

Nidotherapy: harmonising the environment with the patient

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Definition

- Nidotherapy is:-
- ‘the collaborative systematic assessment and modification of the environment to minimise the impact of any form of mental disorder on the individual or on society’ (Tyrrer, Sensky and Mitchard, 2003; *Psychotherapy and Psychosomatics*, , **72**, 350-356)

Why is this new?

Five reasons:

1. Simple acceptance of people as they are and want to be (not people who we want to change)
2. It 'treats' the environment, not the person
3. It involves genuine partnership
4. It includes 'environmental advocacy'
5. It dissolves boundaries

True acceptance

- We do not normally 'get inside the head' of patients to find out what they really want in life. In nidotherapy we do this by (i) seeing people in their own environments, not artificial ones that suit the therapist only, (ii) liking them for what they are, not what you would want them to be, (iii) harnessing your own skills as a therapist to help to catalyse progress.

Example

- This talk is being illustrated by clips from a BBC film entitled (not very appropriately) as 'The Madness of Dancing Daniel'. Daniel is a man aged 28 of borderline IQ and a complex diagnosis that includes elements of obsessive compulsive, narcissistic, borderline and antisocial personality disorders, autistic spectrum disorder, schizotypal disorder, complex affective disorder and attention deficit hyperactivity disorder. He has been in hospital for 18 months and all previous attempts to get him placed outside have failed.
- He has been treated with antipsychotics, methylphenidate, antidepressants and attempted CBT without any apparent benefit and says the only thing that will help him is to have dance training.

What do we do with Daniel now?

Options

- ❖ More diagnostic assessment and consequent treatment
- ❖ Refer him for longer term rehabilitation (recovery)
- ❖ Tertiary referral (but to whom?)

OR

- ❖ Nidotherapy

First let us meet Daniel

'Full acceptance'

First film clip



Environmental change only

- Nidotherapy is not a treatment of the person; it is a treatment (or manipulation) of the environment for the person
- We have failed to understand that managing the environment only is just as much a harbinger of change as treating a symptom
- By focusing on the environment only it is possible to effect change by the back door carried out under the control of the patient, ***decided by the patient, not the therapist***

Genuine partnership

- By getting a good understanding of what patients want and need you are able to work out with them what environmental changes are needed
- This involves environment in all its forms
- It may even extend to the taking of medication (as this can influence the personal and social environment markedly)

Partnership

- Genuine partnership involves removing professional paraphernalia from your relationship with patients and understanding how they behave and react to circumstances, not just by talking, but in vivo

Second film clip



Environmental advocacy

- People often want changes in their environment but are unable to achieve them for a number of reasons
- The nidotherapist as environmental advocate can make these changes happen by harnessing their skills to the patient's ones
- Persuasion of others may also be necessary and so then more advocacy is needed

Environmental advocacy

- Daniel wants to live in London but no organisation will have him because of his disruptive behaviour apart from a place in Plymouth. He visits Plymouth and although he is reluctantly prepared to go he really wants to be in London. After much effort he is assessed and accepted for a place in Middlesex – almost right and certainly acceptable. But when it is time to leave hospital he has second thoughts.....

Third film clip



Dissolution of boundaries

- The nidotherapist, whilst maintaining a professional relationship with the patient, often has to prevent the normal distance between patient and therapist from developing as this can be unhelpful
- Just as we may call on a friend to help us with a sticky problem the patient needs to be able to do the same with an environmental one
- But the nidotherapist becomes an environmental aide, not a personal guru

Why is this important?

- After chronic care, particularly if it is not very successful and has to keep changing, there is often a degree of alienation that develops between patient and staff, who are often demonised as 'the system'. The nidotherapist has to break out of this mould to move things forward
- It also helps the therapist to get a greater degree of understanding of what environments are likely to do well and which will do badly.

Fourth film clip



Where do other treatments overlap?

- Dynamic psychotherapy – hardly at all
- Cognitive behaviour therapy – a little
- Problem-solving – sometimes
- Behavioural analysis and therapy – sometimes
- Social skills training – a little
- Person centred planning - a little
- But none of these are environmental treatments – they are essentially aimed at the person

Does it work?

- Yes, for people whom have failed with every other treatment
- For example, take substance misuse and psychosis
- Secondary analysis of randomised trial of nidotherapy + assertive outreach therapy versus assertive outreach alone in severe mental illness and personality disorder

This 'dual diagnosis' is not easy to treat

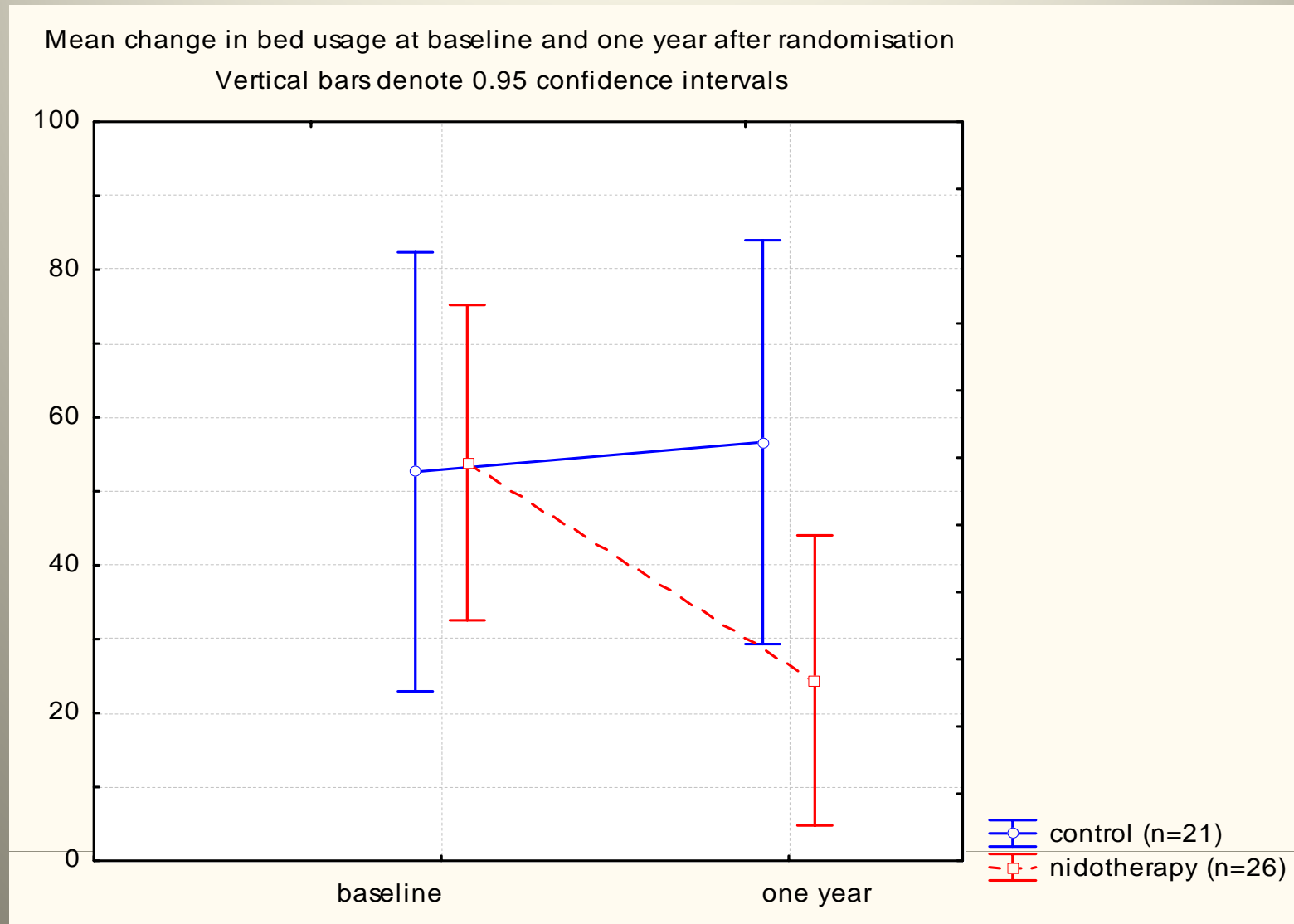
A cluster randomised controlled trial was used to investigate the effectiveness of training staff in 13 London community mental health teams (CMHTs) to deliver substance misuse interventions to patients with psychosis and comorbid substance misuse ('dual diagnosis'). The primary hypotheses, which were that experimental group patients would spend fewer days in hospital over 18 months of follow-up and show reduced alcohol and drug consumption, were not confirmed.

(Johnson et al, *Br J Psychiatry* 2007 , **191**, 451-2)

Does nidotherapy do any better?

- Yes, it gets people out of hospital to environments which are more suited

Results of main trial of all patients (52 randomised)

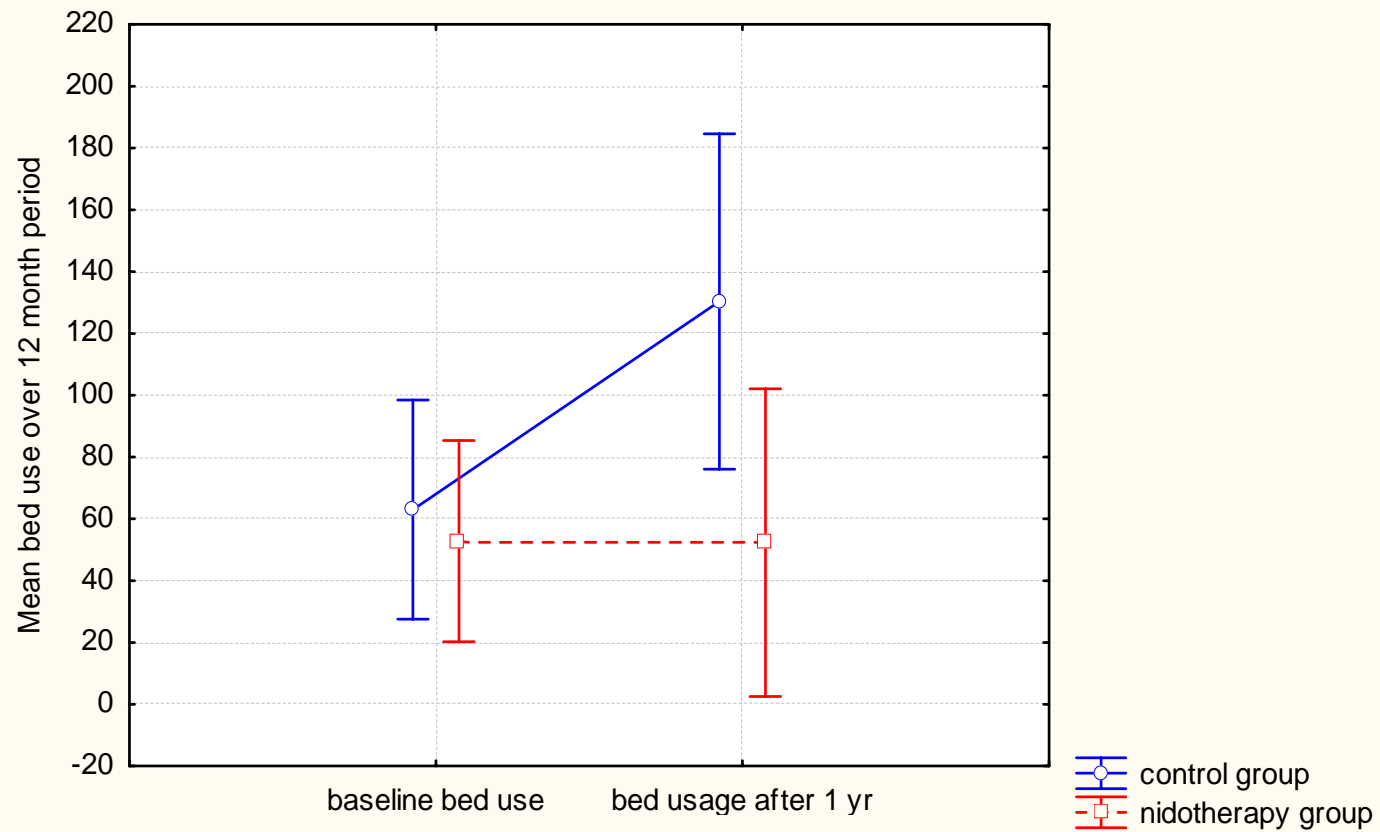


P=0.07

Results of 36 patients randomised with substance misuse & psychosis

Comparison of bed usage in nidotherapy and control groups

Differences between groups: $P=0.035$
Vertical bars denote 0.95 confidence intervals



$P=0.03$

And this has cost implications

Inpatient stays and total cost of services used over 12 months follow-up

	Nidothrapy group (n=19)		Control group (n=15)		Mean difference	(95% CI)	p-value
	Mean	SD	Mean	SD			
Inpatient stays (nights)	54	75	139	135	-85		
Health care (£)	15,173	15,786	31,105	27,290	-15,932		
Hospital costs (£)	10,938	14,990	27,871	26,986	-16,932		
Community health services (£)	3,159	1,628	2,065	1,256	1,094		
Medication (£)	1,076	1,704	1,170	875	-94		
Social and voluntary services (£)	3,559	5,622	2,561	4,466	998		
Community (£)	1,101	1,288	717	682	383		
Accommodation (£)	2,458	5,628	1,844	4,618	615		
Criminal Justice (£)	181	787	2	7	179		
							(-30,791 to
Total costs (£)	18,963	19,010	33,668	27,022	-14,705	1,380)	0.072