

## MODULE SPECIFICATION

### KEY FACTS

Module name	Evidence-based Psychosocial Interventions in Mental Health
Module code	APM005
School	School of Health Sciences
Department or equivalent	Division of Nursing
UK credits	15
ECTS	7.5
Level	7

### MODULE SUMMARY

#### Module outline and aims

This module is designed to provide mental health practitioners, managers and researchers with the ability to identify, understand and critically appraise the key evidence for the use of a range of psychosocial interventions aimed at improving the mental health outcomes of people with severe mental illness/distress and/or substance use problems.

The module will include critical exploration of the evidence for establishing and maintaining therapeutic relationships; the use of Cognitive Behaviour Therapy (CBT); case management and personalisation; family work/interventions; medication management; motivational interviewing; and Recovery approaches across mental health service environments. Students may select to explore other particular interventions of interest where appropriate.

#### Content Outline

Students will be guided to identify and critique the evidence base for particular therapeutic approaches and relate these to their practice and work environment. Each student's knowledge of evidence-based psychosocial interventions will be enhanced and challenged through a structured process of evidencing, evaluating and critiquing the evidence for efficacy and applicability in particular settings and with different populations.

### WHAT WILL I BE EXPECTED TO ACHIEVE?

**On successful completion of this module, you will be expected to be able to:**

#### Knowledge and understanding:

- Identify, review and discuss empirical evidence for various psychosocial interventions and approaches in mental health
- Critically appraise the evidence for a range of psychosocial interventions and core approaches in mental health
- Consider and critique the transferability of specific interventions and approaches

to specific practice environments and populations

- Analyse and identify opportunities for the introduction or development of psychosocial interventions in current practice

Skills:

- Search, identify and obtain relevant research literature related to psychosocial interventions and approaches
- Demonstrate precision and rigour in collecting and analysing multiple sources of data
- Demonstrate the ability to critically appraise evidence
- Discuss research evidence and consider critiques of methods, results and implications
- Combine clinical and research expertise to consider the development of mental health practice and services
- Demonstrate leadership through the consideration and synthesis of evidence within the constraints of contemporary health and social care settings

Values and attitudes:

- Demonstrate openness to the critical appraisal of research evidence and practice
- Exhibit an awareness of the value and limitations of empirical evidence to inform practice and service delivery
- Evaluate your knowledge and learning needs
- Work collaboratively to respectfully enhance the health care environment
- Maximise student potential for meaningful engagement with practice and evidence

**HOW WILL I LEARN?**

Students will learn through participation in a range of integrated and complementary learning methods. This will include expert lectures on key topic areas supplemented with discussion groups and seminars where students from a range of practice backgrounds will be encouraged and facilitated to critically explore, discuss and debate the evidence for various psychosocial interventions and approaches. The lectures and seminars will be supplemented with guided independent study supported by access to libraries, online databases and digital resources. Students will also be encouraged to arrange one or more external visit to explore a particular psychosocial intervention in a different practice setting and employ work-based reflection to consider the suitability of particular interventions in the student's own practice and/or workplace.

Teaching component	Teaching type	Contact hours (scheduled)	Self-directed study hours (independent)	Placement hours	Total student learning hours
Psychosocial Interventions	Lectures	6	40	0	46

	Seminars/ discussion groups	18	60	0	78
	External visit(s)	3	9	0	12
<b>Totals:</b>					
		27	109	0	136

## WHAT TYPES OF ASSESSMENT AND FEEDBACK CAN I EXPECT?

### Assessments

The assessment consists of a 3,000 word critical consideration of the evidence for one or more psychosocial intervention and/or approach to mental health care with specific reference to the student's own practice or work environment.

Assessment component	Assessment type	Weighting	Minimum qualifying mark	Pass/Fail?
Written assignment	Essay	100%	50%	N/A

### Assessment criteria

Information on the above module assessment criteria and grade-related criteria can be found on the module space in Moodle.

### Feedback on assessment

Candidates will be expected to achieve at least 50% in this assessment. The assessment must be submitted to the students' desk on the day stated, and students will receive their mark, with written comments, within 3 weeks.

### Assessment Regulations

The Pass mark for the module is 50%. Any minimum qualifying marks for specific assessments are listed in the table above. The weighting of the different components can also be found above. The Programme Specification contains information on what happens if you fail an assessment component or the module.

## INDICATIVE READING LIST

BPS (2000) Recent Advances in Understanding Mental Illness and Psychotic Experiences. London: British Psychological Society.

Brennan, G., Flood, C. & Bowers, L. (2006) Constraints and blocks to change and improvement on acute psychiatric wards: lessons from the City Nurses project. *Journal of Psychiatric and Mental Health Nursing*, 13, 475-482.

Brooker, C. & Brabban, A. (2006) Effective training in psychosocial interventions for work with people with serious mental health problems. *The Mental Health Review*, 11, 2, 7-14.

Burbach, F. & Stanbridge, R. (1998) A family intervention in psychosis service integrating the systemic and family management approaches. *Journal of Family Therapy*, 20, 311-325.

Burbach, F. & Stanbridge, R. (2006) Somerset's family interventions in psychosis service: an update. *Journal of Family Therapy*, 28, 39-57.

De Leeuw M., Van Meijel B., Grypdonck M. & Kroon H. (2012) The quality of the working alliance between chronic psychiatric patients and their case managers: process and outcomes. *Journal of Psychiatric and Mental Health Nursing*, 19 (1), 1-7.

Department of Health (DH) (2008). Refocusing the care programme approach: policy and positive practice guidance. London: Department of Health

Drake, R.E. & Mueser, K.T. (2000) Psychosocial approaches to dual diagnosis. *Schizophrenia Bulletin*, 26, 1, 105-118.

Duffy S. (2010) Personalisation in mental health. Sheffield: Centre for Welfare Reform. <http://www.centreforwelfarereform.org/library/type/pdfs/personalisation-in-mental-health.html>

Dunn, G., Fowler, D., Rollinson, R., Freeman, D., Kuipers, E. (2012). Effective elements of cognitive behaviour therapy for psychosis: Results of a novel type of subgroup analysis based on principal stratification. *Psychological Medicine* 42.5, 1057-1068.

Edgeley, A., Stickley, T., Wright, N. & Repper, J. (2012) The politics of recovery in mental health: A left libertarian policy analysis. *Social Theory & Health*, 10, 121-140.

Fadden, G. (2006) Training and disseminating family interventions for schizophrenia: developing family intervention skills with multi-disciplinary groups. *Journal of Family Therapy*, 28, 23-38.

Gamble, C. and Brennan, G. (2006). *Working with Serious Mental Illness. A Manual for Clinical Practice*. 2nd ed. Edinburgh: Elsevier.

Glynn, S.M., Cohen, A.N., Amy, N., Dixon, L.B. & Niv, N. (2006) The Potential Impact of the Recovery Movement on Family Interventions for Schizophrenia: Opportunities and Obstacles. *Schizophrenia Bulletin*, 32, 3, 451-463.

Greenhalgh T, Robert G, Bate P, Kyriakidou O & Peacock R (2004) How to spread good ideas. A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organisation. London: NCCSDO

Harris, N., Baker, J. & Gray, R. (Eds) (2009). *Medicines Management in Mental Health Care*. Chichester: Wiley-Blackwell.

Howgego IM, Yellowlees P, Owen C, et al. (2003) The therapeutic alliance: the key to

effective patient outcome? A descriptive review of the evidence in community mental health case management. *Australian and New Zealand Journal of Psychiatry* 37:169-183.

Kondrat DC & Early TJ (2010) An exploration of the working alliance in mental health case management. *Social Work Research*, 34, 201-211.

Lehman, A.F. et al (2004) The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2003. *Schizophrenia Bulletin*, 30, 2, 193-217.

Lundahl, D., Tollefson, D., Gables, C. & Brownell, C. (2010) A meta-analysis of motivational interviewing: twenty five years of empirical studies. *Res Soc Work Pract*;20:137-60.

McCabe R. & Priebe S. (2004) The Therapeutic Relationship in the Treatment of Severe Mental Illness: A Review of Methods and Findings. *Int J Soc Psychiatry*, 50 (2), 115-128.

Pharoah, F., Mari, J., Rathbone, J. & Wong, W. (2006) Family intervention for schizophrenia. *Cochrane Database of Systematic Reviews*, Issue 4, Art. No.: CD000088. DOI: 10.1002/14651858.pub2.

Rollnick, S., Miller, W.R., & Butler, C. (2008) *Motivational interviewing in health care: helping patients change behaviour*. Guilford Press.

Royal College of Psychiatrists / Social Care Institute for Excellence / Care Services Improvement Partnership (2007) *A common purpose: Recovery in future mental health services*. Social Care Institute for Excellence: London. ([www.scie.org.uk](http://www.scie.org.uk))

Shepherd, G., Boardman, J. & Slade, M. (2008) *Making Recovery a Reality*. Sainsbury Centre for Mental Health, London.  
[http://www.centreformentalhealth.org.uk/pdfs/Making\\_recovery\\_a\\_reality\\_policy\\_paper.pdf](http://www.centreformentalhealth.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf)

Simpson, A., Miller, C. & Bowers, L. (2003) Case management models and the care programme approach: how to make the CPA effective and credible. *Journal of Psychiatric and Mental Health Nursing* 10:472-483.

Slade M (2009) *Personal recovery and mental illness*. Cambridge: Cambridge University Press

Version: 2.0

Version date: July 2014

For use from: 2014-15

**Appendix:** see

[http://www.hesa.ac.uk/component/option,com\\_studrec/task,show\\_file/Itemid,233/mnl,12051/href,JACS3.html/](http://www.hesa.ac.uk/component/option,com_studrec/task,show_file/Itemid,233/mnl,12051/href,JACS3.html/) for the full list of JACS codes and descriptions

**CODES**

<b>HESA Cost Centre</b>	<b>Description</b>	<b>Price Group</b>
B	Subject allied to medicine	

<b>JACS Code</b>	<b>Description</b>	<b>Percentage (%)</b>
B760	Mental health nursing	100