



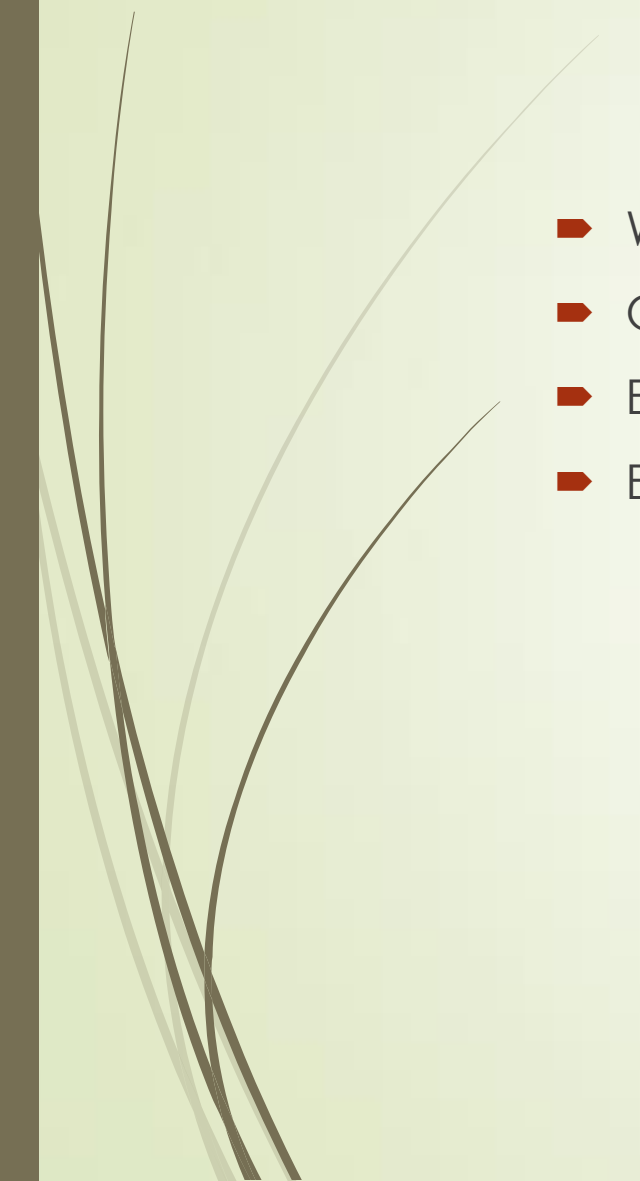
Hearing Voices Group

Mid west Community Care Unit St Albans - Presentation for the Victorian
mental health inter professional leadership network

15/10/2019



Overview

- What is the 'Hearing Voices Approach'?
 - Overview of the data
 - Evaluation of the current progress of the group.
 - Examining the strengths and limitations of the group as it is currently.
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What is the Hearing Voices Approach and why provide the service?

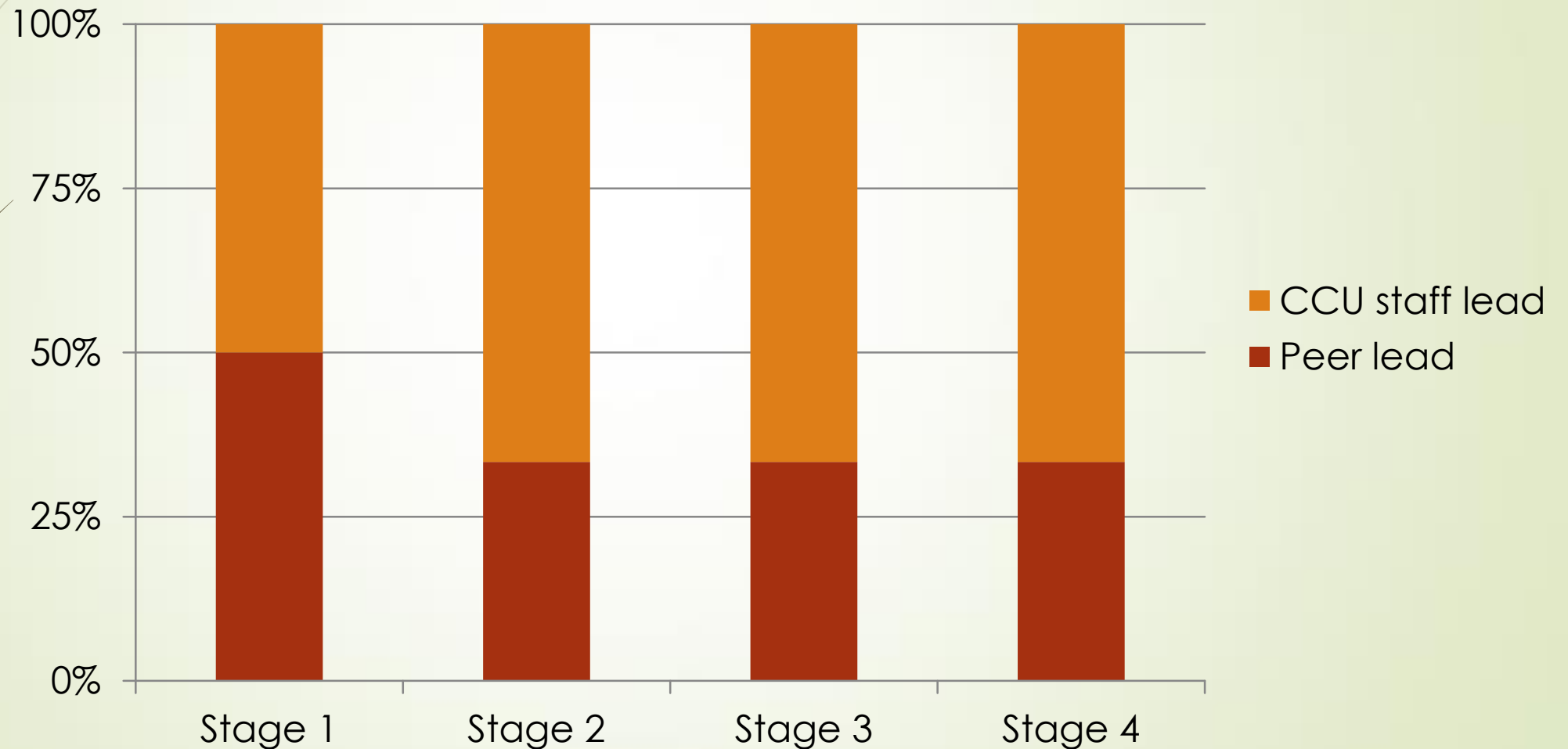
- ▶ The voices are real
- ▶ The purpose of intervention is not to be rid of the voices
 - ▶ The intention instead, is to develop a different relationship with the voices.
- ▶ The group can provide an opportunity for the following:
 - ▶ Discovery of more positive voices.
 - ▶ Helping people contextualise their relationship with their voices.
 - ▶ Challenging existing power differentials between voices and voice hearers.
 - ▶ Help people discern meaning behind voices.
 - ▶ An avenue for social interaction.



Group data

- ▶ Commencement of the group began on the 30/04/2019 till date
- ▶ Group has run for 24 sessions planned with 3 sessions cancelled due to lack of attendance.
- ▶ Average group attendance has been approximately 3 participants per week.
- ▶ 13 different participants attending the group over the past 20 weeks.
- ▶ Groups have been held primarily in the CCU with the exception of 6 groups which have been held in Sunshine Hospital's research building.
- ▶ All participants have been clients of CCU despite the group being open to residents at AMHRU
- ▶ Total costs involved (staff training costs self incurred). However ,costs of training for a staff interested would range between \$700 to \$1500.

Groups with peer worker present vs CCU staff group lead groups



Consumer participation





Recurring themes

- ▶ Numerous themes have been discussed during the groups, none have discussed the same topics.
 - ▶ Themes have often pertained to the relationship between voice and voice hearer
 - ▶ Explanatory frameworks pertaining to voice hearing
 - ▶ Explorations of power differentials between voices and voice hearers and control
 - ▶ Stigmatisation of voice hearing experience and the clinical mental health responses to voice hearing
 - ▶ Differing methods and complexities associated with communication between voice and voice hearer

Frequency of the group Topics



- Relationship with voices
- Communications methods
- Stigma
- Voices and emotions
- Voices and substance use
- Power & Control
- Coping strategies
- Explanatory framework



Feedback



- ▶ Evaluation and service improvement committee at Mid west area mental health service expressed interest in the group and suggested the practicalities of its application in other services.
- ▶ Families of the consumers have expressed desire to continue access to the groups post discharge from CCU
- ▶ Community team outer at Mid west area is now commencing the group at the clinic.
- ▶ Clinicians reported that the group has had positive impact on the consumers alliance with the mental health service.



Planning phase

- Mid west area mental health service supported the initiative.
- Initial consultation group meet 5 times and included the staff members from 2 sites CCU and AMHRU.
- Leads for the group were identified
- Evaluation planned for 5-10 weeks
- Opportunity to run the groups offsite was considered
- Identification of the Peer worker who would join in running of the group
- Training arrangements for other staff identified to co facilitate the group
- Development of the group protocols including Privacy and confidentiality to ensure the information in the group does not get used adversely.



Strengths and Weaknesses of the group

- Offers a context for healing within primarily clinical healthcare settings.
- Values the individual experiences of voice hearers without judgement.
- Promotes explanatory frameworks with regards to the experiences of voice hearing.
- Can provide an effective adjunct for medication as a treatment approach as the approach is not anti-medication.
- Attendance to the group is variable but the average attendance per week indicates the group will have limited attendance per week.
- The group is not always lead by a peer facilitator as there is only one peer facilitator.
- Groups can and often do discuss similar themes which can lead to repetition of discussions.



Opportunities and Threats



- There is an opportunity to further develop the group for other treatment contexts, specifically the community teams in order to reach a broader population who do hear voices and would benefit from this approach.
- There is opportunity to provide the group to people who have also previously accessed the Hearing Voices group in a post discharge capacity from CCU.
- There is also the possibility that other treatment contexts will want the CCU specific groups to provide services to their clientele.
- There is opportunity for the approach to be utilised in conjunction with other therapeutic modalities.
- The provision of the group is facilitated solely by allied health staff and a peer worker from another service. The group would benefit from more staff being able to participate in facilitating the group.
- There are limitations regarding the protection of confidentiality within the group as staff are expected to have an ongoing therapeutic relationship to the clients.
- Information procured from the group can be highly sensitive and if divulged inappropriately can lead to rapid escalation in response from mental health services.
- Risk is held primarily by the clinicians and peer worker facilitating the group.



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Questions?