The impact of collaborative co- facilitated group based DBT skills with Experts by experience (EBE) & mental health nurses.

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Introduction

•The study took place in an acute adult mental health day hospital service, which provides assessment and evidence based management of personality based difficulties through provision of trauma informed care.

•One of the core components of the programme is a nurse led CBT + DBT skills-based intervention via group and 1:1. Decider skills as described by (Ayers & Vivyan, 2016) as evidence based, effective skills grounded in CBT and DBT which are used to treat a variety of different mental health conditions, a core feature of the programme, is the methods in which skills are delivered – fun, creative, and engaging.

•As mental health services evolve, the literature suggests that EBE/ people with lived experience offer a wealth of knowledge, experience, insights and recommendations. With some services moving towards peer support workers being employed.

•The MHC Ireland, encourages SU involvement in strategic meetings/ consultations, reports etc to provide invaluable insight into developing and improving inpatient care. The MHC further stated “Perhaps most critically, listening to and heeding the advice and input of service users can ultimately help ensure that services better meet individual needs, which, in turn, leads to higher quality mental health services”.(Service Users’ Involvement | Mental Health Commission, 2019)

•This study aims to review the impact of SU/EBE in delivery of care, specifically – co-facilitation of Decider skills with clinical staff.

•SU/EBE involved in the study are individuals who have completed the intensive acute Day Hospital programme, which included 6-10 weeks average of group + 1:1 Decider skills. These individuals are 1-2 year post discharge and returning to Day hospital to plan and co-facilitate x1 session with the support of clinical staff. The session focuses on the EBE providing a summary of their narrative/ presenting difficulties, course of treatment, experience with Decider skills – including challenges with same, helpful insights/ tips for implementing skills and outcomes.

Methodology

Study design

- *Mixed method – Qualitative + Quantitative design, using multiple choice questionnaires, with two open ended questions included at the end to gain personal insights and opinions of those participating in feedback.*
- *Questionnaire: Group attendees completed at 7 item questionnaire at the end of the session, while EBE and clinical co facilitators completed an 8-item questionnaire (these included an extra question re: session preparation, N/A to group participants).*

Data collection

- *Surveys were given to expert by experience (EBE), current service users attending the group session, and clinical co- facilitators (RPN’s). The surveys were distributed to current service users, expert by experience and clinical co facilitator at the end of each workshop.*

Considerations

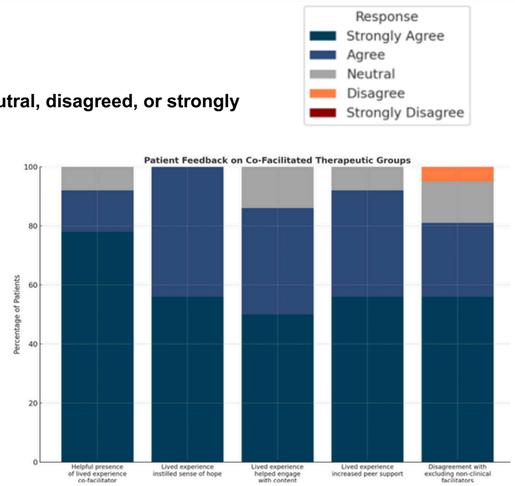
- *Prior to co-facilitation session, the expert by experience had the opportunity to meet with clinical nursing staff to prepare for session, The expert by experience also met with nursing staff after the session to debrief. Confidentiality agreement discussed and signed with each EBE. Current service users were made aware of the EBE / Co facilitation session.*

The study took place within an acute adult mental health day hospital. Sample inclusion criteria – attending the service, age 18-64, presenting with a range of mental health difficulties including: personality disorders, anxiety disorders, and complex trauma. The collaborative sessions took place over five workshops that occurred during December 2024- March 2025, with varying numbers of group participants in attendance.

Results - Quantitative Data

When 36 patients were asked if they strongly agreed, agreed, were neutral, disagreed, or strongly disagreed with the following questions:

•92% of patients agreed that the presence of a patient with lived experience co-facilitating the group was helpful, with 78% strongly agreeing.
•100% of patients agreed that the presence of a patient with lived experience co-facilitating the group instilled them with a greater sense of hope regarding their own capacity for recovery, with 56% strongly agreeing.
•86% of patients agreed that the presence of a patient with lived experience co-facilitating the group helped them to relate and engage more with the group content, with 50% strongly agreeing.
•92% of patients agreed that the presence of a patient with lived experience co-facilitating the group helped increase the peer support within the group session, with 56% strongly agreeing.
•81% of patients disagreed that A non-clinical person should not be involved in co-facilitating the therapeutic groups, with 56% strongly agreeing.



Findings - Qualitative Data

EBE + Group
“Can you identify any additional benefits from the session today?”

Expert by experience

•Today was a very positive day for me. It was very validating for me.
•Getting to share and re-live experiences
•It got me refocused and made me feel alive
•Nice to reconnect and refresh the materials

Group member

1. **Hope & Inspiration** - Good to see someone who has recovered well and living their life fully again – gives hope
Very inspiring and just what I needed this week
Gave a great sense of hope
Helped realise how skills can be used in "the real world" and gave hope that they actually work

2. **Real-Life Insight & Relatability**
Experience of life after Day Hospital
Good to hear about someone’s experience who has been through it
Good to hear real life experience and hear there is a plan after
This session was so relatable and open and real and helpful for our journey after Elmhurst. Brilliant idea

3. **Group Engagement & Atmosphere**
It makes the session more interactive and fun. Also gives us hope for the future to see people come back and tell their story/journey
Makes groups easier to talk in.

4. **Practical Value & Skills Application**
Group discussion regarding personal obstacles was very helpful (e.g. asking for advice on how to deal with telling people about EDH)
Helped realise how skills can be used in "the real world" and gave hope that they actually work

5. **Suggestions for Improvement**
More notice of such group changes

Results qualitative data – Clinical co facilitators

Can you identify any clinical or non-clinical ***benefits*** to yourself by co-facilitating the group today

Value of Lived Experience:
Shared experiences encouraged group engagement.
Provided hope, reassurance, and support to current service users.
Honest, powerful accounts highlighted the benefits of the programme.
Gender-Specific Insights:
Helpful to hear from a male expert by experience discussing anxiety
Clinical Engagement:
Participation fostered reflection on practice and patient connection.
Enhanced Understanding:
Improved insight into patient experience and post-discharge outcomes.
Better understanding of which therapeutic skills are retained.
Neutral/No Perceived Benefit:
Three responses noted no specific benefits (“N/A” or “Nil”).

Can you list any potential ***negative implications*** from having peer co-facilitator in the group today

Emotional Impact on the Peer Co-Facilitator (2 mentions):
Risk of being triggered by returning to the service environment.
Emotional challenges for the peer, though mitigated with preparation and post session check-ins.
Session Structure & Time Management (2 mentions):
Sessions may run longer or require breaks.
Personal sharing might reduce time available for practical skill-building.
No Concerns/Negative Feedback (6 mentions):
Most responses indicated no issues, with some highlighting positive contributions (e.g., knowledge, empathy, humour).

Conclusion

•The findings of the study show that EBE involvement had a direct impact and influence of individuals engaging in group DBT based skills workshops.

•EBE involvement instilled a greater sense of hope in both EBE and current service users. The findings also show that the presence of EBE encouraged greater engagement and verbal contribution within the sessions. This is one of the key aims of Decider skills as stated by Decider skills programme - “We have used our clinical expertise and proven strategies to enable both experts and non-experts to effectively teach the skills required to proactively reduce the impact of emotional distress. We have distilled complex psychological theory into highly effective, evidence-based skills that are engaging and memorable. The Decider Skills are delivered in an original, fun and creative style, using role plays, props, imagery and music, that makes them easy to learn and easy to teach” (Ayres & Vivyian, 2016).

•The process of delivering DBT based skills collaboratively between nursing & EBE means the service is operating in line with upcoming, relevant, evidence based clinical guidance, as seen in Policy and Practice Alignment (https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/guidance-and-support-documents/mental-health-engagement-policy-2024. pdf, accessed on 20/04/2020).

•The implications of the findings in this study include: increased demand on nursing team to plan, organise, and monitor EBE co facilitation sessions. while the sessions to date have demonstrated many positive outcomes, there is possibility for negative outcomes such as group members or EBE being triggered.

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