Protected Therapeutic and Engagement Time: an evaluation of a service improvement initiative

John Butler BSc(Jt Hons), RMN, MSc, PGDipHE, ILTM
Consultant Nurse (Acute Mental Health), Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust

SERVICE IMPROVEMENT

IIntroduction

Adult acute mental health wards have been often criticised as very busy, often chaotic and unpredictable places, where there is a lack of meaningful activity and high levels of boredom (SCMH 1998, HCM 2003). Moreover, in-patient units that provide stimulation and structure as a part of individualised care-planning demonstrate a more therapeutic and safe environment (Garcia et al 2005).

In a recent national survey of adult acute mental health wards (Garcia et al 2005), whilst social and leisure activities (64%) and practical therapeutic activities (73%) were routinely available on almost least two-thirds of wards, there was comparatively little evidence of family work (<20%), psychosocial (35%) or cognitive-behavioural intervention (<20%) being routinely available on in-patient wards. Of course, there are many obstacles to providing the latter, even though there is evidence of effect, which include:

- the view by some of the questionable appropriateness of such interventions with those who are acutely unwell or are disturbed;
- the lack of availability and access to the training and supervision that is needed for providing such therapeutic intervention;
- the lack of time within the practice setting for offering such intervention, with lengthy periods of time being devoted to administrative tasks;
- the lack of confidence of acute mental health practitioners.

It is also worth noting the concerning findings of national service-user surveys, with many service-users reporting a lack of opportunities and times for talking with someone.

Therefore, it is not surprising that it is recommended that services recognise the important role of activity in the service-user's pathway to recovery by ensuring that staff have planned and protected time for making therapeutic activities and interventions regularly and routinely available (Garcia et al 2005: 116).

Method

Inspired by a short descriptive article by Kent (2005), it was decided

to plan and implement a 'protected therapeutic and engagement time' (PTET) initiative.

Very simply, this initiative involves re-organising the available clinical time to ensure that there are protected sessions for actively engaging service-users in basic therapeutic interventions and activities, thus promoting and maximising meaningful contact between staff and service-users.

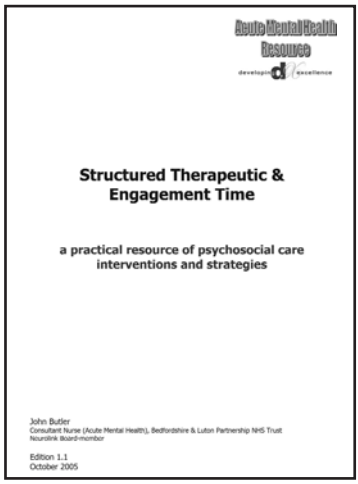
Similar to the initiative described by Kent (2005), this means agreeing a set time during the day, during which all other activities stop – visitors are asked not to attend during the PTET session, telephone calls are, preferably, diverted to a ward clerk or other nominated administration person, administrative tasks such as completing documentation are not undertaken, planned admissions, meetings and educational sessions are planned for alternative times of the day or week. This therefore frees staff time for direct engagement, activity and therapeutic intervention with service-users. In practice, any planned occupational therapy activity is best viewed as a complementary aspect of PTET and members of the wider multi-disciplinary team may contribute to a PTET session.

Through the Trust's Acute Care Forum, it was agreed to introduce and pilot the implementation of the PTET initiative in one adult acute mental health unit over a 4-week period. The team at Calnwood Court, a 16-bed acute mental health unit in Luton, agreed to pilot this initiative from October 2005. As preparation for the pilot, the initiative was discussed in detail with the acute in-patient staff team, and introduced to the team-members of several community teams that relate to the unit: two community mental health teams, the local Crisis Resolution and Home Treatment Team, the Early Intervention Team and the Assertive Outreach Team. The initiative was also discussed with service-users and their relatives / informal carers. The team decided to offer 90-minute PTET sessions on three days per week, from 11AM to 12.30PM, to be followed by a protected meal-time.

As preparation for the initiative, a resource of worksheet-based practical strategies and exercises (see Fig. 1) was provided to the staff team by the consultant nurse, as a series of potential exercises (or basic therapeutic interventions) that could be used within PTET sessions when working with individual service-users or within small group settings. These strategies and exercises were based upon basic concordance, cognitive-behavioural and relapse prevention interventions. A discussion was also facilitated with staff in generating their ideas for the content of planned PTET sessions, which helped in responding to the considerable anxiety expressed by some staff about what they would do during PTET sessions.

A simple monitoring tool was designed to facilitate the summary recording of interventions and activities that were provided as part of PTET, as an aid to the monitoring and evaluation process.

FIG. 1 PTET Resource



Contents

No.	Phase	Strategy / Practical Exercise	Page No.
1	Initiative	Protected Therapeutic & Engagement Time	3
2	Pathway	Organising care delivery: the CPA pathway	4
3	Assessment	Understanding the problem: developing a formulation	6
4	Assessment	Using measures – a summary guide	9
5	Planning	Discussing treatment & care options	13
6	Planning	Developing the care plan	14
7	Psychoedu	Developing an illness timeline	16
8	Psychoedu	Exploring beliefs and attitudes about illness, medication and treatment: a short questionnaire	18
9	Psychoedu	Exploring ambivalence about treatment options	20
10	Psychoedu	Stress Vulnerability: understanding the need for taking action	23
11	Intervention	Realising your strengths	25
12	Intervention	Monitoring voices: using a voices diary	26
13	Intervention	Coping strategies for voices	28
14	Intervention	Planning & scheduling activity	29
15	Intervention	Recognising achievement and pleasure	31
16	Intervention (cognitive)	Monitoring thoughts and feelings: using the ABC method	34
17	Intervention (cognitive)	Balancing unhelpful thoughts	36
18	Intervention (behav)	Learning from behavioural experiments	38
19	Intervention	Relaxation & controlled breathing	40
20	Intervention	Structured problem solving	45
21	Intervention	Giving yourself a boost	48
22	Intervention	Using distraction approaches	49
23	Concordance	Guidance for taking medication	51
24	Concordance	Monitoring medication effects & side effects: LUNGERS and other tools	52
25	Concordance	Problem solving the side-effects	54
26	Concordance	Using analogies: explaining how medication works	56
27	Future Planning	Planning for the future	58
28	Relapse Prev	Catching it early	60
29	Relapse Prev	Using a card sort exercise: identifying early warning signs	61
30	Relapse Prev	Developing a personal early signs scale	62
31	Relapse Prev	Developing your relapse picture	65
32	Relapse Prev	Developing your relapse prevention plan	67
33	Relapse Prev	Using a crisis intervention card	69
34	Review Pathway	Attending the weekly review meeting: a pathway	70
35	Self-help Information	Recommending sources of further information: ☐ accessing information on the internet ☐ written leaflets	72

Two survey questionnaires were developed to assist the evaluation of the PTET pilot, for use after 4-weeks. Both questionnaires, a staff-member and a service-user version, incorporated a series of fixed response items, using a likert-style responding scale, a series of open comment items and one (for service-users) to three (for staff-members) visual analogue rating items.

The evaluation of the pilot was undertaken through two discussion groups, one with staff-members and the other with service-users, following which the evaluation questionnaires were distributed.

Seven weeks after commencing a pilot of the initiative at Calnwood Court (from October 4th), the pilot was introduced in another two adult acute mental health wards, at Weller Wing in Bedford: Bronte Ward (from November 28th) & Keats Ward (from November 29th). As preparation for the pilot in these two clinical areas, briefing meetings were held with the staff teams and with the medical team by the Consultant Nurse and a Charge Nurse or Unit Manager. The initiative was considered to be a good concept worthy of a pilot. For Bronte Ward, 3 x 90-minute PTET sessions were to be provided per week, from 10.30AM until 12 noon, to be followed by a protected meal-time. For Keats Ward, it was agreed to provide 3 x 90-minute PTET sessions per week, commencing from 1PM, although the timing was changed to 4PM after two weeks, in ensuring that the shift handover was completed before the planned PTET session and in an effort to minimise any overlap with scheduled Occupational Therapy activities for the unit.

Findings

What types of level of interventions and activities are provided during PTET sessions?

A total of 61 PTET activity monitoring forms were completed and returned for the period from October 2005 to end of January 2006: 30 from Calnwood Court; 14 from Bronte Ward; and 17 from Keats Ward. This represented 63.5% of the expected monitoring returns.

A summary of the types of interventions and activities provided to service-users during PTET sessions is shown in Chart 1 (see page 36). As shown, the most frequent type of activity was 'interactive activities / games', which included pool, social bingo (an interactive variation of the well-known game), various board games and discussions of films. It was highlighted by some staff-members that such activities provided opportunities to assess and develop social skills, to strengthen relationships and to provide distraction from individual problems. At Calnwood Court, an Occupational Therapy Technician and a Dramatherapist participated in providing individual and group based activities and interventions during PTET sessions.

Practical concordance and motivational strategies were used with some service-users, which included developing an

illness timeline, exploring beliefs and attitudes towards illness and treatment, exploring ambivalence and providing education about the stress-vulnerability model as a rationale for treatment and care. Some skills-based sessions were provided, which included relaxation techniques, coping strategy enhancement (e.g. for voices and for managing stress) and problem-solving. Some service-users received individual sessions as part of PTET sessions, which included a focus on assessment, measurement and monitoring, and care-planning / review. A few service-users also received sessions focused on relapse prevention planning.

What do service-users say about PTET?

A group discussion of PTET was facilitated with service-users as part of the weekly patients community meeting at Calnwood Court (N = 6) and at Bronte Ward (N = 9), six to seven weeks after the pilot commenced: a total of 15 service-users attended these two meetings. In addition, service-users on all three wards / units were given the option of completing a short evaluation questionnaire, to indicate their level of agreement with 10 statements about PTET – a total of 12 service-users returned a completed questionnaire: 7 at Calnwood Court; 2 at Bronte Ward; and, 3 at Keats Ward. Responses from the questionnaires are summarised in Chart 2 *(see page 37)*.

As shown (Chart 2), the majority of service-users reported a positive view of PTET, as an initiative that:

- helps in ensuring that s/he has specific time with staff;
- ensures access to a variety of activities and practical interventions, which were viewed as helpful;
- offers a choice of activities to take part in;
- has helped him/her to become more involved in his/her own treatment and care;
- has helped him/her to form relationships with staff.

Service-users at Bronte and Keats Wards were more likely to report that PTET sessions had sometimes not been provided as a consequence of emergency or difficult situations on the ward. Only one service-user (from Keats Ward) gave a negative view of PTET, although did refer to their limited experience of PTET sessions.

Service-users reported being involved in a wide variety of activities (for example: an interactive 'social bingo' game, playing pool and physical activities) and interventions (for example: art, drama, relaxation, discussions about mental health, working through practical exercises and relapse prevention planning) during PTET sessions. They reported finding all of these activities and interventions as 'most helpful'. One service-user commented that 'some people prefer a group game rather than sitting in a group discussing things'. Only one service-user, from Keats Ward, reported not finding anything helpful. Only two service-users reported finding any activities unhelpful, which related to playing cards and painting.

Service-users made a variety of positive comments about the benefits of PTET sessions, as highlighted in Table 1. Only one neutral or negative comment was made, by a service-user from Keats Ward.

Table 1: What is helpful about PTET?

In what ways has PTET been helpful to you or other service-users on the ward?
'Helped us to get to know each other better and interact with staff freely.' ***Calnwood***
'It has helped me to communicate better with patients and staff.' ***Calnwood***
'Interacting with people.' ***Calnwood***
'Helped us all interact.' ***Calnwood***
'Became more aware of expressing my emotions and needs, also being stronger and confident.' ***Calnwood***
'It's very interesting, has opened up mind and helped me to express myself through activities – I have now set myself goals and targets.' ***Calnwood***
'It has helped me to ask for things.' ***Calnwood***
'It helps bring the ward together.' ***Bronte***
'Has given me a more comprehensive view of the services on offer.' ***Bronte***
'Through games.' ***Keats***
'Not really sure it has made much difference.' ***Keats***

One service-user also reported that 'Sometimes I find it difficult to express how I feel.'

Service-users made a number of comments on how PTET could be improved: by having more regular activities, by extending the time periods for PTET to include afternoons and weekends, by having more rooms / areas for activities, by trying to involve more service-users in group discussions, and by having regular feedback meetings.

Service-users were asked to rate their overall evaluation of PTET, by placing a mark on a visual analogue scale (from not helpful to very helpful). Ratings were converted to numerical scores, which indicated an overall evaluation of:

- 8.5 / 10 (for 6 service-users at Calnwood Court)
- 6 / 10 (for 5 service-users at Weller Wing – Bronte & Keats Wards)

Several overall comments were made by the service-users: 'I forgot where I was – it was enjoyable and helped me laugh again'; 'Enjoyable, helpful and very interesting'; 'This makes us part of the team and also gets people involved and responsible for themselves'; 'I enjoyed the stimulation and interaction, especially the social activities'.

What do staff-members say about PTET?

A group discussion of PTET was facilitated with the staff-members on each unit / ward as part of the scheduled staff business meetings and practice development group meetings, following which the staff-version of the questionnaire was distributed for completion. Of the 25 staff-members returning a completed questionnaire, this included: two ward / unit managers, two charge nurses, twelve staff nurses, an adaptation nurse, six clinical support workers, a student nurse and a clinical observer (a doctor). For Calnwood Court, 15 staff-members completed an evaluation questionnaire, with the remaining 10 questionnaires being completed by Weller Wing staff-members (4 for Keats Ward and 6 for Bronte Ward).

As shown (Charts 3 & 4 - see pages 38 & 39), the majority of staff respondents reported a positive view of PTET, as an initiative that:

- helps the staff team to offer dedicated contact time to the service-user;
- provides a structure for engaging service-users in therapeutic interventions and activities;
- helps the staff team to focus upon the needs of all service-users;
- helps service-users to become more involved in their own treatment and care;
- makes time available for offering the interventions and activities that staff-members are trained to provide;
- encourages team-work and positive working relationships;
- helps to provide a therapeutic atmosphere on the ward.

Whilst also positive responses, there was some difference of opinion about whether all staff-members were willing to participate in offering PTET, about the occurrence of difficult situations on the ward that have interfered with offering PTET, and concerning the ease with which it is possible to think of meaningful interventions and activities to offer during PTET sessions.

The majority of staff respondents did not feel that PTET had presented an additional burden to them and 24/25 respondents reported that they would recommend the initiative to other units / teams. Furthermore, the Calnwood Court staff team were unanimous in wishing to continue the PTET initiative beyond the planned pilot phase.

Only one staff respondent (from Bronte Ward) provided a negative view of their experience of PTET, which they attributed to low staffing levels and competing demands that they felt resulted in increased stress levels for staff-members.

Staff-members reported having offered a wide variety of activities (for example: social bingo, pool tournaments, card games, watching educational programmes followed by discussion, and accompanied walks) and interventions (for example: care-planning, medication management, relapse prevention planning, basic cognitive-behavioural strategies, enhancing coping mechanisms, use of assessment and measurement tools, problem-solving, stress management and relaxation) as part of PTET sessions.

The two unit / ward managers who responded confirmed their facilitation and support of the PTET initiative.

Extensive comments were made about the benefits and value of PTET sessions, as highlighted by the comments of staff-members, shown in Table 2.

Table 2: What are the benefits of PTET?

What do you think are the benefits of PTET – whether for service-users, the staff team or for the Acute Service?
'Provides quality time / interactions, gives structure to daily activities and fosters interpersonal relationships and communication.' **Calnwood**
'Getting service-users more involved in the service we provide. It has also been an opportunity for us to work as a team and improve communication.' **Calnwood**
'Improves communication skills, patient – nurse relationships, medication adherence and relapse prevention.' **Calnwood**
'It helps to know your service-users better, service-users are more informed about how to manage their illness, and it creates an atmosphere of partnership.' **Calnwood**
'Patients get the time to interact with staff, and patients and staff become more confident.' **Calnwood**

‘It affords the staff the opportunity of devoting some times for the service-users, which is a boost for the acute service.’
Calnwood

‘Enables staff to engage in activities without other pressures and allows staff to engage in sessional activities at a relaxed pace, with more time to carry out these events with a meaningful outcome.’
Bronte

‘Allow patients to ventilate feelings and allow staff time to engage with patients.’
Bronte

‘It enables nursing staff to leave the office and concentrate without rushing, and spend quality time with patients.’
Bronte

‘Some service-users who tended not to engage previously are now doing so and positive working relationships are developing.’
Bronte

‘It brings some withdrawn patients out of their shell, giving them the opportunity to interact with other patients.’
Keats

‘It is a therapeutic session that helps those patients who are willing to participate.’
Keats

Of course, as with the introduction of any new initiative, a number of obstacles and challenges have been encountered by the staff teams, which have included: unannounced visits by relatives and friends, and interruptions by doctors and others during PTET sessions; the refusal, reluctance or lack of interest of some service-users in participating, or deciding to leave in the middle of an activity; the shortage of staff, coupled with competing priorities, such as the varying demand for special observation. Another major challenge for Keats Ward was the considerable difficulty in agreeing a time of day for PTET sessions, being a ward which relates to three Community Mental Health Teams and thus having a considerable number of team review meetings over the week. The initial agreed timings for PTET sessions on Keats Ward did not allow for the completion of shift handover meetings before sessions and tended to clash with planned Occupational Therapy activities. The impact of some of these challenges has been to dampen the enthusiasm of some staff and, on occasions, for PTET sessions to be cancelled.

However, staff-members were also able to identify a number of strategies for managing or over-coming many of these challenges, which have included: asking other teams / agencies to plan their own time / tasks, so that PTET is not interrupted; giving service-users the opportunity to choose what they would prefer to use PTET sessions for; involving service-users in the planning process; openly inviting frequent feedback from service-users and staff; learning from experience; praising and encouraging service-users; acknowledging the positive work and effort of the staff team; frequently discussing difficulties and identifying sources of support; experimenting with the timing of PTET sessions at Keats Ward; delegating a staff-member to act as a ‘coordinating person’ with the responsibility for attending to any issues that arise on the ward during the protected time.

Staff respondents have suggested a number of key messages for other teams who may be considering the implementation of the PTET initiative: ‘Go for it. It’s very beneficial. Don’t be afraid – it’s extremely rewarding’; ‘It helps to understand the service-users more

and it helps to build trust among service-users and staff'; 'It gives staff time with the patients, you get to know each other and it prevents non-adherence'; 'It's useful, fun and stimulating'; 'Give it a try, as you really have to participate in the PTET groups to feel the rewards.'

Most importantly, staff-members have highlighted the following five planning considerations:

1 inform and educate everyone who will be involved on what the initiative is all about – this needs to include informing and educating service-users and their families on the importance of the programme to their care;
2 prepare for forthcoming PTET sessions by planning ahead (advance preparation);
3 work as a team and encourage each other – if team-members are not motivated, then the service-users will notice;
4 plan to minimise interruptions as much as possible;
5 maintain adequate staffing levels.

Staff-members were asked to rate their commitment to PTET, their confidence in providing PTET, and their overall evaluation of PTET, by placing a mark on three visual analogue scales. Ratings were converted to numerical scores, as shown in Table 3.

As shown, the Calnwood Court staff team provided a very positive evaluation of the initiative, whereas the evaluation for the other two wards was, whilst still positive, more mixed.

Conclusion

The implementation of PTET as an initiative designed to ensure a certain standard of dedicated time for offering engagement, therapeutic interventions and activities has, with one or two exceptions, been evaluated very positively by staff-members and a number of service-users.

Furthermore, although not wholly attributable to PTET, it is interesting to note that the staff team at Calnwood Court reported a number of other observations during the pilot period: a reduced use of 'as required' medication, a reduced use of seclusion, a reduced length of in-patient stay, a reduction in incidents of verbal and physical aggression, an increased level of motivation and interaction for some service-users.

The success in effectively implementing PTET clearly depends upon a number of factors, which helps to explain the variation in the evaluation of PTET between the three

Table 3: Overall Evaluation of PTET (staff respondents)

	Calnwood Crt (N = 12)	Bronte Ward (N = 6)	Keats Ward (N = 4)
Commitment (from not committed to very committed)	8.9 / 10	8 / 10	8 / 10
Confidence (from no confidence to very confident)	8.8 / 10	7 / 10	7.5 / 10
Overall Evaluation (from no value to highly valuable)	9 / 10	6.5 / 10	7.5 / 10

units: achieving a committed team approach by enthusiastic and motivated staff who have the active support of community team-members; the degree of planning and advance preparation for scheduled PTET sessions (whether undertaken during the preceding weekend or earlier in the working day); opportunities for frequent discussion and problem-solving of the varied obstacles and challenges that are encountered in offering PTET; the level of praise and encouragement that is offered both to service-users and to the staff team; and, the maintenance of adequate staffing levels.

As would be the case with any such initiative, there is a need to expect and accept that not all service-users will feel able to participate fully within PTET, if at all. However, PTET sessions offer the space and time to actively promote engagement and offer meaningful interaction with minimal disruption. Furthermore, although this evaluation confirms that basic evidence-based therapeutic interventions are being offered as part of PTET, this is best considered as a foundation to build on.

The potential benefits of PTET to the service-user, staff team and service appear to be considerable and varied, and include: breaking down the barriers between the staff team and service-users; assisting the development of therapeutic relationships; promoting the engagement and interaction of service-users; increasing the motivation and confidence of service-users, and promoting their recovery; and, increasing the confidence and approachability of staff-members.

As PTET continues at Calnwood Court and the staff teams at Bronte and Keats Wards re-focus their implementation of PTET, the initiative has recently been introduced in another two wards (from March 2006) – both secure in-patient settings, and is now being considered by a fourth acute in-patient ward – Oakley Court. It is thus planned to continue to evaluate the benefit of this initiative, and incorporate the views of greater numbers of service-users and staff-members. If, as this initial evaluation suggests, PTET proves to be a beneficial initiative in the medium to longer term, then each team should focus upon reaching the stage where PTET sessions become an integral component of the in-patient therapeutic programme and structure.

References

Garcia I., Kennett C., Quraishi M. & Durcan G. (2005) Acute Care 2004 : a national survey of adult psychiatric wards in England. London: SCMH.

Health Care Commission (2003) What CHI has found in Mental Health Trusts. Sector Report. Available from: http://www.chi.nhs.uk/eng/cgr/mental_health/mental_health_report03.pdf

Kent M. (2005) My Mental Health: Protected Therapeutic Time. Mental Health Practice 8(8): 22.

Sainsbury Centre for Mental Health (1998) Acute Problems: a survey of the quality of care in acute psychiatric wards. London: SCMH.

Acknowledgements

Mega Chetty, Unit Manager, Calnwood Court, Luton.

Peter Toyloco, Ward Manager, Bronte Ward, Weller Wing, Bedford.

Jane Plummer, Charge Nurse, Keats Ward, Weller Wing, Bedford.

The Staff Teams of Calnwood Court, Bronte Ward & Keats Ward.

Chart 1: What happens during PTET?

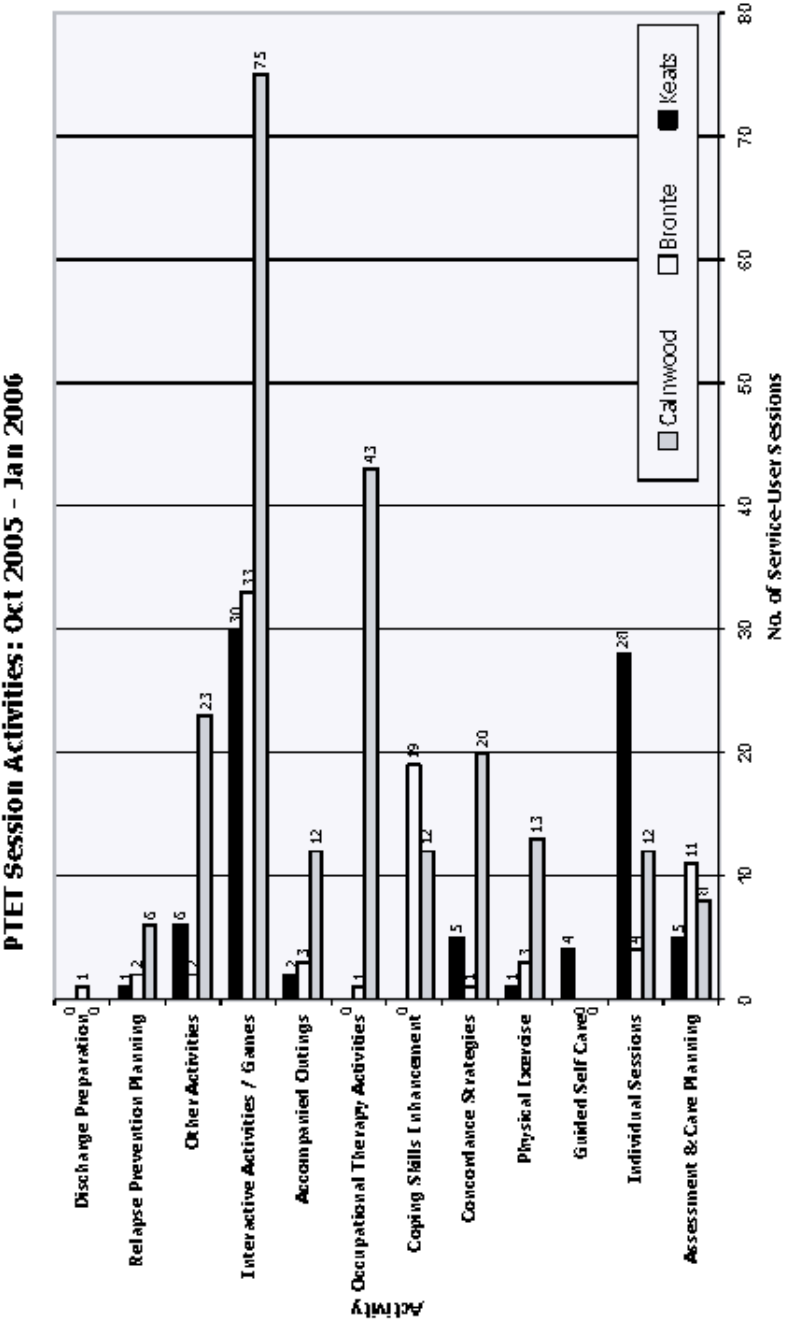


Chart 2: What do you think of PTET (service-users)?

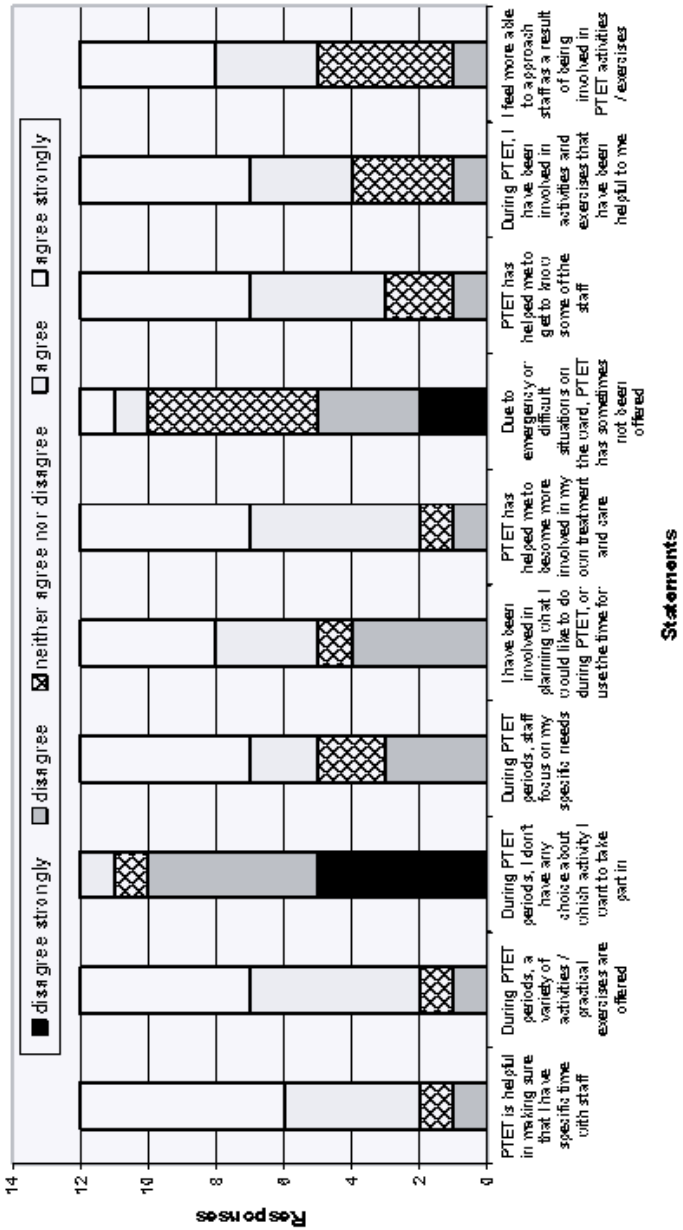


Chart 3: What do you think of PTET (staff-members)? – part 1

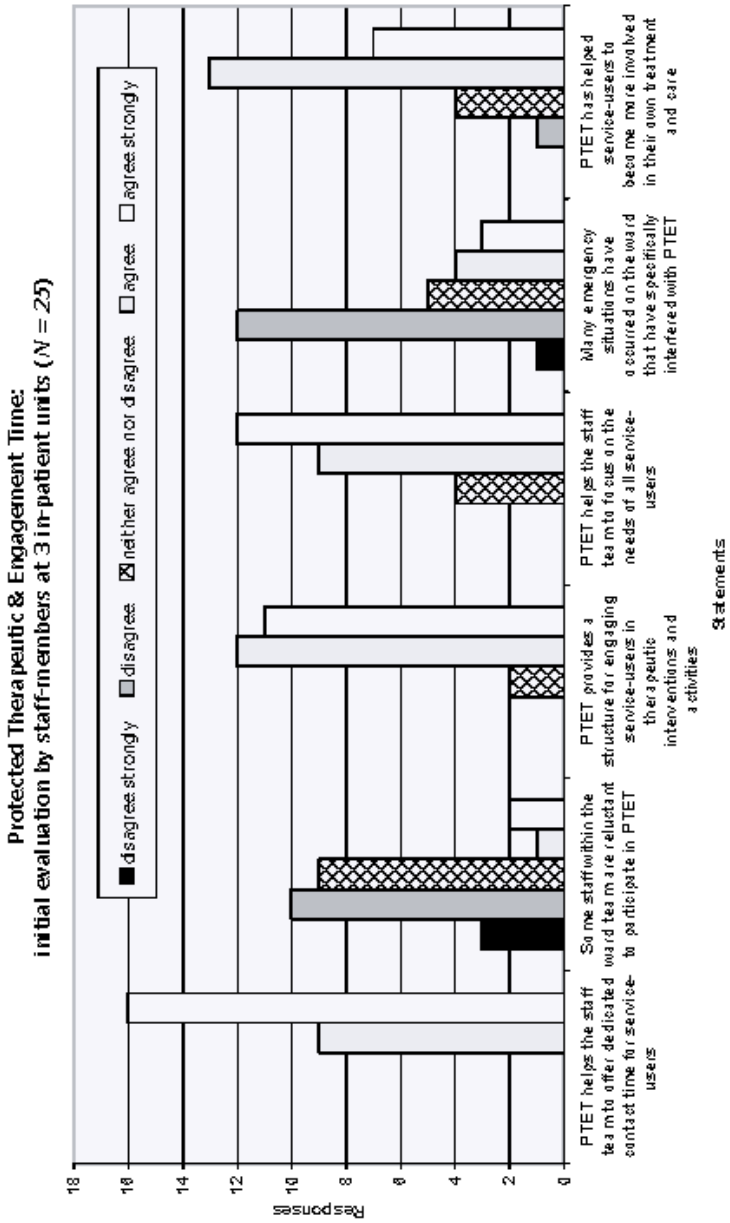
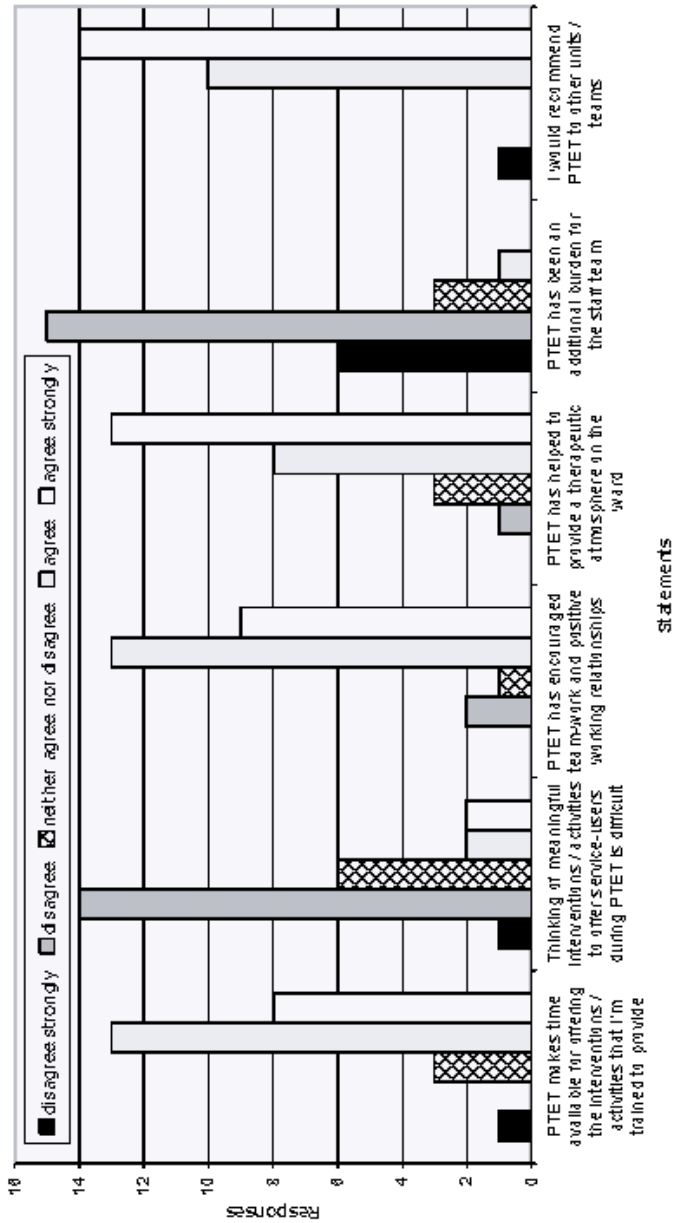



Chart 4: What do you think of PTET (staff-members)? – part 2