



Talking Therapies National Reports

AND

A brief introduction to

Mental Health Nurses Knowledge and Views on
Talking Therapies in Clinical Practice
(Masters of MH Nursing Thesis, 2008)



Talking Therapies

Defined as...

- "...a broad term covering a range of therapeutic approaches, all of which involve talking, questioning and listening in order to understand, educate and assist with people's problems" (Peters, 2007).



Talking Therapies include...

- Basic engagement skills
- Counselling skills
- Specific therapeutic approaches
- Complex psychological interventions.



Most commonly used talking Therapies in NZ include...

- Cognitive Behaviour Therapy (CBT)
- Dialectic Behaviour Therapy (DBT)
- Psychotherapy & Psychotherapy with Children
- Family Therapy & Social Network Behaviour Therapy
- Multi-Systemic Therapy
- Counselling
- Interpersonal Therapy
- Problem Solving Therapy
- Motivational Interviewing & Counselling

Additional therapies also used include...



- Trauma focused therapy
- Solution focused therapy
- Mentalisation
- Schema focused therapy
- Transactional Analysis (TA)
- Cognitive Analytic Therapy (CAT)
- Acceptance & Commitment therapy (ACT)
- Interactive Drawing



Talking Therapy Reports; (J. Peters)

- “We Need to Talk” A snapshot of the issues and activities across mental health and addiction services in New Zealand (Te Pou O Te Whakaaro Nui, 2007).
- We Now Need to Listen: A summary of the key issues on feedback from *We Need to Talk* (Te Pou O Whakaaro Nui, 2007).
- We Need to Act: Talking Therapies Background information, summary of feedback from the consultation process, results of the literature review and action points (Te Pou O Whakaaro Nui, 2009).
- Action Plan for We Need to Act Talking Therapies 2008-2011: Processes to increase quality, sustainability and spread of talking therapies for users of mental health and addiction services in New Zealand (Te Pou O Whakaaro Nui, 2009).



Talking Therapy Reports

Were:

- Undertaken in response to “service users calls for better access to talking therapies across mental health and addiction services; and to strengthen existing workforce development processes” (Peters, 2009, p. 1).

Focus:

- Adult MH & Addiction sector; with an awareness of work conducted in child & adolescent services and primary mental health care.



Background: Workforce

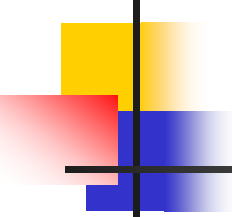
Ministry of Health (MoH) Priorities:

- “Essential to implement strategies that value, and build strong effective recovery and resilience-focused staff: (Peters, 2009, p. 4)
Involves: DHBs; NGOs; Primary Mental Health

Related National Agencies include:

- Mental Health Commission
- The MH Foundation

Related documents include: Te Tahuhu; Te Kokiri



“We Need to Talk” : The information obtained from 46 MH & Addiction Services staff & Services Users contributed to establishing **5 recommendations**.

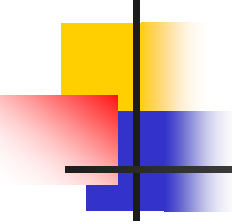
- The National Service Framework (NSF) should include talking therapies in its approach to service delivery.
- Priority to given to training & development in CBT & MI – core competencies linked to other projects ie: Real Skills & linked to the National Training Plan.
- DHBs & NGOs employ and actively recruit staff trained in CBT & MI. AND establish processes that include provision for ongoing training, educational resources, supervision...



Recommendations cont...

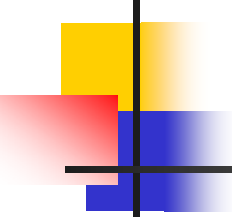
- Prioritise research into making talking therapies culturally responsive.
Including: their use by Maori, Pacific and Asian practitioners
Research into therapies based on relevant cultural principles and processes, and mainstream talking therapies, such as CBT and motivational interviewing.
- Hold a talking therapies summit – planned 2007.

UPDATE: Summit not occurring and decision made to make all documents widely available through Te Pou website



Feedback on the “*We Need To Talk...*” Document - Wide Ranging

- **From:** *“It is excellent I thought. How refreshing to read a well balanced report that highlights therapy (talking that is).”*
 - **To:** *“In summary this document does not signal to the MHS/Addictions sector any confidence in the author’s process or conclusions.”*
- NB:** The report raised a number of points explored further in subsequent documents



We Now Need to Listen: A summary of the key issues on feedback from *We Need to Talk* (2007). Identified National / International perspectives

- **Internationally:** Although England, Scotland and Australia have progressed talking therapy training no country has applied a consistent approach to training.
- **NZ:** Training has been discussed; For example in Talking Therapy documents but training has not been progressed at a national level – except funding was made available in 2007 for training in CBT/REBT delivered by W. Froggatt to South Island DHBs.
- **Training:** Substantially reliant on individual organisations (DHBs, NGOs & Primary Mental Health) progressing their own commitment to workforce development.



Issues highlighted in “Now We Need to Listen” cont...



- **Historical Perspective:** Some professionals view Talking Therapies as their core skill...
- **But:** More recently a wider group of MH professionals have increased training in specific therapies: ie: CBT;DBT;MI...**Risk without a cohesive approach to training** can equate to pockets of knowledge...
- Most models of therapy are Western-Centric in their conceptualisation research and theories – further research required.
- **Some** health professionals believe that some clients are too unwell for talking therapy...



New Zealand Guidelines Group (2008) Talking
Therapies: A brief review of recent literature...
Focused on 5 key areas

CBT:

- Recognised for treatment of depression and anxiety disorders. Pressure to use CBT with other disorders.
- Less evidence for treatment of anxiety symptoms in schizophrenia / relapse prevention in bipolar disorder / substance use disorders / children's obsessive-compulsive disorders and anxiety disorders
- Eating Disorders - evidence for Bulimia only.



Key areas cont...

DBT:

- No strong evidence pertaining to efficacy – likely due to lack of suitable studies/ decreases incidence of para-suicidal behaviours for people with diagnosis of Border Line Personality Disorder (BPD).

Minority Cultures:

- No research found that identifies which psychotherapy works for New Zealand Maori, Pacific or Asian populations.



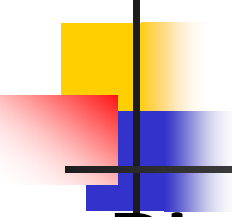
Key areas cont...

MI:

- Short term intervention for substance use disorders. Can be used as stand alone or integrated into other therapeutic models ie: CBT. Important for engagement in substance abuse area and in medication adherence in chronic MH.

The Therapeutic Alliance:

- Integral to use of all psychotherapies



“We Need to Act: Talking Therapies Background information, summary of feedback from the consultation process, results of the literature review and action points (2009).

- **Discussed:** Related MoH initiatives ie: Like Minds, Like Mine; National Depression Initiative
- **Discussed:** The strategic environment
- **Roles:** ie: MH & Addiction Services; NGOs; Primary Health; Service User; Family Members; Communities; Therapist
- **Reviewed:** Related National MH Agencies: Mental Health Commission (MHC) & The Mental Health Foundation **AND** Positioning of National Workforce Centres.



National Workforce Centres

- Te Rau Matatini
- Matua Raki (National Addiction Treatment Workforce Development Programme – established by National Addiction Centre and from 2008 hosted by Te Rau Matatini.
- The Werry Centre for Child & Adolescent Mental Health
- Le Va – To improve MH & wellbeing of Pacific people



National Workforce Centres Cont...



- Te Pou; The National Centre of Mental Health Research, Information and Workforce Development

Aims: “... to grow capacity in the mental health and addiction workforce... focused on training and development, service user workforce, leadership development and is underpinned by the *Lets' get real framework*”



Te Pou projects include...

- The Annual National Training Plan
- Skills Matter for nursing & allied health (Important agency for building capacity in talking therapies) – Funded programmes include new graduate and advanced MH nursing, CBT, child & youth, co-existing substance use & MH, and forensic MH. (grants available).
- DBT Training



Te Pou projects cont...

- Asian MH Workforce development
- Nursing Professional Supervision – linked to Mental health nursing and its Future: A Discussion Framework (Ministry of health, 2006) **Also:** *Refer to Te Pou website: Professional Supervision for Mental Health and Addiction Nurses, 2008 & National professional Supervision Guidelines, 2009).*
- Valuing leaders in Acute inpatient services



Te Pou projects cont...

- The Australian & NZ Mental Health Services Conference (TheMHS)
- Primary Mental Health
- The role of Regional Workforce Coordinators



“We Need to Act” report included feedback that...



- **Highlighted:** Need for better coordination for talking therapies & training
- **Funding:** Talking therapies are core to effective MH service delivery. **But** there is no specific funding stream for talking therapies work. (NB: MH Commission & MH Foundation- provided feedback on this position)
- **MoH:** Main funding stream, funds services under the National Service Framework (NSF) (**NB: NSF** Currently under review). Funders & planners have to work within parameters of NSF.
- **ie:** Talking Therapy training needs included within existing projects



“We Need to Act” cont


Other agencies that fund talking therapies include:

- Primary Health organisations
- Ministry of Social Development
- Ministry of Corrections
- Accident Compensation Commission (ACC)
- Ministry of Education



Action Points included...

- Continue to use term 'talking therapies'
- Enhance staff training in basic engagement & counselling skills across all disciplines / includes incorporating training in undergraduate work
- Inclusion of most commonly used therapies in framework
- Facilitate > numbers of staff to training in CBT & MI
- Contract report & establish process to ensure NZ has a clear direction for a sustainable DBT training programme
- Include traditional therapies for Maori & Pacific peoples in training framework
- **Stepped Care Framework** – for planning & progressing talking therapies work (NB: refer to Handout)
- Recommendation that talking therapies are included in final version of NSF



Action points for specific population groups included: Alcohol and / or Drug problems

Action Point:

- Develop best (and promising) practice guidelines for talking therapies for staff working with people with addiction problems in mental health and addiction services.
- Increase use of screening tool; Family inclusive practice; > training in CBT;MI
- AND: Develop Guidelines for staff working with people with **physical** and mental health/addiction problems.



Action Plan for We Need to Act Talking Therapies 2008-2011:
Processes to increase quality, sustainability and spread of talking
therapies for users of mental health and addiction services in New
Zealand

Sets out:

- Specific actions
- Timeframes - milestones / measures / phasing
- Existing workforce programmes
- Lead (ie: who is responsible)



Mental health nurses knowledge and views on talking therapies in clinical practice

Thesis:

- Explored the use of talking therapies, or specialised interpersonal processes, embodied within the Te Ao Maramatanga NZ College of Mental Health Nurses Inc (2004) Standards of Practice for Mental Health Nurses in New Zealand



Study Details...

- Qualitative descriptive design
- Literature Review: International & NZ studies
- Survey: 227 RNs (69 returned) Interviewed 8 RNs
– duration of training & depth/breadth of experience guided selection.
- Qualitative & Quantitative methods
- Analysis: Content analysis based on headings - knowledge views; skill acquisition; skill transfer
- Major Themes & Minor Themes



Key Findings

- Survey: Majority of RNs trained in CBT; MI; DBT; TA & RNs from UK in Psychosocial Interventions (PSI).
- Skill located in age group 45 and older
- Training R/T clinical practice setting: 44% inpatient nurses compared to 64 % community



Findings cont...

- Confirmed RNs believe talking therapies integral to practice / relevant to clinical setting / support evidence-based practice / maintain professional credibility
- Courses need to be clinically relevant / some learning strategies advantageous / access to supervision & refresher training
- Cohesive / sustainable approach required for nurse workforce development
- Further research / NZ context



Exposure of knowledge gaps included...

- Younger nurses / potentially New Graduates with limited post grad experience working with people with complex MH needs may have limited or no knowledge or training in psychotherapeutic talking therapy skills
- Lack of sustainable access to training & development for nurses working in inpatient areas



What Helps? Hinders?

- What helps the integration of talking therapies into clinical practice: peer & collegial support / supportive organisational structures / supervision
- What hinders the integration and use of talking therapies in clinical practice: Organisational processes / clinical practice environment / access to training for RNs compared to other disciplines / study leave / time commitment / rosters...