

Do family interventions for psychosis translate in China?

October 26 2018, by Rebecca Troeger



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A study published in the *Community Mental Health Journal* examines the potential application of family interventions for psychosis (FIP) within a Chinese context. The study's researchers, led by Dr. Jeremy

Dixon of the University of Bath's Centre for Analysis of Social Policy, investigated Chinese mental health service managers' views of FIP and found that FIP must be modified in a number of ways if it is to be implemented in China. Recommended changes include embracing cultural values of interdependence by supporting client recovery within the family home, and recognizing the influential role stigma and families' need to "save face" would likely play in Chinese family-oriented mental health care.

Family interventions for [psychosis](#) (FIP) have been recommended as first-line care by national guidelines in the U.K., Australia, and New Zealand. FIPs initially focused on improving the family emotional environment, based on the theory that high levels of expressed emotion within families (i.e., criticism or over-involvement) resulted in poorer outcomes in psychosis. FIPs have since become more focused on empowering families through psychoeducation and support in joint problem-solving.

Dixon and his team sought to investigate whether and how FIP might be adapted to Chinese [mental health](#) care settings. China's growing community [mental health care](#) network offered the researchers an infrastructure in which to explore FIP's possible fit in China. In recent years the Chinese government has signaled support for community-based [mental health services](#) through official plans and legislation, including the creation of mental health centers dedicated to providing "community care" to those with "severe mental disorders." Dixon and his team conducted a pilot study with 10 Integrated Mental Health Service Centre (IMHCs) managers in Guangzhou, China, in which they delivered a presentation about FIP to the managers, conducted a focus group and analyzed the group transcript using thematic analysis.

The researchers found that many of the managers spoke about the fact that the families coming in for services are highly concerned about the

"economic impact" of supporting relatives with psychosis – both due to the cost of treatment and the relative's lost wages. Families, therefore, expected mental health workers to connect them with government financial assistance. Given that FIP typically seeks to "engage with families through addressing their presenting concerns," the researchers suggest that FIP would need to be linked to "financial problem-solving" to be relevant in a Chinese cultural context.

Other themes that emerged concerned aspects of Chinese family dynamics that would be important to consider when implementing FIP cross-culturally. These included the presence of "key decision makers" within families to whom all other members defer; the tendency for families to present a "united front" to the community in order to maintain "family harmony" and defend against the cultural stigma of psychosis; and an emphasis on interdependence, which the researchers suggest points to the need for in-home recovery.

Given deference to authority within families and family members' views that relatives with psychosis are "handicapped," the authors suggest that Chinese FIP implementation should focus on education and intervention with family "carers" first before bringing service users into sessions. This approach stands in contrast with Western FIP models, which "promote the expertise of the person with psychosis."

Limitations of the study include the fact that it was a pilot study and therefore had a small sample size; its lack of rural and other regional perspectives; and its focus on the experiences of mental health managers versus service users and their families. In closing, the authors conclude that FIP's possible use within China's expanding community mental health services holds promise: "FIP can offer an effective way to provide community support in a culture which as always placed emphasis on the centrality of family."

However, FIP is not one-size-fits-all, and as such must be adapted to the nuances of Chinese culture in order to be useful in this environment. Also, "the evolving nature of family" within China's ever-changing cultural terrain must be thoughtfully considered.

More information: Jeremy Dixon et al. The Views of Mental Health Manager Towards the Use of a Family Work Model for Psychosis in Guangzhou, China, *Community Mental Health Journal* (2018). [DOI: 10.1007/s10597-018-0247-7](https://doi.org/10.1007/s10597-018-0247-7)

Provided by University of Bath

Citation: Do family interventions for psychosis translate in China? (2018, October 26) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-10-family-interventions-psychosis-china.html>

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