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RESEARCH ARTICLE

Therapeutic Role of Psychiatric Mental Health Nursing in Psychological Therapies (Quantitative and Qualitative Study)

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Abstract

The aim of this study was to assess therapeutic role of psychiatric mental health nursing in psychological therapies. A sequential explanatory design was conducted at El-Abbasia Psychiatric-Mental Health Hospital (governmental hospital), Institute of Psychiatry- Ain Shams University (governmental hospital), and El Kasr El-Ainy psychiatric Hospital (governmental hospital and Nile Sanatorium of Psychiatry at El-Maady. The qualitative study involved 180 nurses who are randomly selected while the second phase included a purposive sample composed of eight nurses. **Tools for data collection; Tool 1** (Descriptive explorative questionnaire) "Therapeutic Role of the Mental Health Nurse", **Tool 2** (psychological therapies within the context of psychiatric nursing practice). **Results** of the quantitative study indicated that Psychological therapies or techniques that received the highest response rates were "counseling" by percentage of 38.9%, "group psychotherapy" by percentage of 8.3%, and "solution focused therapy" with the same percentage of 8.3%. While the therapies/ techniques with the lowest response rates were "mixture of previous methods", "psychoanalysis", and "Cognitive Behavioral Therapy" by percentage of 2.2%, 2.8%, and 3.3% respectively. The results of the qualitative study resulted in four major themes which are traditional nursing role, therapeutic nursing role, skill acquisition, and suggestions for improving the profession. **The study concluded** that mental health nurses had low knowledge, negative attitude, and little practices regarding psychological therapies. **Recommendations;** study recommended that Psychiatric-mental health nurses should receive formal training in psychological therapies

INTRODUCTION

The scope of practice in psychiatric-mental health nursing is continually expanding as the context of practice, the various scientific and nursing knowledge evolve and the need for patient access to holistic care. Otherwise, the core roles of the psychiatric mental health nurses such as health promotion, illness prevention and patient education and rehabilitation are given less priority and the current mental health nursing practice is dominated by biomedical treatments such as administration of medication and custodial care as nutrition, hygiene, and word activities **(Fisher, 2011).**

No doubt that psychological therapies, particularly cognitive behavior therapy (CBT), can have a demonstrable benefit for people with mental health problems and play an important role in helping them, for example in reducing distress, symptoms, risk for harm to self and others, health related quality of life and return to work **(Hamdan, 2012)**.

In developing countries, mental disorders are increasingly prevalent due to the consequences of persistent poverty and conflicts in fragile states. At the same time more than 50% of developing countries don't provide effective mental health services for persons with mental disorders in the community. Subsequently, 90% of people with epilepsy and more than 75% of people with major depressive disorder in these countries are inadequately treated, **World Health Organization (WHO, 2007)**.

In Egypt, some of the studies showed indications about this prevalence. In a study conducted by **the General Secretariat of Mental Health** in collaboration with the **World Health Organization (WHO), 2004** in which Dr. Emad Hamdy, professor of psychiatry at Cairo University, was the chief investigator and which conducted on 7400 citizen aged 18 years and over, it is found that the prevalence of mental disorders is up to 17% in excess of 13 million of the total Egyptians. **(Al-Ahram newspaper, 2013).**

The center for mental health services officially recognizes psychiatric nursing as one of the five core mental health disciplines (The other four disciplines are marriage and family therapy, psychiatry, psychology, and social work) **(Stuart, 2013)**. This fact not only provides an opportunity for psychiatric mental health nurses to play an integral role in treating people with mental illness in setting as diverse as inpatient, community, academic, research, private, public, and governmental institutions, but also bear a burden on the psychiatric mental health nurses to provide mental health services as efficiently and effectively as possible otherwise the lack of training they have in the mental health field especially in the area of psychosocial interventions.

Among mental health workers, nurses constitute the largest group of professionals **(Cleary et al., 2006; WHO, 2006)**. In addition, they involve a wide range of mental health services, such as medication management, crisis management, case management, counseling, psycho education, skills training and family interventions **(Baker, 2000)**. In addition to the ability to create therapeutic interpersonal relationships with people who have mental illness are important to mental health professionals as the monitoring of vital signs are to medical and surgical professionals **(Hamden, 2012)**.

Contemporary mental health professional are now expected to integrate principles of psychotherapy within their practice **(Freeman and Freeman, 2005)**. **Fisher, (2011); Select Committee on Mental Health (2002); and Clinton& Hazelton, (2000)** concluded that mental health nurses (MHNs) are well positioned to practice psychological therapy and teach these therapeutic and preventive practices to their patients. Because psychiatric nurses believe in the person's capacity to heal, every interaction is grounded in the deep belief that greater mental health and a meaningful life are within a person's reach **(Bojorkland, 2008)**.

These deep beliefs lead the psychiatric nurses to use all of the integrated care strategies to build an intentional theory of therapy with patients based on knowing what the persons want, identifying the barriers to a meaningful life, and a relationship based method aimed at relieving the distress and increasing their awareness about new ways of thinking and coping **(Tusaie & Fitzpatrick, 2013)**. By integrating the nursing models with the empirically validated psychotherapeutic strategies, the psychiatric nurse is in a unique position to provide bio-psychosocial integrative and holistic care unlike that provided by any other mental health care provider **(Freeman & Freeman, 2005)**.

Significance of the study

Psychological therapies play an important role in helping people with mental health problems that should have access to both effective physical and psychological treatments. Mental health professionals consider that their training, knowledge, and skills in psychological therapies are very essential for competent mental health practice. The findings from this study will provide the basis for the formulation of future research questions that can be explored in the Egyptian environment and culture. Specifically, researches that consider the role of psychiatric mental health nursing in effective use of psychological therapies.

Subjects and Methods

The aim of this study was to:

Assess therapeutic role of psychiatric mental health nursing in psychological therapies.

The aim of this study was achieved through answering the following research question:

Do psychiatric-mental health nurses have therapeutic role in psychological therapies?

Mixed-Methods Study: This study was designed as a mixed-methods study. It involved a sequential mixed-methods approach, in which both quantitative data collection and analysis techniques were chronologically undertaken **(Driscoll et al., 2007; Sale et al., 2002).** The study began with a quantitative study, and was followed by a qualitative one. Finally, a mixed-methods analysis was undertaken according to the research questions, in order to from the conclusions of the study.

Research design

This study used a mixed-methods design called a mixed-methods sequential explanatory design **(Creswell et al., 2003)**. It was conducted in two phases: a quantitative study followed by a qualitative study. **Creswell et al., (2003)** explained that this design has a straight forward nature, which offers an easy implementation. That is, the steps of conducting quantitative and qualitative studies fall into clear separate stages so the findings of both studies can be separately analyzed and reported, with a final discussion.

Quantitative study

Subjects and methods of this study were portrayed under four main topics as follow:

Technical design, Operational design, Administrative design, Statistical design

I- Technical Design

The technical design for this study includes research design, research setting, subjects of the study, and tools of data collection.

1) ***Research design:*** A mixed-methods explanatory research design was used in overall the study while a descriptive cross-sectional design was used in this phase of the study to assess psychiatric-mental health nurses' understanding of, attitudes towards and level of practice regarding psychological therapies.

2) Research setting:

This study was conducted at four psychiatric hospitals which are: El-Abbasia Psychiatric-Mental Health Hospital (governmental hospital), Institute of Psychiatry- Ain Shams University (governmental hospital), and El Kasr El-Ainy psychiatric Hospital (governmental hospital) and Nile Sanatorium of Psychiatry at El-Maady (private hospital).

3) Subjects

Type of sample:

A random sample composed of 180 psychiatric-mental health nurses were recruited for the purpose of this study.

Sample size:

From total of (728) nurses in the four settings in which the study was conducted (650 nurses at El-Abbasia Psychiatric-Mental Health Hospital (governmental hospital), 46 nurses at Institute of Psychiatry- Ain Shams University (governmental hospital), 22 nurses at El Kasr El-Ainy psychiatric Hospital (governmental hospital) and 10 nurses at Nile Sanatorium of Psychiatry at El-Maady (private hospital). The sample size of (180) participants was calculated using a power analysis. A Power of .80 (β = 1-.95 =.5) at alpha .15 (two-sided) was used as the significance level, because these levels have been suggested for use in the most areas of behavioral science research **(Ellis, 2010)**.

Inclusive criteria:

Sex: Both males and females.

Education: Nurses with varying educational degrees (Diploma, Institute, Bachelor, Master or Doctorate).

Experience: Nurses with varying psychiatric nursing experiences (except those with less than two years of experience were excluded).

4) Tool of data collection:

The tool used for the study consists of a descriptive explorative questionnaire "Therapeutic Role of the Mental Health Nurse"

The questionnaire was adopted by the researcher as it was developed by **"Jacklin Elisabet Monica Fisher, 2011".**

The questionnaire is composed of two parts used for data collection

I-Socio-demographic characteristics sheet:

- A personal and job related data sheet for psychiatric nurses:

It was constructed by the researchers. This section included brief personal profile questions about nurses as: age, gender, educational level, current place of employment, and years of experience.

- Therapeutic role of psychiatric-mental health nurse' sheet.

Questionnaire's content: This part was divided into five main sections: current therapeutic strategies used by psychiatric-mental health nurses; limitations to therapeutic role of psychiatric mental health nurses (PMHNs); use of psychological therapies; barriers to implementation of psychological therapies, and finally attitudes toward cognitive behavioral therapy (CBT).

Rating Scale: likert rating scale was used with this questionnaire. Likert rating scales were more frequently employed because they offer an efficient method for capturing a wide range of variance in self-reported attitudes, views and behaviors ***(Babbie, 2005).***

Scoring system: numerical values are assigned to each response and the total score is obtained by adding the values for each response. Scoring of responses is done as the following: in all items which measured by likert scale, responses of "strongly agree" given score"5", "agree" given score"4", "neither agree nor disagree" given score "3", "disagree" given score "2", "strongly disagree" given score "1". This scoring is reversed in some statements which are:

Statements No. 9, 10, 11, 12, 13, 14, 15 in question No. eleven "Do you agree that the following are barriers to implementing psychological therapies in your practice". The scoring system was reversed with these statements as responses of "strongly agree" given score"1", "agree" given score"2", "neither agree nor disagree" given score "3", "disagree" given score "4", "strongly disagree" given score "5".

Statements No. 3, 4, 7, 9 in question No. twelve "Do you agree with the following statements about Cognitive Behavioral Therapy". The scoring system was reversed with these statements as responses of "strongly agree" given score"1", "agree" given score"2", "neither agree nor disagree" given score "3", "disagree" given score "4", "strongly disagree" given score "5".

II- **Operational Design**

The operational design for this study includes preparatory phase, pilot study, field work, ethical considerations, and limitations of the study.

A- Preparation phase:

This phase deals with the preparation of the study design; data collection tool was adopted by the researcher after gaining official permission from the researcher who developed the tool. This questionnaire was primarily developed in English, which needed to be translated into Arabic. A back translation technique was utilized to gain an Arabic version of this questionnaire. That is, the questionnaire was given to a bilingual expert in a mental health area for translation from English into Arabic. After that, translated questionnaires were given to another expert for a back translation into English. In this stage, the English versions of the measure were not presented to the translator.

Tool Reliability and Validity

- ***Tools Reliability***

To achieve the criteria of trustworthiness of the tool reliability a doctor in statistics checked faces and content of all items. No modifications were performed and the two parts of the tool were tested through the pilot study.

The reliability of the tools was assessed two different times through assessing 20 nurses using the adopted questionnaire and reassessment after 30 days for follow up in the settings of the study on the same sample and the result was the same each time. The validity and reliability process was done during the period from February 2014 to March 2014. After conducting the pilot study for measuring reliability, data collected.

- ***Tool Validity***

To achieve the criteria of trustworthiness of the tool of data collection in this study, it was tested and evaluated for face and content validity, and reliability by a jury group consisting of three experts in the nursing and medical field, such as Psychiatric/Mental Health Nursing and Psychiatric medicine to ascertain relevance, clarity, and completeness of the tools.

B- Pilot study

A pilot study was performed after an official permission was granted from the dean of faculty of nursing, Ain Shams University to doctor managers of settings selected in the study. The pilot study included 20 nurses both males and females fulfilling the previously mentioned criteria; it was conducted to evaluate the simplicity, practicability, legibility, understandability, feasibility, validity and reliability of the tools, it was also used to find the possible problems that might face the researcher and interfere with data collection to estimate the time needed to fill in the sheets. According to the results of the pilot study, simple modifications were done as removing one question. Those who shared in the pilot study were excluded from the main study sample.

- The removed statement was statement No.5 "integration of community health into the hospital system" in question No. four which is concerned with "The factors limiting the ability of the mental health nurse to be therapeutic".

C- Field work

Before starting data collection, an official permission was obtained from the dean of faculty of nursing, Ain Shams University. Then, Official acceptance was obtained to conduct the study from the directors of Al-Abbasia Psychiatric-Mental Health Hospital, Institute of Psychiatry- Ain Shams University, and El Kasr El-Ainy psychiatric Hospital and Nile Sanatorium of Psychiatry at El-Maady. Once the permission was granted to proceed in the study, data were collected 3 days a week (Wednesdays, Thursdays & Fridays) during morning shift (9.00 am to 1.30 pm) and sometimes during the afternoon (12.30 pm to 5.00 pm) for about 25- 35 minutes for each nurse, the data collection lasted about three months from June 2014 to August 2014 . The researcher interviewed nurses individually (who agreed to participate in the study). The researcher contacted each nurse. At the same time, the purpose and nature of the study were explained. The questionnaires were read, explained and choices were recorded, with the researcher's assistance, to clarify the statements. The time of answering questions took about 25 -35 minutes. After collecting the answered sheets from a nurse, the researcher moved to another one to repeat the same previous steps, until completion of the process of data collection.

E-Ethical consideration:

The researcher obtained an approval to conduct the research study, received official permission from the following authorities:

- **Faculty of Nursing, Ain Shams University**
- **Al-Abbasia Psychiatric-Mental Health Hospital, Institute of Psychiatry- Ain Shams University, and El Kasr El-Ainy psychiatric Hospital and Nile Sanatorium of Psychiatry at El-Maady**

After securing official requirements for carrying out this study:

The subjects were informed about choosing to participate or not and about their right to withdraw at any time without giving any reason, and that data collected will be only used for the purpose of the study. Explanation of the aim and nature of this study to nurses with reassurance about confidentiality of information given and that it will be used for scientific research only.

III- **Administrative Design**

An official letter requesting permission to conduct the study was submitted from the dean of faculty of nursing, Ain Shams University to the manager of the four settings.

IV- Statistical Design:

The statistical analysis of data was done by using Computer Software for the Statistical Package for Social Science (SPSS) program, version 20, First parts of data were descriptive data, which were revised, coded, tabulated and statistically analyzed using the proportion and percentage. The validity and reliability test was confirmed by using the Cronbach Alpha Coefficient test. Degrees of significance of results were:

- p-value > 0.05 Not significant (NS)
- p-value $\leq$ 0.05 Significant (S)
- P-value $\leq$ 0.001 Highly Significant (HS)

The qualitative study

Design and ethics consideration

The second stage of this study involved a descriptive qualitative study. It aimed to seek how mental health nurses integrate psychological therapies within their routine nursing practice. Data were collected using semi-structured interviews with eight nurses selected from the sample of the quantitative study according to their breadth and depth of knowledge. Consequently, the eight nurses selected in this phase had greater breadth and depth of knowledge in psychiatric nursing care than other nurses. An interview guideline was developed with three main questions as follows:

1- **How can mental health nurse behaves in such situations when the patient:**

- Neglects his grooming and general hygiene?
- Refuses to eat or take medications?
- Does aggressive behaviors with you, your colleagues, or other patients?
- Follow the rules or modifies his negative behaviors?
- Hold some negative thoughts toward himself as "I'm a faller", or toward the life "there is no benefit from life".
- Show some delusional thoughts as" refuses to eat because the food is poisoned".

2- **How are you acquiring your skills in managing psychiatric patients?**

3- **What might help you to improve your skills in managing psychiatric patients?**

4- **Participants**

The participants were eight nurses, who provided nursing care for people with mental illness. They were recruited by a purposive sampling. This sampling method was selected because the study aimed to obtain information from the nurses with a greater breadth and depth of knowledge regarding psychiatric nursing care.

Data collection

Data were collected using semi-structured interviews among the recruited nurses. Before each interview started, nurses were informed about the study, such as the aims of study and the rights of nurses as noted in a participation information sheet. In addition, permission to have the audio record of the interview was sought from each participant. After that, written informed consent was obtained. All interviews were conducted in the same pattern according to an interview guideline. Each interview lasted approximately 60 minutes. To ensure the consistency of interview, no more than two interviews per day were conducted.

Data analysis

There were two main processes for data analysis: (1) data preparation and (2) data analysis. The process of data preparation involved transcription and translation. Interview data were transcribed from spoken words into textual data by the researcher. After that, transcriptions were translated into English by the researcher.

The translation was checked by a bilingual expert. Textual data from the interviews were manually analyzed by using thematic analysis technique. The process of data analysis involved a thematic analysis, which is a method for identifying, analyzing, and reporting themes and concepts with qualitative data **(Braun & Clarke, 2006)**. This method was used because this study aimed to identify themes related to nursing practices of mental health nurses with respect to psychological therapies. In addition, this analysis technique was considered more flexible than other methods because of its theoretical freedom **(Braun & Clarke, 2006)**; accordingly, it was appropriate for a descriptive qualitative study, which also did not require a deep theoretical framework or a high level of abstraction for the data analysis **(Sandelowski, 2000)**. Data were analyzed using the six steps of thematic analysis suggested by **Braun Clarke (2006)**. These were; **1) Familiarizing with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining themes, and 6) producing the report**.

Mixed-methods analysis

As mixed-methods designs, findings from both the qualitative and quantitative studies were integrated at the final stage. The findings of both studies were combined in two ways. Firstly, as the findings of the cross-sectional study were reported in a numeric form, these may be too abstract to explain the detail of nurses' understanding and practices **(Johnson & Onwuegbuzie, 2004)**. Therefore, by using the qualitative findings, the interpretation of quantitative findings was more understandable. Secondly, the findings of both studies were used together to provide a rich picture capturing the concept of psychological therapies within the context of psychiatric-mental health nursing practice. While quantitative findings revealed the understanding and nursing practices of nurses regarding

psychological therapies, qualitative findings examined how and to what extent the psychiatric-mental health nurses integrate these therapies in their routine practice.

Consequently, the interpretation of the findings using two different research approaches offered a breadth and depth of understanding about the status of psychological therapies within mental health nursing.

Rigour of the study

The validity of a mixed-methods approach is relatively new as the criteria for appraising the quality of a mixed-methods study is in debate **(Onwueghuzie & Johnson, 2006, Pluye et al., 2009)**. As a qualitative study has its roots in a different paradigm, **Onwuegbuzie and Johnson, (2006),** suggested that the quality of a mixed-methods study can be improved by addressing multiple validities of both qualitative and quantitative studies.

Results

In relation to therapeutic strategies used by psychiatric mental health nursing (PMHNs), the majority of the respondents either agreed or strongly agreed that mental health nurses (MHNs) nearly always employ the strategies outlined in the question. The strategies with the strongest level of agreement were "maintaining safety and aggression minimization", "intervening early when becoming ill", "responding promptly to medication issues", and "mental status assessment and physical health assessment". The strategies attracting the most disagreement were "sharing activities with patients", where 34.4% of the study sample were disagreed or strongly disagreed those MHNs "support families and friends of the patient". Regarding "maintaining regular contacts with the patients", 76.1% of respondents disagreed or strongly disagreed that MHNs employed this strategy (**Table, 1).**

Concerning psychological therapies used by PMHNs, seventy percent (70%) of respondents agreed they would like to use psychological therapies in their routine mental health nursing practice. The therapies/ techniques that used by PMHNs and received the highest response rates were "counseling" by percentage of 38.9%, "group psychotherapy" by percentage of 8.3%, and "solution focused therapy" with the same percentage of 8.3%. While the therapies/ techniques with the lowest response rates were "mixture of previous methods", "psychoanalysis" and "Cognitive Behavioral Therapy" by percentage of 2.2%, 2.8%, and 3.3% respectively **(Table, 2).**

Concerning the relationship between practicing psychological therapies and socio-demographic characteristics & job related factors of nurses, there were no significant statistical differences found between respondents in terms of age, gender, experience, and current place of employment. However, educational qualifications, setting of work, and daily caseload showed some significant statistical differences **(Table, 3).**

Concerning the relationship between attitudes to cognitive behavioral therapy and socio-demographic characteristics of nurses, Chi-square test indicated no statistical differences among respondents in terms of age and gender. However, the same test revealed significant statistical differences among the subjects in relation to daily case load and place of employment and high significant statistical differences in relation to qualifications, experience, setting of work, and work satisfaction **(Table, 4).**

Concerning awareness of respondents toward barriers for implementing psychological therapies and socio-demographic characteristics, Chi-square test indicated no statistical differences among respondents in terms of age, gender, daily caseload, and work satisfaction. However, the same test revealed some significant statistical differences among the subjects in terms of educational qualifications, experience, place of employment, and setting of work **(Table, 5).**

Qualitative findings

Nurses made a number of comments to explain their role while caring for psychiatric patients. A number of comments were categorized into thirty-three groups or codes according to the essences of each meaningful unit of data. These codes were conceptualized as twelve sub-themes and four themes according to the research questions, as displayed in **Table 6** Each theme is elaborated in more detail along with quotes from the nurses' comments to illustrate codes or essences under the themes.

Table (1): Strategies Employed by Mental Health Nurses

Statement	Agree		neither agree or disagree		Disagree	
	No	%	No	%	No	%
demonstrating an attitude of calm and caring	6	3.3	2	1.1	172	95.5
responding promptly to medication issues	1	0.6	3	1.7	176	97.8
supporting families and friends of the patient	62	34.4	33	18.3	85	47.2
focusing in developing insight	78	43.3	23	12.8	79	43.3
providing reassurance	6	3.3	3	1.7	171	95
intervening early when becoming ill	4	2.2	0	0.0	176	97.8
encouraging healthy lifestyle choices	86	47.8	23	12.8	71	39.5
sharing activities as going shopping	141	78.3	9	5.0	30	16.7
encourage attendance at peer support group	42	23.4	3	1.7	135	75
maintaining regular contacts with patients	137	76.1	10	5.6	33	18.3
Mental status and physical status assessment	0	0	2	1.1	178	98.9
Maintaining safety and aggression minimization	0	0	2	1.1	178	98.9
Encouraging self-management	44	24.2	18	10.0	118	65.5

Table (2): Psychological Therapies Used by MHNs.

Actually Used Approaches	No	%
cognitive behavioral therapy	6	3.3%
dialectical behavioral therapy	14	7.8%
solution focused therapy	15	8.3%
Psychoanalysis	5	2.8%
recovery model	1	0.6%
group psychotherapy	15	8.3%
Counseling	70	38.9%
mixture of previous methods	4	2.2%
Never used any method	50	27.8%

Table(3): Relationship between practice of psychotherapy techniques and selected socio-demographic and job related factors.

Characteristics		Practice Any of Psychotherapy Techniques				Chi square	P value
		Yes		No			
		No	%	No	%		
Age	20 to less than 30	29	51.8%	27	48.2%	2.122	0.547
	30 to less than 40	31	46.3%	36	53.7%		
	40 to less than 50	19	39.6%	29	60.4%		
	5o to 60	3	33.3%	6	66.7%		
gender	Female	57	47.5%	63	52.5%	0.549	0.459
	Male	25	41.7%	35	58.3%		
educational qualification	Diploma	53	39.8%	80	60.2%	7.888	0.019*
	Institute	18	56.3%	14	43.8%		
	Bachelor	11	73.3%	4	26.7%		
experience	2 to less than 5 years	21	63.6%	12	36.4%	7.509	0.057
	5 to less than 10 years	11	36.7%	19	63.3%		
	10 to less than 20 years	28	49.1%	29	50.9%		
	=> 20 years	22	36.7%	38	63.3%		
place of employment	Abbasia	47	43.9%	60	56.1%	3.553	0.314
	Alkasr	14	56.0%	11	44.0%		
	Ainshams	14	37.8%	23	62.2%		
	Private	7	63.6%	4	36.4%		
setting of work	Inpatient	75	43.4%	98	56.6%	8.704	0.003**
	rehabilitation units	7	100.0 %	0	0.0%		
daily caseload	1 to less than 10	0	0.0%	2	100.0 %	11.535	0.021*
	10 to less than 20	24	61.5%	15	38.5%		
	20 to less than 30	22	41.5%	31	58.5%		
	30 to less than40	32	48.5%	34	51.5%		
	>=40	4	20.0%	16	80.0%		

* Level of significance at 0.05 , ** Level of significance at 0.01

Table (4): Significant Differences-Cognitive Behavioral Therapy with Educational Qualifications, Experience, Place of Employment.

Characteristics		Attitude toward CBT				Chi-square	p value
		Negative attitude		Positive attitude			
		Count	Row N %	Count	Row N%		
educational qualifications	Diploma	127	95.5%	6	4.5%	28.434	<0.001**
	Institute	28	87.5%	4	12.5%		
	Bachelor	8	53.3%	7	46.7%		
Experience	2 to less than 5 years	27	81.8%	6	18.2%	15.039	0.002**
	5 to less than 10 years	23	76.7%	7	23.3%		
	10 to less than 20 years	56	98.2%	1	1.8%		
	=> 20 years	57	95.0%	3	5.0%		
place of employment	Abbasia	99	92.5%	8	7.5%	9.796	0.02*
	Alkasr	20	80.0%	5	20.0%		
	Ainshams	36	97.3%	1	2.7%		
	Private	8	72.7%	3	27.3%		

* Level of significance at 0.05 , ** Level of significance at 0.01

Table (5): Significant differences-Awareness regarding Barriers to Psychological Therapies with Educational Qualifications, Experience, Place of Employment, and Setting of Work.

Characteristics		Awareness towards Obstacles to Psychological therapies				Chi-square	p value
		Negative attitude		Positive attitude			
		No	%	No	%		
educational qualification	Diploma	97	72.9	36	27.1	9.79	0.007**
	Institute	17	53.1	15	46.9		
	Bachelor	6	40.0	9	60.0		
Experience	2 to less than 5 years	15	45.5	18	54.5	9.523	0.023*
	5 to less than 10	21	70.0	9	30.0		

	years						
	10 to less than 20 years	38	66.7	19	33.3		
	=> 20 years	46	76.7	14	23.3		
place of employment	Abbasia	71	66.4	36	33.6	8.51	0.037*
	Alkasr	15	60.0	10	40.0		
	Ainshams	30	81.1	7	18.9		
	Private	4	36.4	7	63.6		
setting of work	Inpatient	118	68.2	55	31.8	4.756	0.029*
	rehabilitation units	2	28.6	5	71.4		

* Level of significance at 0.05, ** Level of significance at 0.01

Table (6): Overall codes, sub-themes and themes that emerged from the interview data. (qualitative part)

Code (n)	Sub-themes	Themes
Hygienic care (8) Medication administration(8) Assessment (1) Observation (3) Physical safety (4) Documentation (8) Contacting the psychiatrist (8) Admitting patients (1)	Custodial functions Administrative functions 	Traditional nursing role
Trust (1) Psychological safety (1) Individual support (2) Group support (1) Installation of hope (3) Therapeutic mellieu (2) Nurse' Personal qualities (2) Recovery planning (1) Skill training (2) Changing negative thoughts (6) Challenging delusional thoughts (2) Behavioral modifications (5) Token economy (4) Religious instructions (3) Religious practices (1) Feeding (1) Bathing (7)	Therapeutic factors Relapse prevention Cognitive interventions Behavioral interventions Spiritual interventions Psycho-analytic interventions	Therapeutic nursing role

Code (n)	Sub-themes	Themes

Experience (6) Education (2) Training (4) Observation of others' skills (2) Cooperation among multi-disciplinary team (4) Effective supervision (2)	Qualifications Multi-disciplinary team interaction	Skill acquisition
Organizational process and access to training (6) Relevant training courses (3) Supervision (3) Scientific, morale, and financial support (2)	Training Administrative issues	recommendations for improving the profession

Note: n= Number of nurses who suggested each code.

Discussion

The aim of the present study was to assess the therapeutic role of psychiatric mental health nurses in psychological therapies. Regarding the therapeutic modalities used by psychiatric-mental health nurses, the current study indicated that PMHNs report a low frequency of nursing practices as" sharing activities with patients", support families and friends of the patient". "maintaining regular contacts with the patients", but high frequencies are given to medical approaches as "maintaining safety and aggression minimization", "intervening early when becoming ill", responding promptly to medication issues", and "mental status assessment and physical health assessment".

There are some explanations of why nurses give the medical approaches the highest frequencies. This suggested that nursing practices were more based on a medical model rather than a psychosocial model. Psychiatric and mental health nursing historically emerged under the patronage of psychiatry as a result; it has been dominated by a medical model. Although the nursing models have been continuously developed unique to nursing science, nursing practices are still under the dominance of a traditional medical model because this model is considered an important component in the treatment of mental disorders.

Another explanation may be related to insufficient knowledge about psychosocial interventions and lack of time to apply these interventions in routine nursing care.

The results of the current study which related to therapeutic strategies and non-pharmacological approaches used by psychiatric-mental health nurses appeared to be congruent with data concluded from the study of **Rungapadiachy, Madill and Gough, (2004)**, that explore how mental health student nurses perceived the role of the mental health nurse. The respondents described the primary role of the mental health nurses as technocratic in nature. Mental health nurses were seen to have a large role in drug administration and monitoring. Study analysis resulting in themes that describing the mental health nurse's role as having a large role as an administrator and agent of physical interventions such as clinical observations, attending to the physical needs of consumers was a function assumed by MHNs provided to those who unable to meet their own hygiene and nutritional needs in inpatient units.

In **Rungapadiachy et al., (2004)** study, there was no indication that mental health nurses were viewed as broadly supporting clients of daily living in a supportive educative or role modeling capacity. Implementing psychological interventions through spending time with consumers and utilizing specific therapeutic approaches such as CBT was also identified as a theme. However, these functions were not perceived as a priority for mental health nurses by participants and structured programs such as CBT were restricted to specific units.

These results also came in accordance with study results of **Paogantragon et al. (2006)** who used a survey to explore the knowledge and skills of 53 Thai community mental nurses. The nurses reported a lack of knowledge related to mental health care, even the basic knowledge of mental health nursing as therapeutic use of self and nursing interaction in mental health.

Regarding psychological therapies used by psychiatric-mental health nurses, the current study indicated that slightly more than one third of the sample used "counseling" in their current practice while less than a tenth of the total sample used "group psychotherapy" and "solution focused therapy" with the same percentage. While" psychoanalysis", and "Cognitive Behavioral Therapy" were the techniques with the lowest response rates.

There are some possible explanations as to why nurses had negative attitudes and little practices regarding psychological therapies. These are associated with many factors; namely. 1) Theoretical factors represented in the complexity of the concept of psychological therapies, 2) lack of resources related to psychological therapies, 3) Time constrains of nurses to read or to learn a new concept, (4) Domination of the bio-medical model on the mental health system, and (5) lack of nursing practice guidelines.

Considering counseling, there is an explanation as to why nurses reported high frequency in using counseling in their current practice. Generally, MHNs engage with counseling on two levels, namely those of counseling skills and counseling sessions. The first pertains to health communication skills which considered central to nursing profession as nurses of all branches communicate under challenging conditions, and the later pertains to formal mutually negotiated therapy sessions. The explanation of why nurses give "counseling" the higher frequency is related to the psychiatric mental health nurses' understanding of the meaning of counseling, or the level of engagement in counseling. The changeover point to distinguish health communication from the formal counseling session is the explicitly contract to enter into a counseling relationship and when the counselor see the client in a private and confidential setting to explore a difficulty or dissatisfaction the client is hawing, otherwise it is simply the use of counseling or health communication skills.

This finding was also matched with the data in the study of **Trudy (2008)** who uses a mixed method research design to explore" knowledge and views of mental health nurses on talking therapies in clinical practice" in Newzeland . The findings revealed identification of some knowledge gap for nurses with limited postgraduate experience, and for nurses who currently work in inpatient areas. Nurses also identified that talking therapy training courses needed to be clinically relevant.

This result was also incongruent with the data concluded from the study of **Fisher (2011)** which explored the therapeutic role of the mental health nurses in psychological therapies. The study identified the therapeutic roles that nurses and consumers believe are most helpful in the care of people with severe and ongoing mental illness, including identifying the knowledge concerning, attitudes towards and usage of evidence-based psychological therapies in mental health nursing practice. The study used "a mixed method approach". Two Delphi studies and an online questionnaire survey were the research methods selected. Three sample groups were identified, comprising consumers of mental health care and expert mental health nurses for the two Delphi studies, and a larger sample (n=532) of practicing MHNs in Australia for the on line questionnaire survey. Results indicated that there is a substantial agreement across all three sample groups on what constitutes therapeutic mental health nursing practice. The Delphi consumer group identified wellness planning, a recovery focused approach and CBT as important therapeutic strategies in maintaining client's well being and preventing relapse.

This finding was dissimilar to **Neela, Scott, Treacy, and Hyde (2007)** who reported that nurses valuing their skills and knowledge of psychological concepts and techniques in clinical practice. A small sample of 59 nurses participated in focus groups to explore their ideas about how nurses conceptualize nursing. The results indicated that nurses valued their knowledge of psychological concepts and skills and how their knowledge contributed to their assessment skills and clinical practice.

This finding also was in contrasting with **Curran and Brooker (2007)** who conducted a systematic review that sought to identify randomized control trials reporting on nurses' contribution to the implementation and evaluation of effective delivery of psychological interventions in the United Kingdom. Fifty-two RCTs were included in the review. **Curran and Brooker** concluded that mental health nurses in a variety of treatment settings were involved in the effective delivery of psychological interventions and that CBT was the predominant intervention.

In addition to an illness-oriented paradigm of nursing education, the scope of competencies required for the mental health nurses has the potential to lead nursing education away from being psychotherapy-oriented. As the aim of nursing education is to produce competent nurses, nursing curricula and course structures are designed around the scope of nurse competencies.

In summary nursing education in mental health nursing has been influenced by an illness-oriented perspective and non-psychotherapy-oriented competencies although the institute and bachelor education showed somewhat differences in terms of integration of psychotherapy oriented topics in to their curricula. This previous explanation clarified the results of the current study in which higher education levels in psychiatric and mental health nursing being associated with positive attitudes toward and higher delivery of psychotherapeutic interventions.

The present study found that the work environment had an impact on nurses' ability to practice psychotherapy with in their routine practice. Nurses working in inpatient units significantly delivered less psychotherapeutic – oriented nursing practices than did those in Rehabilitation units.

The scope of mental health nursing practice is likely influenced by the work environment. Although mental health nurses have developed advanced roles and work autonomously to address individual's needs, their nursing practices can be constrained by the work environment. For example, nurses working in inpatient units tend to have less autonomy and flexibility than those in community settings and rehabilitation units. As a result, the scope of nursing practice in inpatient units may differ from that of community mental health nurses.

The scope of nursing practice aims to serve institutional missions rather than addressing client's needs and satisfaction. Thus, the more mental health nurses are required to serve the institutional mission, the less they are able to address client's needs and satisfaction. Three main factors related to the work environment limit inpatient mental health nurses' opportunities to deliver psychotherapeutic practices. Firstly, a client's decrease in the length of stay in hospital can limit the opportunities for inpatient nurses to deliver psychotherapeutic practices. Due to a policy of disinstitunalization, the length of hospital stay for mental health clients is relatively short because they are transferred from a hospital to their community.

A shorter stay in a hospital is considered a major barrier for inpatient nurses to provided psychosocial interventions. This is because a limited stay makes it difficult for inpatient nurses to develop therapeutic relationships, which is an important foundation for promoting psychological recovery. **Crowe and Luty (2005)** have stated that structured psychosocial interventions may also be reinforced and more suited community mental health nurses rather than inpatient services. Accordingly, nursing practices by inpatient mental health nurses are likely to be less psycho-therapeutic-oriented than those by MHNs.

Secondly, busy conditions in inpatients units are rather limitation for inpatient nurses to promote integration psychological therapies in practice. Generally, inpatient psychiatric units are structured and organized according to hospital policy. Accordingly, there are lots of structured routines that nursing staff are required to complete, such as ward administration, do cementation, doctors' rounds, staff meetings, reporting to other staff, medication administration, and psychosocial interventions. Several authors have stated that when working under a structured and routine-required environment, inpatient nurses tended to deal with routine tasks rather than therapeutic Activities **(Cleary, 2003; Scott & Pollock, 2008; Whittington & Mclanghin, 2000).**

Busy conditions in inpatient units can be further understood by studies of time allocation amongst inpatient mental health nurses, for example, **Whittington (2000)** found that, over a half of the working day (57.3%) was spent on non-therapeutic activities, such as routine tasks related to ward administration. **Waters and Easton (1999)** explain that the ward system and routines can limit a nurses' ability to provide individualized care. Such factors are likely to limit inpatient mental health nurses' delivery of nursing practices and be less psychotherapeutic-oriented than community mental health nurses.

Finally, an emphasis on symptom stabilization as a goal of inpatient mental health services can limit inpatient nurses' opportunities to promote integration of psychosocial interventions into psychiatric nursing practice. In patient mental health services emphasis stabilizing psychotic symptoms **(Cleary, 2003; Cleary et al., 2005; McGihon, 1999)**. Consequently, there is a preference by inpatient mental health staff for more medical interventions, such a medication therapy and electro-convulsive (ECT). Therefore, with an emphasis on medical interventions for symptom stabilization in inpatient units, inpatient mental health nurses tend to deliver nursing practices that are less psychotherapy-oriented than do community MHNs.

Discussion of qualitative part

This part will discuss the results of the qualitative phase of this current mixed method study, the researcher's interpretation of these results as well as comparing it with other related studies and recent literature. The following discussion will focus on the findings related to the research question: Do psychiatric-mental health nurses have a therapeutic role in psychological therapies?

Four themes were identified in relation to practices of psychiatric-mental health nurses especially integration of psychological therapies: **(1) traditional nursing role, (2) therapeutic nursing role (3) skill acquisition, and (4) suggestions for improving the profession.**

One debate that surrounds the knowledge and skills required for mental health nurses to carry out their role is centered on whether mental health nurses work within a biomedical model or an interpersonal framework **(Barker et al. 1997; Gournay, 1995; Peplau, 1962)**. The difficulty in articulating the role of the mental health nurse lies in part with what is referred to as the invisibility of the core skills of mental health nursing, the nurse-consumer relationship rather than the execution of specific technical skills **(Bray, 1999; Forchuch, 1994; Hamilton & Manias, 2007; O'Brien, 1999; Peplau, 1962; Welch, 2005). Hamblet (2000)** believes that the low visibility of mental health nursing practices makes it difficult to quantify outcomes of interventions as they are less tangible. **Hamilton and Manias (2007)** believed that the invisibility of the mental health nursing interventions such as focused observations has negative consequences in the capacity of the mental health nurses to describe their role. Recent discussion on the role of the mental health nurse by **the Department of Health in South Australia (2006)**, identified mental health nurses as multi skilled professionals whose holistic approach to care sets them apart from others work in the sector. Mental Health Nurses act as informed advocates. They are involved with consumers and care 24 hours a day and have the capacity to apply a range of psychological therapies to their practice **(Department of Health South Australia, 2006)**.

The practice of the mental health nurse is "complex" and not easy to be "seen". Mental health nurses work in a variety of clinical contexts outside of the traditional acute and sub-acute care setting. Indeed, the research literature shows that mental health nurses are increasingly working outside of these traditional clinical areas, as the mental health nurse respondents reflected, the more generic the model of care delivery the greater the ambiguity in their role. This is because there are a core set of skills seen as common and necessary for all clinicians and concomitantly, little regard for, or recognition of, specialized skills **(Renouf & Meadows, 2007).**

Theme one: Traditional Nursing Role

The first major theme that emerged was related to traditional role of psychiatric mental health nurses which include two sub-themes.the first sub-theme that emerged was concerned with custodial interventions as hygienic care, medication administration, observation, physical and behavioral assessment, and patient's safety. The second sub-theme was related to the administrative functions as documentation, admitting patients, and contacting the psychiatrist. These results were in accordance with several studies that reported the role of mental health nurses in relation to assessment and medication management **(Cowman et al., 2001; Fourie et al., 2005; Huang et al., 2008; Mc Cardle et al., 2007; Zeeman et al., 2002)**. In a community setting, **Huang et al., (2008)** used semi-structured interviews among 29 community mental health nurses to explore the roles and functions of public health nurses in caring for people with schizophrenia. The researchers reported that community mental health nurses played roles in assessing needs and problems of the clients as well as helping them to continue taking prescribed medication. Accordingly, mental health nurses both in hospital and community settings emphasized nursing care for symptom stabilization. This finding also was in agree with findings of **Cleary and Edward** study which conducted with ten nurses in **1999.** They found that patient's safety is primary concern for nurses on inpatient psychiatric units. When participants discussed safety, they include actions such as protecting patient's rights, keeping them physically safe from harm and providing a safe place to be vulnerable and heal from their psychiatric illness.

Based on the responses by the nurses in this section of the current study, it is clear that mental health nursing practices were associated with assessment, medication management, providing education, and emotional support. Such practices were considerable less expensive than expected from mental health nurses. **Allen, (1998)** defined these roles as the normal nursing practice roles, which include conducting psychiatric assessment, providing education about psychiatric diagnosis and treatment, and helping in symptom management. These roles are considered basic roles of mental health nurses. Accordingly to **Daly and Carnwell (2003)**, the roles of mental health nurses reported in this section of the current study's results were considerable role extension rather than role expansion, role extension is described as the inclusion of particular roles or responsibilities that were not previously considered the roles of nurses, but the other professionals such as doctors. Meanwhile, role expansion is associated with a special role enhanced by additional skills and responsibilities that give the nurses greater autonomy and accountability while maintaining the core elements of nursing practices.

Theme two: Therapeutic Nursing Role

The second major theme that identified from analysis of data was related to therapeutic role of psychiatric mental health nurses which include six sub-themes**.** The first sub-theme was related to therapeutic factors used by

psychiatric mental health nurses while caring for their patients as maintaining trust relationship, maintaining psychological safety, providing emotional support, installation of hope, preparing for a therapeutic millieu, and the nurses' personal qualities. In relation to emotional support, this finding is matched with two studies. The first one is the study of **Cowman et al., (2001)** which reported that nurse-patient interaction is considered the core of psychiatric and mental health nursing because nurses use this intervention for several purposes ranging from social to therapeutic purposes, the second study is **Huang et al., (2008)** who considered that the role of mental health nurses includes providing emotional support.

The second sub-theme emerged was prevention of illness relapse which is achieved by many strategies as adherence to medications and social skill training. This finding was supported by **Happel et al., (2002)** who used four focus groups comprising 22 mental health nurses to investigate the roles in enhancing medication adherence among people diagnosed with mental illness. The findings revealed that mental health nurses facilitated medication adherence by educating those people about medication. This finding also appeared to be in accordance with data concluded from the study of **Cowman et al., (2001)** and **Huang et al., (2008)** which reported that mental health nurses took a role as an educator who provided health education or skill training for preventing the relapse of illness. Therefore, relapse prevention is a part of nursing care for people living with psychiatric disorders.

The third sub-theme identified from data analysis was concerned with cognitive interventions which nurses use while caring for their patients in the daily work. These cognitive interventions represented in changing patients' negative thoughts and challenging the delusional ones.

The fourth sub-theme emerged in relation to the therapeutic role of nurses was the "behavioral interventions" that the nurse used to modify the patients' negative behaviors or reinforce them to acquire new ones. The interpretation of these findings is that most of psychiatric nurses have used, either consciously or unconsciously, basic cognitive or behavioral strategies in their daily routine work with the patient. For example, pointing out to depressed clients instances of these negative cognitive biases, guiding the anxious patient to question the unrealistic fears, giving the patient morale or tangible rewards for good achievements or positive behaviors or teaching him new skill or behaviors by repeating these behaviors in front of him before he can perform it independently. Consequently, we can say that psychiatric nurses are accustomed to use protocols that are based on cognitive-behavioral interventions (CBT).

This finding is congruent with a study from Hong Kong, the study was conducted by **Chan & Leung, (2002)** and offered evidence that the therapeutic skills of mental health nurses can be enhanced by the use of CBT, its research literature discusses the application of CBT in the treatment of clients with schizophrenia and the subsequent implications for mental health nursing practice. They claimed that "mental health nurses play a key role in the rehabilitation of clients, and an important role is to provide individual, group, and family psychotherapy". **Chan & Leung, (2002)** go on to identify two challenges to mental health nurses interested in pursuing their role as cognitive behavioral therapists. Firstly, they can develop autonomy over their practice and secondly that they gain recognition, from other health care professionals, that they have the skills, knowledge and competence to practice CBT. They conclude that CBT can and should aggressively integrated into the role of community mental health nurses but full recognition is given to the required highly specialized training.

This finding also is matched with another study, this time from Australia, which was conducted by **Hafner, Crago et al., (1996)** who looked at introducing and evaluating a CBT training program for community mental health nurses in their role as case manager. At the end of the six month training period, the mental health nurses saw themselves as having basic skills and knowledge as cognitive behavioral therapists and arrangements were made for them to access clinical psychologists for further ongoing supervision and support. The research findings detailed the initial major reservations that the clinical psychologists had with regard to "nurses" being trained in CBT. Their perception was that CBT required a level of skill and knowledge that couldn't be acquired within a six month time-frame. They also expressed that CBT was part of their "professional turf" for which most of them had received extensive training.

The fifth sub-theme concluded from the data and emerged within the therapeutic role of nurses was the" spiritual interventions" as the nurses reported that they use some of the religious instructions and practices with their patients to promote their emotional state or change some of the negative thoughts.

The final theme identified from nurses' discussions was the "psychoanalytic interventions" which been inferred indirectly through nurses' words. Nurses perform some of the psychoanalytic strategies unconsciously when they bathing or feeding the patient by their hands as moms. **Peplau, (1962)** identified that "the role of surrogate is one of the interpersonal nursing roles in which nurses assume roles that have been assigned by the patient, based on significant past relationships, as in the psychoanalytical phenomena of transference".

Theme three: skill acquisition

The third major theme that emerged in this study related to how nurses acquire their skills in managing psychiatric patients. Nurses reported that experience with patients, education, training, observation of others' skills, effective supervision and inter-professional learning as the methods that help them to acquire and develop their skills. This result is congruent with **Scanlon's, (2006)** study that identified experiential learning as an informal process for developing additional skills and ongoing education throughout their careers to improve their skills as many of the respondents attended workshops regularly and found these to be the most helpful, especially those focused on diagnosis and new medications.

This finding is also congruent with the finding of **Trujillo's, (2009)** study in which respondents identified observing others in the treatment setting as one of the main strategies which help them to develop their skills. When the participants discussed observing others in the treatment setting, they didn't discriminate based on education level or profession. In fact, many identified that the employee with the greater skills in interacting with patients were the paraprofessionals who were out on the floor interacting with patients the entire shift.

Theme four: Suggestions for Improving the Future of the Profession

The forth major theme identified from data analysis was related to nurses' suggestions to improve their knowledge and skills while caring for psychiatric patients and consequently improving the profession. Sub-themes identified from nurses' discussions were related to training and some administrative issues as morale and financial support.

This result is congruent with the study of **Brooker and Butterworth (1993)** which sought to evaluate the impact of training in Psychosocial Interventions, in particular behavioral family interventions on the role of community psychiatric nurses working with families caring for a relative with schizophrenia living at home. Ten nurses recruited from a national advertisement campaign participated in a 17 day course delivered in stages over a period of six months. The course content included theoretical aspects and clinical skills in behavioral family interventions. Workshop training included didactic teaching methods and clinical skills development through the use of role-plays and video feedback sessions.

Ongoing training included feedback on audiotapes from samples of behavioral family interventions in clinical sessions. Four formal questionnaires were used to measure changes in the way which trainees organized aspects of their work, including their clinical skills; their clinical role and management of caseload numbers; knowledge of and utilization of interventions for working with clients with a diagnosis of schizophrenia. The participants were also requested to provide information pertaining to the overall benefits of training and the effect on interdisciplinary relationships. The authors argue that the training was cost effective. The nurses' reported that psychosocial interventions skills were readily acquired and that the course structure allowed for effective learning opportunities and changed practice. Although clinicians can be trained effectively in Family Therapy Intervention skills, the implementation of skills into practice has proved challenging.

Conclusion

Based on the results of the present study, it could be concluded that: Psychiatric-mental health nurses had poor knowledge, negative attitudes and little basic practices regarding psychological therapies. There is a relationship between practicing psychological therapies and nurses' level education and setting of work.

Recommendations

According to key findings of this research study, there are some recommendations for improving mental health services, nursing education, and future research.

It is important to state the philosophy of psychotherapy clearly in mental health policy as a key principle of mental health services. It is important to make a clear statement of its values in the mental health mission, polices, and procedures because it will inform mental health professionals in all areas of care to organize service structures and deliver mental health services with the values and principles of psychotherapy.

Mental health services should be underpinned by four key values of psychotherapy. **Firstly**, mental health services should be person-oriented rather than illness-oriented. The services should emphasize an individual's strengths, interests, roles, and limitations, and consider mental health clients as a person rather than as a patient. **Secondly,** user involvement or partnership should be promoted in all aspects of mental health services. **Thirdly,**

mental health services should help mental health clients to develop the capacity to have a meaningful life beyond the limitations caused by mental illness.

Training in psychotherapy and its application in the mental health services should be provided for mental health workers including nurses. So that, they could have the understanding and competencies required to implement these therapies.

Recommendations for Nursing Education

Nurse educator should integrate psychotherapy models into nursing curricula of psychiatric and mental health nursing education in all of its degrees (diploma, bachelor, master, and doctorate). This is important because mental health nurses can't have the skills of psychotherapy without sufficient knowledge about these models and practices.

Nurse educator should promote the utilization of nursing theories which are consistent with psychotherapy models. Nursing theories are the conceptual frame works that all nurses use to guide their decisions and nursing practices. In the area of mental health nursing, there are two models that consistent with the principles and procedures of psychotherapy models which are Peplau's Theory of Interpersonal Relationships and Roy's Adaptation Model. The adoption of two theories will help in patient's recovery from mental illness and help to develop nurses' skills and practices regarding psychological therapies through its integration into nursing models of care.

Clinical educators should integrate psychotherapy-based competencies into the course objectives, such as abilities to establish therapeutic relationship, to provide person-centered care, and to challenge mental health stigma.

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