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ORIGINAL PAPER

The Acceptability of a Recovery Group Intervention in Acute Inpatient Mental Health Wards

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Abstract

The aim of the present study was to evaluate the feasibility and explore the service user experience of a recovery-focused group intervention delivered in acute inpatient wards in a National Health Service (NHS) Trust in England, United Kingdom. Feedback from the Recovery Group Questionnaire given to patients who had attended the Recovery Group whilst admitted to acute inpatient wards was collated and analysed. The results suggest that patients found the group useful and supportive, as well as easy to follow. Themes which emerged from the content analysis included, value, challenges, support and understanding. The feedback also showed that patients found having an Expert by Experience co-facilitating was beneficial. The Recovery Group is an acceptable and feasible group intervention for those who are admitted to acute inpatient wards. Further research examining the clinical effectiveness of the intervention may be considered, however there are some barriers to doing so given the open-access format of the group.

Keywords Recovery · Thematic Analysis · Psychological Group · Inpatient · Recovery · Psychiatric Hospital · Brief Psychotherapy

Introduction

Admission to an acute inpatient ward can leave people with a sense of low self-worth, exacerbated by stigma surrounding admission and detention, as well as by a lack of autonomy on the ward (Akther, Moleneaux, Stuart, et al. 2019). Empowerment, on the other hand, can be achieved by providing patients with choice and involvement in their care (Akther et al., 2019) and is a key facet of recovery from mental health difficulty (Pitt et al., 2007). Access to recovery-focused therapeutic activities has previously been limited in acute inpatient settings (MIND, 2011) and there are inherent challenges in implementing such interventions. The acute inpatient setting poses multiple challenges, including a high level of distress and acuity of mental health, as well as short admissions, which limit the amount of time available to complete psychological interventions (Donaghay-Spire et al., 2016). A proportion of patients are also detained under the Mental Health Act, and may feel disempowered, experiencing treatment as coercive as a result (Seed et al., 2016).

With attention paid to psychological group therapy specifically in such environments, Clarke and Wilson (2009) noted challenges including the potential 'dilution of therapy'; with the practicalities involved in organising group sessions and short admissions leading to incomplete group attendance. They also note that inpatient group therapy affords the opportunity for multi-disciplinary team working and the dissemination of psychological knowledge throughout the hospital system.

Research focusing on psychological group therapy in acute mental health inpatient settings is limited. However, studies have shown that psychological therapy provided on an acute ward is valued by both staff and service users (Donaghay-Spire et al., 2016; Kerfoot et al., 2012). It is

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noted that specific elements of psychological therapy that are particularly helpful are the opportunity to share problems (Kerfoot et al., 2012), feel listened to (Donaghay-Spire et al., 2016) and increase patient centred care (Staniszewska et al., 2019; Donaghay-Spire et al., 2016) found that psychological interventions in acute inpatient wards can help people 'make sense' of a crisis and can result in a reduction in subjective distress. Kerfoot et al. (2012) reported that access to psychological input in an acute inpatient setting reduced readmission rates and shortened hospital stays. Brkić et al. (2020) suggested that group therapy for people experiencing mental health problems improved quality of life and reduced the psychological distress of people taking part.

It has been recommended that there should be an improvement in access to psychological therapies in acute mental health settings (Department of Health and Concordat Signatories, 2014) which should offer a choice of interventions to those using the services (Care Quality Commission, 2014). Therapeutic activities should be delivered by the whole team, using a stepped-care approach, with those delivering such therapies being adequately trained and provided with supervision (Perry, Palmer, Thompson, et al. 2017).

The 'recovery movement' in mental health focuses on the idea that recovery from severe mental illness is possible, and that a meaningful and fulfilling life can be achieved, despite on going mental health symptoms (Davidson, 2016). Key elements of this movement are empowerment (Bartholomew et al., 2018), person centred care, and a strengths-based approach (Mckenna et al., 2014). The movement also puts an emphasis on peer support (Repper et al., 2011), which is defined as 'support from those who have experienced similar adversity' (Davidson et al., 2006). However, it has been noted that mental health hospitals do not always lend themselves to the principles of recovery, specifically empowerment, due to their reliance on the medical model and the fact that patient on acute wards generally have a certain level of control, choice, and power taken away during an admission (Bartholomew et al., 2018; Mckenna et al., 2014; Wood et al., 2019).

There is a rich evidence-base surrounding the efficacy of psychosocial interventions which promote recovery from mental health difficulties (Christoforou et al., 2018). However, research into the delivery of interventions in acute mental health wards is somewhat limited and tends to focus on specific diagnostic groups, limiting generalisability (Small, Pistrang, Huddyl, & Williams, 2018). There are challenges to carrying out empirical research in inpatient settings due to unpredictable and usually short lengths of stay, the mix of psychiatric diagnoses, and varied and sometimes intense ways in which distress is expressed (Clarke & Wilson, 2009). Christoforou, Clarke, and Bell (2008) found that recovery-based groups were both accepted and deemed feasible by patients attending within an acute care setting.

With these findings in mind, the aim of the current study was to assess the feasibility of delivering a Recovery Group in an acute inpatient mental health service and explore the experiences of people who attended.

The Recovery Group

The Recovery Group in this study is a locally designed, simple and accessible psychosocial intervention designed for adult mental health services with a focus on:

- teaching a basic understanding of mental health difficulties.
- teaching essential coping skills for mental health difficulties.
- building empowerment.
- challenging stigma.

The Recovery Group programme was designed to allow accessibility for inpatient populations as well as other settings. In order for the group to be useful and logistically manageable in inpatient settings, the following principles were followed in its session design:

1. Each session is stand alone, with distinct aims, subject matter and intended outcomes, allowing an open group format to be adopted. This was essential due to the high turnover of patients in acute care settings.
2. Each session addresses a discrete, but cross-diagnostically relevant aspect of mental health from a recovery-focussed perspective, optimising engagement from a heterogeneous client group. Following an ongoing, longitudinal process of co-production with group attendees since the initial pilot runs of the group, the programme now includes a total of ten sessions covering issues including stress psychoeducation, anxiety management, sleep management, behavioural activation, psychoeducation around self esteem, anger management, and psychiatric medication support.
3. Sessions are designed to optimise engagement for people who are currently experiencing poor concentration due to acuity of mental health symptoms and / or medication impacts. Sessions are designed to be 90 min in length incorporating a 15 min break. The content is arranged in a series of 5–10 min bite sized discussions, worked examples or practical exercises, all with interactivity of the group members in mind.
4. The programme is designed to be co-delivered by a member of the psychological services team and an

expert by experience or peer support worker. The joint delivery of the programme by a member of staff alongside a person with direct lived experience of mental health difficulties was felt to be essential in building trust, authenticity and hope into the intervention, and is highly valued by group attendees.

Method

Ethical Approval

The current study was conducted as part of a service evaluation within a Northwest England NHS trust, and so did not require further ethical approval from a research ethics committee.

Participants

Participants were patients in three acute inpatient mental health hospitals, consisting of six wards in total. Due to feedback being anonymous, it is not possible to provide detailed demographics, however all patients admitted were aged over 18, were experiencing a range of metal health problems, and were admitted voluntarily or detained under the Mental Health Act (1983). It is also not possible to provide the number of individuals who completed the questionnaire, as patients may have provided feedback after more than one session. No record was kept to document those who refused or declined to completes the questionnaire. Whilst in hospital, patients receive treatment from a multidisciplinary team (MDT), including psychiatrists, nurses, occupational therapists and clinical psychologists. They were invited to attend the Recovery Group during their admission to hospital, and could attend at any point during their admission; patients did not require a referral to the psychology team to do so. They could attend any of the sessions available to them; some may have attended the group consistently, and some may have participated in just one or two sessions. Information regarding the number of group sessions attended by individuals is not available as registers were not taken, and therefore it is not known how many attended the group over the research period.

Materials

The Recovery Group Manual

The Recovery Group is a brief psychological intervention with a focus on; teaching a basic understanding of mental health difficulties, teaching essential coping skills for mental health difficulties, building empowerment, and challenging stigma. The group was originally developed in a Community Mental Health Team by Sarsam (2014) and was further adapted for use in adult acute inpatient services into an open group format with standalone sessions. It is constructed of ten sessions, held weekly on each ward. It is an open-access group, meaning that any patient currently admitted to the ward can attend the group at any point during their admission; no referral is required, and patients can attend sessions at any point of the programme. 90 min is given to each group session. The group is co-facilitated by an expert by experience, who either has their own mental health difficulties, have been admitted to inpatient acute wards previously, or care for someone with mental health problems, as well as assistant psychologists and members of the multidisciplinary team. All facilitators have attended a half day of training on delivering group interventions in the acute care setting and receive at least monthly supervision focusing on group interventions.

Group attendance varies and can range from two participants to around ten. At the time of data collection, group numbers were not routinely recorded and as such are not available.

Procedure

Attendees at The Recovery Group between March 2017 and March 2020 were invited to anonymously and voluntarily complete a brief feedback questionnaire, the Recovery Group Feedback Questionnaire (RGFQ) at the end of each session. The questionnaire consisted of Likert scales (0–5) as well as a free text section for comments. These were collated on a database by assistant psychologists working in the service during the data collection period. The RGFQ was developed by the service lead (MS) and is used to obtain feedback from all groups offered by the inpatient psychology service. The questions asked were as follows:

1. How useful did you find today's session?
2. Did you find today's session easy to understand?
3. Did you find today's group supportive?
4. Did you find it useful having an expert by experience present in today's session?
5. How has this session helped you? (free text)
6. Do you have any ideas or suggestions for future sessions? (free text)

Analysis

In total, data from 403 RGFQs captured between March 2017 and March 2020 were analysed. For the purposes of this paper, data from the qualitative responses was input into a database and analysed using empirical thematic analysis

Table 1 Mean and standard deviation of participant endorsement of RGFQ items

Question	How useful did you find today's session?	Did you find today's session easy to understand?	Did you find today's group supportive?	Did you find it useful having an expert by experience present in today's session?
Average Score	4.49	4.47	4.59	4.7
Standard Deviation	0.86	0.91	0.76	1.15

Table 2 Super-ordinate themes and sub-themes derived from thematic analysis

Value	Challenges	Empowerment	Understanding
Value	Barriers	Group setting	Understanding
Self awareness	Suggestions & Improvements	Listen	Lack of understanding
Self improvement	Expectation	Open up	Shared experience
Enjoyment	Group setting	Coping	Shared understanding
satisfaction	Attendance	Flexibility	Information
gratitude	Lack of time	Relaxed atmosphere	Content
Positive effects	Disruption	Support	Validation
Praise		Peer support	
Staff praise		Problem solving	
Recovery		Staff praise	
		Shared experience	
		Hope	

as described by Braun & Clarke, 2006. Initial coding was undertaken by Assistant Psychologists KH and GH, and following this, common themes were identified and categorised. The final themes were reviewed by Clinical Psychologists MS and KP in order to ensure reliability.

Results

Quantitative Analysis

The means and standard deviations from the feedback form Likert scales are summarised in Table 1. Most respondents (M = 4.49, SD = 0.86; on a scale of 0, not useful at all, 5, very useful) found the Recovery Group useful and easy to understand (Mean = 4.47, SD = 0.91; on a scale of 0, did not understand the topic, 5, very easy to understand). Mean scores also suggested that the group was found to be supportive (M = 4.59, SD = 0.76; on a scale of 0, did not feel supported, 5, felt very supported). In addition, the involvement of the EBE was also found to be useful (M = 4.45, SD = 1.15; on a scale of 0, not useful at all, 5, very useful)

Qualitative Analysis

The thematic analysis of questions 5 and 6 found 4 super-ordinate themes: value, understanding, challenges, and empowerment (Table 2) which are outlined below

Value

Value was a super-ordinate theme which incorporated the themes of value, self awareness, self improvement, enjoyment, satisfaction, gratitude, positive effects, praise, staff praise, recovery, and hope. The data showed that service users found a high level of value in the recovery group. They spoke about finding the sessions *useful: "Very good session, found it very useful indeed"*

Service Users appeared to find value in the *positive effects* the Recovery group had on their mental health and wellbeing: "*I came in rather stressed but by the end of the session and listening to peoples experiences I feel a lot more positive"*

Some service users commented that the Recovery groups had provided an opportunity for self reflection (Self awareness): "*Made me think about my anger issues"*

For some, this led to a better understanding of their own mental health and provided an opportunity for personal growth: (Self Improvement): *"To look outside my own feelings". "Helped me think about myself/helped me make sense of self esteem"*

Many service users seemed to enjoy the Recovery Group, and spoke about finding value in this enjoyment (Enjoyment): *"Really nice people, enjoyed the group session and would like to do it again"*

Many service user comments centred on praise (praise). This consisted of praise for the groups in general: *"I just want to say carry on this kind of thing, makes people feel good"*

As well as praise for staff members: *"[Redacted] was fantastic and made me feel at ease even though I was reluctant to go at first"*

Finally, many service users appeared to appreciate the opportunity to attend the Recovery Group and commented that they were grateful (gratitude): *"The group today helped quite a lot with my problems and I am very grateful for that"*

Understanding

Understanding was a superordinate theme which incorporated the subthemes of understanding, shared experience, validation, information, and content

Some service users commented that attending the Recovery Group provided an opportunity for accessing psychoeducational material relating to mental health, and identified the recovery group as facilitating knowledge and understanding (information): *"I felt it helped me to understand a lot of things about anxiety". "Very educating"*

Service users spoke about how they valued the *content* of the Recovery group: *"Think the meditation was amazing (really needed)". "Always good to revisit CBT. Need to appreciate common styles of thinking"*

In addition, some service users expressed that they found a *shared understanding* from group attendees, many of whom shared similar mental health struggles. For many, this seemed to be rooted in feeling understood, by means of shared experiential value (shared experience*)*: *"It felt good hearing other resident's feelings. It is good to know I'm not alone"*

It appears that shared experiences may have led to a shared understanding: *"Overall I think the group demonstrated that other patients feel the same as I do"*

And a subsequent sense of *validation: "Its helped me know that I'm not the only one going through this and that many people have similar symptoms to me"*

Challenges

The next super-ordinate theme identified was challenges, and this incorporated: personal barriers, disruption, expectation, suggestions & improvements, group setting, lack of time, attendance, delivery and critique

Some service users experienced personal barriers to being able to either engage in the group or fully understand the material, such as their physical health: *"The only reason I did not understand the session easy is because I am 80% deaf"*

Or their mental health: *"I couldn't deal with all the voices because my own voices were very bad today". "It's hard to concentrate when you have a lot going on in your mind, body, soul". "Felt too low to feel involved". "I felt overwhelmed today with my feelings"*

Other people commented on challenges experienced including *disruptions* from other service users: *"People in and out of the room, disruptive. Focus went off some issues". Very disruptive and hard to concentrate-good information but hard to discuss things". "Silence annoying patients who disrupt the group, they ruin the whole emphasis of the message that the psychologist [facilitator] is trying to get across"*

However, another service user's comment showed that despite having difficulty concentrating during the group, they still found it helpful: *"I am struggling to concentrate and focus on the group but I am feeling like it helped"*

Other service users commented that they found *disruption* from ward staff a challenge: *"Do not allow staff to enter whilst conversations are on-going - knock instead!"*

Despite a previous finding that some people found value and empowerment in the group format, it was also identified that this was not always the case *(Group setting*): *"Group format difficult"*

In addition, some cited a *lack of time* as a challenge, and noted that this may have served as a *barrier* to optimum engagement: *"We didn't have time for proper discussions". "[A] bit rushed at the end, need more time for session"*

Other service users identified that low *attendance* was challenging, and expressed a wish to increase the amount of service users attending: *"Try and get more patients to attend". "More patients need to attend"*

Interestingly, one service user did identify that increasing their attendance may promote and aid in their recovery: *"I feel if I came regularly it would help"*

In addition, some commented that they found the *delivery* of the sessions to be a challenge: *"Please respect that it may come over patronising"*

Some service users provided some *general critique* of the Recovery Group: "*I think is boring*"

Whilst others made constructive comments with regards to *improvements & suggestions* for future Recovery groups. These can be grouped into content: *"A session on OCD would be helpful"*

And into *practical improvements* relating to barriers such as frequency of the groups: *"More (groups) would be helpful"*

Improvements and suggestions relating to disruption: *"Try and hold the session in quieter surroundings away from external sources/noises"*

And improvements and suggestions relating to the delivery of the sessions: *"Keep the ward staff doing the sessions"*

The final sub theme was prior expectation about the group: *"I didn't realise the group didn't require us to make not much contribution". "Will my concentration and memory come back if I continue to attend?"*

Empowerment

The final super-ordinate theme identified was empowerment. This included the sub themes of; relaxed atmosphere, open up, group setting, listen, support, peer support, shared experience, coping, hope, flexibility, and problem solving

People commented that they felt relaxed *(relaxed atmosphere)* and comfortable during the group sessions: *"Felt good to be able to speak freely, openly and honestly, in group, very relaxed atmosphere"*

It appears this may have translated into people feeling they were in an environment where they were able to talk and open up about their mental health and recovery (open up): *"Felt good to be able to speak freely, openly an honestly in group"; "It's the first time I've talked about two of my main problems"*

It appears that this 'space' to talk also enabled the opportunity for *problem solving* with regards to issues relating to mental health and recovery: *"The group helped quite a lot with my problems and I am very grateful for that"*

In addition to finding a space to share problems and problem solve, many service users commented that being able to listen to others was helpful (listen), which may be linked to the sub themes of *shared understanding*: *"I got to listen upon other problems of others and compared to mine. It helps to listen to others". "Listening to other people's experiences I feel a lot calmer about the future"*

And linked to this, is the *support* available from fellow service users: *"Having support from each member of the group is extremely helpful"*

This appeared to be linked to the sub theme of *group setting*: *"I liked the group involvement, getting at problems and having opinions from others in the room is rewarding"*

Further to this, the sub theme of *peer support* was identified. Many service users appeared to value and be empowered by having the support of a person who has lived experience of mental health problems: *"Always helpful to have somebody who has been through mental health issues"*

This also seems to be linked to the sub theme of *shared understanding and shared experience*: *"We both relate to each other*". "*They are more aware of peoples problems, they have more experience*"

As well as fostering a sense of *hope: "It was good to see someone who has recovered because it gives me hope"*

Some service users commented that the recovery group afforded them an opportunity to find ways of coping and living day to day with their mental health symptoms. This is also linked to the super-ordinate theme of *understanding*: *"Given techniques to cope better". "It's given me incentives and ideas on how to cope and get support in different areas"*

Some people commented that they appreciated the flexibility afforded by the open group format of the sessions. This may also be linked to the sub theme of *relaxed atmosphere*: *"Felt at ease knowing I could walk in and out of the session"*

Discussion

The current study investigated the feasibility of delivering an open-access Recovery Group on acute inpatient wards across a Northwest England NHS Trust

The feedback received from patients who completed the questionnaire indicates that the group is considered to be a useful intervention, is easy to understand, and is experienced as supportive. Patients found having an Expert by Experience involved helpful. Using thematic analysis, the overarching themes found were *value, challenges, empowerment, and understanding*

The data shows that service users found a high level of *value* in the Recovery Group. They cited finding enjoyment in the sessions, the opportunity for personal reflection and growth and many gave staff praise and reported feeling grateful

The theme of *understanding* was also prevalent in the data, and many attendees reported utilising the psycho-educational element of the sessions to gain an understanding of their own mental health experiences. In addition, many attendees also noted that they felt a sense of shared understanding from other group members and peer support workers. This links to the other overarching themes of *value* and *empowerment*, as many attendees commented that engaging with others who have a level of shared experiential knowledge was valuable and for some this provided a sense of hope. This finding is unsurprising when it is considered that the literature supports the importance of peer support workers in recovery from mental health problems (Repper & Carter, 2011)

Attendees noted *challenges* encountered during group sessions, including disruption from people on the ward and from other attendees. This is unsurprising when acknowledging the often chaotic, atmosphere on acute inpatient wards (Holmes et al., 2002) and highlights the need for group facilitators to be vigilant of such challenges and prepared to manage them effectively in order to protect the integrity and therapeutic safety of the group

The emergent theme of *empowerment* appeared to be rooted in the sense of understanding that the group provided, and the ability to talk freely and find hope in the stories and experiences of others who shared a common experience of living with mental health problems; for many this fostered a sense of hope for the future

Due to the challenges in collecting data as a result the open-access format of the intervention, the current study has focused on the feasibility and appropriateness of the Recovery Group, and so it is not currently possible to comment on the clinical effectiveness of the intervention. However, the study demonstrates that it is possible to deliver and evaluate a structured, recovery focused, open-access group, in

an acute inpatient setting, for patients presenting with various diagnoses and difficulties. This challenges the notion that those in the acute phase of their illness are unable to engage, and that psychological interventions should only begin post-discharge (Schizophrenia Commission, 2012). It is also important given the drive towards an improvement in the provision of therapeutic activities in acute care (MIND, 2011), which notes the value in assisting patients in making sense of mental health crises (Donaghay-Spire et al., 2016). The group format of the intervention also aligns with a stepped-care model, enabling those who may not meet the threshold for referral to a limited psychology resource, to access normalising, psychoeducational, empowerment-based psychological intervention. In addition, given that waiting times for psychological intervention in the community are lengthy (British Medical Association, 2018), having access to intervention whilst in hospital may equip people with the skills to manage their difficulties during this wait, whilst also potentially protecting against relapse

A large proportion of those admitted to acute inpatient settings are detained under the Mental Health Act (Mental Health Analysis Team, NHS Digital, 2021) and may therefore feel disempowered and coerced into treatment (Small et al., 2018). It has also been discussed that the feelings of disempowerment and low self-worth experienced by patients in inpatient settings are exacerbated by a lack of autonomy and limited involvement in treatment decisions (Akther et al., 2019). Attendance at the Recovery Group was entirely voluntary, and although often recommended in treatment plans, was not a condition for discharge from the wards. People were therefore able to attend sessions when they felt ready and able to, as well as being able to choose to attend sessions focusing on topics they felt were relevant to them and their experiences. It could therefore be suggested that this enhanced choice and in terms a sense of control over one's own treatment

It has been reported that patients in acute inpatient settings have found their peer relationships to be positive, supportive, and encouraging in terms of recovery (Akther et al., 2019). Based on the finding of the present study that patients found the Recovery Group supportive and found the presence of an EBE beneficial, it could be suggested that the group intervention allows for constructive peer engagement, which in turn can improve self-esteem (Hill et al., 2009) and reduce feelings of loneliness (Kerfoot et al., 2012)

There are certain limitations to this piece of research. Firstly, the process of data collection (writing comments on a feedback form) may have excluded people who are not able to read or write, and those who are unable to write in the English language. Another limitation is that although feedback forms were anonymous, group attendees wrote feedback in the presence of group facilitators, and it is acknowledged that this may have influenced their comments, leading to social desirability bias. The feedback itself was sometimes scant, and therefore future research may endeavour to collect more thorough responses through the use of interviews

Data was not collected on how many group sessions each individual attendee completed. The group was open access and attendance was voluntary, as was completion of the feedback questionnaire. It is therefore recognised that this may have led to self-selection sampling bias meaning that those who attended the group and those who completed the questionnaire may not have been entirely representative of the wider inpatient population

It would be interesting to ascertain the wider implications of the Recovery Group on ward atmosphere, staff and attitudes, and restrictive practices. However, the groups have now been a longstanding intervention on the wards and in the years covered by the data presented, there will have been numerous other changes across the wards, including staffing levels, managers, introduction of other interventions, access to therapies and activity, and the impact of the covid-19 pandemic. It would therefore be very difficult to ascertain the role of the group itself amongst other variables

This paper adds to the existing literature, which suggests that despite the challenges presented by delivering groups on acute mental health wards, they appear to be highly valued by those who attend and appear to provide enrichment in the form of peer support and personal learning, as well as empowerment and hope. It therefore seems apparent that within the highly medicalised environment of the acute ward, psychological group therapy is not only merited, but is essential to the recovery of people with serious mental health conditions

Future research may endeavour to evaluate the clinical effectiveness of the Recovery Group, however considerations for doing so reliably, whilst maintaining the open-access format, in an acute inpatient setting must be taken. In addition, the role of the EBE in co-facilitating the groups is an interesting area for investigation

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Data Availability The data that support the findings of this study are available on request.

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