New trend of low-intensity psychotherapy practice in psychiatric nursing: Preliminary result of one-year retrospective cohort evaluation on nurse-led CBT programme for patients with depressive mood in psychiatric general adult service

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Introduction
A nurse-led CBT programme has been run by nurse cognitive therapists and group facilitators under a well-developed CBT work-kit for about 3 years. This movement embarked a new trend of psychiatric nurses to provide low-intensity psychotherapy to patients with depressive mood in psychiatric general adult service. The evaluation illustrated the professional ability of psychiatric nurses in doing low-intensity psychotherapy by the service benefit from a people-centered CBT programme.

Objectives
To evaluate the benefit of nurse-led CBT programme to psychiatric service

Methodology
Since 2012, around 6 nurse-led CBT groups had been conducted in general adult service. Patients in the exposure group (N=68) received nurse-led CBT programme; whereas patients in the non-exposure group (N= 49) did not participate any session of the programme after recruitment. Both groups of patients were undergone one-year retrospective cohort to evaluate the service benefit from nurse-led CBT programme. In this evaluation, all of the data were retrieved from CMS, (1) to compare the additional utilization of psychiatric service (included ‘AED attendance due to psychiatric reason’, ‘increasing psychiatric medication’, ‘medication modification’ and ‘early follow up’) 1-year before and after the CBT group in the exposure group and 1-year before and after ‘discharge or date of recruitment’ in the non-exposure group
respectively; (2) to predict the probability of additional utilization of psychiatric service especially on psychiatric admission between groups.

**Result**

Before-and-after comparison within the exposure group, the total number of time of ‘increasing psychiatric medication’ lowered by 44 (paired t-test, p<0.001, 95% C.I.=0.33 to 0.96). The total number of time of ‘medication modification’ lowered by 12 (paired t-test, p=0.033, 95% C.I.= 0.01 to 0.34). The total number of ‘AED attendance due to psychiatric reason’ lowered by 30 (paired t-test, p<0.001, 95% C.I.=0.27 to 0.62). Meanwhile, all of these comparisons were insignificant within the non-exposure group. Comparing with non-exposure group, the risk of ‘additional utilization of psychiatric service’ was reduced by 77% in the exposure group (Cox regression, RR=0.23, p<0.001, 95% C.I.=0.12 to 0.44). When focusing in psychiatric admission, the risk in the exposure group had been reduced by 94% (Cox regression, RR=0.056, p=0.01, 95% C.I. =0.01 to 0.52). Both Cox regression models were adjusted by gender, age, diagnosis, CPN service and pre-condition of psychiatric service utilization. Moreover, odd of ‘increasing psychiatric medication’ in exposure group was reduced by 68% when comparing with non-exposure group (Logistic regression, OR=0.32, p<0.001, 95% C.I.=0.11 to 0.90), adjusted by gender, age, diagnosis, CPN service and pre-condition of ‘increasing psychiatric medication’. Besides the quantitative outcomes, there were 2 appreciation letters received by patients through HAHO for expression their gratitude to the nurse-led CBT programme. **Conclusion**

Nurse-led CBT programme reduced the utilization of ‘AED attendance due to psychiatric reason’ and ‘increasing or modification of psychiatric medication’ of patients. Also it reduced the probability of additional utilization of psychiatric service especially ‘psychiatric admission’ and ‘increasing psychiatric medication’ by which to prolong the length of stay of patient in community and enhancing their recovery. Under the empirical evidence and patients’ feedback, nurse-led CBT programme was undoubtedly beneficial to patients and psychiatric service which congruent to the HAHO core values of “People-centred Care” and “Professional Service”. 