NURSING STAFF EXPERIENCES OF ATTENDING A PILOT ‘CLINICAL SUPERVISION GROUP’ WITHIN A TIER 4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) INPATIENT UNIT.

A SERVICE RELATED PROJECT

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PRESENTATION AIMS

- Discuss the rationale and aims of the study
- Brief outline of methods
- Results
- Discussion
- Reflections on the research process
RATIONALE
SERVICE CONTEXT

- Currently one in 10 children between five and 16 years old in the United Kingdom (UK) have a diagnosable mental health difficulty with more than 50% of people living with a lifelong mental illness having received a diagnosis by 14 years old (Department of Health [DH], 2011; Royal College of Nursing [RCN], 2014).

- Children and young people’s mental health services in the UK are provided through a tiered system (tier one to four) offering different levels of support ranging in intensity according to the nature, complexity and severity of difficulty (Health Advisory Service {HAS} 1995)

  - Tier one – Least severe difficulties
  - Tier four – Most complex, challenging difficulties (HAS, 1995).
Thompson et al. (2013) define complexities as “the sum of the child’s clinical and psychosocial needs during their care from CAMHS” (p.327). Therefore, it is evident the children admitted to a CAMHS tier four service are children who are struggling to cope with mental health, generally posing a high risk of self-harm or suicide, and other forms of risk (including risk to others) which might mean that they require constant care during the period that they are admitted (McGougall, Worrall-Davies, Hewson, Richardson & Cotgrove, 2008).
RATIONALE

- The service evaluated within this study is an inpatient CAMHS tier four service for children and adolescents between the ages of 13 and 18.

- Despite the multidisciplinary nature of the team, it is the nursing staff who spend the greatest amount of time with the young people, managing their emotions and periods of distress, which can be extremely challenging personally and professionally (Sergent, 2009).
RATIONALE (CONT).

  - Nursing staff members reporting difficulties establishing and maintaining therapeutic relationships with clients.
  - The increase in staff burnout, sickness or leaving the inpatient services
  - Lack of adequate staffing as a result.

This led to -

- Services not being able to maintain high standards,
- Resulting in facilities closing down.
- Increase in the pressure on other service which in turn has an impact on the young people.
“Williamson and Dodds (1997) assert that a stressed nursing team is likely to have decreased energy, find it hard to keep up with the pace of the work and may struggle with severely decreased self-esteem manifested in this sense of failure and hopelessness” (p. 339).
This inherent vulnerability to burn out, which can have a negative impact on the quality of care given, is one of the reasons why the DoH (1993) introduced clinical supervision as part of nursing practice.

It has been widely suggested that clinical supervision be discussed as a means of safeguarding against the impact of working in stressful environments and to improve clinical performance and outcomes (Clegg, 2001).
RATIONALE

- The focus of this evaluation is on the impact of a CAT informed model of clinical group supervision on members of the nursing team who had previously received one to one supervision that was delivered by a senior member of the nursing team.

- The pilot supervision group is co-facilitated by a senior clinical psychologist and a nursing Team leader.

- In utilising this model of supervision, the service aims to replicate the study done by Caruso et al. (2013), where members of a mental health team were provided with the basic form of CAT training. The results from this study indicated that members of the team showed improved patient engagement, team spirit and morale and it reduced the stress associated with working with a challenging group (Caruso et al. 2013).
The aim of this evaluation is to explore nursing team members’ perspectives and experiences of the pilot clinical supervision group and in doing so, to ascertain if it is meeting the needs and requirements of effective clinical supervision and hence achieving aspects of the objectives set out for supervision in the nursing code of conduct and guideline set out by the NHS set up to ensure clinical governance (DoH, 2015).
METHOD

Design

• Qualitative study
• Semi-structured interviews:
  • held at each participant's place of work
  • lasted approximately 40 mins to an hour.
• Thematic Analysis (Braun & Clarke, 2006)

Recruitment

• Presentation given about project to some members of the team and opt in packs were sent to service.
• 9 participants opted in. 8 of them were interviewed and one dropped out.
RESULTS.

• Three key themes were identified from a thematic analysis of interview transcripts, these were as follows:
  • Challenges of change.
  • Factors that enabled the process of change.
  • Impact of the clinical supervision group
CHALLENGES OF CHANGE

• This theme describes the impact of the transitional process whilst highlighting the various (personal and professional) challenges ‘change’ brought as well as attempts to understand and adjust.

• Two subthemes:
  ❖ Loss

• “I was at first a bit disappointed because I quite liked my one-to-one” (Matthew).

• :“…the least helpful [impact?] was probably my loss …I was heartbroken …”. (Mark).

• “..I felt that it was the trust looking at money, purely and simply money rather than our mental health as nurses that hurts …”(Mark) This is the same participant who featured a lot in theme 1, and who clearly has a particular view about the role of supervision in relation to staff mental health. Again, Hannah may have a view on this, but I think it raises some issues that don’t seem to me to be about the transition from individual to group supervision.
CHALLENGES OF CHANGE

- Conceptualisation and adjustment.

- “I don’t have an understanding of what we can or we can’t talk about really… people don’t understand what it’s about, like I said earlier people thinking its punitive ".

- “…I have asked if we could still have the option of having individual, not saying all the time, I think maybe group should maybe come first but, they have said no at the moment” (James).
FACTORS THAT ENABLED THE PROCESS OF CHANGE

• This theme describes the factors participants highlighted as having enabled adjustment to change.

• Two subthemes

  ❖ Group facilitation

  “I thought that it was really lovely actually when the facilitator was able to depersonalise it when we know who we are talking about and it’s a character assassination which becomes uncomfortable, whereas I think she is very good at being able to say or moving it away from the individual so that I becomes the problem we are looking at not the individual”. (Mark).

  ❖ Team approach

  “the pre-existing friendly relationships I have with everyone in there…we have professional boundaries obviously but we are very friendly team…so it makes me feel safe with regards to that …” (Melanie).
IMPACT OF CLINICAL SUPERVISION GROUP

• This theme describes the impact the CSG has had in helping individuals manage the challenging and emotionally stressful nature of their work environment and roles. It also highlights the impact the CSG has had in enabling them gain new perspectives which helps improve their working relationship with the young people. The theme also describes issues some participants felt have been difficult to attend to since the advent of the CSG.
IMPACT OF CLINICAL SUPERVISION GROUP

- Five Sub Themes
  - Value of not feeling alone.
  - "It’s nice to hear that...if you’re struggling to engage with YP that someone else on the team is struggling to engage...It’s nice to know that you are not on your own" (Matthew).
  - "Because sometimes in work you feel isolated...you think it is something you’ve done...It’s nice to hear that other people are looking at it from that point of view as well" (Melanie).
  - Increasing insight and psychological understanding
  - "It has been helpful because sometimes you don’t really think too deeply about what is going on the unit...It could be something that you haven’t given much thought about that other people do and this increases the discussions you have that you probably wouldn’t have in an individual supervision".
  - Space to offload.
  - "I’m glad I never kept it to myself you know you need to offload that kind of thing because it is not healthy for you or that YP"
  - Help with difficult situations and experiences.
  - "I think with regard to discussing them, I think it was really helpful because it would keep everyone in line in the sense of making sure that we stuck to the structure and didn’t go against agreed care plans"
Feeling heard
Perceived shortcomings.

“I felt like I had a lot of personal things going on...it was good to speak about those [in one to one supervision]...whereas within the CSG I don’t feel like I could speak about my personal life.”

“How will I ever know if I am doing my job right or if I do something wrong”. (Faith)

“not everyone is comfortable being in groups...I know that not everybody likes CSG”. (Mary)
SERVICE IMPLICATIONS

☐ Working on ensuring that communication between management and nursing staff is improved especially during the process of change.

☐ Putting support in place for staff especially now knowing the impact makes such changes has on their wellbeing as doing so improves the chances of implemented changes being successful.

☐ Facilitation process imbibing safe ways to encourage people that find being in groups a difficult thing so that they do not feel left out.

☐ Having one to one supervision alongside the group supervision as it appears to have its own usefulness.

☐ Clinical supervision group should continue to be run as it has shown to be effective in meeting the requirement of clinical supervision within the nursing team of a CAMHS tier four service.
REFLECTIONS

- Importance of thinking about reflexivity – Being aware of aspects of ourselves that we are bringing to the study.

- Don’t wait until you have conducted all your interviews before you start transcribing. If you have the time, start transcribing immediately you have conducted your first interview.
ETHICAL CONSIDERATION

- My field supervisor was involved in the pilot scheme therefore I had to be mindful of using quotes that could be potentially identified.
- Service evaluations involving staff – use of other facilities to conduct the interview.
REFERENCES


• National Health Service Health Advisory Service (1995). Together we stand: the commissioning, role and management of child and adolescent mental health services. London: HMSO.
REFERENCES CONT.


