Complementary Therapies in Social Psychiatry

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Background and purpose
The use of complementary therapies (CAM) is common and increasing in the Danish population in general. Preliminary studies suggest that among people with psychiatric disorders the consumption is even higher. In Denmark people with severe mental illness are offered care and treatment within social psychiatry. Nursing interventions involves a recovery-oriented focus, and rumors tells that several psychiatric residential homes implements various therapies such as massage and ear acupuncture as an integral rehabilitative treatment.

The aim of this project:
To examine the prevalence of complementary therapies in psychiatric residential homes, to identify the resident’s perspective of these interventions and to investigate if the residents find these interventions relevant in recovery processes.

Methods
• A survey study including residents from four strategically selected residential homes.
• Inclusion criteria: All residents were invited.
• The questionnaire covered use of CAM, self-perceived effects, the Mental Health Recovery Measure (MHRM) score and background information.
• 2 possible ways to answer: online or a paper version with or without personal support
• Descriptive and analytical statistics were made using STATA 15 covering possible recovery-relevant effects of CAM.

Results
Out of 131 possible respondents 68 agreed to participate (52%). Demographic analyzes showed an equal distribution of gender, mean age was 44.1 years and 62 % inform that schizophrenia is the main diagnosis. 38 % have lived at the residential home between 1 and 5 years. Use of CAM is only seen in the residential setting as no residents seeks therapist in a private setting. Ear- acupuncture (38 %) is the most commonly used CAM followed by music therapy (37 %) (table 1). The respondents express that physical symptoms are the main reason for using CAM. The adjusted mean difference in recovery score was -4.2 point 95% CI (-9.4;17.8) p=0.54 comparing respondents using and not using CAM (table 2). In all, 40 % “strongly agree” that CAM strengthens their recovery process, while 24 %“don’t know” (figure 2).

Table 1: Complementary Therapies (CAM) Residents n=68

<table>
<thead>
<tr>
<th>Table 1: Complementary Therapies (CAM)</th>
<th>Residents n=68</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear – Acupuncture (NADA) /Acupuncture</td>
<td>26 (38%)</td>
</tr>
<tr>
<td>Music /Music therapy</td>
<td>25 (37%)</td>
</tr>
<tr>
<td>Gymnastics /Swimming</td>
<td>14 (21%)</td>
</tr>
<tr>
<td>Nutritional counseling</td>
<td>12 (18%)</td>
</tr>
<tr>
<td>Massage</td>
<td>22 (32%)</td>
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<tr>
<td>Art therapy</td>
<td>18 (26%)</td>
</tr>
<tr>
<td>Voice Group</td>
<td>13 (19%)</td>
</tr>
<tr>
<td>Mindfulness</td>
<td>9 (13%)</td>
</tr>
<tr>
<td>Yoga</td>
<td>6 (9%)</td>
</tr>
<tr>
<td>Respiratory therapy and body therapy</td>
<td>7 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td>12 (18%)</td>
</tr>
<tr>
<td>Not at all</td>
<td>11 (16%)</td>
</tr>
</tbody>
</table>

* Sound massage, walk in nature.

Table 2: Using CAM

<table>
<thead>
<tr>
<th>Table 2: Using CAM</th>
<th>N</th>
<th>MHRM mean (se)</th>
<th>Crude mean difference 95% CI</th>
<th>* Adjusted mean difference 95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>57</td>
<td>67.5 (2.5)</td>
<td>-5.7 (-18.1;6.5)</td>
<td>-4.2 (-9.4;17.8)</td>
<td>P=0.54</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>73.3 (5.2)</td>
<td></td>
<td></td>
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</tbody>
</table>

*Adjusted for gender, age, residential home

Conclusions
84 % of the residents in four residential homes use CAM and more than half of the residents are convinced that CAM strengthens their recovery process. No correlations between CAM and increased recovery score were found, which could be explained by the fact that physical symptoms are the main reason for seeking CAM.

Discussion
➢ The study design implies a wide range of possible bias but on the other hand, it gave a rare voice to a group of vulnerable citizens.
➢ This study gives reason to assume that recovery requires multiple rehabilitation initiatives such as CAM, and a questionnaire covering “quality of life” might be at better measure for possible effects of CAM.

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Figure 2: To what extent do you think CAM helps and strengthen your recovery process? All residents n=68

Strongly disagree
Neutral
Strongly agree
Agree
Disagree
Dont know

SDU