Engaging Youth in the Development of Group Content on an Inpatient Psychiatric Unit: A Quality Initiative

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OBJECTIVES

- Describing the environment and providing a context

- What was the impetus for this quality initiative?

- What makes engaging with youth
- different?

- What did they say?

- Where do we go from here?

THE EVOLUTION OF OUR INPATIENT PROGRAM

- Our inpatient adolescent unit has a total of 15 beds

- Historically, the inpatient program for youth 13-17 years of age had been a longer stay treatment-based program

- Over the past 5-8 years we have transitioned to a shorter stay crisis/stabilization-based program

- Despite this significant change in mandate, our group programming has not been modified – time to shake things up!

WHERE DO WE START?

- An invitation was sent out to all members of the interdisciplinary team to join the working group

- Membership in the working group included nurses, child and youth counsellors, social work, psychology and occupational therapy

- Strong commitment from all to make this a youth-friendly initiative

NOW THE WORK BEGINS

- Review of the literature

- Work plan developed by working group

- Decision to use both surveys and focus groups to provide multiple modes of information gathering

- Survey included open-ended text questions and likert scales

TAKING IT TO THE STREET

- Over a 7 week period May and June 2011, all youth admitted to the program for at least 7 days were asked to voluntarily complete a survey

- The survey was designed to allow youth to evaluate both the content and method of delivery of current groups as well as to provide ideas for future group content

- Two focus groups were also conducted during this time

WHO PARTICIPATED?

- A total of 30 youth completed surveys and participated in the focus groups

- 24 identified themselves as female, 6 as male

- The mean age of the group was 15.3 years

SURVEY SAYS?

- Youth evaluated 9 groups currently run on the unit

- Top 3 groups included participating in a physical activity, baking group and tea time

- Focus group discussions supported the survey results and provided an opportunity for the youth to describe their group experiences more fully

DIGGING DEEPER

- Physical activity provided the youth with a means of expending energy while serving as an important way of reducing stress and anxiety

- Baking group was similar in that it required movement and engagement in conversation as well as mutual collaboration

- Tea time provided a consistent bedtime routine or ritual while allowing them to quietly debrief with their peers

SURVEY SAYS?

- The next 3 groups ranked in order of preference included:

    - Unstructured afternoon/evening groups

    - Groups on coping

    - Relaxation group

DIGGING DEEPER

- Unstructured afternoon/evening groups are chosen by staff based on the predominant needs or interests of the group

- Groups on coping work to develop skills on using healthy alternative means for managing stress in their lives

- Relaxation group, which may include yoga or mindfulness, provides immediate stress relief while building skills to use on discharge from hospital

SURVEY SAYS?

- Final 3 groups determined to be least well received by youth included:

  - Goal group

  - Weekend planning

  - Healthy lifestyles

DIGGING DEEPER

- Goal group was felt to be only a 'time filler' with little value added

- Both weekend planning and healthy lifestyle groups were seen as very valuable but felt that the group format was not appropriate

- Identified that individual one-to-one conversations related to weekend planning and healthy lifestyles would be very well received

SURVEY SAYS?

Evaluation of Current Groups
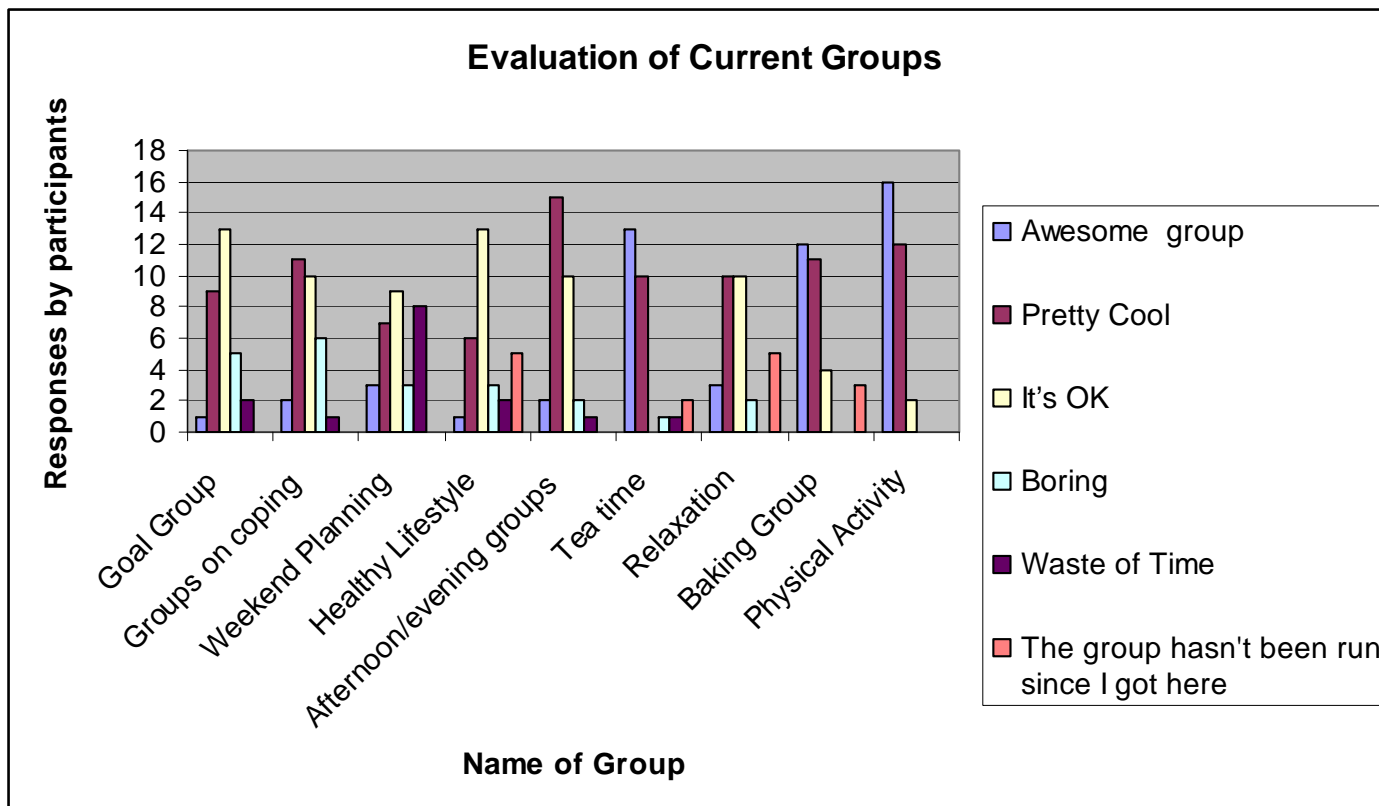
TOPICS OF INTEREST

- The youth were given 10 potential topics of interest for development of new group content based on a review of the literature a the clinical experience of seasoned nursing staff

- Very significant findings came from the surveys with both suicide and self-injury being seen as the most important areas needing to be integrated into our programming

- How is this possible?

DIGGING DEEPER

- Focus group discussions further highlighted the urgent need for groups related to suicide and self-injury

- Youth felt that many staff were uncomfortable opening discussing these issues

- Further contributed to the youth feeling discomfort around their suicidal or self-harm thoughts with a perceived need to maintain secrecy around these issues

TIME TO CONNECT WITH STAFF

- Given our mandate as a crisis unit, most of our patient's are admitted with suicidal thoughts

- Electronic documentation requires that a risk assessment be completed q shift

- If youth feel staff aren't comfortable around these issues and don't discuss them opening, how can a risk assessment be completed if discussions between staff and patient's aren't happening?

TIME TO CONNECT WITH STAFF

- Many staff openly stated that they felt that asking about thoughts of suicide was 'inappropriate'

- Unless a youth overtly stated they were feeling suicidal, it was assumed that they were not....

TOPICS OF INTEREST

- Other areas of interest for group content included school issues, drug and alcohol use, meditation/yoga/relaxation, and sexual health and sexuality

- Areas of lesser interest included natural health therapies, alternative lifestyles, community resources and internet safety

TOPICS OF INTEREST
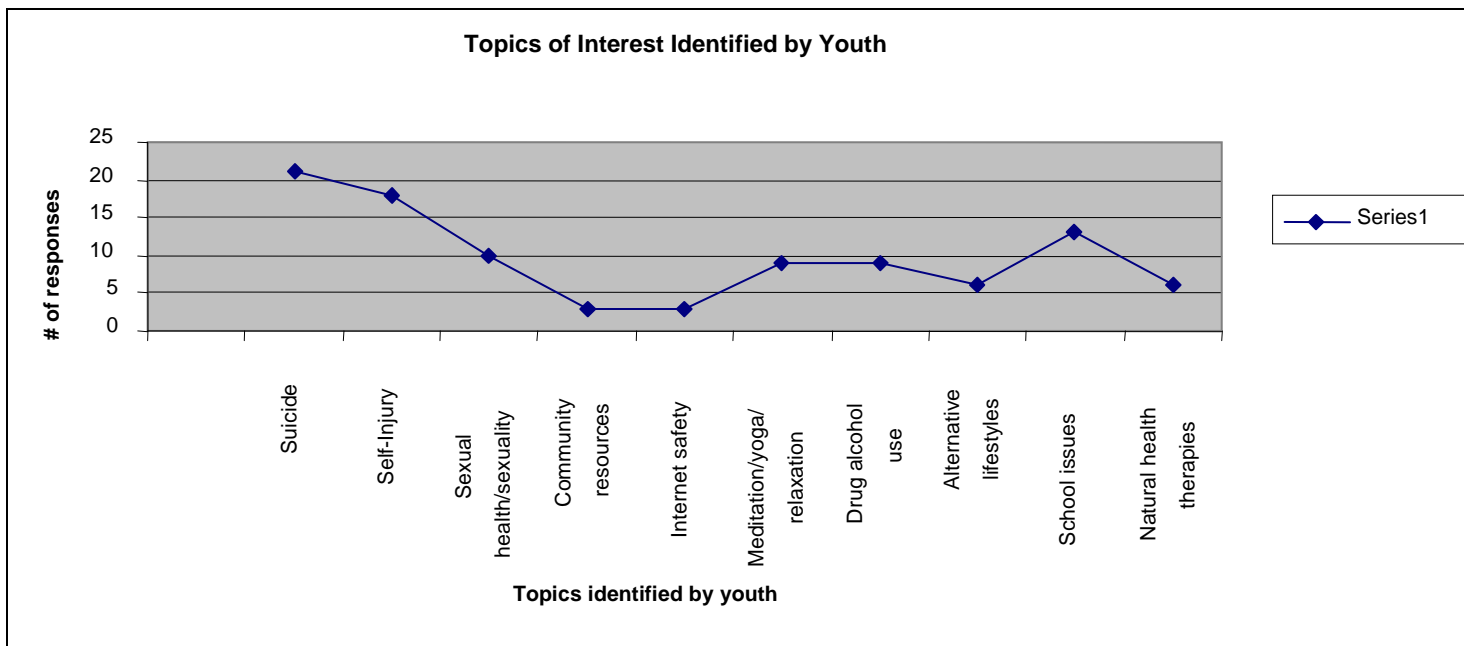
MODES OF GROUP DELIVERY

- Youth were given 9 different modes of delivery where group content could be integrated or delivered

- These modes included:
  - *Worksheets*
  - *Music*
  - *Open discussion*
  - *Classroom format*
  - *Painting, drawing, art*
  - *Role playing*
  - *Outside activities*
  - *Playing sports*
  - *Playing games*

MODES OF DELIVERY

- The top preferred mode of delivery identified by youth was "open discussion"

- Discussions during focus groups provided clarity around this response with youth often describing the group experience as "superficial" and not truly addressing the issues that were deeply affecting them

- They wanted a "safe" place to talk to others sharing similar difficulties and pain

MODES OF DELIVERY

- The next most favoured ways of engaging in group activities was through the incorporation of music, outside activities, painting and drawing and playing games

- Youth stated that they felt most comfortable in engaging in an activity while having open discussions as it requires less eye contact and a means of self-soothing

- Worksheets, classroom format and role playing were seen as the least favoured modes of delivery

NEXT STEPS

- Findings presented to leadership with support to integrate changes to group programming

- Working group reconvened to begin the necessary work

- Results reviewed and compared against other data collected on the unit with consistent patterns noted to support quality initiative findings

NEXT STEPS

- It has provided us with a forum to be creative and to explore opportunities we had not previously considered – interdisciplinary groups?

- Generated excitement for some – anxiety and frustration for others (it wasn't broke, why fix it?)

- How do we pay for it? Sustainability?

CONCLUDING THOUGHTS

- Modelling for the team – making change in a youth-friendly way and sharing our work at a national conference

- This requires enthusiasm and a passion to want to make a difference in the face of negative energy from some! Perseverance is the key!

- Lots of work still to be done to bring this quality initiative to fruition but time to start thinking of another project!

References

- Chovil, N. (2009). Engaging families in child & youth mental health: a review of best, emerging and promising practices. *The F.O.R.C.E. Society for Kids' Mental Health.*

- Garrick, D. & Ewashen, C. (2001). An integrated model for adolescent inpatient group therapy. *Journal of Psychiatric and Mental Health Nursing, 8,* 165-171.

- Holyoake, D.D. & Reyner, C. (2005). Moving body and mind: a nurse led dance group for young people with a mental illness. *Paediatric Nursing, 17(4),* 36-39.

- McIntyre, A. (2008). *Participatory action research.* Sage Publications, Inc. Thousand Oaks, California.

- Rinder, E.C. (2004). Using Freirean empowerment for health education with adolescents in primary, secondary, and teriary psychiatric settings. *Journal of Child and Adolescent Psychiatric Nursing, 17(2),* 78-84.

- Peterson, E.J.; Gray, K.A.; Weinstein, S.R. (1994). A look at adolescent treatment in a time of change. *Journal of Child & Adolescent Psychiatric Nursing, 7(2),* 5-15.

- Puskar, K.R.; Lamb, J.; Martsolf, D.S. (1990). The role of the psychiatric/mental health nurse clinical specialist in an adolescent coping skills group. *Journal of Child & Adolescent Psychiatric & Mental Health Nursing, 3(2),* 47-51.

- Spragin, W. (2007). Family-centred care in children's mental health: a literature review. *Southern Alberta Child & Youth Health Network.*