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Improved facilitator manual and participant workbooks.
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New intervention name chosen by SUs
Adapted
Psychological
Method
References
Aim
To evaluate whether service users on a PICU found the coping skills group worthwhile and / or helpful.
To find out if service users liked the ‘bite-sized’ session-length (i.e. 30 minutes).
To contribute to a limited evidence-base regarding psychological interventions on PICUs.
Method
A 30 minute coping skills group was offered, 5 days a week, for 6 months, on a female PICU.
Each stand-alone session taught self-management skills from Dialectical Behaviour Therapy (DBT). Sessions were led by a clinical psychologist and co-facilitated by ward staff.
Each session was attended by a minimum of 1 and a maximum of 6 SUs during the 6-month pilot period.
SUs were invited to complete a rating scale at the end of each session. One-hundred-and-five surveys were completed.
Ratings and feedback were evaluated with descriptive statistics.
Service User comments
Sixty-eight comments were made by SUs. These were categorised into themes, illustrated below. Larger text indicates a higher frequency of occurring themes.

Results
Do you think coming to today’s session was worthwhile?

What do you think about the length of the session?

Do you believe the coping skills from today will help you in the future?

Conclusion
• Mostly, SUs found the sessions worthwhile, felt the session length was ‘just right’ and believed the DBT-based skills they learned would help them in the future.
• These findings support the use of brief and frequent cognitive / dialectical behavioural skills groups on a PICU.

Next Steps
Facilitator and service user feedback has informed a number of improvements:
• New intervention name chosen by SUs – ‘Recovery Skills’.
• Improved facilitator manual and participant workbooks.
• Two-day training for all PICU ward staff on ‘Recovery Skills’ and working psychologically, in line with standards set by the Department of Health.
• Adapted structure and more skills:

Understanding our emotions, Mindfulness & Grounding, Relaxation, Managing Thoughts, Surviving a Crisis, Self-Expression, Looking after Yourself, ‘It’s Not What You Say it’s How You Say It’, Coping Ahead.

Background
Access to psychological therapies on psychiatric inpatient units is disappointingly low1. This is despite emerging evidence that psychological interventions are beneficial to Service Users (SUs) in these settings:

- Psychological input on acute inpatient settings is meaningful and affects change at an interpersonal and intrapersonal level2, improves relationships3, helps SUs cope with crises4, reduces distress and contributes to faster recovery5.
- SUs on psychiatric inpatient units express a need for talking therapies6.
- Staying on a PICU is "difficult" and women prefer their care to involve meaningful activities that promote hope and empowerment7.
- Cognitive and behavioural interventions incorporating acceptance/mindfulness-based approaches may be a valuable treatment method in this setting8.
- SUs who are acutely distressed / in crisis are in an ideal position for psychological intervention9.
- Brief talking therapies on an acute inpatient admission may reduce re-admission rates and the associated costs10.

PICUs were developed to treat acutely disturbed people whose behaviour cannot be managed on other wards. Few studies have reported outcomes for psychological interventions specifically on PICUs. In our experience, PICU SUs often present with impaired cognition, hence they may be less able to participate in hour-long therapy groups. We hypothesised that shorter sessions, delivered more frequently, would be preferred by SUs on a PICU.

Service User comments

References