Evidence-Based Mental Health

COMMENTARY

The study involved several sites across the UK where mental health nurses received ten days training that would equip them to deliver cognitive-behavioural interventions to people who experience psychosis. Patients were then given six sessions over 2-3 months and followed up one year later. Patients showed greater insight and less negative symptoms. Occupational recovery remained unchanged. Interestingly, main carers were offered sessions that addressed relapse prevention issues. We are not told how many carers actually accepted the offer and the perceived benefits. The study demonstrates that mental health nurses can be trained in a range of therapeutic interventions and deliver these in a safe way. Clinical supervision was seen to be critical in this respect and this is apparent in other recent studies (McCann & Bowers 2005). Earlier studies explored the delivery of cognitive-behavioural interventions and mainly involved psychologists (Drury 1996). Other studies have involved multi-disciplinary training initiatives such as Thorn courses (Lancaster et al. 1997). The government appears to support the training of practitioners in these ways of working (NICE 2002).

This is a very important study that recognizes the skills that mental heath nurses possess. Some nurses have indeed undertaken further training in order to address the complex and diverse needs of their clients and carers through national training initiatives e.g. MSc Psychosocial Interventions programme at the University of Manchester. However, according to reports, the implementation of the interventions in practice still remains problematic. Evidently, there are therapeutic gains for patients and the paper highlights the financial benefits in terms of being well and staying well. However, nurses need an infrastructure in the workplace that allows them to carry out the brief interventions in terms of managerial support and adequate clinical supervision. This would involve careful workforce development strategies. It would have been useful to hear the views of carers regarding the interventions.

References

Drury V, Birchwood M, Cochrane R. Cognitive therapy and recovery from acute psychosis: a controlled trial. I. Impact on psychotic symptoms. *British Journal of Psychiatry* 1996; 169: 593-601.

Lancashire S, Haddock G, Tarrier N, Baguley I, Butterworth A, Brooker C. (1997) Effects of training in psychosocial interventions for community psychiatric nurses in England. *Psychiatric Services* 1997; 48(1): 39-41.

National Institute for Clinical Excellence *Schizophrenia: Core interventions in the treatment and management of schizophrenia in primary and secondary care.* National Institute for Clinical Excellence; 2002: London.

McCann E, Bowers L. Training in cognitive behavioural interventions on acute psychiatric inpatient wards. *Journal of Psychiatric and Mental Health Nursing* 1995; 12 (2): 215-222.

B. Your details for publication:

Full name and honorifics: Eddie McCann PhD, MSc, PGDip, Cert Ed, RN
Affiliation: Senior Lecturer, Napier University, Edinburgh
City: London
Country: UK

C. Literature cited in your commentary

(Vancouver style please)
eg:

1. Smith M, Jones G. Cognitive behavioral therapy for post traumatic stress disorder. *New Eng J Med* 2000; 343:1942-50.
2. Cook P, Moore D. Prevalence of dysthymia in adolescents in Northern Europe. *Arch Gen Psychiatry* 1996; 53:913-9.