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Service users' experiences of a therapeutic group programme in an acute psychiatric inpatient unit.

Abstract

Psychiatric nurses have been facilitating therapeutic groups in acute psychiatric inpatient units for many years; however there is a lack of nursing research related to this important aspect of care. This paper reports the findings of a study which aimed to gain an understanding of service users' experiences in relation to therapeutic group activities in an acute inpatient unit. A qualitative descriptive study was undertaken with eight service users in one acute psychiatric inpatient unit in Ireland. Data were collected using in-depth semi-structured interviews and analysed using Burnard's method of thematic content analysis. Several themes emerged from the findings which are presented in this paper.

Introduction and Background

Acute psychiatric inpatient units have been described as places that are fraught with difficulty with little therapeutic care offered (Sainsbury Centre for Mental Health 1998, O'Donovan & Gijbels 2006). Studies have indicated that service users believe they are dreary, de-skilling, anti-therapeutic and are likely to promote institutionalisation (Mental Health Commission 2006). Furthermore psychiatric nursing practice within these units has been found to be 'therapeutically superficial' (Hummelvoll & Severinsson 2001).

Psychiatric nurses have been facilitating therapeutic groups in acute inpatient units for many years in an attempt to overcome some of these problems. Anecdotal evidence suggests that these groups range from anxiety management groups, relapse prevention groups, recovery groups, discussion groups and relaxation groups. Indeed involving service users in groups has been identified as one way of optimising service user treatment while maximising staff resources and containing costs (Potter *et al.* 2004).

An electronic search of CINAHL, PubMed and PsycINFO was undertaken using the key terms groups, group therapy, group programme and therapeutic group which were

combined with nursing and psychiatric nursing. All papers that referred to groups facilitated solely by other professionals such as Doctors and Psychologists were not included in the review.

In reviewing the literature, drawing comparison between the studies proved difficult. Firstly the studies were undertaken in a variety of different settings and involved a variety of psychological treatments. In particular most of the literature refers to group therapy. Group therapy implies that a psychological therapy is offered in a group format, however many of the groups facilitated by nurses in the acute setting are not categorised as 'group therapy' but rather the groups aim to have a therapeutic element. Additionally much of the research is dated with little European focus on this aspect of nursing care in recent years. In the current climate of service user dissatisfaction with the lack of therapeutic care offered in acute inpatient units and with the drive toward cost effective treatments it was deemed timely to explore service users' experiences of therapeutic groups offered in acute inpatient units.

Therapeutic groups are an important component of therapeutic nursing care in acute psychiatric inpatient units and have been highlighted by service users as something that is needed (Thomas *et al*. 2002). Offering support in all forms is an essential component of the nurse patient relationship (Shattell *et al.* 2007, Horberg *et al*. 2004). Therapeutic groups are one such way support can be offered. Indeed due to the acclaimed busyness of the acute units, where nurse have claimed not enough time is available for one to one support (Hem & Heggen 2004), group interventions may offer an alternative.

The mental health nursing literature indicates that the focus on group work facilitation dates back to the mid to late 1980's when a number of small research projects mainly with an educational focus were published (Watkins 1984, Briggs 1985, Reynolds & McCormack 1985, Burnard 1986, Ellis & Watson 1987); few studies have been published since. Since then there is some evidence of psychiatric nurses evaluating group programmes, although the evidence is quite ad hoc.

Over the past three decades, studies involving group therapy have been conducted in North America, Asia and Europe focussing on the aspects of the curative process in group psychotherapy that inpatients perceive to be efficacious (Maxmen, 1973, Butler & Fubriman 1980, Schafter & Dreyer 1982, Leszcz *et al.* 1985, Colign *et al.* 1991). From these studies inpatients expressed similar perceptions of the important

therapeutic factors. These included cohesion, catharsis, self understanding, altruism, and universality (Hsiao *et al.* 2004). Studies have also evaluated specific types of group therapy. In a systematic review of group-based cognitive behaviour therapy for individuals with psychosis, Lawrence *et al.* (2006) found that CBT was more effective than treatment as usual in reducing levels of social anxiety. Indeed further studies have evaluated the effect of cognitive behaviour therapy groups on anxiety (Dodd & Wellman 2000) and depression (Iqbal & Bassett 2008) and demonstrated positive results. A more recent study by Macinnes & Lewis (2008) evaluated a group which aimed to reduce self stigma amongst people with enduring mental health problems using a combination of cognitive therapy and psychoeduction in the inpatient setting. It was found that the group produced significant reduction in stigma. It is important to highlight that many of these studies did not involve nurse delivered programmes.

Hsiao *et al.* (2004) conducted a qualitative study exploring Chinese inpatients views on what aspects of nurse led structured therapy groups worked to help their psychological and interpersonal problems. They found that helpful therapeutic factors valued by service users included group cohesiveness, universality, interpersonal learning-output and installation of hope while identification was considered the least helpful therapeutic factor (Hsiao *et al.* 2004). While this study was conducted in China, where the culture may be different to that of Europe and North America, these findings are similar to those conducted in the 1970's and 1980's (Kapur *et al.* 1988, Maxmen 1973).

Further studies have involved evaluations of therapeutic groups in a variety of settings. Harms & Benson (2003) examined clients' experiences of a community group which was facilitated by nurses. The findings indicated that the participants experienced the group as an anxiety-provoking event especially in the early stages. Additionally they reported being bored and verbally attacked by other group members.

Some studies of therapeutic groups have elicited positive results such as one by Webster & Austin (1999). They evaluated a psychoeducation program which aimed to promote health related hardiness, which was described as the person's ability to resist illness when under stress. Their findings suggested that individuals described positive

changes in thoughts, feelings and behaviours following participation in the psychoeducational group.

Leung & Arthur (2004) explored clients and facilitators experiences of participating in a Hong Kong self-help group. The facilitators included psychiatric nurses, social workers and occupational therapists. It was reported that clients had positive experiences of the group. They suggested the group allowed for friendship development, open communication, genuine sharing, support and encouragement and provided a warm and caring atmosphere,. It is important to highlight that the group evaluated in this study used facilitators from different professional backgrounds.

In summary, no studies were found that reported upon service users' experiences of therapeutic group programmes in the acute inpatient setting. Studies have been undertaken to identify the effectiveness of group therapy and have explored individual groups facilitated by nurses, however in some of these studies (Leung & Arthur 2004) it was not only psychiatric nurses who were facilitating the group but other professionals also. There is some evidence to suggest that nurses are facilitating therapeutic group programmes in inpatient units; however there is currently little evidence to support this practice. This study aims to add to this limited body of evidence by aiming to gain an understanding of service users' experiences of a nurse-led therapeutic group programme in an acute psychiatric inpatient unit. This understanding may help in the development of group programmes in inpatient units by providing an insight into service user's experiences and needs in relation to this aspect of care.

Methodology

A qualitative descriptive approach was adopted in this study which was undertaken in one acute psychiatric inpatient unit in Ireland. Qualitative description aims to provide a comprehensive summary of events in everyday terms (Sandelowski 2000), allowing service user's experiences to be heard as they tell it. The unit where the study was undertaken provides care and treatment for approximately 50 people. The unit has a nurse therapy department with two full time psychiatric nurses facilitating therapeutic and recreational groups. One of the researchers was involved in the delivery of the programme; however this researcher was not involved in data collection. The overall

aim of the programme is to aid recovery by providing service users with a medium for expression and emotional catharsis and to provide support and education in relation to coping skills. The unit also has an occupational therapy (OT) department, also with two full time staff facilitating educational and recreational groups. The recreational groups offered in both departments possess similar aims, however the therapeutic and educational groups differ in their focus, with the nurse led groups providing support and exploring coping skills whereas the OT led groups are concerned with assisting individuals to return to doing activities they did prior to admission. This study was concerned only with the group programme run by the two nurses. Table 1 outlines the types and aims of each of the groups facilitated in the nurse therapy department at the time the study was undertaken.

Sample

The sample was recruited through the distribution of information leaflets to those attending the programme by the facilitators of the groups. Those who were interested in participating in the study and met the inclusion criteria were asked to contact the researchers. The inclusion criteria outlined that participants had to be over 18 years of age, within one week of discharge, admitted to the acute unit for a minimum of two weeks and had attended a minimum of four groups per week Twenty individuals expressed interest in participating in the study, however a number were excluded due to the acuity of their mental distress. Therefore purposeful sampling was undertaken, whereby the sample was purposefully selected based on the needs of the study and consisted of eight service users. . Data collection was ceased after eight service users were interviewed as the same issues arose repeatedly throughout the interviews. Within the programme offered, an average of 8 people attend each group, with an average of 20 different people a day and 35 different people per week attending the programme. No distinction was made between which groups the participants attended as the overall aim of the programme was the same. Of the 10 groups on offer in the department, the participants had attended an average of 8.25 different groups at least twice.

The sample consisted of five women and three men. One was aged between 18 and 25 years, four between 25 and 35 years, one between 35 and 55 and two between 55 and 65 years. All participants were Caucasians and of Irish nationality. At the time the research was undertaken this was the only ethnicity in the unit. All but one participant was in paid employment. Two participants had been admitted to the unit for the first

time and the remainder were re-admissions. All participants were voluntary at the time of interview; however two participants were detained involuntarily when initially admitted. When asked about their main area of difficulty one participant stated they suffered from schizophrenia, two from eating disorders, one bi-polar disorder, one post-natal depression, two depression and one participant a combination of alcohol dependence and depression.

Data Collection and Analysis

Data were collected over a period of 6 weeks using in-depth semi-structured interviews, which were tape recorded and guided by an interview schedule (Table 2). Data collection was undertaken by a researcher who had no involvement in the delivery of the group programme. All interviews lasted between 20 and 45 minutes. The schedule was piloted with one service user, while no questions were changed following the pilot interview it was decided to give participants the interview schedule prior to the interview to allow them time to reflect upon the questions. Data were transcribed verbatim and analysed using Burnard's (1991) method of thematic content analysis. Categorisation themes were developed from the raw data, patterns were then sought for to connect the categories which then evolved into themes. The trustworthiness of the research was enhanced through the use of a decision trail which was presented to the co-researcher at all stages of the research process. It was also enhanced during the interviews by summarising the participant responses and allowing them the opportunity to clarify or correct any statements. Finally the data were analysed independently by both researchers in keeping with Burnard's (1991) method of analysis.

Ethical Issues

Ethical approval for this study was gained from the local Teaching Hospitals Ethical Committee. Informed consent was obtained by providing an information leaflet to all participants outlining the nature of the study and their involvement in it. Those who volunteered to partake in the study were advised that their participation was voluntary and they were free to withdraw at any time. They were asked to sign a consent form prior to the interview and were asked if they understood the nature of the proposed research. The service users Consultant and/or Primary nurse decided on the person's ability to give informed consent. Participants were informed that they would be given

time if needed at the end of the interview to reflect and ventilate any adverse feelings with the researcher. Finally participants were informed that they could contact a psychiatric nurse counsellor who had agreed to provide counselling to any participant who experienced any adverse effects. None of the participants availed of this. Data transcripts and recordings were kept confidential to the principle and co-investigator and the individual participants. All data was coded to ensure confidentiality.

Findings

Four themes emerged from the findings. These themes highlighted the value service users placed on the programme, the benefits they gained, the unhelpful aspects they experienced and the factors that influenced their participation. Fictitious names are used in the presentation of findings to protect the anonymity of the participants.

Personal Gains: I have that too!

All participants reported that the therapeutic group programme was an important aspect of their care and impacted upon their recovery. They provided many descriptions of what they gained from participating in the programme. They described feeling supported, understood and a decreased sense of isolation.

The overall experience

The participants reported that the programme had an effect on their mental health, by helping improve their mood, helping them not to focus too much on their personal difficulties and improving their overall mental health.

"There is a sense of well-being.....having gone through the group programme"

"It takes me out of my own head, stops me always thinking about myself and my own problems" (Valerie)

"Overall it has taken me out of my depression. I have changed my negativity" (Charles)

The participants described the value they placed on having the programme as part of their care. It was viewed as being and important aspect of their recovery and highly beneficial.

"I would still be here only for the groups, without a doubt I would still be here.....I found them very beneficial" (Gina).

"There are very few ways to get better in here but the groups are one of them" (Valerie)

The participants demonstrated a good understanding of the purpose of the group programme. Individual participants suggested that it is there to help with communication and explore thoughts and feelings.

" group therapy is about communicating with other people who may have the same problems as you.....its a chance to explore that and how they feel about it.....group therapy is a sharing of similar problems" (Charles).

Interaction: relating to others

The opportunity to relate to others was highlighted by many participants as the most important aspect of the programme. They outlined that by attending the programme they learned to empathise with others, learn from the achievements and mistakes of those in the programme, as well as being provided with the opportunity to reflect on their own.

Extracts illustrating this are outlined below:

"It's not just about keeping occupied, it's about talking about how you are feeling, you can relate to others around you. Like people can say 'yeah I have that too', even though there are different people here with different problems, I can relate to them" (Rebecca)

"I can see similarities with people about my problems. My problems can be so similar or they can be totally different but I can empathise with the problems people have and how they could relate to me" (James)

"I can see that other people are struggling like me, I can see that I am not on my own. Even if I don't interact much, I take it all in. I listen to how other people cope with their problems and sometimes I say 'oh yeah, that might help me too'. I can relate to some people there" (Valerie)

Normalisation

Many participants reported that attending the groups allowed them to realise that other people had similar problems to them which decreased their sense of isolation. This was illustrated by Gina and Nathan:

"You meet other patients in the smoking room, but nobody ever spoke about why they were here but in the group you realised they suffered from panic attacks as well and it kind of made you feel more normal." (Gina)

"There are people here with the same illness as me and they would open up in the group and that would lead me to open up in the group, or I might open up first and then it encourages others to open up. It's helpful to hear from others with similar problems" (Nathan)

Helpful content

Many of the participants reported that specific groups aided their recovery due to the content. In particular the confidence group, relaxation group and the formal information given during the group were deemed valuable. They differed in opinion regarding the type of group that was most helpful. It was suggested that the discussion groups directly impacted on their recovery, while the activity groups were a means to pass time, both were deemed important.

The confidence group was highly regarded by many participants. They commented on how their mental health problems have influenced their confidence, they described the group as helping them to build their confidence and described noticing a change in their confidence levels since attending. The confidence group is "good because I have lost a lot of confidence and I need it in my job because I have a team at work and I need to be a leader, give direction. At the moment I don't feel I can do that, its making me realise bits and pieces, being assertive again" (Sarah)

The relaxation group was also described by many participants as invaluable as it achieved what it set out to achieve. One participant stated it "sets you up for the day, you drag yourself to it and feel much better afterwards" (Valerie). Various other groups were seen as helpful by individual participants, Nathan and Gina reported that the 'staying well' group helped them prepare for discharge and learn how to cope more efficiently. Other individual groups were described as being beneficial as they helped the participants to open up, share their feelings and develop coping strategies.

"The women's group was great, it was non-directive, you had half your life story told before you realised it so it was brilliant" (Gina)

Overall, their satisfaction with the group greatly depended on the content being discussed.

Unhelpful aspects

The participants highlighted that sometimes they gained little from their experiences in the group, this was due to content. It was not identified by the participants which groups they were referring to. Individual participants reported that sometimes the content of the group was not relevant to their situations and that often the content was very basic and repetitive.

"When it doesn't relate to me. There was a half hour group yesterday and I got nothing out of it, (the topic) wasn't relevant to me" (James)

"Sometimes they are talking down to you. Its like we don't know anything, they tell us stuff that we already know and it's like being in a class room ….. I've been here 3 times and the content of the group is always the same, it's a bit repetitive. I've been here 9 weeks; the groups are now repeating themselves" (Valerie)

Some of the participants suggested that the groups should focus more on specific illnesses, such as eating disorders. Additionally they reported that more information on diagnosis and specific mental health problems was needed to aid recovery.

Influencing Factors

Many participants highlighted that what they gained from the group depended on their mental health at the time. This was primarily affiliated to being low in mood:

"If I was in very low form I would come out going 'oh God', I was just sitting in the room to pass time to be honest, but if I was in good form I got a lot more out of the groups" (Gina)

"I know when I came in I was down and when you get down its hard to get yourself up out of bed and go to a group .. You could be drowsy from the medication in the morning but you get up out of bed" (Nathan)

"When I was down I wouldn't express myself but now that I am well I would" (Nathan)

Their mental health also affected their attendance:

"when I came in I was elated so the groups were excellent but then as time went on I got more depressed so I found the groups harder to attend" (Gina)

Further participants suggested that the benefits they gained depended to a degree on who attended the group, the age of the group members, the similarities in problems among members and the facilitation style of the group leader. It was highlighted that the greater the homogeneity within the group the more beneficial the group. It was also highlighted that facilitators need to be patient, fair and allow all members of the group the opportunity to speak and be heard.

DISCUSSION

The findings as described suggest that the participants had a very positive experience of the group programme being offered. They reported many benefits and valued the programme as part of their recovery. The main benefit reported by participants was being provided with the opportunity to relate to others regardless of what a person's main problem was. They also reported how being able to relate to people helped them feel 'normal'. These findings are similar to those studies previously conducted on group therapy in acute inpatient units (Leung & Arthur 2004, Hsiao *et al* 2004). The participants reported that there was a need for both discussion and activity based groups, this reflects the ideas of Garrick (2001) who reported that a holistic approach incorporating both are needed to promote recovery and well being.

The most beneficial group as described by the participants was the 'confidence group'. This group reportedly benefited most participants due to their reported low confidence. According to the World Health Organisation (2007) confidence is almost always reduced in people with mental health problems, in particular depressive disorders. It has also been suggested that the process of being admitted to a psychiatric unit could also affect confidence (Faulkner 2004). It is recommended therefore that groups which aim to increase confidence should become an essential part of programmes in acute units.

Very few aspects of the group programme were seen as unhelpful by the participants. One participant highlighted that the content of the groups were too basic and believed the facilitators 'talked down' to them. This acute unit covers a large geographical region, with urban, sub-urban and rural areas. Its clientele come from a variety of backgrounds and educational levels. Running group programmes that need to take into account wide ranging abilities can be difficult as suggested by Benson (1996). It

may be possible to overcome this by carefully selecting the participants for each group taking into account their educational background and level of mental distress. Some participants highlighted that groups needed to focus more on specific illnesses and more information should be provided on diagnosis and different types of mental health problems. These findings are similar to those of Shattell *et al.* (2007) and Thomas *et al.* (2002), who found that service users felt that reference material, education and information would enhance recovery.

The participants reported that their mental health affected their attendance and participation in the groups. In particular when they were low in mood they found it difficult, however they also reported that it was important for them to try motivate themselves. It is well documented how depression in particular can affect motivation (Krupp & Fogel, 1997). The participants reported that the benefits of the group largely depended on who attended the group. Indeed group cohesion is an important aspect of group process which has been highlighted in early studies by Leszcz *et al*. (1985), Kapur *et al*. (1988) and Maxmen (1973). Furthermore the facilitation style of the nurse was deemed to be important. Whitaker (2000) suggested that the (nurse) facilitator should create a climate in which anxiety levels are controlled to a sufficient degree to allow participants to attend to the aims of the group. The inability to achieve this may indicate a lack of knowledge and skills in conducting and maintaining groups. This study highlights the importance of nurse facilitators been equiped with adequate knowledge and skills in order to carry out groups competently and therapeutically.

There are limitations to this study and as such the findings need to be interpreted with caution. This was a small scale study with only eight participants. It was undertaken in only one acute inpatient unit and therefore the findings are contextually bound. As

previously mentioned most responses from the participants were positive in nature. This could be related to the fact that the interviews took place while they were in-patients which could have impacted upon the findings. It was highlighted in the participant information leaflet that their responses would not affect their treatment in any way and that data was confidential however it is still possible that the participants were reluctant to make negative comments due to the possible repercussions.

CONCLUSION

The findings suggested that this group programme is quite effective and appears to be achieving its aims. The participants' experiences highlighted how it was important for them to relate to others, feel supported and be understood, which was facilitated through the group programme. Reported mental health benefits were also outlined such as an improvement in mood, confidence and overall well being.

Many factors need to be considered when implementing group programmes. The needs of service users need to be considered with evolving group programmes based on need offered. There needs to be emphasis on providing generic groups on issues that effect many people with mental health problems such as confidence building, informational support and emotional support, with led groups being initiated. Nurse facilitators need to be equipped with the knowledge and skills necessary to facilitate groups, understanding the impact they can have on group cohesion and understand the difficulties which may arise, such as those presented in this study. A balance in the type of groups offered is evidently needed and while discussion groups are of the upmost importance, there is also a need for activity based groups.

This area of psychiatric nursing practice has been given little attention by researchers and a body of evidence is needed. It is recommended that further larger scale studies in this area are needed using both qualitative and quantitative methodology to provide an evidence base for practice. This aspect of care is deemed an important component in recovery by service users and thus needs to be valued by nurses and other health care professionals. Further studies could also compare service users experiences of both nurse led and OT led groups to gain a more comprehensive overview. Further research should also include service users who did not attend the group programme to compare their experiences of care.

In light of current dissatisfaction with therapeutic care in acute inpatient units, similar programmes such as the one described in this paper, which could be cost effective, need to be developed and reported upon in the literature. Finally greater focus on the teaching of group facilitation skills to psychiatric nursing students is needed to equip them with the skills needed to plan and implement programmes such as the one described in this paper.

References

Benson, J. (1996) *Working more creatively with groups* London, Routledge.

Briggs, K. (1985) Group facilitator skills: how can they be learned? *Nurse Education Today*, 5(4): 143-146.

Burnard, P. (1991). A method of analyzing interview transcripts in qualitative research *Nurse Education Today* 11, 461- 466.
Burnard, P. (1986) Learning about groups. *Nurse Education Today*, 6(3): 116-120.

Butler, T. and Fubriman, A. (1980). Patient perspective on curative process. A comparison of day treatment and out-patient psychotherapy groups. *Small Group Behaviour 11: 371-388.*

Colign, S., Hoencamp, E., Snijders, H.J.A., Van Der Spek, M.W.A. and Duienoorden, H.J. (1991). A comparison of curative factors in different types of group psychotherapy. *International Journal of Group Psychotherapy 41: 365-378*.

Dodd, H. and Wellman, N. (2000). Staff development, anxiety and relaxation techniques: a pilot study in an acute psychiatric inpatient setting. *Journal of Psychiatric and Mental Health Nursing* 7, 443-448.

Ellis, R. and Watson, C. (1987) Experiential learning: the development of communication skills in a group therapy setting. *Nurse Education Today*, 7(5): 215-221.

Faulkner, A. (2004) Strategies for surviving acute care. In Harrison, M., Howard, D. & Mitchell, D. *Acute Mental Health Nursing* London, Sage.

Garrick, D. and Ewashen, C. (2001). An integrated model for adolescent inpatient group therapy. *Journal of Psychiatric and Mental Health Nursing 8, 165-171.*

Harms, S. and Benson, A. (2003) The clients experience of the community group: implications for nurse facilitators. *Journal of Psychiatric and Mental Health Nursing 10: 49-56.*

Hem M. H. & Heggen K. (2004) Rejection – a neglected phenomenon in psychiatric nursing. *Journal of Psychiatric and Mental Health Nursing* 11, 55-63.

Horberg, U., Brunt, D. and Axelsson, A. (2004). Client's perceptions of the client-nurse relationships in local authority psychiatric services: A qualitative study *International Journal of Mental Health Nursing* 13, 9-17.

Hsiao, F.H., Lin, S.M., Liao, H.Y. and Lai, M.C. (2004) Chinese inpatients subjective experiences of the helping process as viewed through examination of a nurses focused, structured therapy group. *Journal of Clinical Nursing 13: 886-894.*

Hummelvoll, J. K. & Severinsson, E. I. (2001). Imperative ideals and the strenuous reality: focusing on acute psychiatry. *Journal of Psychiatric and Mental Health Nursing* 8: 17-24.

Iqbal, S. and Bassett, M. (2008). Evaluation of perceived usefulness of activity scheduling in an inpatient depression group. *Journal of Psychiatric and Mental Health Nursing* 15, 393-398.

Kapur, R., Miller, K. and Mitchell, G. (1988). Therapeutic factors within in-patient and out-patient psychotherapy groups: implications for therapeutic techniques *British Journal of Psychiatry 152: 229-233.*

Krupp, B. & Fogel, B. (1997) Motivational impairment in psychiatric and mental illness *Psychiatric Annals* 27, 34-38

Lawrence, R., Bradshaw, T. and Mairs, H. (2006). Group cognitive behavioural therapy for schizophrenia: a systematic review of the literature. *Journal of Psychiatric and Mental Health Nursing 13: 673-681.*

Leszcz, M., Yalom, I.D. and Norden, M. (1985). The value of inpatient psychotherapy: patient's perceptions. *Interpersonal Journal Of Group Psychotherapy 35: 411-433.*

Leung, J. and Arthur, D.G. (2004) Clients and facilitators experiences of participating in a Hong-Kong self-help group for people recovering from mental illness. *International Journal of Mental Health Nursing (13): 232-241.*

Macinnes, D. and Lewis, M. (2008). The evaluation of a short group programme to reduce self-stigma in people with serious and enduring mental health problems. *Journal of Psychiatric and Mental Health Nursing* 15, 59-65.

Maxmen, J.S. (1973) Group psychotherapy as viewed by hospitalised patients. *Archives of General Psychiatry 28: 404-408.*

Mental Health Commission (2006). *The Views of Adult Users of the Public Sector Mental Health Services*. Stationary office, Dublin.

O'Donovan, A. and Gijbels, H. (2006). Understanding psychiatric nursing care with non-suicidal self harming patients in acute psychiatric admission units: the views of psychiatric nurses. *Archives of Psychiatric Nursing* 20(4): 186-192.

Potter, M.L., Williams, R.B. and Costanzo, R. (2004) Using nursing theory and a structured psychoeducational curriculum with inpatient groups. *Journal of the American Psychiatric Nurses Association*, 10(3): 122-128.

Reynolds, W. and Cormack, D.F.S. (1985) Clinical teaching of group dynamics: an evaluation of a trial clinical teaching programme. *Nurse Education Today*, 5(3): 101-108.

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

Sandelowski, M. (2000) Focus on research methods: whatever happened to qualitative description? Research in Nursing and Health 23: 334-340.

Schaffer, J.B. and Dreyer S.F. (1982). Staff and in-patients perceptions of change mechanisms in group psychotherapy. *American Journal of Psychiatry 139: 127-128.*

Shattell, M.M., Starr, S.S., and Thomas, S.P. (2007) "Take my hand, help me out": Mental health service recipient's experience of the therapeutic relationship *International Journal of Mental Health Nursing* 16, 274-284.

Taylor, R., Coombers, L. and Bertlett, H. (2002). The impact of a practice development project on the quality of in-patient small group therapy. *Journal of Psychiatric and Mental Health Nursing 9: 213-220.*

Thomas, S., Shattell, M., and Martin, T. (2002) What's therapeutic about the therapeutic milieu? *Archives of Psychiatric Nursing 3 (6), 99-107.*

Watkins, P.N. (1984) The value of training groups in the professional development of psychiatric student nurses: an appraisal. *Nurse Education Today, 4(4): 76-79.*

Webster, C. and Austin, W. (1999). Health-related hardiness and the effect of a psycho-educational group on client's symptoms. *Journal of Psychiatric and Mental Health Nursing 6: 241-247.*

Whitaker, D.S. (2000). Theory building, theory-use and practice in group psychotherapy. *Group Analysis 33, 559-573.*

World Health Organisation (2007) *International Statistical Classification of Diseases and Health Related Problems* 10th Ed Geneva, WHO