

History of Thorn

Research into schizophrenia and community mental health care provision identified key psychosocial interventions to help professionals reduce relapse rates. The efficacy and effectiveness of these interventions was beginning to be recognised, but practitioners were not using them.

With the help of eminent colleagues, such as Julian Leff, Nick Tarrier, Tony Butterworth, Tom Craig, Charlie Brooker, Issac Marks and Gary Mcnamee, Dr. Jim Birley, in 1990 sought to address this shortfall. With support from the Sir Jules Thorn Charitable Trust, the Thorn Initiative was conceptualised. Its aim was to develop and implement multi-disciplinary training in psychosocial interventions in two key sites – Manchester and London. In 1991 Catherine Gamble, an RMN in London and Gillian Haddock a clinical psychologist in Manchester took up responsibility for co-ordinating and devising the curriculum. Mental Health Nurses were originally targeted, as they were the largest group of professionals working with people with schizophrenia in the community. In much the same way as the Macmillan Nurse supports those with cancer, it was envisaged that with specific, evidence based skills Mental Health Nurse's could influence change, reduce the burden placed on carers and improve this client groups health, social functioning and quality of life. The manner in which the Thorn course was devised and subsequently implemented confirmed that clients and their relatives derived significant benefits from the interventions they receive from those trained.

The impact of this training began to be recognised, not only by practitioners, their managers and colleagues but also by users and carers. Despite some early reservations The National Schizophrenia Fellowship, started to call for all staff to be trained in this manner and slowly local group members began to ask how they could access trained "Thorn" practitioners. Fortunately their voice began to be heard. Indeed, having a representative from the Department of Health on the Thorn Steering Committee helped to bring this need to the Governments attention.

The philosophy of the Thorn Initiative was always to propagate the initial courses. The experiences of some students bore out the importance of developing satellite sites, as many travelled phenomenal distances to attend! Indeed, the total miles covered by the two original researchers, Stuart Lancashire and Dorothy O'Driscoll who took baselines and consequently followed up clients participants worked with reinforced this need!

Many Graduates from the original courses were recognised to have the necessary enthusiasm, dedication and vision to set up such courses. Energised by the aforementioned outcomes and by other recommendations made (Gournay 1995; Department of Health 1994; Sainsbury Centre for Mental Health 1997) some have not only succeeded in implementing psychosocial interventions in clinical practice. But have also helped a number of trusts and universities to gain Thorn accreditation to run satellite courses. These sites can be seen on the map and no doubt other areas will be added as they come on board.

Many changes have occurred since the Thorn Initiative's inception 10 years ago, here are the five most notable:

Firstly, all courses are now open to any member of the multi-disciplinary team.

Although the majority of recruits remain Mental Health Nurses, it was soon realised that nurses alone, could not implement psychosocial interventions if the rest of their team, colleagues or managers did not understand or wish to embrace such approaches.

Secondly, the curriculum has expanded. To address the labyrinth of problems individuals and mental health services encounter, all courses at whatever academic level now comprehensively address areas, such as medication management, psychopharmacology, risk assessment and dual diagnosis.

Thirdly, the Thorn Initiative has always promoted the idea that users and carers should be listened to and recognised as valuable members of curriculum development and teaching teams. 10 years ago it was deemed innovative and extraordinarily collaborative (and a bit too scary) to include users of mental health services in this way. Now, thankfully it's **all** most obligatory!

Fourthly, Thorn Graduates started to be perceived as elitist. In response Dr. Jim Birley (1998) stated "*I don't worry too much about elitism. You could equally well argue that Macmillian nurses are an elite, and so they are. But they are so good that no one resents them ... Elitism is fine if you can justify it*". Nevertheless, despite these reassurances, representatives on the Thorn Steering Committee strive to demystify not only the role of the Thorn practitioner, but the committee's function as well. There is a recognised need to be as transparent as possible – one way to address this has been to develop this web site.

Finally, although they maintain an active interest many of the original Thorn Steering Committee members have moved on. Dr. Jim Birley has retired as chair and his last meeting and those present are featured in the photographs. From left to right: Eric Davis, Keith Coupland, (Cheltenham and Gloucester); Tim Bradshaw (Manchester); Malcolm Rae (Department of Health); Lorraine Rayner (Nottingham); Prof. Julian Leff (Institute of Psychiatry); Tony Buttterworth (Manchester); Jim Birley; Madaline O'Carroll (City); John McGovern (Manchester); Cliff Roberts (RCN Institute) and Catherine Gamble (RCN Institute).

Members of the Thorn Steering committee now mainly comprise of representatives from each training site. Their work now involves supporting ongoing development, promoting fidelity and consistency between courses and vetting and validating proposals from organisations seeking to establish new Thorn courses.

The work goes on Dr. Jim Birley had a vision and we have much to thank him for.

Catherine Gamble

References

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