Piloting a Hearing Voices Group in a High Secure Psychiatric Setting

Presented by:

Jonathon Slater
RNMH (SPrac PSI), CBTp Service Manager and BABCP Accredited Therapist

Acknowledgements and Thanks:

The Attendees
Everyone an Expert by Experience

Prof. Clair Chilvers
Our Trust Chair

Contributors:

Jacqui Dillon
Hearing Voices Network National Chair, England

Peter Bullimore
Expert by Experience and HVN Founding Member

Andy Benn
Consultant Clinical and Chartered Forensic Psychologist

Hannah Jones
Research Assistant, Institute of Mental Health, Nottinghamshire Healthcare NHS Trust

positive

Nottinghamshire Healthcare NHS
NHS Trust

Positive about recovery in psychosis

hvn hearing voices network

the institute of mental health
Nottingham

Workshop Aim and Contents:

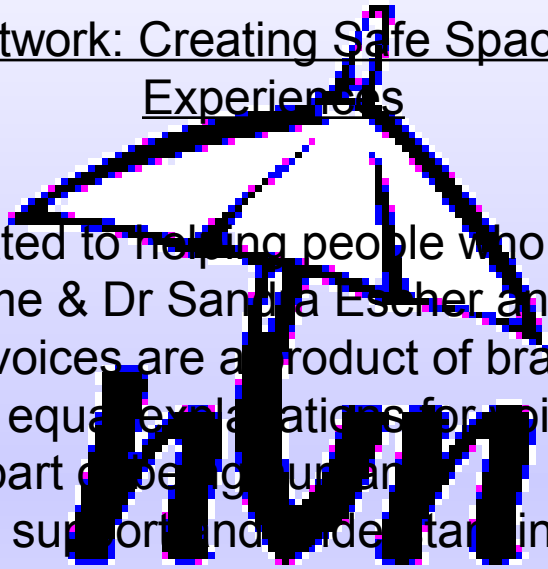
Aim: To share with the audience an experience of piloting a hearing voices group in a high secure psychiatric setting.

Contents:

- Setting the Scene
- Identifying Difficulties
- Overcoming Difficulties
- Evaluating a Hearing Voices Group
- Outcomes from the Evaluation
- Future Directions, Personal Reflections and Conclusions

Setting the Scene

Hearing Voices Network: Creating Safe Spaces to Share Taboo Experiences



- An organisation committed to helping people who hear voices.
- Professor Marius Romme & Dr Sandra Escher and Patsy Hage.
- Biological psychiatry = voices are a product of brain and cognitive faults.
- Radical shift = multiple equal explanations for voice hearing which is redefined as a 'normal' part of being human.
- HVN offers information, support and understanding to people who hear voices and those who support them.

The HVN aims to:

- Raise awareness of voice hearing, visions, tactile sensations and other sensory experiences
- Give people who have these experiences an opportunity to talk freely about this together
- To support anyone with these experiences seeking to understand, learn and grow from them in their own way

Setting the Scene

Rampton Hospital Male Mental Health Services:

9 Wards

Primary aim is to provide comprehensive assessment and therapy services for men who have mental health needs and present a serious risk to themselves or others

Houses 121 patients, the majority of whom have been convicted of a serious violent offence, usually mediated by their mental health experiences

Most patients have a history of chronic illness and non-adherence with psychiatric services

All patients are compulsorily detained under the Mental Health Act (1983, 2007)

Main modes of treatment are pharmacological, psychological and activity based

Pharmacological treatments have primacy

Identifying Difficulties

What difficulties do you imagine might be encountered in bringing the HV Network and Male Mental Health Services together in order to set up a group?

Differences of Approach

Differences in Working Practices/Context

Different Philosophies

Different Affiliate Organisations

Different Funding Streams

Different Membership

Different Risks

- High Security Mental Health setting
- Closed institution
- Wards
- Different Dynamic (Staff and family)
- Different Drivers
- Service user led – expert by experience and clinician led
- Better social functioning – worse social functioning
- Low risk or assoc. consequences – high risk or associated consequences
- No reports – risk issue reporting
- Wide range of access to different support – limited access to support
- Open groups – closed groups
- Voluntary sector working – public sector working

Overcoming Difficulties

How do you imagine the difficulties and differences we've identified might be addressed?

Overcoming the Difficulties in Practice – A Chronology

Background:

In March 2007 I was seconded from the Mental Health Service Intensive Care ward to manage and set up a CBT for Psychosis Service

In April 2007 I was asked to set up a HVG as part of that Service

An Overview

2007	Feb	Submitting a bid and securing funding.
	April	Establishing contact with the HVN
	May	Identifying potential HV facilitators, seeking honorary contracts.
	June	Securing a venue
	Sep	Loss of Terry McLaughlin
2008	Jan - March	Getting a further flavour via conferences, finalising contracts
	June	Inducting the facilitators to the hospital
	June - Oct	Promoting the group, agreeing a format, seeking out potential attendees
2009	April – Oct	Running the pilot group, keeping others informed
	Nov	Evaluating the Group
2010	Feb	Publishing the Evaluation Report

The Steps Involved

1. The Bid
   - Applying to NICE
   - Justifying the request

2. Making Contact
   - The Sheffield Meeting

3. Sharing Ideas
   - Conferences
   - First Hospital Visit
   - Further Meetings

4. Identifying Potential Facilitators
   - Requesting Honorary Contracts
   - Security Protocols
   - Inducting the Facilitators

5. Deciding a format & Securing a Venue
   - Availability
   - Adapting the Approach
   - Frequency

6. Promoting the Group, Liaising with Others & Identifying Potential Attendees
   - Medical Officers Meeting
   - Patient Forums and Events
   - Ward Teams
   - Invitations or Referrals
   - Ongoing briefings (RIO, Chief Exec's)
   - Professor Chilvers

7. Running the Group
   - Facilitators
   - Numbers
   - Session Format

Evaluating the Group

Why might you want to evaluate a HV group?

How might you evaluate a HV group?

Criteria

Criteria:

- To independently evaluate what the patients had gained from the group.
- To evaluate this from a variety of perspectives.
- To disseminate the outcome.

These criteria were then submitted for approval by the Clinical Director which was given

Method

- Recruit and appoint an independent evaluator
- Interview attendees and MDT members to ascertain their view of the group's impact
- Interviews were semi-structured guided by peer-reviewed questionnaires rather than psychometrics
- Invited for interview:
  - 8 Patients
  - 8 Named nurses
  - 4 Psychologists (each responsible for 2 patients who attended the group)
  - 6 Responsible Clinicians (1 responsible for 3 patients)
- Interviews took place during November and December 2009 and were arranged at participants convenience.

An example of the questions patients were asked:

Q. Did attending the group help you to talk more openly to your MDT about your voices?

Yes Unsure No

An example of the questions the MDT were asked:

Q. Did attending the group help your patient to talk more openly to the MDT about their voices?

Yes Unsure No

Given the difficulties we identified what results might you have expected from the evaluation?

Outcomes From The Evaluation

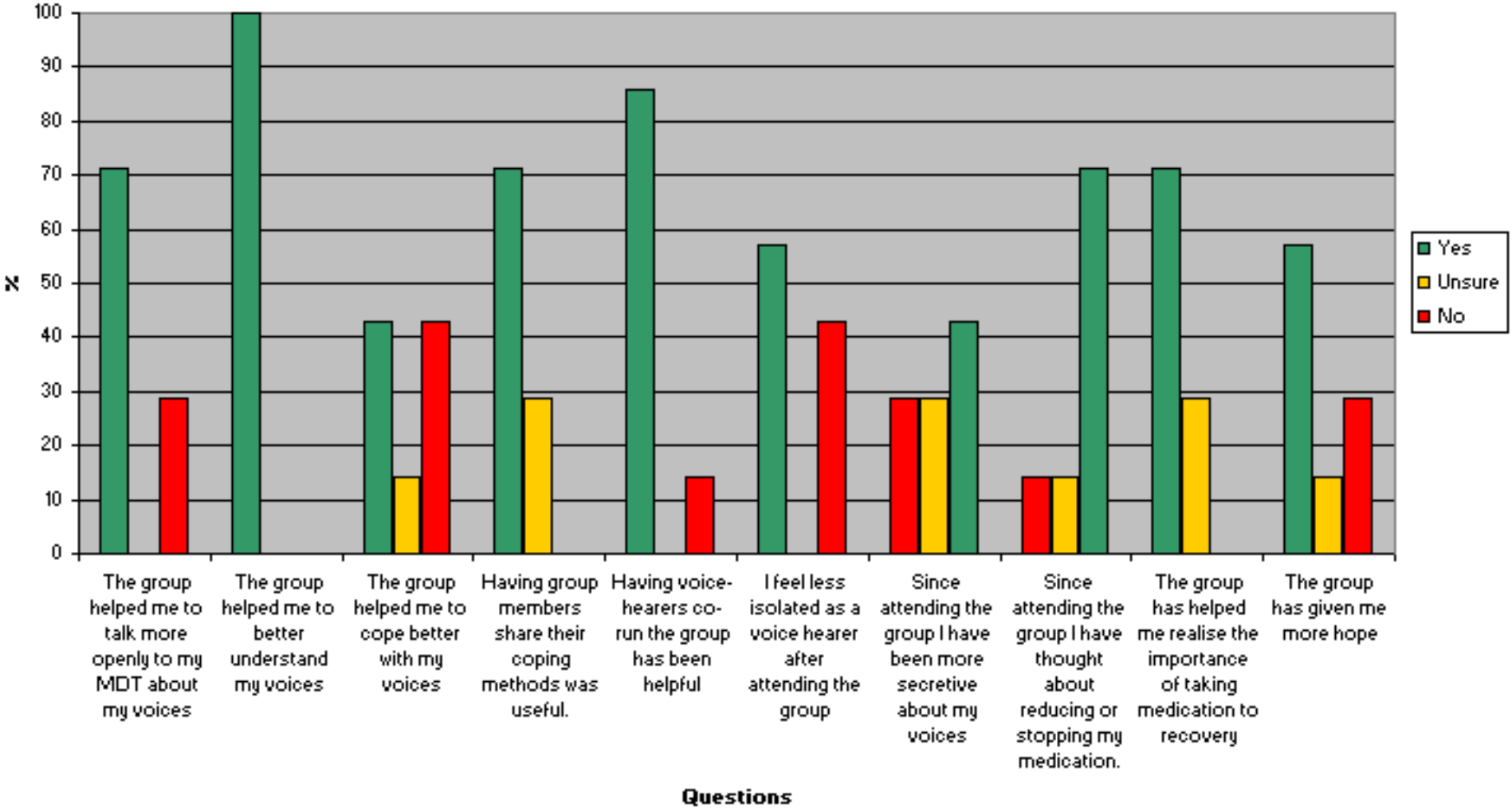
1 patient declined to participate.

25 interviews conducted.

	Patient (%) (n)			Named Nurse (%) (n)			Psychologist (%) (n)			Responsible Clinician (%) (n)		
Question	Yes	Unsure	No	Yes	Unsure	No	Yes	Unsure	No	Yes	Unsure	No
Since attending the group does the patient talk more openly to MDT about their voices	71.4	0	28.6	62.5	12.5	25.0	75.0	12.5	12.5	12.5	0	87.5
Did attending the group help the patient to better understand their voices	100	0	0	75.0	25.0	0	37.5	50.0	12.5	0	12.5	87.5
Did attending the group help the patient to cope better with their voices	42.9	14.3	42.9	25.0	75.0	0	37.5	50.0	12.5	0	25.0	75.0
Did attending the group change the patients views about why they are hearing voices	28.6	42.9	28.6	25.0	50.0	25.0	12.5	62.5	25.0	12.5	12.5	75.0
Did attending the group help the patient to feel less isolated as a voice hearer	57.1	0	42.9	50.0	37.5	12.5	62.5	25.0	12.5	12.5	25.0	62.5
Do you think having voice hearers co-running group was helpful	85.7	0	14.3	62.5	37.5	0	75.0	25.0	0	12.5	50.0	37.5
Do you think having voice hearers co-running group was unhelpful	14.3	14.3	71.4	0	50.0	50.0	37.5	12.5	50.0	37.5	50.0	12.5
Since attending the group has the patient been more secretive about their voices	28.6	28.6	42.9	0	12.5	87.5	0	0	100	0	12.5	87.5
In the group did the patient feel relaxed and able to talk openly	100	0	0									
Since attending the group has the patient thought about reducing or stopping their medication	14.3	14.3	71.4									
Did attending the group help the patient to realise the importance of medication to their recovery	71.4	28.6	0									

	Patient (%) (n)			Named Nurse (%) (n)			Psychologist (%) (n)			Responsible Clinician (%) (n)		
Question	Yes	Unsure	No	Yes	Unsure	No	Yes	Unsure	No	Yes	Unsure	No
Did the patient think others were able to talk openly in group	100	0	0									
Did the patient think others sharing their coping methods was useful	71.4	28.6	0									
Has attending the group helped the patient in other ways	71.4	14.3	14.3	62.5	25.0	12.5	62.5	0	37.5	12.5	0	87.5
Did the patient find the group discussions useful	71.4	14.3	14.3									
Did the patient find talking about issues related to voices helpful	100	0	0									
Did attending the group give the patient more hope	57.1	14.3	28.6									
Attending on voluntary basis was important	71.4	14.3	14.3									
Did attending the group create a negative impact on the patients view of medication				0	50.0	50.0	12.5	12.5	75.0	12.5	62.5	25.0
Did attending the group change the patients view of their future medication needs				12.5	62.5	25.0	12.5	12.5	75.0	0	37.5	62.5
Did attending the group change the patients view of their long term plans				12.5	37.5	50.0	12.5	50.0	37.5	0	25.0	75.0
Since attending the group has the patients explanation for their voices changed				0	75.0	25.0	12.5	50.0	37.5	12.5	12.5	75.0

Figure 1. Selected participants responses to questions



We were *"made to feel like every person was valued, listened to, it benefits others…made me feel better about myself."*

If it [medication] *has helped other people in the group it can help me.*

Sharing coping methods was useful *"particularly if you were struggling."*

"It helped with my voices; I was able to empathise with others' voices as they have similar experiences.

"I don't feel alone. I felt alone before, when I was young I thought I was the only one."

"I got to hear other peoples' opinions and know that other people feel the same."

"I don't feel as isolated, I've got more self esteem, I am more confident, it gave me a sense of purpose."

"I'd encourage other people to go, but to be honest and open, it's a good group."

"Listening to Jacqui and Pete, knowing they had voices, gave me hope."

Limitations of the Evaluation:

- In some instances MDT members were responsible for more than one patient leading to potential bias.
- The qualitative analysis was not validated by a second independent evaluator.
- There was insufficient data for a full thematic analysis.

Future Directions, Personal Reflections & Conclusions.

Future Directions

- New group
- A greater degree of inclusivity regarding programme development and delivery.
- A greater level of information sharing information (format, adaptations, session content and aims, intended outcomes, recruitment)
- Wider understanding of risks, distress and pre-group coping
- Establish a blend of self-referral approach and MDT commendation of group.
- Promote amongst staff groups a diversity of views about the origins of voices and the nature of voices.
- Potential use of pre and post outcome measures to better quantify impact
- Refinement of the recruitment process for attendees and facilitators (in house experts by experience?)
- The addition of a forensic element to group content

Helping to Facilitate

Helping to facilitate was a privilege:

- Patient Accounts
- Patient Distress
- The Level of Support

It was also an emotional experience:

- A New Initiative
- Witnessing and Leading Change
- The Future

Conclusions

"If you're determined enough you can plant seeds of hope regardless of the obstacles"

- Jacqui Dillon

Its my belief that with help from Jacqui, Pete and the HVN, the group attendees planted seeds of hope not just for themselves, but also for high secure services.

Questions and Contact Details:

Please feel free to ask questions.

If you require further details after the conference please contact me on:

01777 248321 Ext 7393

Or

jonathon.slater@nottshc.nhs.uk