How useful have staff on two older adult inpatient units found psychological training and consultation?

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**Background**

- Clinical Psychologists are increasingly being expected to offer consultation to other healthcare professionals (BPS, 2007).
- Few studies explore consultation, especially within older adult inpatient settings.
- Even fewer studies explore impacts on staff's clinical practice.

**Aims**

1. To what extent have staff found psychological input useful in their daily work?
2. What processes have enabled or prevented this?
3. How could psychological input be improved?

Focus was on 'formulation consultation sessions' and 'introduction to formulation' training, although other inputs were considered.

**Service**

Older people's service
Recently commissioned psychological input for 2 inpatient units:
- Functional and organic presentations respectively
Consultation sessions offered where a shared formulation was developed for each new patient
Other formal and informal input also offered

**Method**

10 participants
Functional unit = 8
Dementia unit = 2
Qualified & unqualified staff members
Participants interviewed qualitatively, thematic analysis conducted

**Results**

**Theme 1: “It makes you understand the reasons why people are like they are”**

“You saw ‘em in a different light really. You saw them as being people rather than patients”

Increased empathy and understanding enabled staff to tailor their individual interactions with clients

**Theme 2: “It depends on the patient”**

More useful for clients who were particularly complex or challenging

Less useful when a biological cause was perceived e.g. dementia

**Theme 3: “It’s here now. You can touch it now: the importance of visibility & accessibility”**

The transtheoretical model of change (Prochaska & DiClemente, 1980) is used to demonstrate how visibility of psychology enabled change:

**Maintenance:**

“If you’ve got any queries [...] she’s [psychologist] there to ask, you don’t have to ring round and try to get hold of her, or not bother getting information. She’s there, she’s accessible”

**Preparation:**

“It was just them [psychologist] being there that ‘Yeah alright then I’ll have a go’

**Contemplative:**

“When somebody’s there I think it makes you more aware that that’s what they do”

**Clinical Recommendations**

When designing input, maximise visibility and accessibility for staff
Focus on clients with most complex presentations
Protect staff time so they can attend consultation sessions
Consider how to include clients' wider teams in the formulation process
Think critically and reflectively about how to maximise effectiveness of input in that team
When delivering training, maximise the potential for staff to relate concepts to themselves
Identify power dynamics within teams. Tailor input to minimise implication within them where possible

**References**


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