When patients become critically ill and are admitted to intensive care units (ICU), this totally unexpected event and the real possibility they will die is distressful for family members. As a result, almost half of family members will develop depression, anxiety or suffer from post-traumatic stress disorder (PTSD) symptoms. These mental health problems persist even after the patient has been discharged home and family members will often act as their carers. In this project we will actively engage families during the ICU experience in a way designed to decrease their distress, helping them understand the order and purpose of the care and treatment. Family includes close friends with a social or emotional relationship with the patient.

We will find out the extent of mental illness in the family members of our patients in the UK, noting any regional variation. We will also discover how different UK intensive care units currently look after the family members. We will use that information to adapt our family sense-making and engagement intervention.

We will do a small ‘can it be done?’ (feasibility) trial to see whether bedside clinical staff and families will like and use a family engagement and support intervention. It will also inform how best to do a larger trial to find out if by using this intervention family members will have less long-term depression, anxiety or PTSD.

The intervention will be based on:

- Providing specific written and pictorial practical information and discussing with families how an ICU ‘works’, explaining the alarms, what is going on and likely to happen. Also guidance around questions they might ask medical staff.
- Finding out if the family have any unmet needs, and clear up any misunderstandings by asking the family member ‘Is there anything that we can do to help you today’?, and ‘If you were to explain to someone else what has happened what would you tell them?’.
- Give family members opportunities to get involved in their family members care, we will work with them do that e.g. applying lip balm.
- Provide practical items to use with the patient e.g. hand cream, communication aids, or while waiting, e.g. playing cards; family items e.g. iPads will be encouraged.

This family engagement intervention has been used in the USA. Families said it was valuable and useful. By using this intervention, we aim to reduce the fear and helplessness family members often feel, being more able to cope, and potentially improving their mental health. We believe engaging families, reducing their anxiety and promoting communication and memory using aids, will help patients.

If the intervention is welcomed by family members and bedside staff we will go on to do a larger trial to test how effective it is in improving families’ mental health outcomes. Family members in ICUs in the trial will be asked to complete questionnaires asking them about mental health, general health and need for support six months after their relative’s admission. If it works we will promote it to be used throughout UK ICUs.