



EARLY CAREER RESEARCH ENTRY

ENTRY TITLE: Improving access to therapy for people who hear voices

NAME OF APPLICANT: Gordon Kay

ORGANISATION: Metro South Addiction and Mental Health Services

1. Additional Information (max 400 words)

Please expand on Part A

The most extensively evaluated therapeutic intervention for auditory hallucinations is Cognitive Behavioural Therapy for Psychosis (CBTp), which is usually delivered in statutory settings by experienced clinicians. In contrast, peer support networks, such as the Hearing Voices Network (HVN), operate informally using peers to normalise and manage voices. This multi-site study investigated the effectiveness of a group-based program known as 'Coping with Voices' that brings together some of the common elements CBTp with some of the knowledge and values of the peer led HVN.

Coping with Voices was delivered in Brisbane Australia. Groups were run at either community-based clinics or residential rehabilitation units on a weekly basis for 10 weeks for approximately 1.5 hours per week. The groups contained a maximum of eight and a minimum of three participants with two group facilitators.

Of the 61 participants that gave informed consent to participate in the study 19 did not attend a group, so this provided a natural quasi-control group. The study compared pre and post primary measures (The Psychotic Symptoms Rating Scale, The Beliefs about Voices Questionnaire and The Voice Power Differential Scale) for the 42 participants who attended a group. Secondary measures (The Health of the Nation Outcome Scales, Life Skills Profile, and hospitalisation data) were measured longitudinally for all 61 participants. Individuals who participated in the program were compared to those individuals who did not. A total of 29 of the 42 group attendees also provided qualitative data.

Twenty-two group facilitators were asked to complete a 58-item online survey which measured the usefulness, most important skills, benefits, acceptability, and effectiveness of the Coping with Voices program.

Aligning with a mixed methods approach the quantifiable data were analysed using descriptive analysis and qualitative data were analysed using thematic analysis.

Facilitator feedback suggests Coping with Voices is an effective and acceptable intervention that is consistent with the evidence base. Voice hearers will certainly find it beneficial. Facilitators enjoy this work and feel confident delivering the

intervention. They would suggest the use of this intervention to voice hearers and other clinicians.

Participant feedback was overwhelmingly positive, it advises the importance of forming a connection with other voice hearers, and developing an understanding of how to cope with hearing voices. The quantifiable data showed a significant reduction in negative beliefs about voices, voice severity, distress about voices and the perceived power of the voices. Furthermore, there was a significant reduction in the number of hospital admissions and an improvement in basic life skills for group attendees versus non-attendees at 12 months follow up.

2. Focus

Describe how your research illustrates Innovation, Best Practice and or Excellence (maximum 200 words)

CBTp has been extensively evaluated and there is robust evidence for its positive impact, notably on the reduction of distress when hearing voices. However, few voice hearers have access to this therapy. There is also growing interest in the use of peer led hearing voices support groups, with the aim of ensuring that members feel truly accepted, respected and understood and not alone in their experiences. These groups are a safe place to challenge stigma and learn from each other about different ways of understanding voice hearing.

A study that integrates CBTp with the values and methods of the peer led hearing voices networks (HVN) is clinically original, but also innovative. This combination does not exist in Australia despite strong evidence for both interventions.

My publications, provide a rich understanding of a group-based intervention on individuals with distressing voices and contribute to a growing body of evidence that suggests low intensity group-based approaches that are specifically developed for distressing voices can be delivered in routine practice and be of great benefit. These findings show promise and are valuable for the broad direction and subsidisation of hearing voices group developments.

3. Potential Impact

Summarise the potential contribution to and/or implications for the wider community (maximum 200 words)

We have been thoughtful to consider the development of an intervention that is not only effective at helping people cope, but is also potentially feasible to implement into broader mental health services. Locally, Coping with Voices has certainly improved access to much needed therapy and has now started to naturally develop further across Metro South with well over 200 voice hearers attending Coping with Voices.

For the 42 voice hearers who took part in the study and attended Coping with Voices, the quantifiable data showed a significant reduction in negative beliefs about voices, voice severity, distress about voices and the perceived power of the voices. Participant feedback was overwhelmingly positive. The secondary measures show a significant reduction in the number of hospital admissions and an improvement in basic life skills for group attendees versus non-attendees at 12 months follow up.

Most facilitators reported the overall normalisation of voices and the use of a range of normalising strategies as the most useful aspects of the program. The most important skills used by facilitators were being understanding, non-judgemental and respectful and creating a safe space to discuss topics. The least important skills used by facilitators were using personal disclosure and motivational interviewing. Facilitators' comments illustrated a strong interest in using digital technologies in the preparation and delivery of the program. Overall, these findings suggest 'Coping with Voices' is feasible, acceptable, and worthwhile.

4. Consumer's Contribution

Describe any contribution by Mental Health consumers/persons with lived experience other than as subjects e.g. reference group, researcher (maximum 200 words)

The materials and activities for the Coping with Voices were originally based on my work with voice hearers from the Manchester HVN in the Northwest of England. The resources were then developed for use in Queensland Australia in collaboration with a large group of 'experts by experience' and 'experts by profession'. The Coping with Voices programme, therefore, brings together a mix of

evidence-based practice from the academic literature, knowledge about what works from the peer support hearing voices networks and experiences of clinicians in mental health practice. Importantly, all of the group facilitators attended 3 days of workshops with Peter Bullimore (an “expert by experience” and leading trainer in working with voice hearers). Peter Bullimore’s workshops are grounded on the acceptance of lived experience of voice hearing and facilitators learned new skills to enable them to successfully engage with HVN values. Facilitators were taught the Maastricht Interview, as a way of more fully exploring the experience of voice hearing.

Brief Curriculum Vitae

Gordon Kay is a senior Social Worker and a Cognitive Behavioural Therapy practitioner with an interest in improving access to therapies for people who hear voices. He has strong national and international links with the Hearing Voices Movement. He is an ambassador for the QLD Hearing Voices Network. His highest academic qualification is a 1st Class BA (Hons) Degree in Social Work Studies

He has worked within community mental health services, rehabilitation settings, forensic and correctional services in the UK and Australia. He has over 15 years’ experience in delivering Hearing Voices Groups with inpatient, forensic and community-based participants.

He is currently working for Metro South Addiction and Mental health Services where he has led and managed the identification, recruitment, planning, training, implementation and review of ‘Hearing Voices’ programs. He is a PhD student at Griffith University (Commencement date: Higher research degree 2017 then upgraded to PhD on 1/01/2020) and adjunct lecturer at the University of Queensland. His research is interested in the integration of cognitive behavioural therapy for psychosis with the knowledge and values of the peer-led Hearing Voices Networks.

He has published papers, delivered conference presentations, grand rounds, lectures and workshops locally, nationally and internationally. Gordon remains passionate about the principles of social inclusion through working to re-engage people with society through practical and psychosocial support, as well as applying an underlying philosophy, culture and approach that sees the individual as the expert of her/his own recovery journey.

Publications, Presentations and Awards in Support of this Application:

Kay, G. International Presentation. Should we integrate Cognitive Behavioural Therapy for

Psychosis with the knowledge and values from the Hearing Voices movement?
International Society for Psychological and Social Approaches to Psychosis. New
York (2015).

Kay, G. Presentation, Pub Discussion (2017). Australian Association of Cognitive Behavioural
Therapists. What are the key components of CBTp when working with people who
experience distressing voices?

Kay, G., Kendall, E., & Dark, F. (2017). Are hearing voices networks compatible with cognitive
behavioural therapy for psychosis? *Australian Social Work*, 70(3), 312-323 (Citations
6, Scopus)

Kay, G., & Kendall, E. (2017). Response to Brophy (2017). commentary on "responding to the
needs of voice hearers and expanding access to evidence-based and innovative
psychosocial interventions" (Gordon Kay, Elizabeth Kendall, & Frances Dark,
2017). *Australian Social Work*, 70(4), 511-513 (Citations 2, Scopus)

Kay, G. Voices of Recovery Team (2017). Metro South Health Board Chairs Awards winner.

Kay, G. Metro South Health Research Support Scheme (2018). Allied Health Postgraduate
Scholarship winner.

Kay, G. Presentation TheMHS Conference (2019). Improving access to psychological
therapies for people who hear distressing voices.

Kay, G. TheMHS Conference (2019). E-Book of Proceedings. How do we Improve access to
therapies for people who hear voices?

Kay, G. Presentation, Addiction and Mental Health Research Symposium (2019). Guest
Speaker: How do we improve access to psychological therapies for people who hear
distressing voices?

Kay, G., Slattery, M., & Kendall, E. (2021). The facilitators' perspectives of delivering a 'Coping
with Voices' group (Part 1). *Psychosis*, 1-11.

Kay, G., Kendall, E., Slattery, M., Scott, J., Gore-Jones, V., & Dark, F. (2021). Results from a
quasi-controlled trial of a "Coping with Voices" group. Part 2. *Psychosis*, 1-11.

Referee

Primary PhD Supervisor: Professor Elizabeth Kendall

Griffith University and Division of Rehabilitation Metro South Health

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Professor Elizabeth Kendall has extensive research experience and has led large research teams. Her publishing record includes over 130 international peer-reviewed publications, 4 books, 129 book chapters and 40 government reports that have influenced policy and practice.

Hearing Voices Group

This group is for people who hear voices and find them upsetting or challenging to live with. It can be very confusing and stressful to hear voices.

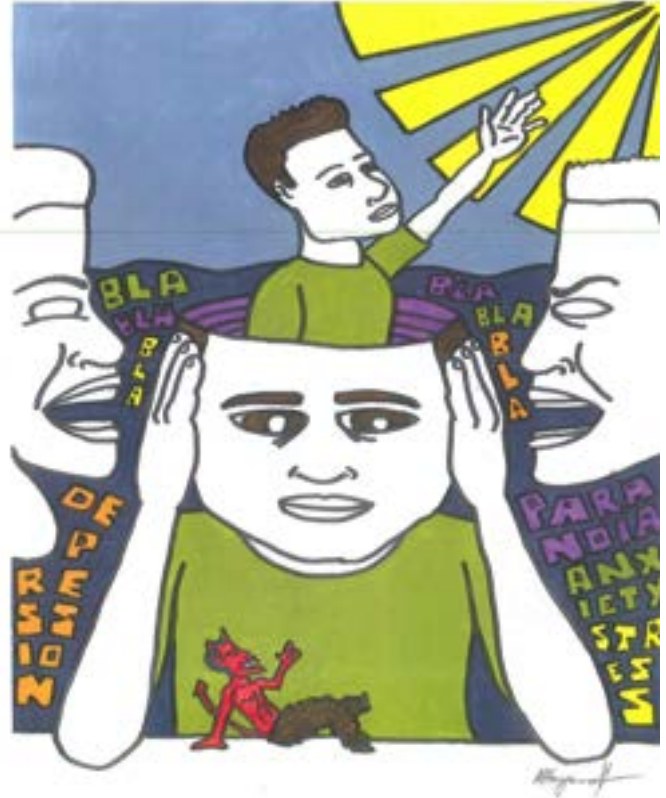
This group will provide a fairly relaxed atmosphere in which you can discuss the experience of hearing voices and learn ways to cope with them.

The general aims of the group are to:

- Provide an opportunity for people to listen to other's experiences and also to share their own ways of dealing with hearing voices.
- Reduce the sense of isolation and feel understood by others.
- Aim to validate people's experiences and emotions.
- Consider new coping strategies. Learning more about them can help people to feel more in control.
- People will be encouraged to contribute as much or as little as they feel comfortable with.
- To provide structure for thinking about the experience of hearing voices.

The Hearing Voices Group runs for 10 weeks, and each session is 2 hours. We usually have between 5 and 10 voice hearers in each group and 2 group facilitators. Everyone feels nervous about joining a group - even the group facilitators!

If you would like to come to the Hearing Voices Group, please ask your Doctor or Case Manager for a referral



Many of our past group members have found this group helpful. Some comments that have been made:

"This group is good for any voice hearers. You can be told by someone that there are other voice hearers, but to be in a group and talk to others who hear voices is better."

"If you are confused, scared, going through a rough time hearing voices then you should come to this group. We've spoken to several people who have come up with incredible strategies to help them. If you would like to experience this, come along to the group."

"Learned more about others. At first I thought I was the only one. Meeting others has given me hope. Talking and listening to others has given me hope."

"I haven't cried in weeks."

Did You Know?



Studies have found that between two and ten per cent of people across the world hear voices.

There have been many famous, successful and influential voice hearers throughout history.

Voices can be male, female, without gender, child, adult, human or non-human.

People may hear one voice or many. Some people report hearing hundreds, although in almost all reported cases, one dominates above the others.

Voices can be experienced in the head, in the ears, outside the head, in some other part of the body, or in the environment.

Voices often reflect important aspects of the hearer's emotional state – emotions that are often unexpressed by the hearer.

Whilst one in three people who hear voices become consumers of mental health services – two in three people can cope well without mental health service provision. It is very significant that in our society there are more people who hear voices who have never been involved with mental health services than there are people who have.

Studies have found that attending a Hearing Voices Group can be a great help.

8 May 2023

theMHS Awards – Early Career Research Entry

I am pleased to recommend Gordon Kay for the early career research entry.

Gordon has completed a PhD research project over a period of 6 years under my supervision.

Gordons research integrates some of the best practice methods from cognitive behavioral therapy with the values and knowledge of the peer led hearing voices networks. His work is clinically original, but also innovative and has certainly improved access to much needed therapy for people with distressing voices. His research is an excellent example of how mental health clinicians can work in true and equal partnership with mental health consumers.

He has published papers, delivered conference presentations, lectures and workshops locally, nationally and internationally. His research findings are undoubtedly valuable for the broad direction and subsidisation of hearing voices group developments in both statutory and non-government organisations. Importantly Coping with Voices can be delivered in routine practice by peer workers and clinicians and be of great benefit.

I would be delighted if my recommendation helps him to win the theMHS early career researcher award.

Sincerely,



Prof Elizabeth Kendall
Director
Inclusive Futures: Reimagining Disability
Griffith University