage AMHS to utilise SFP where available, and if not part of the current service to employment in this field. We expect, based on the above mentioned arguments and evidence

outlining the relevance of Systemic Family Psychotherapists' and the Systemic approach, using single whole family therapy meetings.

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Conflict of Interests

Dr Sean Boland has no conflict of interest to disclose.
Annette Byrne has no conflict of interest to disclose.
Willie Hackett has no conflict of interest to disclose.
Sean O’Neill has no conflict of interest to disclose.
Caroline Kavanagh has no conflict of interest to disclose
Catherine Mahon has no conflict of interest to disclose.
Katie Doran has no conflict of interest to disclose

Ethical Standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. The authors assert that ethical approval for publication of this perspective piece was not required by our local Ethics Committee.

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