From isolation to laughter

Richard Bannister has brought together his clients at a medium secure hospital to form a lively informal group

Ward-based therapeutic groups are an underused tool, even though some say that all mental health nurses should be able to facilitate such group work.

During a second-year placement, I planned and implemented an informal evening peer support group for service users with the aim of reducing isolation and promoting inclusion and mutual support.

As clients and nurses spend so much time together, there is a great deal of scope for making better therapeutic use of quiet times when there are no scheduled activities.

Many clients with mental health problems have low mood, poor self-esteem and anxiety. Group interactions are known to help them develop techniques to address these issues.

Communication skills and therapeutic interaction are important elements of nurse training. We are taught to nurse the person – to interact, engage and demonstrate compassion with service users.

One of our tutors is an advocate of group work and an early skills learning session was about how students could implement groups. Despite the daunting prospect of leading my own group, the idea stayed with me until my placement on a pre-discharge ward of a medium secure hospital.

The ward was well run and the patients seemed content with the daily routine of escorted leave, therapy sessions and the gym, followed by retiring to their rooms for the evening.

The absence of activities in the evening prompted the idea of an informal support group. My mentor and the ward manager were enthusiastic about my plan.

In preparation for my first group, an occupational therapist gave me some invaluable advice on how to structure the group supplemented by some clinical supervision. Two days later, I was in the ward recreation area with a circle of chairs, a whiteboard and my opening gambit.

The group quickly became established as a twice-weekly event and a sense of togetherness prevailed. Service users showed interest in each others’ activities and shared a number of anecdotes, which generated laughter within the group.

Users opened up to each other and those who were reluctant to engage in conversation gained the confidence to speak.

As a student, I have benefited greatly from this experience in the following ways:

- My nursing skills improved after applying theoretical tools in practice.
- My confidence and interpersonal skills have improved in areas such as public speaking.
- I have learned to be patient.
- I am better at listening and helping clients feel understood.
- I am more aware of my strengths and weaknesses.

A staff nurse told me that she heard laughter on the ward at a time when it was usually deathly silent. In the space of just a few weeks we progressed from isolation to laughter, and I was very proud of that.

Richard Bannister is a nursing student at Anglia Ruskin University

Top tips for running a therapeutic group

- Know your clients – identify their unmet needs.
- Promote and explain the rationale for the group.
- Ensure the facilitator is integral to the group.
- Give the group time to develop.
- Be aware of the level of personal disclosure with which you and users are comfortable.
- Listen actively and reflectively – do not be afraid of silence.
- Thank members for their contributions.