SOCIAL SKILLS TRAINING IN SECURE MENTAL HEALTH SETTINGS

This is a summary: the full paper can be accessed at nursingtimes.net

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This article describes the development of social skills activities to improve the behaviour and communication skills of patients in a high-security hospital on a high-/medium-dependency ward. It describes better patient outcomes and improvements in patient experiences as a result of the project.

INTRODUCTION

High-security hospitals care for patients with mental health problems who, because of their criminal or dangerous behaviour, need to be treated in a secure environment. The ward involved in this project was a high-/medium-dependency ward providing care for 20 male patients, all with severe and enduring mental health problems and many of whom were considered to be resistive to drug treatments. These individuals could be both verbally and physically aggressive during everyday social interactions and generally had poor social skills, poor levels of hygiene and rarely left the ward for occupational or recreational activities.

As pharmacological management improves, it is easy to lose sight of the importance of psychosocial interventions that nurses can offer to help patients who are disturbed and aggressive. A programme of social skills training was developed to improve patients’ quality of life. This included education, regular occupational activities and health promotion sessions in both the personal and environmental aspects of their lives.

BACKGROUND TO THE PROJECT

It was commonly believed by ward staff that lack of occupational activities contributed to patients’ behavioural problems. Of the 20 living on the ward, about five attended regular occupational activity and about three attended off-ward social activity.

Much of the problem appeared to be with patients’ lack of motivation to engage meaningfully with staff and each other. When asked, they would say that they disliked leaving the ward as it disrupted their routine. Sometimes they felt they were too tired physically to join activities and poor concentration was often a problem.

PROPOSAL

It was proposed that structured activities were developed and assessed by nursing staff and reported each week to the multidisciplinary team meeting to monitor patients’ improvements. For patients with particularly challenging behaviours, nursing staff worked with other multidisciplinary team members, including a psychologist and occupational therapist, to allow individual plans to be drawn up. Such plans ensured that all staff were informed of what was expected of them to enable the patient to receive targeted help in achieving their goals.

ACTIVITIES

A tool for scoring each patient’s level of interaction in activities was developed for staff to judge the level of intervention required, as an existing tool could not be identified from the literature. Activities were scored from 1 to 4 to assess each patient’s ability and achievements. By scoring the activity, patients could easily be monitored and their improvements reported back to them as well as to the multidisciplinary care team, which would be able to quantify their progress. It also helped patients to know that they were achieving goals.

One of the first tasks was to develop a range and choice of activities. Activities were initially set up at ward level, including art and board games. The aim was to break up each patient’s day with meaningful activity and give him something to concentrate on other than his symptoms. All patients were encouraged to take part in ward-based activities and time was spent exploring their likes and dislikes. Some preferred to do art while others preferred games; many took part in several activities. All 20 patients agreed to participate.

The second task was to have structured off-ward activities in the form of gym and education sessions. Studies have shown that exercise improves patients’ self-esteem (Adams, 2002). It was hoped that it would help our patients in this respect – this was an overall goal of the project. One session each week in the gym was provided and only patients from this ward would be present. The gym staff considered all aspects of each patient’s physical and mental health and their input included providing individual and team sporting activities. Many patients had not undertaken exercise for a number of years, so individual programmes were organised if needed.

Staff from the hospital’s education department offered basic English, maths and computer studies sessions.

Health advice and monitoring was considered essential for all patients as many had poor dietary intake, smoked heavily and...
BACKGROUND

Social skills training can be defined as ‘behavioural techniques or learning activities that enable people to establish or restore practical skills in domains required to meet the interpersonal, self-care and coping demands of community living’ (Liberman et al, 1994).

There is evidence to suggest that social skills training, when carefully designed and delivered, can increase patients’ knowledge and skill levels and halve relapse rates.

Social skills training is aimed at solving problems of daily living such as improving personal hygiene, as well as broader issues involving medication concordance, relationships, occupation and friendships (Liberman et al, 1994).

Incidents of violence also decreased during the programme period. In 2004 there were 20 serious incidents compared with 12 in 2005 and, in 2004, there were 154 minor incidents compared with 98 in 2005.

RESULTS

At the start of the programme, scores showed most patients were at level 1, although some were at level 2. Some rapidly progressed through the levels, resulting in quicker transfers to lower-dependency wards and regional secure units. At the time of writing, seven of the original group remained on the ward, demonstrating an improvement on previous transfer time scales.

Since the project began in January 2005, activities both on and off the ward yielded benefits as patients’ behaviour became more settled. In addition, the health education programme appeared to result in patients beginning to take pride in their environment as well as themselves.

There has also been a dramatic drop in the administration of PRN medication, used to help patients manage distressing symptoms of mental illness. An audit of PRN medication use on the ward demonstrated that in 2004 a total of 554 doses were administered; in 2005 this figure went down to 153 in total. It was felt that patients’ increased involvement in therapeutic activities had contributed to this.

REFERENCES


Monthly meetings to discuss issues with the ward community and to inform patients what is going on at ward level have been introduced. This gives them an opportunity to express their views to staff, the intention being that what patients do not understand can be explained and what is disliked can be attended to when possible. Minutes are taken, fed back in the following meeting and posted on the noticeboard.

A special folder has now been introduced in which all up-to-date health information is available and is easily accessible to all members of the team. The nursing staff now keep regular records of baseline observations in this folder and all new laboratory reports are initially filed here until they are reviewed and actions are taken to improve communication.

CONCLUSION

Over the 12 months since the project started there have been many changes and challenges. The project has been hard work but has been well worth the time and effort, as results are slowly becoming apparent to staff and improving patients’ experiences.