



Service Priorities and Programmes Electronic Presentations

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One-year retrospective cohort study on patients after received 8-session CBT group in psychiatric hospital analyzed by regression models

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Introduction

Depression is a common mental health disorder which long-lasting or recurrent, largely impact on people's capability to work, study and daily life functioning (World Health Organization, 2017). The influences of the illness depend on the severity of depression. Early intervention can be provided for people suffering from mild to moderate depressive level to protect against the raising severity of it (Ricardo, William & Yan, 2012). Cognitive Behavioral Therapy (CBT) is one of the psychotherapies supported by meta-analysis studies showing that it is effective to treat people suffering from different level of depression (Vally & Maggott, 2015; Cuijpers, van Straten, Andersson & van Oppen, 2008; Dobson, 1989). Evidences have illustrated that group-based Cognitive Behavioral Therapy (CBT) is clinically effective to this group of people. This study elucidated the impact on service demands after the intervention such as readmission, Accident and Emergency Department (AED) attendance due to psychiatric reason, early follow-up and especially on medication adjustment. In addition to establishing evidence on this undiscovered area, this pioneer study will offer existing psychiatric nurses insights into psychotherapeutic intervention.

Objectives

To examine the service outcomes of nurse-led CBT programme in psychiatric general adult services

Methodology

Around 8 CBT groups were conducted by a nurse certified cognitive therapist in general adult services. A total of 101 patients were approached and agreed to participate in the group-based CBT programme. Among the patients, 66 of them had participated in the programme and the rest of them did not attend. Both groups had undergone one-year follow-up retrospectively and regression models were applied.

Result

Under Kaplan-Meier method, significantly different was found between groups in psychiatric service demands after intervention (Log-rank test: $p=0.001$). Comparing with non-CBT group, the risk of service demands was reduced by 78% in the CBT group (Cox regression: Adjusted RR=0.22, $p<0.0001$, 95% C.I.=0.10 to 0.52).

'Increases of psychiatric medication' was the highest proportion among service demands. Logistic regression was applied to investigate the proportional different between groups. The odd of 'psychiatric medication increases' in CBT group was reduced by 79% when comparing with non-CBT group (Adjusted OR=0.21, $p=0.003$, 95% C.I.=0.06 to 0.62).

Both Cox and Logistic models were adjusted by propensity score method and validated.

Conclusion:

In the study, the 8-session nurse-led CBT group was found effective in reducing psychiatric service demands in general adult teams. This encouraging result provided supportive evidence for further development of group-based CBT in psychiatric nursing. It also hinted towards people-centered care approach and facilitates nursing professionalization in psychiatric field.