A mixed method comparison of therapeutic relationships between service users and clinicians in community mental health care

PRESENTER: DR KARISHMA JIVRAJ[1]

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CO-AUTHORS: PROFESSOR MARY CHAMBERS[2], DR IRIS GAULT[2]

1: Corresponding Author- University of Northampton / University College London – United Kingdom

2: Kingston University and St George's University of London

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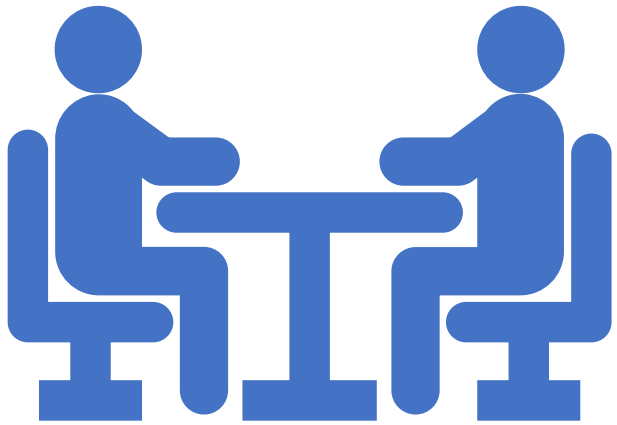


CONTEXT

- IMAGINE YOU WERE IN A CONSULTATION WITH A HEALTH CARE PROFESSIONAL/CLINICIAN FOR TREATMENT
  - BRIEF / NON COLLABORATIVE / COMMUNICATIVE / LACK OF INFORMATION / OPTIONS / PATERNALISTIC
- HOW WOULD YOU FEEL?
- WOULD THIS SUPPORT YOUR RECOVERY?

OVERVIEW

What did we already know

- About mental health treatment and facilitators of recovery?

What didn’t we know

- And what was needed/recommended?

What did we do about it

- And how did we go about doing it?

What do we know now

- What has our research shown us?

Where do we go from here

- What are the implications for future research / education / practice?

WHAT DID WE ALREADY KNOW
Mental health in England / Facilitating recovery

NHS
National Institute for
Health and Clinical Excellence

- Prevalence is high (DoH, 2016) and treatment consumes a disproportionate share of health care costs.

- NICE (2014) suggest antipsychotic medication use alongside psychological interventions, offered using a collaborative person centred approach – Service user experience: *"take time to build supportive and empathic relationships as an essential part of care"*

- How effectively is medication used in treatment? ('Schizophrenia, The Abandoned Illness' – Rethink 2012, 2017)

- Recovery *"a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness"* (Anthony, 1993 pg. 527). Recovery orientated framework – CHIME (Leamy et al., 2011)

Therapeutic Relationships

- *"an interaction between two people (usually a caregiver and a care receiver), in which input from both participants contributes towards a climate of healing, growth promotion, and/or illness prevention"* (Townsend and Morgan, 2017, p. 135).
- Not a curative outcome – still harnesses qualities such as warmth, genuine regard, respect, empathy and support – contribute towards palliative nature (Dziopa and Ahern, 2009; Stenhouse and Muirhead, 2017)

Therapeutic Relationships

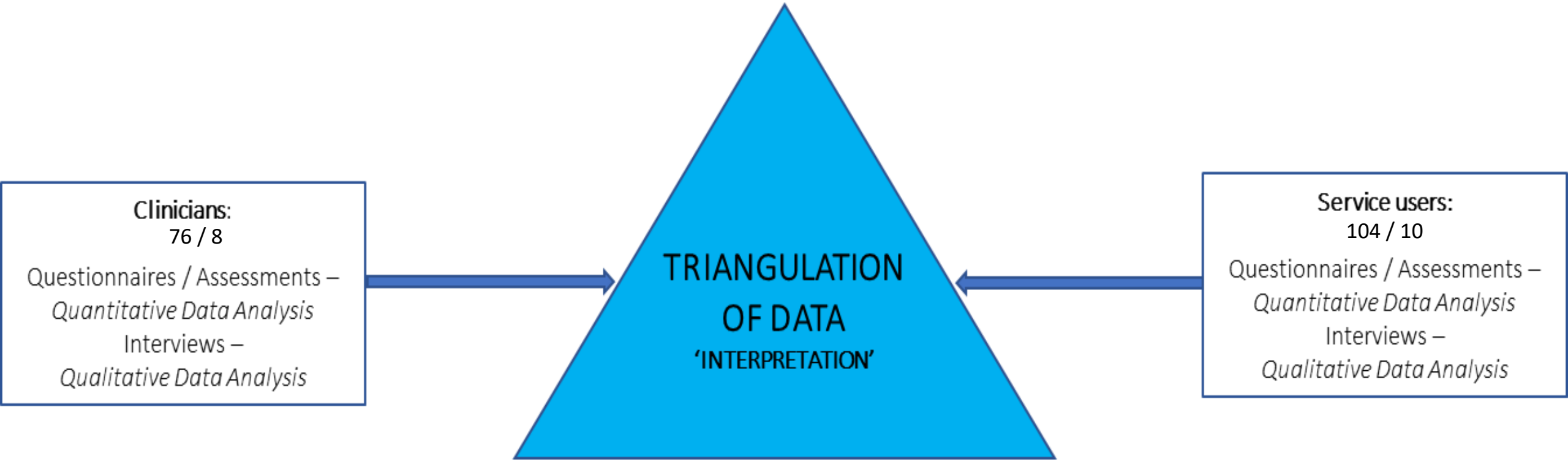
- Can be measured from clinician and service user perspectives (McCabe *et al.,* 2012, Sweeney *et al.,* 2014).
- Play a key role in treatment adherence (Day *et al.,* 2005) and recovery orientated practice (Coffey *et al.,* 2019)

WHAT DIDN'T WE KNOW?

- Enough about SU and clinician experience of TRs, SDM and attitudes towards medication.
- NICE guidance – qualitative/mixed perspectives from concerned stakeholders
- Contribute to better evidence based practice, provide better service user orientated services and improve the effectiveness of mental health service provision in the NHS.
- Research Aim: Understand how therapeutic relationships (TR) and shared decision making influence attitudes towards antipsychotic medication
  - Objective – Explore SU and clinician perceptions of the TR
  - Objective – Explore impact of SU perceptions of TRs on attitudes towards medication

WHAT DID WE DO?

MIXED METHODS



WHAT DO WE KNOW NOW?

Differences between SU and clinician reports of TRs – clinicians more positive

Positive SU attitudes towards medication can be explained by

	Therapeutic relationship	Therapeutic relationship (positive collaboration)	

Misaligned SU and clinician narratives of the TR

Power Asymmetry	Time and Resources	Best interests at heart	Are patients receiving the service..	..we think we are providing

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Table 22: Group comparisons of Scale To Assess Therapeutic Relationships (STAR-P and STAR-C) between all clinicians and service users

Variable	Clinicians (N = 76)	SUs (N = 104)						
STAR	Mean (SD)	Mean (SD)	Range	*95% CI of mean difference*		*t*	*df*	*p*
Total	38.21 (3.53)	33.94 (11.25)	0-48	-6.59	-1.94	-3.63	129.41	<0.001**
Positive Collaboration	18.53 (2.18)	16.58 (6.32)	0-24	-3.27	-0.63	-2.92	134.42	0.004*
Emotional Difficulties (STARC) / Non-supportive Clinician Input (STARP)	9.16 (1.29)	9.22 (2.89)	0-12	-0.57	0.70	0.198	151.09	0.843
Positive Clinician Input	10.53 (1.04)	8.14 (2.96)	0-12	-3.00	-1.76	-7.60	135.42	<0.001**

p<0.05* p<0.001**

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Table 17: ***Predictors of attitudes towards medication amongst SUs***

Models and variables[a]	N	Regression coefficient	Standard Error	95% Confidence Interval	*Standardised Beta Coefficient*	*p value*
Therapeutic Relationships[g]						
STAR-P	104	0.26	0.04	0.186, 0.334	0.57	<0.001**
Therapeutic Relationship Subscales[h]						
Positive Collaboration	104	0.36	0.088	0.183, 0.533	0.44	<0.001**

** p<0.05, **p<0.001*

Predictors of attitudes towards medication: TRs
$F(1, 103) = 64.88$, $p<.001$, $R^2 = .32$

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WHAT DO WE KNOW NOW?

THE CLINICIAN'S JOURNEY

THEME TWO:

"We have their best interests at heart"

- "Open Dialogue"
- "Important to have a proper Therapeutic Relationship"
- "Stigma goes both ways"

THEME FOUR:

"Are patients receiving the service we think we're providing?"

- "I don't have the time to explain"
- "Do the best job possible"
- "Guidelines to give us some indication"

WHAT DO WE KNOW NOW?

THE SERVICE USER'S JOURNEY

THEME TWO:

"Power Asymmetry"

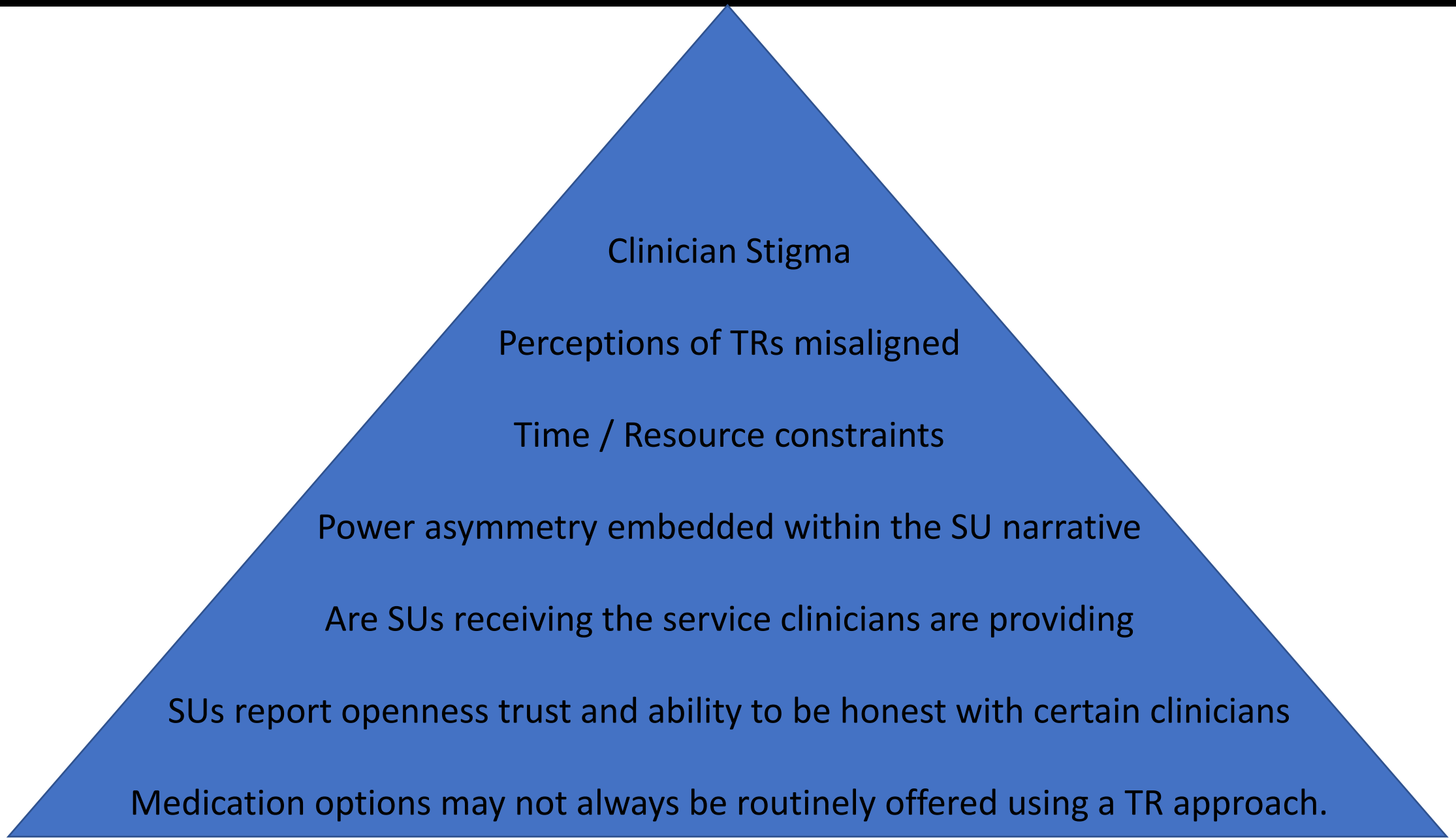
- "On the periphery"
- "There is no relationship"
- "She's the expert"

THEME FOUR:

"They don't actually have time"

- "I would like to see my doctor"
- "They helped me a lot"

WHAT DO WE KNOW NOW?



WHERE DO WE GO?

FOR FUTURE RESEARCH

- Prospective studies exploring evolving nature of facilitators to recovery
- Mixed method paradigms involving various stakeholders- dyads
- Clinician experiences of wellbeing/stigma/ burnout

FOR EDUCATION, POLICY AND CLINICAL GUIDANCE

- Routinely offering all treatment options
- Promote TRs via psychoeducation / open dialogue
- Reduce Power Asymmetry
- PPI involvement / coproduction
- Review allocation of resources / Peer Support

REFERENCES

Beck, E.M., Cavelti, M., Kvrgic, S., Kleim, B. and Vauth, R., 2011. Are we addressing the 'right stuff' to enhance adherence in schizophrenia? Understanding the role of insight and attitudes towards medication. Schizophrenia research, 132(1), pp.42-49.

Day, J. C., Bentall, R. P., Roberts, C., Randall, F., Rogers, A., Cattell, D., Healy, D., Rae, P. and Power, C. (2005) 'Attitudes toward antipsychotic medication: the impact of clinical variables and relationships with health professionals', Archives of General Psychiatry, 62 (7), pp. 717-724.

Dziopa, F., & Ahern, K. (2009). Three different ways mental health nurses develop quality therapeutic relationships. *Issues in Mental Health Nursing*, *30*(1), 14-22.

Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., ... & Edwards, A. (2012). Shared decision making: a model for clinical practice. *Journal of general internal medicine*, 27(10), 1361-1367.

England, N. H. S., & DoHaS, C. (2016). Implementing the five year forward view for mental health. London: *NHS England.*

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry,* 199(6), 445-452.

McCabe, R., Bullenkamp, J., Hansson, L., Lauber, C., Martinez-Leal, R., Rössler, W., ... & Wiersma, D. (2012). The therapeutic relationship and adherence to antipsychotic medication in schizophrenia. *PLoS One*, *7*(4), e36080

Morant, N., Kaminskiy, E. and Ramon, S., (2016). Shared decision making for psychiatric medication management: beyond the micro-social. Health Expectations, 19(5), pp.1002-1014.

National Collaborating Centre for Mental Health (UK, 2014). "Psychosis and Schizophrenia in Adults: Treatment and Management."

Schizophrenia Commission, (2012). The abandoned illness: a report from the Schizophrenia Commission (Rethink Mental Illness, London).

Sweeney, A., Fahmy, S., Nolan, F., Morant, N., Fox, Z., Lloyd-Evans, B., ... & Johnson, S. (2014). A mixed-methods study exploring therapeutic relationships and their association with service user satisfaction in acute psychiatric wards and crisis residential alternatives.

Stenhouse, R., & Muirhead, C. (2017). 3 Developing and maintaining therapeutic relationships. In Chambers, M. (Eds). *Psychiatric and mental health nursing: the craft of caring*. Routledge.

Townsend, M. C., & Morgan, K. I. (2017). Psychiatric mental health nursing: Concepts of care in evidence-based practice. FA Davis.

THANK YOU – QUESTIONS ?

Dr Karishma Jivraj - *https://orcid.org/0000-0003-0041-4273 / k.Jivraj@ucl.ac.uk*