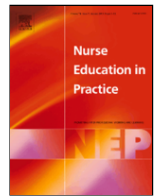




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Review

Advancing the knowledge, skills and attitudes of mental health nurses working with families and caregivers: A critical review of the literature

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ABSTRACT

Involving and supporting the family members and caregivers of people with mental illness is essential to high-quality mental health services. However, literature suggests that there is a lack of engagement between family members and mental health nurses (MHNs). Lack of knowledge among MHNs is often cited as one of the main reasons for this lack of engagement.

The aim of this review was to explore the knowledge, skills and attitudes that are required by MHNs to enable them to work more effectively with families affected by mental illness. A literature based critical review was used to access and review 35 papers in order to extract concepts that could inform the design of eLearning materials to assist MHNs advance their knowledge in this area. Two overarching themes were identified; 'Mental health problems and the family' and 'Working with the family'. From these themes, the knowledge, skills and attitudes required to work more effectively with families are described. The findings from this review provide a descriptive account of the knowledge skills and attitudes that are required for effective family work. In addition, the review provides an empirical foundation for education programmes in the area.

1. Introduction

The focus of this critical review is to explore what knowledge, skills and attitudes are required by Mental Health Nurses (MHNs) who wish to advance their knowledge when working with families where one or more members of the family experience a mental illness. The review is a part of a European Union funded project, which has developed open access eLearning materials [European Commission [2013–3403] for MHNs, educators, students, practitioners and other interested stakeholders throughout Europe and elsewhere across three themes (Working with Families, Mental Health Promotion and Prevention and Recovery). In this paper, the focus is on the 'Working with Families' theme. It is recognised that the term 'carers' has sometimes been a contentious one, (McDaid and Higgins, 2014). Therefore, throughout this

paper, we use the terms family members and caregivers to describe the range of people who may be affected when a relative experiences mental illness. While the focus of this paper is on MHNs, it will have general relevance to other mental health professionals as well. Throughout the paper, the authors use the term 'mental illness' but it is not their intention to subscribe to a purely biological interpretation of mental distress.

2. Background

While there is widespread recognition that working with families is central to promoting recovery for mental health service users, there is evidence that family members, relatives and caregivers often feel excluded from the care process (Dahlqvist Jönsson et al., 2011; Ewertzon et al., 2010; Schmid et al., 2009). In addition, mental health profes-

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sionals often fail to consider the needs of children and adolescents whose parents experience mental illness (Ali et al., 2012; Hedman Ahlström et al., 2011). Furthermore, family members do not perceive that their needs are taken seriously or that they are being listened to. They express a need for more effective communication with MHNs and that MHNs could be better attuned to the specific issues, which they are confronted with (Vermeulen et al., 2015).

Some reviews in the literature have explored the evidence available on interventions for family members and caregivers for someone with a mental health problem. Interventions that comprise mutual support-groups for families show positive effects on psychosocial well-being, increase knowledge about symptoms, reduce stress, improve the ability to manage situations and provide social support (Chien and Norman, 2009; Macleod et al., 2011). Well-designed psychoeducational interventions including coping and problem-solving strategies enhance communication and are effective in improving family members' knowledge and ability to cope (Sin and Norman, 2013). Carer-focused interventions appear to improve the experience of caring and quality of life and reduce the psychological distress of caregivers for people with severe mental illness (Macleod et al., 2011; Pharoah et al., 2010; Sin and Norman, 2013; Yesufu-Udechuku et al., 2015).

Several family working models have been developed, but they are not widely implemented (Falloon, 2003; Seikkula et al., 2011; Solantaus et al., 2010). For example, the Beardslee's preventive family intervention for children of mentally ill parents is available (Beardslee et al., 2007) as well as The Ten Essential Shared Capabilities (ESC) that has been developed to guide all mental health practice, co-operation and mutual partnership with families and carers (Hope, 2004).

The concept of family-focused practice has emerged in response to the need to recognise the impact of mental illness on the family, which often transcend individual service users. Foster et al. (2012) define family-focused practice as 'A method of care delivery that recognises and respects the pivotal role of the family. The key element of family-focused care is a philosophy of care, incorporated into practice, which recognises the uniqueness of each consumer and family' (2012, p.7).

There is a need for more knowledge and skills among MHNs to work with families (Houlihan and Higgins, 2013; Reupert and Maybery, 2016) as MHNs are performing poorly in comparison with other mental health professionals (Reupert and Maybery, 2014). Some attempts have been made to recognise and define the knowledge and skills needed by MHNs, such as the Family Intervention Competency Assessment and Reflection Scale (FICARS) (Gamble et al., 2013). However, while the importance of family-focused care is recognised, according to families' experiences, practice has not developed accordingly. One solution might lie in education, but to be able to develop education further, more detailed information is needed about the knowledge, skills and attitudes required to work in family-focused ways. It is against this backdrop and context that this critical review has been conceptualised as part of a larger study, which was commissioned to design open access eLearning materials. To guide the development of the eLearning materials, we focused on post graduate, post registration or advanced level education which was identified as an under developed area.

3. AIM

The aim of this critical review was to explore the knowledge, skills and attitudes that are required by MHNs to work more effectively with families and caregivers affected by mental illness.

4. Methodology

A literature based critical review as described by Grant and Booth (2009) was conducted to achieve the aims of the review. This approach enables the development of conceptual innovation, which can provide the basis of new thinking (Grant and Booth, 2009). In answering the review question, we did not seek to review all the literature available on the subject; we focused on identifying significant items that relate to the review question (Grant and Booth, 2009). While the authors were not attempting to write a module of learning but to provide content for the eLearning materials, they were interested in establishing a taxonomy of concepts that are related to an area where education and MHN interventions are underdeveloped (Korhonen et al., 2010). One of the most common guidelines for systematic reviews and meta-analyses is the PRISMA statement (Liberati et al., 2009). However, as this paper was a critical review only some of the elements from the PRISMA statement were relevant. In this study only the phases of identification, screening and eligibility were required for the literature search.

4.1. Search strategy

In the first phase a literature review was conducted based on the guiding question: "what knowledge, skills and attitudes should MHNs who wish to advance their knowledge have about families and caregivers to assist them in the provision of care". For the definition of advanced level, we turned to the European Qualification Framework (EQF) and conceptualised 'advanced' as learning beyond baccalaureate education and within the realm of 'Master's' level as defined at level 7 (European Qualifications Framework for Lifelong Learning). The components of advanced ('Masters') level education as interpreted in this review have been described elsewhere (Stickley et al., 2016).

The databases of Cinahl, Pubmed, PSYCHINFO Centre for Reviews and Dissemination and Google Scholar were used, in addition to manual searches in the identified reviews and articles. The inclusion criteria were: 1) full text articles published in the field of mental health nursing that addressed family work in any way; published between 2004 and 2014 2) studies or reviews published in academic journals in English.

The search terms included: famil*, mental health, psychiatric care*, together with advanced clinical nurse, caregiv*, ethic*, knowledge*, nurs*, skills* and no limitations were set for design or setting. The total search yielded 3066 records, which was reduced to 515 articles when the titles and abstracts were reviewed for relevance to the guiding question. Thereafter titles and abstracts were independently screened by three of the authors (IS, BK, NK), which yielded 112 references, which were reduced to 81 articles following consultation with the team members. The full texts of the 81 articles were accessed and reviewed culminating in 35 articles being included in this review.

4.2. Analysis

A deductive approach was adopted and content was extracted from the abstracts that the reviewers' thought would meet the aims of the review. There was an awareness that the area under scrutiny was not easily defined, therefore a pragmatic approach was taken to avoid over conceptualisation or abstraction of the content so that it could be easily grouped together to form themes and related concepts at a later stage. The full texts of the included abstracts (n = 35) were then accessed, read and reviewed in terms of the information that might inform the knowledge skills and attitudes that MHNs need to respond to the needs of family members. Many concepts emerged at this point, which mainly fell into seven different areas: Childhood and children, Par-

enthood, Training programs, Adolescence, Participation, Ethics and Psychosis. The authors discussed the different areas and created a sensitive key map that allowed the distillation of the areas into meaningful concepts that informed the knowledge, skills and attitudes that were required by MHNs. The analysis was thereby divided in two parts and at this point similar concepts were grouped together into two themes based on the authors' interpretation of requisite knowledge, attitudes and skills. Once the themes and concepts were clear, content related to those themes was allocated to knowledge, skills and attitudes and learning outcomes were formulated as required based on the European Qualification Framework at level seven to guide the development of the eLearning materials (Table 1).

5. Results

Two overarching themes (Table 1) emerged following the review; 1) Mental health problems and the family and 2) Working with the family. There was considerable overlap in and between the themes and this posed a challenge in terms of minimising repetition and ensuring the content was focused.

The first theme 'Mental health problems and the family' related to how the emergence of mental illness affected the family. Concepts that emerged from the literature included the nature of informal care, carer burden, stress and coping and courtesy stigma. The second theme 'Working with the family' was more complex and several concepts emerged, such as interacting with the family, identifying individual and family needs, psychoeducation and ethical and legal issues. Table 1 provides an overview of the papers that were included in the review, their aims and objectives and the concepts that emerged following the review. In addition, the required content was allocated to knowledge, skills and attitudes to assist in the formulation of learning outcomes to inform the emerging eLearning materials.

5.1. Knowledge required for working with families from a MHN perspective

Family members and caregivers experience many challenges, which are perceived as a burden. A range of emotions and experiences were described and while there were some descriptions of positive perceptions of caring experiences, generally they were perceived as negative and disrupting the participants' sense of equilibrium (Dahlqvist Jönsson et al., 2011; Ewertzon et al., 2010). A loss of sense of self was reported and this affected the family members' self-confidence and their ability to cope (Small et al., 2010). The variety of emotions that families and carers experience can be summarised as a mix of fear and hope (Reed, 2008; Schmid et al., 2009) but also fears about hope in relation to the future (Johansson et al., 2012).

Burden was a consistent thread in the literature that concerned children or teenagers in a family affected by mental illness. The children felt invisible and forgotten (Ali et al., 2012; Elf et al., 2011; Hedman Ahlström et al., 2011; Korhonen et al., 2008; O'Brien et al., 2011; McAndrew et al., 2012) and they didn't know where to turn to receive help and support for themselves and their families. Young people need to feel respected by the healthcare staff and they ask for opportunities for genuine and age-appropriate involvement in their family members care.

MHNs need to acknowledge the needs of families who care for people with mental illness, as the needs of families are diverse and individualised (Blomqvist and Ziegert, 2011; Korhonen et al., 2010; Macleod et al., 2011; Wilson et al., 2012). To understand the needs of the family, MHNs need to consider the composition and relationships within each family that they interact with (Weber, 2010) as well as identify educational needs of families, such as managing stress and long-term medication management. Family focused care emerged strongly as a concept in response to a range of papers that described

strategies that assist MHNs to understand interventions to improve the provision of care to families (Beardslee et al., 2007; Falloon, 2003; Hope, 2004; Lagan et al., 2009; O'Brien et al., 2011; Seikkula et al., 2011; Solantaus et al., 2010; Wilson et al., 2012). This illuminates the need for knowledge so that MHNs can apply professional family focused care, to ensure an equal balance of power between staff and service users and where the family's experience and strengths are highlighted.

Psychoeducation was repeatedly requested from family members as they needed knowledge about mental illness which they could use to manage stress (Macleod et al., 2011; O'Brien et al., 2011). MHNs need to ensure that psychoeducation is based on the family-member's needs as well as ensuring that knowledge of the risks faced by children are known and considered across mental health services (Korhonen et al., 2010).

5.2. Skills required for working with families from a MHN perspective

Central to family-focused care is the development of a good relationship with families and positive attitudes towards them (Gavois et al., 2006). Empowering ways of working includes acknowledging the families' knowledge and experience and recognizing the skills that they have developed to cope and respond to the impact of symptoms in everyday life (Maskill et al., 2010). Collaboration between the service user, family and MHN is needed, but also collaboration between professionals and organizations (Goodman and Happell, 2007; Hultsjö et al., 2007; Maskill et al., 2010; Johansson et al., 2012).

In terms of young people and children, while they experience carer burden this often manifests itself in a different way. Young people and children need to be communicated to in a way that considers their age and experience (Ali et al., 2012; McAndrew et al., 2012). Although pockets of good support exist, the system lacks consistency for children and young people. As with older carers, young people give support to others but are also in need of support for themselves (Ali et al., 2012). Young people and children need outside involvement to receive acute relief and structured help. Young carers described how they are often bullied in school, and as they are not able to rely on their parent/s for support in dealing with this, their vulnerability is heightened (Elf et al., 2011; McAndrew et al., 2012).

In Wade's study (2006) about caring for children with bipolar disorder, the parents often felt that they were being blamed for their children's behaviour, especially by schoolteachers. Psycho-educational family interventions contribute to greater knowledge, new problem solving and reduces the risks of new episodes of illness for the service users consequently reducing burden and subsequent stress (Chen and Chan, 2005; Houlihan and Higgins, 2013; Korhonen et al., 2008, 2010; Sun et al., 2008; Tranvag and Kristoffersen, 2008).

5.3. Attitudes required for working with families from a MHN perspective

Ethical dilemmas when working with families includes dilemmas such as lack of clarity about information about the service user that can be shared with family members. This may put pressure on relationships within the family in terms of respecting the rights of service user to confidentiality while also respecting the rights of family caregivers to information that directly affects them (Mahone et al., 2011; Rowe, 2010). There might also be contradictions between family members and professionals (Rowe, 2010; Small et al., 2010) and families' can feel that their concerns are being overridden by professionals or that professionals lack understanding (Rowe, 2010). In addition, MHNs need to recognise the impact that parental mental illness may have on children and young people where they may be perceived as 'different' by other children or as "problematic and threatening" by other parents (Ali et al., 2012; McAndrew et al., 2012; Weber, 2010).

Table 1

Themes, concepts and learning outcomes related to MHNs when working with families affected by mental illness.

| Author, Year, country | Aim and/or research question | Informants and study setting | Concepts from the Themes | | Learning Outcomes | | |
|--|--|---|---|---|---|---|---|
| | | | Mental health problems and the family | Working with the family | Knowledge | Skills | Attitude |
| Ali et al. (2012) Sweden | To elucidate the daily life of young people who care for a person with mental illness and to explore how they manage in their everyday life. | Young adults 16–25 years Population based | Stress and coping | | Ensure that young adults are visible and respected when accessing mental health services. | Ensure structured help and commitment from health care staff. | |
| Blomqvist & Ziegert. (2011) Sweden | To describe how nurses experience family participation in care. | Nurses in acute psychiatric inpatient settings | | Identifying individual and family needs | Ensure that a family focused approach is integrated in the service. | | Nurses need professional autonomy and organizational support |
| Chen and Chan (2005) China | To evaluate the effectiveness of a psychoeducation program for family carers of people with schizophrenia. | Family members and a control group | | Psychoeducation | | Ensure that psychoeducation is offered to family members as it has a positive impact on burden, self-efficacy and support. | |
| Dahlqvist Jönsson et al. (2011) Sweden | To describe family members' view of the illness and the future when living with an adult person with bipolar disorder. | Family members of adult persons with bipolar disorder | Carer Burden | | Offer meeting places with other families in similar situations that could provide an opportunity for building hope. | Strengthening support for family members by building social networks. | |
| Elf et al. (2011) Sweden | To gain knowledge about the specific needs that a web-based support system for young carers must meet. | Young carers 16–25years in population | Stress and coping | | Facilitate connections to health and social care Ensure sufficient communication between organizations | Ensure and facilitate web-based support | |
| Ewertzon et al. (2010) Sweden | Investigate family members' experiences of the psychiatric health care professionals' approach. | Family members who are at least 18 years who have had contact with mental health medical services. | Carer Burden | | Facilitate knowledge and education to avoid feelings of alienation, powerlessness and social isolation. | | |
| Ewertzon et al. (2012) Sweden | To explore how siblings affected by mental distress experience their situation. | Siblings of individuals with a psychotic illness. | Courtesy stigma | | | | Reflect on their caring interactions with families to ensure that they are non-judgemental, and that relationships are not overshadowed by negative attitudes towards family members. |
| Gavois et al. (2006) Sweden | To develop a model of mental health professional support based on the needs of families with a member experiencing severe mental illness. | Family members | | Identifying individual and family needs | | Apply family model which increases empowerment in the family members' process from crisis to recovery. Communicate and interact about mental health/illness and daily living | |
| Goodman & Happell. (2007) Australia | To describe experiences and understandings of participation in mental health care from the perspective of carers. | Family members in contact with the mental health services in hospital and the community. | Courtesy stigma | | | Facilitate carer participation to meet the need for respect and collaboration. | Strengthening the values and attitudes of nurses towards carers and family members. |

Table 1 (Continued)

| Author, Year, country | Aim and/or research question | Informants and study setting | Concepts from the Themes | | Learning Outcomes | | |
|---|---|--|---------------------------------------|---|---|--|---|
| | | | Mental health problems and the family | Working with the family | Knowledge | Skills | Attitude |
| Hultsjö et al. (2007) US | To examine the attitudes toward individuals who have a career in psychiatric/mental health nursing | Registered or licensed nurses | | Ethical and legal issues | | | Strengthening the values and attitudes of nurses towards carers |
| Hedman Ahlström et al. (2011) Sweden | To elucidate, the meaning of family life for a parent experiencing a major depressive episode. | Children and family perspective in open care units | Stress and coping | | Ensure children's support needs are met to help manage their sense of responsibility and loneliness. | Support teachers with regards to bullying | |
| Houlihan & Higgins. (2013) Ireland | To explore psychiatric nurses' education, knowledge, confidence and practice with regard to the support needs of children whose parent has a mental health problem. | Psychiatric nurses from one integrated mental health service | | Psychoeducation | | Support children's knowledge through education which meet the needs of parents and children. | |
| Hultsjö et al. (2007) Sweden | To explore different perceptions of psychiatric care among foreign- and Swedish-born people | Families of people diagnosed with psychosis | | Identifying individual and family needs | Identify individual perceptions and needs which may be influenced by cultural factors and which should be met with respect. | | |
| Johansson et al. (2012) Sweden | To describe the everyday life experiences of adult children with mental illness. | Fathers | Carer Burden | | | Ensure that families are given access to services and meet the family's needs for collaboration. | |
| Korhonen et al. (2008) Finland | To describe nurses' evaluations of factors that are hindering implementation of child-focused family nursing into adult psychiatric practice. | Psychiatric nurses in adult mental health units | | Psychoeducation | | Need to Develop education and use family-centred care to meet the needs of the family | |
| Korhonen et al. (2010) Finland | To describe the interaction that MHNs have with children of their clients. | Mental Health nurses in adult mental health units. | | Identifying individual and family needs | Ensure that knowledge of the risks faced by children are known in mental health units. | | |
| Lagan et al. (2009) Australia | To discuss issues surrounding maternal mental illness during the post-partum period. | | | Ethical and legal issues | Ensure that enhanced coordination is available | | Ensure legal rights |
| McAndrew et al. (2012) UK | To better understand the needs of young people. | Young people 13–17 years in population | Stress and coping | | Ensure that young people know about available services they could access that might provide extra support. | | Ensure that children are included in decision making |

Table 1 (Continued)

| Author, Year, country | Aim and/or research question | Informants and study setting | Concepts from the Themes | | Learning Outcomes | | |
|--|---|---|---|---|---|--|---|
| | | | Mental health problems and the family | Working with the family | Knowledge | Skills | Attitude |
| Macleod et al. (2011) United Kingdom | To identify approaches that could be delivered within community practice to reduce burden and increase knowledge of mental health and coping. | Carers of people diagnosed with schizophrenia | | Identifying individual and family needs | Support families with programmes that address stressful relationships which commonly occur in families of people diagnosed with schizophrenia | | |
| Mahone et al. (2011) US | To explore the findings of shared decision making | Family members, stakeholders and staff in mental health | | Interaction skills | | Provide person-centred care models, which include power sharing, and support self-management. | |
| Maskill et al. (2010) New Zealand | To gain an understanding of the way the lives of individuals supporting someone diagnosed with bipolar disorder are affected. | Family members | Informal care | | | Support informal caregivers by providing care that demonstrates an understanding of the complexities and utilizes a collaborative approach to care that actively involves informal caregivers. | |
| O'Brien et al. (2011) Australia | To understand the experiences of children, their parents and carers, and staff when children visit, to better inform service planning. | Acute inpatient mental health units | | Psychoeducation | Adopt a family focus to care that includes all aspects of the service. | | |
| Reed. (2008) Australia | To report on the impact of first-episode psychosis on the service user, their family and carers. | Literature review | Carer Burden | | To recognise early symptoms and facilitate early intervention | | |
| Rowe. (2010) UK | Information disclosure to family caregivers: Applying Thiroux's framework. | Theoretical case | | Identifying individual and family needs | | | MHN should respect caregivers' rights through their actions. |
| Schmid et al. (2009) Germany | To assess burden and gain insight into aspects from socio-demographic related variables. | Siblings | Carer Burden | | Knowledge to meet emotional burdens like fears, helplessness and powerlessness | | |
| Small et al. (2010) Sweden | To examine nurses' view of the family in psychiatric care | Mental health nurses | | Identifying individual and family needs | | | Facilitate improved communication between nurses, service users and families to resolve the double-bind situation |
| Small et al. (2010) UK | To describe the nature and extent of their caring role, and its effect on their lives and identities. | Carers of people with mental health problems (SMI) | Carer Burden | | | Ensure that practical help is provided, which is user friendly and accessible | |
| Sun et al. (2008) Taiwan | To explore perceptions of the home environment and the provision of care in the home | Family carers' and service users who were suicidal | | Psychoeducation | | Educate families on the preventive and caring approaches that they could use in their homes before discharge to reduce painful stress | |

Table 1 (Continued)

| Author, Year, country | Aim and/or research question | Informants and study setting | Concepts from the Themes | | Learning Outcomes | | |
|--|---|--|---|---|--|--|---|
| | | | Mental health problems and the family | Working with the family | Knowledge | Skills | Attitude |
| Sung et al. (2004) Taiwan | To assess the predischage psychoeducational needs compared to service users perception of their needs. | Mental health inpatients and their relatives | | Psychoeducation | Ensure that service users and relatives get education based on their needs | | |
| Sveinbjarnardottir et al. (2011) Sweden | To measure the attitudes, after having received an education and training intervention program in family systems nursing, towards the importance of the families in their care. | Mental health nurses | | Interaction skills | | | Education in family programs improve mental health attitudes |
| Tranvåg & Kristoffersen. (2008) Norway | To identify and describe experiences of living with a partner with bipolar affective disorder | Spouse or cohabitant of a person with bipolar affective disorder | | Psychoeducation | | Empower individualise and tailor educational strategies (sensitive enough to help each spouse/ cohabitant) | |
| Tranvåg and Kristoffersen (2008) Canada | To describe subjective experiences of the recovery or non-recovery process from psychosis | Family-members of service users with a chronic mental illness | Carer Burden | | | Ensure that valuable relationships are prepared which can restore optimism and hope | |
| Wade. (2006) UK | To describes the personal experience of children, age 6–11 years | Parenting a school age child diagnosed with bipolar disorder | Carer Burden | | | Ensure interventions that are supportive of parents | |
| Weber. (2010) US | To determine the fundamental issues facing alternate families that includes sexual minority parents and their children. | Review | | Ethical and legal issues | | | Support and incorporate relevant aspects of issues which may help to deal with social stress from being perceived as "different" by other children, or as "problematic and threatening" by other parents. |
| Wilson et al. (2012) Australia | To understand the barriers to help-seeking | Young rural men with emergent mental health problems. | | Identifying individual and family needs | Apply new models of mental health service that can deliver adequate and early help-seeking dynamics for young rural men and their families | | Apply a more flexible approach to identify and help the family and the young men, without the pre-requisite for a formal medical diagnosis |

Social stigma was reported as a negative impact of caring (Wilson et al., 2012), and it is important that MHNs do not inadvertently stigmatise families and caregivers. MHNs who received specifically designed education and training about working with families viewed families in a more positive light and found families less burdensome (Sveinbjarnardottir et al., 2011). Central to this is the adoption of an advocacy role, which can activate social and professional supports while ensuring that the unique needs of the individuals are maintained and their rights upheld (Lagan et al., 2009).

6. Discussion

Over the last fifty years, mental health services have consistently strived for more recovery and community orientated approaches to care and this has resulted in an increase in family member and caregivers supporting role. However, family focused practice is often poorly understood, lacks definitive conceptualisation and is unevenly implemented across mental health services (Foster et al., 2012). The findings of this review correspond with several other reviews conducted in this area and further demonstrate the need for undergraduate and postgraduate education in this area (Chien and Norman, 2009; Landeweer et al., 2017; Macleod et al., 2011; Sin and Norman, 2013; Yesufu-Udechuku et al., 2015). Working with the family has been an important component of undergraduate nurse education programmes for many years. It is therefore surprising that families still report negative experiences and that MHNs do not feel equipped to work in family focused ways. Similar results have been found in a recent European study, although there were differences between the countries involved (Vermeulen et al., 2015). MHNs are required to not only have highly specialised knowledge in this area, but they must also be critically aware of the issues that emerge as part of the family experience discourse. Therefore, the concepts that emerged from this review need to be embedded within undergraduate programmes with advanced level nurses building on this foundation to promote research and leadership in the area. Further education for MHNs has been advocated as a lifelong process which only starts at the point of registration as a nurse. Online or web-based education programmes are emerging as a flexible alternative to traditional classroom teaching which can reach large numbers of people in a variety of locations, maximising cost effectiveness and limiting inconsistencies in terms of content, which was the central aim of the eMenthe - project.

6.1. Limitations

This critical review is not a systematic review; therefore, the papers included are heterogeneous and approached their aims and objectives using diverse methodologies. The selected papers were included based on their ability to inform the aim of the study, therefore methodological quality was not addressed (Grant; Booth, 2009), which may mean that studies were included regardless of the methodological rigor demonstrated. For example, many of the studies were qualitative and presented findings from studies with small sample sizes, which may have influenced their quality.

7. Conclusion

Family members have a valuable role in supporting relatives who experience mental distress but they are often marginalised by mental health professionals including MHNs (McDaid and Higgins, 2014). A lack of education and skills in this area has often been cited as a reason for this. This critical review offers a taxonomy and framework for the delivery of family focused education that has emerged from the analysis of the literature which has been contextualised at level 7 of the European Qualifications Framework. This means that the findings

of this review offer a standardised approach, which will aid consistency in the planning and development of postgraduate or post registration education in this area. The findings from this review not only provide information about the knowledge and skills that are required, it also reiterates the importance of underpinning this knowledge and skills with positive attitudes towards working with the family. The review provides an empirical foundation for education programmes in the area and the eLearning materials have been designed based on the findings of this critical review and are available through open access (www.eMenthe.eu). eLearning materials from the other themes (Mental health Promotion and Prevention and Recovery) are also available and have been reported on in the literature (Doyle et al., 2017; Keogh et al., 2017; Lahti et al., 2018; Stickley et al., 2016).

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Ethical approval

N/A.

Conflicts of interest

None.

Uncited references

Ewertzon et al., 2011.

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Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.nepr.2018.07.002>.

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