**Brief cognitive behavioural intervention delivered by nurses reduces overall symptoms in schizophrenia**


**QUESTION:** Can community psychiatric nurses effectively deliver a brief cognitive behavioural therapy intervention for people with schizophrenia?

**Design**
Randomised controlled trial.

**Setting**
6 psychiatric secondary care services in England, Ireland, Scotland and Wales.

**Participants**
422 people with schizophrenia in secondary care (defined using ICD-10 criteria). All were aged 18–65 years, 40% women; 89% white. Exclusion criteria were deterioration; need for intensive home treatment; primary diagnosis of alcohol or drug dependence; organic brain disease or severe learning disability.

**Intervention**
Brief cognitive behavioural therapy or usual care. After 10 days of training, the intervention nurses visited patients for up to 6 hour-long sessions over 2–3 months. Carers received 3 optional sessions. All phases of cognitive behavioural therapy were included: assessment and engaging; developing explanations; case formulation; symptom management; adherence; core beliefs, and relapse prevention. Participants and their carers also received educational booklets.

**Main outcome measures**
Primary outcomes were overall symptoms (measured using Comprehensive Psychopathological Rating Scale), insight (Insight Rating Scale) and carer burden (Burden of Care Questionnaire). Secondary outcomes were schizophrenia symptoms (Schizophrenia Change Scale) and depression (Montgomery-Asberg Rating Scale).

**Main results**
The intervention group had improved overall symptoms, depression and insight (all p < 0.05; see table). There was no increase in suicide ideation and no difference between groups in symptoms of schizophrenia or burden of care.

**Conclusions**
Previous research suggests that interventions delivered by expert cognitive behavioural therapists are beneficial for people with schizophrenia. This study found that community psychiatric nurses can also deliver brief cognitive behavioural interventions safely and effectively.

### Number needed to treat with brief cognitive behavioural therapy to benefit one person with schizophrenia

<table>
<thead>
<tr>
<th></th>
<th>Number needed to treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved overall symptoms</td>
<td>13</td>
</tr>
<tr>
<td>Improved insight</td>
<td>10</td>
</tr>
<tr>
<td>Improved depression scores</td>
<td>9</td>
</tr>
</tbody>
</table>

**COMMENTARY**

There is evidence that nurses can competently deliver cognitive behavioural interventions for people with schizophrenia. 1–2 Turkington et al found that overall symptoms improved after brief cognitive behavioural therapy delivered by Community Psychiatric Nurses, although contrary to previous studies, psychotic symptoms were not reduced.

Although the study was large and sufficiently powered, there are some caveats. First, the cost of the intervention is not mentioned. Nurses received 10 days of intensive training combined with weekly supervision. It would take many resources to make this intervention widely available. Second, longer term effects were not investigated. A longitudinal study is needed to assess whether brief cognitive behavioural therapy produces long lasting effects on symptom reduction, overall functioning, drug compliance, relapse and readmission rates. Third, there is no description of how nurses were selected. The qualifications, experience, motivation, commitment and abilities of nurses in the intervention group may have been different to those providing usual care.

It is important to account for patients’ cultural values when integrating cognitive behavioural therapy into mental health services. In this study, the number of people from ethnic minorities was too small to allow meaningful comparison. As well as preparing educational material in different languages, it is important to question whether cognitive behavioural therapy is acceptable to different cultures. Cultures may have different ways of expressing emotion. For example, Cheng suggests that Chinese people distrust ‘talking therapy’ and find it difficult to express emotions and engage in self-exploration. They may therefore find it difficult to participate in psychotherapy. Mental health professionals should be aware of these differences and deliver culturally sensitive care. Research is needed to assess patients’ acceptance of and outcomes from cognitive behavioural therapy in various cultural groups.

Sally Wai-chi Chan, PhD MSc BSc RMN
The Nethersole School of Nursing
Chinese University of Hong Kong
Shatin, Hong Kong

Brief cognitive behavioural intervention delivered by nurses reduces overall symptoms in schizophrenia

Evid Based Mental Health 2003 6: 26
doi: 10.1136/ebmh.6.1.26

Updated information and services can be found at:
http://ebmh.bmj.com/content/6/1/26

These include:

References
This article cites 2 articles, 1 of which you can access for free at:
http://ebmh.bmj.com/content/6/1/26#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections
- Schizophrenia spectrum (430)
- Nursing (31)
- Substance dependence (407)
- Clinical trials (epidemiology) (989)
- Epidemiologic studies (631)
- Epidemiology (1570)
- Neurology (1070)
- Suicide (psychiatry) (228)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/