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BRIEF REPORT

Creating psychologically informed environments on acute psychiatric wards: a lived experience-led study of staff experience

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Psychologically informed environments aim to transform acute psychiatric settings by providing person-centred, recovery-oriented care. To meet the challenges of implementing these principles, an intensive support programme, derived from the Comprehend, Cope and Connect model, was designed to promote a recovery-focused service. This study aimed to implement the programme in acute wards and explore staff perspectives on its implementation. Qualitative data were gathered from focus groups and semi-structured interviews with ward staff where it was implemented. These were conducted by interviewers with lived experience of acute services. Thematic analysis was used to identify themes from the interviews. Participants were multidisciplinary clinical staff (N = 10) from various professions, including nurses, occupational therapists, and ward managers. Themes were *Positive impact on clinical work* (n = 9); *Importance of programme consistency* (n = 7); *Significant barriers to implementation* (n = 6); *Positive impact on patients* (n = 6); *Positive impact on ward environment* (n = 5); *Collaboration between professions* (n = 5); *Increased psychological mindedness of staff* (n = 5); *Patient barriers to using skills* (n = 4); and *Increased staff confidence and knowledge* (n = 4). Findings indicated acceptability and enthusiasm for the programme. There appear to be clear benefits to staff engaging in psychologically informed programmes, such

as increasing their confidence and improving staff unity, in addition to a positive impact on teams, working practice and patients. The findings also highlight barriers to implementation, including staffing levels and patient engagement. Further training and research is required to develop staff awareness of using psychological formulations and to engage patients in these approaches.

Key words: acute mental health; psychological formulation; recovery model; staff perspectives; Comprehend, Cope and Connect; thematic analysis

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Ethics: The Trust Research and Development Committee provided ethical approval for the study.
Declaration of interest: None

Introduction

Psychologically informed environments seek to create a recovery-focused atmosphere and collaborative support for patients and staff in psychiatric settings (Araci & Clarke 2017). They aim to provide person-centred acute mental health services, recovery-oriented holistic care and access to talking therapies (Evlat et al. 2021). However, there are barriers to implementing these principles, including challenging patient behaviour, brief admissions, and staff shortages (Gedara et al. 2021; Kramarz et al. 2021). Furthermore, there is limited evidence of the impact that such approaches have on patients and staff (Araci & Clarke 2017; Paterson et al. 2019). Novel approaches are emerging that aim to support both staff and patients in acute psychiatric settings, and to directly address these challenges (Bullock et al. 2021; Curran et al. 2022; Durrant et al. 2007; Riches et al. 2020, 2021; Williams et al. 2022); but more intensive approaches that support the wider system and involve co-production with patients are needed.

The Comprehend, Cope and Connect (CCC)-informed intensive support programme (Clarke & Nicholls 2018; Clarke 2021) was designed to achieve this aim, while fulfilling the central tenets of the recovery model (Shepherd et al. 2008). The approach aims to help patients attain a 'good enough' functioning to pursue a valued life and good self-management of mental health issues, as opposed to symptom elimination. The programme utilises third wave psychological approaches, such as dialectical behaviour therapy (Linehan 1993), which re-frame mental health problems as a skills deficit, and make skill identification and training central to the therapeutic process. Initial studies indicate that the programme can be feasible in acute services, with good engagement from staff and positive impact on patients (Araci & Clarke 2017).

The present study implemented the intensive support programme and used a qualitative methodology to investigate staff experience of implementation. The study was co-produced with researchers who have lived experience of using acute mental health services.

Method

The programme was implemented for a 20-month duration in four acute services of a large NHS Trust in the south of England. The programme involved considerable participation by the wider staff group in the delivery of psychological interventions (Clarke & Wilson 2008; Freemantle & Clarke 2008; Hill et al. 2008; Rendle & Wilson 2008). This was achieved by clinical psychologists training and teaching relevant therapeutic skills to staff, including mindfulness and breathing practices, DBT-informed emotional coping skills and compassionate mind skills. These psychologists also devolved delivery of some of the psychological interventions to ward-based staff. Patients were engaged through a collaborative, individual, emotion-focused formulation (Fig. 1). This model conceptualised mental health problems as means of coping with overwhelming affect and unmanageable experiences in ways that are perceived as helpful in the short-term but prove dysfunctional in the longer-term (Clarke 1999, 2009, 2015).

After having engaged with the programme, staff participants were invited to share their perceptions of it. The trust Research and Development Committee provided ethical approval for the study. Participants were recruited using posters and fliers distributed across the four services. Participants provided written consent and were entered into a prize draw for a £50 voucher. Patient researchers carried out the interviews and focus groups with participants, which used a semi-structured interview guide. Demographic information was collected on age, gender, ethnicity and profession.

Interviewers drew on their rich, lived experience of the service, and this approach was contextualised by the research team within the tradition of co-production (Staley 2012; Walsh & Boyle 2009). Whilst the interview

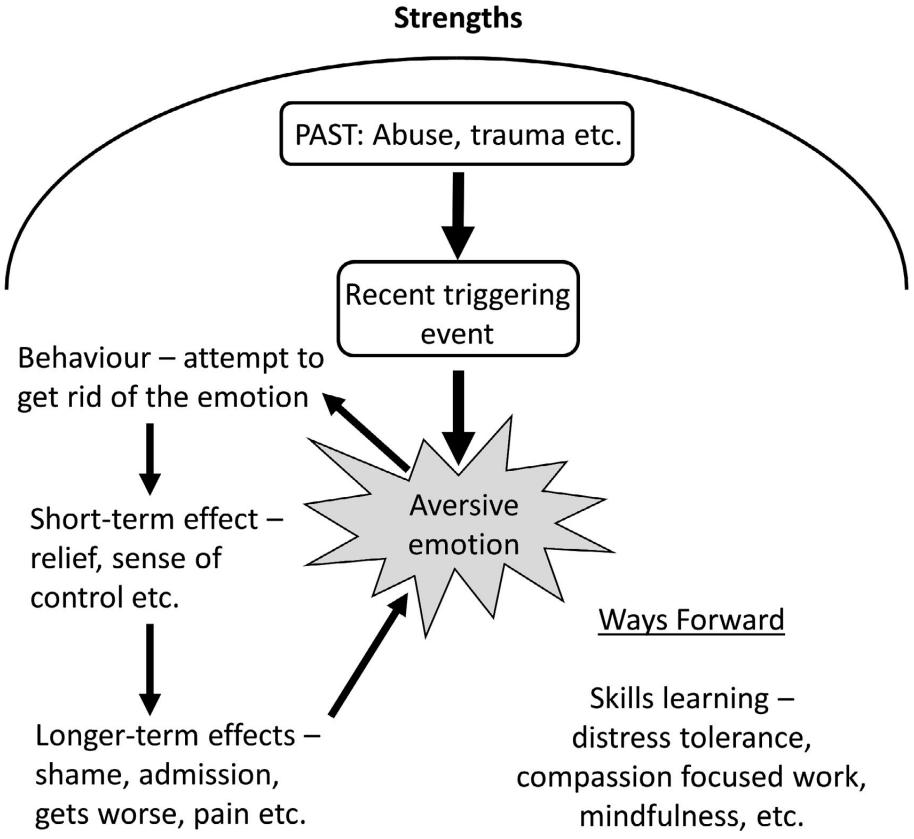

Fig. 1. Emotion-focused formulation.

schedule functioned as a guide, it was also flexible enough to allow the exploration of points raised by the participants (Smith 1995). The interview aimed to gain an overall perception of the impact of the programme on staff, patients, and the wider clinical service. Interview questions covered awareness and general understanding of the programme; impact of the programme on the work of the team and the individual; changes to patients' coping skills attributed to the programme; and changes to the atmosphere of the ward or community team attributed to the programme. Participants were encouraged to expand on points raised from the initial open questions.

Qualitative data was audio-recorded, anonymised, transcribed, and thematically analysed by two independent researchers (Braun & Clarke 2006). Data from interviews and focus groups were pooled. Thematic analysis encompassed five phases: first, transcripts were read by researchers so that they were familiar with them prior to analysis; second, there was a process of generation of initial codes at a semantic level; third, researchers searched for themes; fourth, researchers reviewed themes; and fifth, researchers defined and named themes. Any disagreement between researchers was resolved through discussion until consensus was reached.

Results

All participants (N = 10) were female with a mean age of 39. Nine participants described themselves as White British and one as Black Caribbean. Participants' professions were: ward nurses (n = 3); occupational therapy technicians (n = 2); ward managers (n = 2); lead for a community mental health team, inpatient occupational therapy manager, and psychological therapist (all n = 1). Participants came from all four services of the trust implementing the programme. All participants were interviewed individually. Six of these participants also attended a focus group.

Qualitative analysis generated nine themes. Table 1 reports themes, frequency of endorsement, explanations, and supporting quotes in full. Participants reported a *Positive impact on clinical work* (n = 9) as the programme enabled staff to facilitate the programme groups and taught them how to recognise and apply useful skills for each patient. Participants highlighted the *Importance of programme consistency* (n = 7), as it was felt that this played a key role in increasing programme efficacy. Participants recommended that the involvement of wider staff, achieved through training, would ensure the programme could be maintained and run continually,

Table 1. Thematic analysis of staff experience of the intensive support programme

Theme	Frequency (%)	Explanation	Supporting quotes
Positive impact on clinical work	9 (90)	Almost all participants reported that the programme impacted positively on their clinical work. Many staff proceeded to co-facilitate the groups. The programme enabled them to apply useful skills and therefore support patients in daily interactions.	'I would sit in on the programme … with the psychologist who would deliver the group and then I would co-facilitate that after a few weeks … I do deliver the material itself on a one-to-one basis with the patients on my ward as well … that's supported by my other colleagues who have also done the training.' (#4) 'I use those principles and things in my … one-to-one interactions with patients as well … so it definitely has made a difference for me.' (#2)
Importance of programme consistency	7 (70)	Most participants reported the need for wider staff involvement, so that the programme could be consistently maintained, and for staff to reinforce the overall ethos. Participants identified training as one of the fundamental ways to promote knowledge and wider team involvement. Those that had attended training or supervision praised these as a means to enhance knowledge and to ensure team members were able to support each other and maintain the programme principles across the wider staff. It was agreed that programme consistency would increase efficacy.	'It needs to be sustained so it's about us committing … ourselves to it and ensuring … if somebody goes off sick or leaves, it will still run.' (#10) 'Unless they've … gone to [the programme] and spent that time with them where they've got … more knowledge about it and been able to practice things, I think it's hard for them to … promote it and use it.' (#2) 'I do think it is something to … train as a team, whereas when you train individuals if they don't get support and … other people to build their confidence, they won't do it, or it gets lost.' (#6)
Significant barriers to implementation	6 (60)	Many participants reported that there are barriers to implementing the programme. The most common barriers were related to staff demands and shortages. Even with sufficient ward staff, participants reported that they were unable to be involved in the training.	'I think probably just the general staffing levels and difficulties won't have helped. It's meant that perhaps there haven't been as many consistent nursing staff on the ward to … be following up with people about practising skills, those sorts of things.' (#8) 'I think the ward is going to continue to struggle to implement what they learn, or … to even learn what they don't know because of the volume of tasks for so few people.' (#1)
Positive impact on patients	6 (60)	Many participants reported that they observed a positive impact on patients, as they acquired new skills from staff and were able to manage distress more effectively on their own.	'A lot of people have said they've used … breathing exercises and … mindfulness.' (#3) 'They're able to self-manage much more … they need less one to one intensive time when they're in that kind of crisis … they're able to use those skills.' (#4)
Positive impact on ward environment	5 (50)	Half the participants reported that when the full programme was up and running, there was a positive ward culture.	'I think when the whole programme was running, the atmosphere was very positive, and it seemed like we were giving a much fuller, rounded service.' (#9) 'It's more positive … it's nice to have laughter rather than people just sitting around and there's nothing happening. I think staff are trying to engage more, they're out there rather than being behind a closed door.' (#10)
Collaboration between professions	5 (50)	Half the participants reported that the programme enabled different disciplines to work closer together in delivering patient care, thus increasing team cohesion. Participants agreed that this was achieved through shared learning and the delivery of the programme skills, which were largely new concepts for the staff.	'It's been nice for me to have that … relationship with [the programme] and … feel like I've got a bit of a team atmosphere there … so I think it's nice to be making all those links between different professions so that you've got … extra support.' (#2) 'My staff … who are DBT trained will support other staff, teaching skills.' (#10)

Table 1. (*Continued*)

Theme	Frequency (%)	Explanation	Supporting quotes
Increased psychological mindedness of staff	5 (50)	Half the participants reported that the programme impacted on teams and individual work through working closely with psychologists. Participants reported that whilst ward staff had become more psychologically minded, further integration of psychological approaches were still needed to change the ward culture.	'It's just made such a difference to the role, and I think the whole team are very psychologically minded now.' (#4) 'There's a more psychological feel to the ward … it is the start of the journey and there's a bit of a long way to go.' (#5)
Patient barriers to using skills	4 (40)	Some participants reported that there were several hindering factors for patients who were involved in the programme. For patients who did not utilise the programme skills, this was partly attributed to lack of staff confidence and understanding of the programme. These participants also reported that patients were prematurely referred to the programme before they were well enough to engage.	'Their confidence to use them. Their understanding of it … sometimes I suppose maybe the lack of support … lack of understanding from staff to be able to support them in using it and to … talk them through something, because … maybe we didn't really understand the skill.' (#7) 'Sometimes it's hard because they don't … already have these skills … and it's hard to teach someone the skills when they are unwell.' (#3)
Increased staff confidence and knowledge	4 (40)	Some participants reported increased confidence when working with distressed individuals. Participants agreed that this was achieved through the programme training and working with psychologically trained staff. There was a shift from offering medication to psychological skill-based support.	'When they've learned the skills, they do try and use them first and then if they are really struggling then … they might … use … medication.' (#3) 'It's made people more confident … the unqualified staff … more comfortable to approach a patient in crisis, so that's probably just made us all feel a bit more relaxed really.' (#4)

and would reinforce the ethos. Participants highlighted *Significant barriers to implementation* (n = 6), consisting of high demands on staff, together with staff shortages, which impacted negatively on training attendance and meant that there was limited time to implement the learning. Participants reported a *Positive impact on patients* (n = 6), who were perceived to be managing stress more effectively and independently. Participants reported a *Positive impact on ward environment* (n = 5), where the full programme had been implemented. They felt that it provided a significant change in ward atmosphere, and staff engagement and service delivery improved. Participants reported that *Collaboration between professions* (n = 5) contributed to team cohesion and a supportive environment for staff who lacked knowledge and confidence. Participants felt that this was achieved through shared learning and programme delivery. Participants reported an *Increased psychological mindedness of staff* (n = 5), in which staff acknowledged the importance of thinking more psychologically, including instances where it was a new way of working for some staff. Participants reported on *Patient barriers to using skills* (n = 4), including a lack of staff confidence, motivation, and understanding, thus limiting the support provided to patients, and premature referral of patients to the programme. Participants reported *Increased staff confidence and knowledge* (n = 4); staff members who received the programme training felt more confident helping patients overcome distress using psychological skills, rather than using medication.

Discussion

The present study aimed to use co-production to explore the perceived impact of the intensive support programme on acute psychiatric staff. Staff interviews conveyed how the programme had positively impacted on their clinical work and on patient experience, as well as highlighted the needs of the programme and barriers to wider implementation. The programme enabled the staff to work alongside clinical psychologists, which promoted a more psychological, recovery-orientated approach in line with the psychologically informed environment ethos. Not only were medically trained staff being exposed to psychological principles through this contact time and training, but they were also able to observe and facilitate psychological skills-based groups.

This study is consistent with research that indicates that shared formulations are well received and conducive to better care by acute psychiatric staff (Clarke 2015; Summers 2006). However, most of the interviews in this study, while showing good awareness of the wider programme, did not cite the key role of the individual formulations or the impact of these on patients. Staff

often reported how skills could be relevant for individual patients, but this was guided by clinical judgement rather than by psychological formulation. From the responses gathered from the staff sample in this study, it could be inferred that the programme was purely a skills teaching programme, not a programme informed by individual psychological formulation. This shows a limitation in the extent to which staff grasped the ethos, and highlights a training and development need in team case formulation, which has been shown to be a significant intervention (Kramarz et al. 2022). It appeared to the authors that awareness of the impact of the programme on patients was mostly present in more psychologically minded staff. Future research might consider the role of formulation in the programme approach, in a way that is clear and useful to both patients and staff (Bullock et al. 2021).

The co-production that was central to the design of this study ensured that the findings are relevant to the experience of patients on acute psychiatric wards. It is essential for psychologically informed environments to be collaborative, consistent, and focused on patient needs. The value of the present study is that it provided an opportunity to evaluate the extent to which a psychologically informed environment had been created on the wards, or whether a pre-existing medicalised, psychiatric culture had prevailed. Despite the positive findings, it also highlights that if acute mental health services are to meet the challenges of becoming more therapeutic, positive staff attitudes are key (Harris et al. 2023). This research suggests that staff who had been exposed to psychological thinking, for example via participation in therapeutic groups, had developed their knowledge and confidence in the delivery of psychological skills.

Strengths of the study include the co-production with people with lived experience, piloting of a novel psychological approach in a setting that often lacks psychological input, and the qualitative methodology, which provides a subjective account of the clinical experience of staff. Limitations include the small sample size; the self-selecting sample of staff, who were invested in the programme and may not be representative of all acute staff; lack of gender and ethnic diversity in the sample, which limits generalisability to other groups; and lack of involvement from senior medical staff, as well as from more junior ward staff, such as healthcare assistants, who may spend the majority of their time with patients on the ward and so may have had a different view of the programme and its implementation. The limitations of convenience sampling should be considered by future studies, which might seek to increase access to a wider group of staff who represent greater diversity, both professionally and demographically. Such recruitment strategies in future research might consider power dynamics within ward staff and consider the possibility that some staff members may be marginalised and overlooked.

Conclusion

The results of this study suggest that a psychologically informed environment approach can be well received within acute mental health services, leading to increased confidence and understanding of patient distress, as well as unifying staff across and within disciplines. The study indicates that attention must be given to allowing all staff to attend training and be involved with psychologists who are core to delivery of the programme, while further developing staff skills in psychological approaches, such as formulation.

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