



# Exploring the role and perspectives of mental health nurse practitioners following psychosocial interventions training

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O'NEILL M., MOORE K. & RYAN A. (2008) *Journal of Psychiatric and Mental Health Nursing* 15, 582–587

## Exploring the role and perspectives of mental health nurse practitioners following psychosocial interventions training

Psychosocial interventions (PSI) offer a range of problem-centred activities designed to improve the health and quality of life of clients and their carers. The paper reports the findings of a study on the roles and perspectives of mental health nurse practitioners towards clients with enduring mental illness and their carers following completion of PSI training. Focus groups interviews were conducted with PSI mental health nurse practitioners ( $n = 8$ ) and data were analysed for thematic content. The results of the study indicated that PSI practitioners developed positive attitudes towards their client following PSI training and this attitudinal change enabled clients to develop more confidence and autonomy in managing the symptoms of their illness in a more empowered way. Focus group participants observed reduced levels of anxiety among clients and their carers. This was attributed to the 'sense of hope' within the caring milieu which was established as a result of collaborative working with the client and family. The findings suggest that there is a need for further exploration of the PSI practitioner role with a particular focus on the centrality of positive attitudes on the development of the therapeutic milieu for clients with severe and enduring mental ill health.

*Keywords:* attitudes, mental health, nurse practitioners, psychosocial interventions, roles

*Accepted for publication:* 13 February 2008

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## Introduction

Psychosocial interventions (PSI) for people with enduring mental health problems have significantly developed over the past 14 years. Consequently, investment in training mental health professionals with PSI skills has increased (Brooker *et al.* 2002, Bailey *et al.* 2003, Brooker & Brabban 2003). The NICE (2003) has recognized the effectiveness of PSI and advocated that family interventions and cognitive behaviour therapy should be customarily

available for service users with schizophrenia and their families or carers.

The impact of PSI has been extensively evaluated since its inception. Although a comparative novice to the mental health field, it has been evaluated more extensively than other types of post-qualifying mental health training (Bailey *et al.* 2003). Many studies have evaluated the impact of PSI training on the attitudes and values of trainees (Brooker 2001, Carpenter *et al.* 2003, Lancashire *et al.* 2003), while others have explored attitude change in

relation to knowledge acquisition (Read & Law 1999, Thomas *et al.* 1999, Brooker & Brabban 2003). It is noteworthy that very little research has been done to explore the role of positive attitudes in the implementation of PSI skills. The paucity of research in this area provided the impetus for this qualitative study which was carried out as part of the first author's Master's degree.

## Methods

The aim of the study was to explore the roles and perspectives of mental health nurse practitioners towards clients with enduring mental illness and their carers following completion of PSI training. The study also sought to identify participants' views on the factors or strategies they associated with successful implementation of PSI skills within mental health nursing.

The study was based in a large health and social care Trust in Northern Ireland. Focus group interviews were used to facilitate the collection of rich narrative data from an exploration of psychosocial nurse practitioners' subjective experiences. Focus groups have the potential to bring the researcher closer to the research topic through a direct and intense encounter with key individuals (Clarke 1999). The explicit use of group interaction differentiates focus groups from other types of interview (Robinson 1999). According to some, the interaction between participants may reveal information that would be difficult to obtain in an individual interview (Sim 1998).

The principal inclusion criteria for the research study were that practitioners (1) were qualified as a Registered Mental Health Nurse (RMN); (2) had a minimum of 1-year post-registration experience as a Specialist Nurse Practitioner; and (3) were currently undertaking PSI as an integral element of their clinical practice. A senior manager, who regularly met with practitioners for clinical supervision sessions, was approached with details of the study and asked to assist with the recruitment of participants. Practitioners who indicated their interest in the study received a letter outlining the rationale for the study and their proposed involvement in the focus-groups interviews. All psychosocial practitioners ( $n = 10$ ) within the Trust catchment area were invited to attend one of two focus groups interviews. The interviews were arranged in different geographical locations to minimize time and travelling costs for participants. Because of unforeseen circumstances, two practitioners were unable to attend, resulting in each focus group comprising four participants, with a total sample size of eight.

Ethical approval for this study was obtained from the Office for Research Ethics Committees Northern Ireland, the Institute of Nursing Research, University of Ulster and the study site. Participants contributed voluntarily, under-

stood the purpose of the research, and were able to withdraw from the study without penalty if they wished so. Only members of the research team were allowed to review the data.

## Data collection

At the beginning of each focus-group interview, the ground rules about confidentiality and anonymity were agreed and written consent obtained from each participant. An interview schedule, reviewed and approved by experienced research colleagues, acted as a broad framework to guide the discussion. However, as the purpose was to explore the issues that were most important to participants, the schedule was flexible. The focus groups were chaired by the researcher and recorded using a conferencing dictaphone. Cognisant of the debate with respect to the conduct of focus groups (Webb & Kevern 2001), the researcher paid specific attention to group dynamics and the noting of verbal and non-verbal affections within the group (Parahoo 2006). After each group, the audiotape was transcribed, and the transcript was checked against the tape. During transcription and correction, personal names and identifying details were removed or replaced by pseudonyms.

## Rigour

It has been suggested that researchers leave an 'audit trail', so that the pathway of decisions made in the data analysis can be checked by others (Guba & Lincoln 1989, Cutcliffe & McKenna 2004). The researcher's supervisors had access to the 'audit trail' as a means of verifying aspects of the research process. By providing original transcripts to supervisors, together with details of the coding process, the credibility of the findings was enhanced. The researcher also returned to the two focus-group participants to elicit their views on the extent to which their expressions and interpretations 'fitted' in with emergent themes and categories. This process, known as respondent validation or member checking, was used to establish the level of credence between the two parties and is considered by Mays & Pope (2000) as the strongest available check on the credibility of research findings.

## Data analysis

Data were analysed using an adaptation of the data-analysis stages proposed by Burnard (1991), and described as 'thematic content analysis'. Interview transcripts were read and re-read and annotations were made of general themes arising from the data. The transcripts were scrutinized again and the researcher endeavoured to write down as many

captions as necessary, to describe all aspects of the content. The major themes arising from this data were categorized. The list of categories was then analysed by the researcher, compared and grouped together under higher order headings with the aim of reducing the number of overall categories by combining similar headings into broader categories (Krippendorff 1980, Burnard 1991). Repeated reading and cataloguing of the transcripts revealed sub-themes.

## Results

All participants were RMNs aged between 25 and 45 years of age, with clinical experience in mental health practice ranging from 4 to 23 years. Participants' length of time, in clinical practice, post-PSI training ranged from 1 to 6 years. The sample consisted of seven community-based, and one hospital-based practitioner. Seven of the participants were female, with one male.

The following five themes emerged from the data analysis:

- collaboration with clients and carers;
- positive thinking;
- the challenges associated with PSI;
- competence and confidence;
- the need for perseverance.

### Collaboration with clients and carers

Practitioners viewed clients not as people with mental health problems or illness, but as people experiencing illness in the context of their daily lives. The significance of the more interpersonal connection and the distinctive role that practitioners played in the engagement process is evidenced in the following statements:

Clients identify areas that are the most problematic, and I think that at that level you are going to get a lot more co-operation because you are working at something they want to look at, and that's what makes it a collaborative process. (p5)

Working closely with clients, if detected early enough, the level of residual symptoms is going to be a lot less so they can continue on with their school or their vocation or employment and that in itself empowers them to lead a normal life, because the more normal life they lead, the less disabled they feel and the more control they feel over their life. (p3)

There was a strong sense from participants that supporting carers were an important function in the implementation of PSI skills. This collaborative process has been endorsed in the literature (Walton 2000, Happell *et al.* 2002) and is evident in the following quotation:

I find that if families are skilled helpers in the whole situation you can . . . what you can achieve with families is far in excess of what you can achieve with working with an individual no matter how well thought out it is. (p1)

### Positive thinking

Findings suggested that practitioners had a convincing degree of optimism about the benefits they were able to bring to their practice. They spoke of their '*positive outlook*', how they could '*now make a difference*' and the feeling of confidence they had in their abilities to '*challenge misconceptions*'.

It was evident that practitioners held a passion for their professional engagement with clients with an enduring mental illness. They felt that the clients were no longer neglected, and that as practitioners themselves, their attitude had changed positively towards clients and that they were no longer harbouring feelings of hopelessness in the care they delivered. This is clearly evidenced with the following statements:

There was never anything specific for this group. Then this course came up, which was what I knew I wanted to do because I always had a passion for this group of people, I always felt they were neglected and left out at the expense of the others. (p4)

I think it is a whole attitudinal thing that you feel as if you have more optimism when you are bringing that into your practice everyday. (p5)

Practitioners spoke passionately about their level of confidence and skills having completed the specialist training in PSI. This was clearly evidenced within the researcher's field notes with respect to postures, gestures, voice tone and pitch. It was asserted that this positivism enabled successful implementation of their skills in clinical practice.

I've seen that and the work we have done and it is a great . . . it gives you a great enthusiasm for your work, it gives you real job satisfaction . . . (p7)

### Challenges associated with PSI

Numerous studies have highlighted the complexities associated with the delivery of PSI (Baguley *et al.* 2000, Grant & Mills 2000, Johnson *et al.* 2001). In this study, participants talked unreservedly about the teething troubles they encountered when they started on their quest for inauguration to practitioner status, and how they as individuals collectively united to move the process forward.

I don't think there is a comprehensive approach to PSI within the Trust. However, we were fortunate in that there was a core group of people trained in PSI and we were like minded and were able to go forward with that and we have endeavoured to use PSI with our patients on our client case load. (p3)

PSI has developed fairly slowly within our area of practice up until the present day but in the next few months with the introduction of the new moving forward document we will be seeing the practice of PSI in our Trust. (p1)

Organizational factors such as high caseloads, lack of supervision and allocated time have been identified as obstacles to the implementation of PSI skills (Grant & Mills 2000, Johnson *et al.* 2001). Participants spoke of having to integrate their role as a PSI practitioner into their current professional responsibilities, and how they had to refocus their caseloads to enable them to utilize PSI skills. However, participants were hopeful that their practice would gain further momentum and be incorporated into new primary care teams:

Whilst we were supported by management in that we were allowed to do PSI, there was no way forward, or no planning we just worked ourselves. (p4)

I think there needs to be more education about PSI. There needs to be a higher profile about PSI and we have improved the profile within the Trust but essentially I get a sense that people don't know what it is about. (p3)

### Competence and confidence

A strong theme that emerged from the transcripts was that PSI training had given participants a comprehensive spectrum of skills. Participants talked about the confidence they had derived from their new understanding and knowledge. They considered themselves better equipped to put into practice effective concepts and techniques. Practitioners also spoke quite vividly about the confidence that clients also gained through this collaborative process.

By recognizing their strengths and coping mechanisms, they were able to identify the situations that caused stress in their everyday life and use appropriate strategies to address these. This gave clients empowerment and responsibility and participants believed this would reinforce the importance of 'whole' recovery. One participant stated '*They've been reawakened*' and all participants believed that knowledge could be transferred to families. The following quotes illustrated this:

I think what PSI has done is give us constructive skills to help patients and empower them as well because they can take on and do the skills, and there is never a situation

where you go that you haven't got something to offer within the comprehensive spectrum of PSI skills. (p3)

You're also transferring our knowledge to families, the knowledge that you have, taking away the fear and making them more confident. (p2)

Participants were enthusiastic about their PSI skills and believed that these skills had enabled them to obtain positive client outcomes. They were equally zealous to point out the change of attitudes they felt towards service users as a result of this skill acquisition in terms of '*involvement, trust and co-operation*' with clients over their individualized care.

### The need for perseverance

Participants talked about the ways in which they overcame obstacles to pursue their specialist practice. The importance of '*stepping back*' and '*working at a client's pace*', rather than their own, was identified as a key issue influencing a positive client outcome. They spoke positively about how they initially considered the interventions '*a big process of treatments*', which were difficult and complex to incorporate into practice. However, with perseverance, this problem was resolved.

Participants noted that some PSI skills took a long time to implement and warranted the use of an imaginative approach, which in turn makes a difference for the client. Words like '*applying yourself consistently*' and '*chipping away*' were symbolic of the effort that participants made to improve their practice. As one participant stated:

I suppose now we have expectations or aspirations and we bring something to it and we expect people to improve and we discharge people now, not even discharge so much as see them much less and people move on and do things and they're not seen now as a chronic group of people that don't improve, so we expect that people will do better. (p7)

Statements like '*wasted resource*'; '*introduce our case*' and '*share what PSI entailed*' were all statements that emphasized participants' perseverance in the promotion of PSI within the practice setting.

### Discussion

The sample was small and restricted to one Trust site. While the focus groups yielded rich narratives, the utilization of semi-structured interviews may have resulted in a more in-depth exploration of the issues under investigation. It is possible that participants' positive attitudes following PSI training could be attributed to the positive views that they held towards mental health clients with enduring mental illness from the outset. As there was no attempt to measure

attitudes before and after PSI training, it is not possible to attribute such changes to PSI training alone.

In keeping with the findings of other studies (Brooker *et al.* 2002, Repper 2002), the data presented here suggest that PSI training had a major influence on participants' clinical practice and skills. Regardless of the length of time since their PSI training, all participants demonstrated commitment, passion and enthusiasm about their specialist skills. A positive attitude change was the most significant gain following PSI training. Other studies have reported similar findings (Ewers *et al.* 2002, Brooker & Brabban 2003, Carpenter *et al.* 2003, Lancashire *et al.* 2003). However, it is important to note that participants in this study believed that it was a desire to work with clients with enduring mental illness that gave them the inspiration to undertake the PSI training in the first place. This could perhaps be an intrinsic factor in the development of positive attitudes.

Participants expressed frustration at restraints on their concurrent professional role. Psychosocial interventions were implemented as an adjunct within clinical practice and without a concomitant decrease in case load levels and this was considered a major challenge. Other studies have identified the difficulties of practitioners implementing PSI skills in practice (Grant & Mills 2000, Brooker *et al.* 2002, Bradshaw *et al.* 2003). One participant within this study suggested that PSI could be a wasted resource. Although this disparaging view has been reported elsewhere (Brooker *et al.* 2002, O'Carroll *et al.* 2004), policy drivers such as the National Service Framework (DoH 2001) and the National Institute of Mental Health in England (NIMHE) (2003) have endorsed PSI as an effective approach for clients with an enduring mental illness. Despite the challenges associated with implementing PSI skills in practice, the findings appear to suggest that mental health organizations have yet to embrace the role of the PSI practitioner as a separate entity within the clinical arena.

Participants highlighted the importance of supporting one another in everyday practice. They viewed this as a collaborative process of working together to identify problems, share research and knowledge, and support each other within their roles when difficult situations or problems arose with clients. Consistent with other studies (Brooker *et al.* 2002), participants believed that their knowledge and clinical competence improved with regular clinical supervision and they viewed it as an essential component for increased proficiency of PSI implementation.

### Conclusion and Recommendations

This study endorses previous empirical evidence within the literature, indicating that the implementation of PSI skills

can result in positive and enhanced clinical outcomes for clients and their carers. Participants in this study were clearly able to articulate the characteristics of an effective psychosocial nurse practitioner and to embrace a therapeutic alliance with carers and families. The perceived knowledge and understanding of issues relating to mental illness, and the comprehensive care package of techniques, were paramount to how practitioners viewed their role. It is this positive attitude towards the client and carer that is an enabling component of establishing and maintaining the therapeutic milieu, central to enhancing client outcomes, such as attainment of more confidence and autonomy to manage symptoms of their illness in a more empowered way.

Psychosocial interventions practitioners have a professional responsibility to welcome the challenges of PSI implementation within mental health by utilizing and incorporating innovative strategies within such practice. Practitioners' interpretation of support distinguished peer support, collaboration, and reflective practice as major factors in facilitating effective practice especially in the early stages following PSI training. Practitioners, however, did experience some difficulty with the implementation of PSI. Issues of caseload numbers and management of resources were indicative of difficulties that were encountered. However, the perseverance and motivation of practitioners were instrumental in raising the profile of PSI within their clinical areas. Despite the difficulties they encountered, participants in this study believed that their PSI skills enabled them to obtain positive client outcomes and they were confident that, in time, their skills would be better recognized, bringing about a wider network of opportunity to practice.

In the past, researchers within the PSI domain have persisted in adopting a quasi experimental design in attempting to make correlations between training interventions and clinical outcomes. Acknowledging the limitations of qualitative research, the findings from this study are promising and potentially could have significant implications for future research into the subject matter of positive attitude formation and change following PSI training.

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