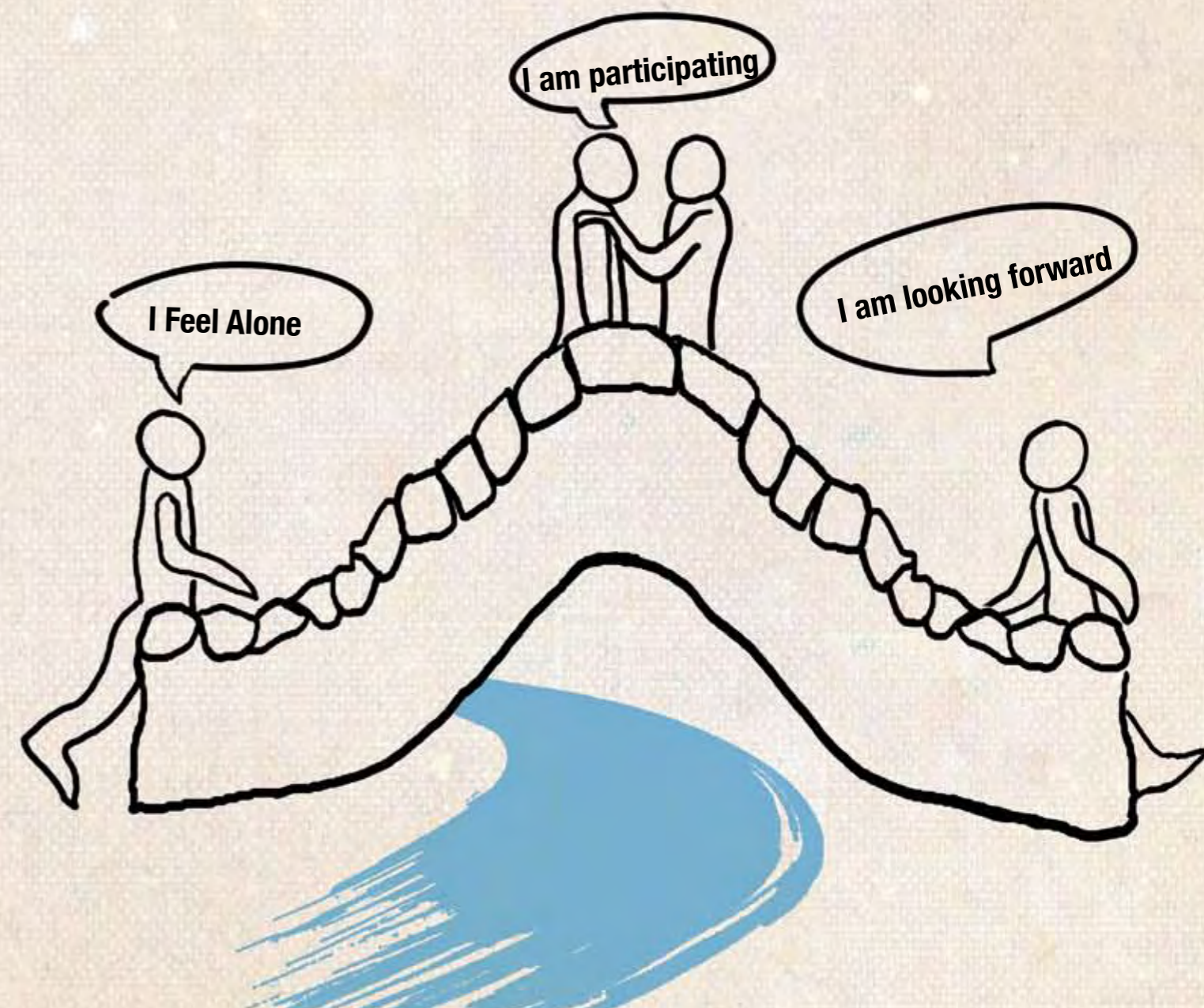


Impact of the
**Introduction of an Occupational
Therapy Service to an Irish Mental
Health Setting**

Service Users and Staff Perspectives



References

- Department of Health and Children (2006) A Vision for Change - Report of the Expert group on Mental Health Policy. Dublin. Stationery Office.
- Mental Health Commission (2005) A vision for a Recovery Model in Irish Mental Health Services. Discussion Paper. Mental Health Commission.
- Mental Health Commission (2006). Multidisciplinary Team Working: From Theory to Practice. Discussion Paper. Dublin. Mental Health Commission
- Mental Health Commission (2007) Quality Framework for Mental Health Services in Ireland. Dublin. Mental Health Commission
- Assessments referred to in the text.
- Allen, CK (2000) Allen Cognitive Level Screen. Allen Conferences, Ormond Beach. Online:
<http://www.allen.cognitive-levels.com>
- MOHOST (2006) The Model of Human Occupation Screening Test. Version 2.0. Authors. Parkinson S., Forsyth K., Kielhofner G.
MOHO Clearinghouse, Chicago.
- OCAIRS (2005) The Occupational Circumstances Assessment Interview and Rating Scale. Version 4.0. Authors. Forsyth K., Deshpande S., Kielhofner G., Henriksson C., Haglund L., Olson L., Skinner S., Kulkarni S.
MOHO Clearinghouse, Chicago.
- Poole, J. (2007) The Pool Activity Level (PAL) Instrument for Occupational Profiling. A Practical Resource for Carers of People with Cognitive Impairment. University of Bradford.

Review of the Occupational Therapy six month Pilot Project.

St. Brigid's Hospital,

Ardee, Co. Louth.

By

Joan Brangan MSc., Dip. COT.

Discipline of Occupational Therapy
Trinity Centre for Health Science,
Trinity College, Dublin.

March 2009

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Recommendations

The resourcing of an occupational therapy service would enhance the service and give a realisation to a Vision for Change (DHC 2006) providing an important and vital benefit to service user lives, both within the hospital and in the community.

This might be readily achieved by:

- Responding to service user requests for an occupational therapy service, both during the week but particularly at the weekends. Staff requested more involvement from O.T. in each of their service areas.
- Providing physical resources for rehabilitation, including ADL kitchen, activity and group rooms, and access to outdoor recreational space.
- Appointing at least two occupational therapists to provide an occupational therapy service to cover both long stay and acute wards and the community old age psychiatry team.
- St. Brigid's Hospital is well positioned to be a centre of excellence in occupational therapy practice and rehabilitation. The appointment of occupational therapy staff would facilitate ongoing links with Trinity College, Dublin. This could provide support and a forum for clinical education and research, supporting evidence based occupational therapy practice on the ground.

Clients felt empowered by their ability to set targets and measure their own change. There was a clear sense of enjoyment from participation in the program. People were given choice about their involvement in client driven meaningful occupation. There was a sense of ownership and pride in client's work and their achievements.

Staff were strongly supportive of the added value which occupational therapy brings to the multidisciplinary team. They valued the knowledge shared and advice offered from assessment results and participation in programmes.

A key strength of multidisciplinary teams is that the combined expertise of a range of mental health professionals is used to deliver seamless, comprehensive care to the individual. (MHC.2006)

Occupational therapy staff paid tribute to the significant support received from staff, particularly nursing staff during their development and delivery of the service.

Although no formal advocacy programme was delivered, the manner in which the occupational therapy inputs were offered resulted in increased self-confidence and feelings of empowerment.

St Brigid's mental health service and staff demonstrate a commitment to delivering a modern quality service to their clients as evidenced by their initiative in setting up this project, and in their support throughout. Service users felt confident to air their views. The experience of having an occupational therapy service was judged positively by both service users and staff. The close match or resonance in the views expressed by both groups is notable.

Acknowledgements

I would like to express sincere thanks to the following people who helped make this research report possible:

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Members of the steering committee who gave clear direction and ongoing reviews of progress.

Siobhan MacCobb and Orla O'Neill who provided advice on the final draft of this report.

Executive Summary

This is a review of a six month pilot project involving the introduction of a new occupational therapy service in St. Brigid's Hospital, Ardee.

The new service provided an occupational therapy programme for clients within the hospital and community.

The aim of the programme was to enable clients to improve their skills in managing their health, wellbeing and lifestyle. Another aim was to contribute to the effectiveness of the multidisciplinary team in delivering a quality service.

The review involved interviews with clients and members of the multidisciplinary teams to independently determine the extent to which the objectives were met.

Evidence from the interviews with clients showed the following

- Overwhelmingly positive view of the occupational therapy service
- No negative feedback
- Strong level of recall about specific elements of the programmes
- Clients made positive changes in their personal care skills following the programme
- Increased sense of personal responsibility
- Increased self confidence and self esteem
- These changes persisted both on the wards and for clients who were discharged.

Evidence from the interviews with the multidisciplinary teams showed the following in relation to the aim of enabling clients to improve skills in managing their health, wellbeing and lifestyle.

- Positive changes in the clients as a result of their engagement with the occupational therapy programme.
- No negative feedback
- Improvements in concentration and interaction levels with long stay clients
- Clients setting their own personal care goals
- Evidence of taking increased responsibility for managing their own lifestyles following discharge
- Changes in client's motivation to participate in something meaningful

Regarding the second aim of contributing to the effectiveness of the multidisciplinary team in delivering a quality service, staff identified the following contributions which the occupational therapy service had made:

Summary of the Review

This pilot project was developed with the following aims and objectives:

Overall Aims

1. To introduce an occupational therapy service to clients in Ardee Adult Mental Health Service
2. To identify a potential role for an occupational therapy service as part of the multidisciplinary team in the Mental Health services for Older People
3. To write a report reviewing the project, identifying possible future directions for an occupational therapy service in the two service areas above.

Objectives

To establish an occupational therapy programme that will:

- Enable patients/clients to improve skills in self managing health, wellbeing and lifestyle through involvement in meaningful activities.
- Support the multidisciplinary team in facilitating the transition from hospital to community integration
- Develop and deliver self advocacy and peer advocacy education as a method of empowerment.
- Measure change in each participating patient /client through the use of relevant outcome measures, interviews and observation

From the review presented, there is clear evidence from both service users and staff of the significant value of the occupational therapy programme in St. Brigid's Hospital, Ardee. Furthermore, this review has shown that the pilot project has fulfilled its aims and objectives.

The Quality Framework for Mental Health (MHC 2007) specifies in standard 3.4.1 that service users be active participants in the planning, implementation, evaluation and review of their own care and treatment. Asking service users their views on a service and what they see as their own needs, plus having a MDT approach to comprehensive holistic assessment and individual care planning, are all integral parts of a quality assurance approach to service delivery.

Both clients and staff were overwhelmingly positive about the unique focus which occupational therapy brings to the lives of clients in the hospital and community service and as important members of the multidisciplinary team. All staff spoke about the positive changes they had seen in their clients as a result of their engagement with the occupational therapy programme. Clients and staff discussed perceived improvements in their ability to manage their mental health.

Self referral was the most common form of referral to occupational therapy. Furthermore, clients encouraged one another to take part which is a strong indicator of empowerment.

OUTCOME Objective 4

- Staff read the occupational therapy assessments and outcome measures.
- They were not necessarily aware of the names of specific assessment tools but could identify the important information within these.
- They felt assessments were a useful adjunct to the team in the evaluation of clients.
- They referred to the unique value of the occupational therapy focus on client's strengths and needs which could provide a more rounded picture of the client.
- They felt assessments were complementary to the team and valued in particular information which other staff were unaware of in relation to a client's background.
- Medical staff valued if an assessment could contribute to determining a care package for a client either before discharge or within the Old Age community service.

Staff identified that occupational therapy provided a unique view of the service user as an occupational being and assessment facilitated the setting of personal goals. This reflects one of the Core Elements of a recovery based mental health service which states "personal self-management plans would identify a person's strengths as well as vulnerabilities and would work with these strengths as part of the process of recovery" (MHC 2005).

- Provided a different view of the service user, not necessarily seen in the ward setting
- Strongly supportive of their involvement in the team
- Occupational therapy assessments made a positive contribution to team decisions and in particular discharge plans in both community and hospital based teams.

Concluding comments

Overall, this pilot project evidenced both a commitment to and an ability to deliver good practice in MDT working as outlined in the Mental Health Commission discussion paper - Multidisciplinary Team Working (MHC 2006).

There was a close match of staff perceptions and service user views on the occupational therapy service. Both clients and staff were positive about the evaluation of the occupational therapy programme and recognized the positive changes that clients had made in their capacity to manage their mental health and to perform key tasks that enhance their capacity for health and wellness. The service made a strong contribution to the effectiveness of the multidisciplinary team approach in delivering a quality service.

The staff and clients both identified the value of continuing the service and further enhancing it through greater availability of the occupational therapy services.

Introduction

On the initiative of clinical staff in St. Brigid's Hospital Ardee, discussion took place between hospital administration, medical and nursing staff and the Discipline of Occupational Therapy, Trinity College, Dublin. The focus of this discussion was on developing an occupational therapy service for clients in the hospital and community. In September 2007 Dr. Siobhan MacCobb and Ms. Joan Brangan, Discipline of Occupational Therapy, Trinity College, Dublin, produced a draft proposal outlining a new occupational therapy service for St. Brigid's. This included the following aims, objectives, delivery method and resources for the service:

Overall Aims

1. To introduce an occupational therapy service to clients in Ardee Adult Mental Health Service
2. To identify a potential role for an occupational therapy service as part of the multidisciplinary team in the Mental Health services for Older People
3. To write a report reviewing the project, identifying possible future directions for an occupational therapy service in the two service areas above.

Objectives

To establish an occupational therapy programme that will:

- Enable patients/clients to improve skills in self managing health, wellbeing and lifestyle through involvement in meaningful activities.
- Support the multidisciplinary team in facilitating the transition from hospital to community integration
- Develop and deliver self advocacy and peer advocacy education as a method of empowerment.
- Measure change in each participating patient /client through the use of relevant outcome measures, interviews and observation

Resources

The HSE agreed to employ two entry level occupational therapists for a period of 6 months, beginning in mid November 2007. In addition, a budget of approximately €14,000 was agreed to purchase assessment and activity equipment.

A steering committee was set up which included representatives from St. Brigid's hospital management and multidisciplinary staff and Siobhan MacCobb and Joan Brangan from the Discipline of Occupational Therapy Trinity College, Dublin. This committee met at the commencement, mid-way and towards the end of the six month pilot period to review progress.

It would be very helpful if the O.T's could assess them with respect to their abilities to function in a household with all the abilities that need to be on board.... A lot of our population potentially could end up either homeless or neglecting themselves. Neglect is a difficult thing to pick up on. If you could assess people's abilities to function in day to day life, the O.T. would be the best team member to assess this.

- (S7) The assessments they have done have been very useful. They have only whetted our appetite with a wide range of assessments...

...It looks at client's functioning within the home. We would look at it from different dimensions. Although we pool all the notes, it gives a range of material which is quite complementary to the team.

- (S8) Not specifically assessment tools, but any indication of change... if we can see any improvement. If that is documented, then we can use that in the ward rounds. What we see and what the O.T. sees can be two completely different things. Nursing entries will be coming from a different perspective.

- (S9) Yes. The cognitive assessment with the stitching. (Allen Cognitive level). One lady here who is 82 has been a problem in terms of discharge back home. She is not fit to look after herself so she disagrees with the doctors about this. The O.T's did a cognitive assessment on her and a cooking assessment...But they found with the cognitive assessment that their report showed that she does lack cognitive skills. That's the only assessment I'm aware of. This backs up the other reports that she would have problems looking after herself. So that's been very useful.

I know the PAL assessment has been used with the elderly women.... It shows their life stories, where they grew up, went to school, who they married, their background. I've read it. It's good to know this. I've worked here well over a year and I wouldn't have known this information about them. It helps the team perspective.

- (S10) The outcome measure that we use the most is the MOHOST. We have used the PAL and the OCAIRS tools ... The MOHOST is very valuable. It's very clear to other MDT members what the focus of O.T. is because it divides areas of occupational participation into very clear components. If we re-assess ...it is clear then where the changes have been made and what changes have been due to occupational therapy and patient participation.

The Allen Cognitive Level assessment has also been very useful for clients with chronic schizophrenia and cognitive difficulties. This gives a good indication of how to grade activities and how to facilitate a client to participate at their best.

The SAFER tool we have used for home assessment and kitchen assessments.

We had 1 patient who was displaying a lot of positive symptoms which the team felt indicated he wouldn't be able to function in the community. I made an effort to show through using the MOHOST that when he was engaged in something, his functioning was at a higher level and didn't impact on his day to day life. I contacted his key nurse and talked her through the assessment and I talked to the team and I think that made a difference.

OBJECTIVE 4

Measure change in each participating client through the use of relevant outcome measures, interviews and observations

Key Question to Staff

Did you access any of the assessment or outcome measures used by O.T.?

- (S1) I know they used different baseline assessments. Some of these would seem ... mind boggling, ... some of their scales...I would need to sit down and have a better understanding of the different ratings...Obviously, the two girls understand them better.
- (S2) O.T's were involved in assessing one man...identifying his interests... It showed he could manage all his life skills fairly independently. Just his psychotic symptoms were holding him back but that may never be resolved. But the fact that he could still function in every other aspect of his life with minimal risk enabled him to move back into the community.

The occupational therapy...can look at a lot of other aspects of the person,... living skills. And it helps you to view things in a different way. Sometimes the assessment show just how much these patients are able to do...The assessment shows that that's a small part and the rest of them is functioning very well...

- (S3) I can ask for an O.T. assessment for somebody going home and I can be sure that they are not been discharged into terrible circumstances. Also when I go to advocate for them in terms of getting a better care package for them, I can say the O.T. assessment that show that the patients require these things.
- (S4) They have done assessments with patients and reports back which have been shared with staff.... Not only how they view the patients but how things could be improved.
- (S5) I've seen the girls doing their assessments. Michelle and Fiona write these into the integrated notes, so we get to read these, especially the key nurse who would read all the notes from all the professions. But I'm not sure what assessment tools they have... But they've worked really well with all doctor X's clients and they would have full assessments on all their needs.

...It's very useful. They get a picture of a person's perspective of their illness, even about their medication and about our service... is it positive or negative. the patient wouldn't be inclined to tell us that type of information... and that's very useful. And whether the client thinks the care package being offered is working... and what else they seem to need on the ward.

- (S6) I would read entries in the chart. I'm not aware of formalised scales.

Office space was provided for the occupational therapy staff to organize and develop an occupational therapy service.

Nursing staff provided support at ward level, both with physical resources and in identifying service users who might benefit from occupational therapy and a collaborative approach to care.

The Discipline of Occupational Therapy agreed to provide advice, guidance and support regarding the general programme content, including on site and off site visits.

Review of pilot project

As part of this review, research was carried out towards the end of the six month pilot project to determine the extent to which the occupational therapy service met its target objectives from the perspectives of service users and staff.

In the course of this review the researcher was privileged to meet with and hear the views of service users and staff in St. Brigid's hospital.

Service users identified either directly or by implication the kind of changes that might make a significant difference to their efforts to cope with the psychological and psychiatric difficulties they face.

Qualitative research enables the identification of personal experience and therapeutic gains, and also those particular elements of a service that contribute to this. Thus, the service user's voice is vital to the provision of a responsive service.

Ethical approval for this research was received from TCD Faculty of Health Science and HSE Dublin North East thus ensuring a rigorous approach to the research and protection of service user's rights.

Research Questions & Approach

The review is presented as a response to two major questions:

- 1.) Did the occupational therapy programme meet its objective from the client's perspective?
- 2.) Did the occupational therapy programme meet its objective from the staff's perspective?

Semi-structured interviews

The methodology used to gather data included semi-structured interviews with a convenience sample of clients and multidisciplinary staff. It also included observation of samples from client's participation in occupational therapy programmes.

Names of service users who participated in the occupational therapy service were identified to the researcher. Letters were then sent to their consultants inviting their participation in an interview. Information explaining the purpose of interviews and the interview questions were also sent to staff and service users. Out of a sample of 24 current or recently discharged service users and approximately 40 staff, a total of 17 people agreed to be interviewed. This consisted of 7 clients and 10 staff.

Staff included two consultant psychiatrists, 7 nurses and 1 occupational therapist. Clients from long stay wards, acute unit and others discharged to the community were included. Interviews ranged from 10 – 45 minutes duration.

Interviews were audio-taped and transcribed.

Other data was gathered from the occupational therapists who provided details of occupational therapy programmes, timetables and a selection of work produced by clients who used the service.

Interview Questions to service users

A number of simply phrased questions and prompts were used to facilitate discussion around three key areas:

- a) The type of occupational therapy programmes in which users participated
- b) If they felt the occupational therapy programme made a difference to how they managed their mental health and well-being.
- c) If they had any suggestions for change in the programme.

Overall, this pilot project evidenced both a commitment to and an ability to deliver good practice in MDT working as outlined in Multidisciplinary Team Working, Discussion Paper (MHC 2006).

Objective 3

Develop and deliver self advocacy and peer advocacy education as a method of empowerment.

Advocacy is a practice carried out by or on behalf of an individual or a group, which tries to redress the imbalance of power in society. Advocacy is a powerful tool that individuals with varied difficulties can use to participate more fully in society. Self advocacy is where the individual speaks up for his or her rights.

The Report of the Expert group on Mental Health Policy, A Vision for Change states "Advocacy should be available as a right to all service users in all mental health services in all parts of the country" DCC (2006).

The occupational therapists in Ardee prepared a programme of self advocacy and peer advocacy which they hoped to deliver as an educational group with clients. This includes a package of information and resources. Although suitable space was not available within the period of the pilot project, there is evidence that the occupational therapy programmes used the principles of self advocacy through various means as they delivered their occupational therapy programme.

Elements of this can be seen in excerpts from client interviews in the manner that clients talk about ownership and control over their own goal setting, achievements during occupational therapy and increases in confidence.

OUTCOME Objective 3

Self advocacy and peer advocacy was not offered as a timetabled programme. However, the manner in which clients were encouraged to set goals for themselves, choose particular activities to engage in and feel happy about their achievements, resulted in increase in confidence and feelings of empowerment. On review of the referral trends reported at midway during the pilot, the highest number of referrals to occupational therapy came from clients themselves which shows evidence of empowerment and self advocacy.

- (S5) They can give different feedback to us all and we can all have meetings together and we can get more information on what their social needs are.
- (S6) I have an MDT meeting once a week and am one of 5 teams. We only have 2 people (O.T's) so it would be utterly impractical to be attending those meetings or they wouldn't be on the ward at all. So there is a difficulty there...
- (S7) (On the old age psychiatry team)... We've been able to use the O.T. service for a half day a week and at other times for a full slot. As our own service is expanding, their demands from the team are increasing... regarding safety assessments, cognitive assessments, aids and adaptations for the home, what abilities do they have... It's about being about to manage blurring of roles and they certainly bring a dimension to the team which is certainly very valuable.

OUTCOME Objective 2

There were no negative comments about the contribution to the team which the occupational therapists have been making. Staff were strongly supportive of their involvement in the team.

The following contributions to the MDT were noted by staff:

- Diplomacy in manoeuvring themselves well into the teams
- Valuable input which O.T. assessments make towards team decisions
- Broader perspective which O.T brings regarding client's including assets, difficulties, social needs
- Willingness to provide feedback to staff
- Valuable assessment data to determine readiness for discharge
- A valuable dimension to the Old Age Psychiatry service

Multidisciplinary teams convey many benefits to both service users and the mental health professionals working on the team, such as continuity of care, the ability to take a comprehensive, holistic view of the service user's needs, the availability of a range of skills, and mutual support and education, (MHC 2006).

Team work involves all players. During the review and in an interim report which was delivered mid-way through the pilot period, both occupational therapists highlighted the huge support given to them by staff and in particular the nursing staff on all the teams they worked with. They appreciated the difficulties there might be for staff managing the changes associated with a new service being developed. They spoke of the willingness on the part of staff to facilitate their setting up of programmes on the wards and in areas normally used by staff.

Interview Questions to staff

Questions to staff centred around 3 key areas:

- a) If they could identify clients that they felt showed an improvement in their ability to manage their mental health and wellbeing through their participation in occupational therapy
- b) What type of contribution occupational therapy made to the multidisciplinary team.
- c) If they found value in the assessments used by the occupational therapists as a way of measuring change in clients.

Analysis of findings

Material from interviews was analysed under the key research questions. Inclusion of quotations was based on their relevance to the research questions. Excerpts from each of the seven interviews with clients are presented under the key research questions.

Excerpts from interviews with staff are presented under the key questions posed to multidisciplinary staff.

Did the Programme meet its objectives from the client's perspective?

Aim: To introduce an occupational therapy service to clients

Objective: To establish a programme that will enable clients to improve skills in self managing health, wellbeing and lifestyle through involvement in meaningful activities

Key Questions to Clients

- Question 1 What kind of occupational therapy programmes did you take part in?
- Question 2 Did it make a difference to how you manage your mental health?
- Question 3 Would you suggest any changes to the programme?

(Excerpts from Client interviews)

Client 1 81 yrs. female

Q 1 ...It was great to go upstairs and cook.... Cooked an egg and mashed potatoes and did all the chores.... We were looking down on miles away... a lovely view. I did art... see the red carnation... that was lovely.

Q 2 ... it was great to take part in it..., yes,...talking to people.... I like to be active.... I never done art... it's nice, isn't it my mental health is okay. I'm in here because I had a fall... I don't know how long I've been here.

Q.3 ... I'd like to paint more... more cooking.... Go for a walk sometime.... Music.... There was always music in our house.... My father played a big accordion..... maybe cook some vegetables and a chop... and some sauce.

Client 2 45 yrs. male discharged

Q.1 Solutions for wellness... a well put together programme... basic facts about nutrition... diet, exercise and fitness.... Done in a way that anyone would understand... done brilliantly... very relaxed.

Michelle's programme about basic hygiene... guidelines about what to do on a weekly basis.... She set a standard for me which I didn't have... Goal setting... what to do with your life... it was really good.... Michelle even helped

Change can take many forms, be in change in behaviour, changed mood, changed attitude or changes in personal responsibility. Many of the above changes resonate with the Recovery Model approach to Care which emphasises the centrality of the personal experience of the individual and the importance of recognising and mobilising the person's own resources as part of their treatment (MHC, 2005). Having a more global understanding of the service user helps to identify their particular needs and aids individual care planning.

Objective 2

With support of the multidisciplinary team, facilitate the transition from hospital to community integration.

Although there was an initial plan by the hospital for two of the service areas to be amalgamated which would require some clients to be discharged, this plan was not advanced during the pilot project. However, staff were asked for general comments about the O.T. participation and contribution towards the multidisciplinary team.

Key Question to Staff

What contribution has occupational therapy made to the multidisciplinary team?

Again, responses were very positive and a few examples of these are given below.

(S1) The nurses and O.T's communicate among themselves. It's hard to get the doctor's to come up to the wards so we don't have real case conferences with MDT's on the ward. So it's more informal.

(S2) They made you a lot more aware of the positive things he could do instead of just focusing on the illness and what he's not able to do, and as far as myself (the key worker) and the consultant, when that report came through, it helped him to be discharged quicker.

(S3) Both have contributed greatly to that. Both have added a lot to the assessment in terms of delivering a service to the patients. This has been enormously helpful... They have both produced typed reports on what they have done which is great and given them to me.

(S4) In the elderly ward, they don't have MDT meetings. Some consultants hold their meetings in Dundalk but none of our staff can attend, so the O.T's wouldn't have an opportunity for MDT meetings. In an informal way, they always feed back to the nurses what they were going to do and what they have done. This is very helpful.

(S9) Yes. Regards doing the activities on the ward like playing games and doing quiz, etc., it boosts the patient's self esteem for starters and brings the patient's out... it gets them up and gives them something to do for an hour or hour and a half. It gives them self worth by participating. Some patient's who keep a low profile on the ward will get up and go to the O.T.

...They would be looking forward to the next group where there would be some other activity happening.... There was one particular patient who loves painting. She had quite low mood... depression and she found the O.T. girls gave her that time she needed, time that we wouldn't have. It definitely meant something to her.

(S10) One of the patients... here since 2002 was referred to O.T. because of issues of self neglect, poor hygiene and a lack of productive role on the unit. We discussed with him setting achievable goals on a weekly basis and we have encouraged him to keep a record of these on his locker to act as a reminder. He has chosen his own self-care goals which were initially 2 per week. These have since increased to cover a lot of aspects of self-care. These activities have now been built into his daily routine and have become habitual. We used standardised assessment which allowed us to measure the change in how his skill base and participation in activities has increased. He has participated in many groups including the "Solutions for Wellness" which focuses on healthy lifestyle and diet. I think the client has got a lot out of this based on his own reports and staff reports...through occupational therapy, he has been encouraged to manage his health and well-being.

OUTCOME - Objective 1

All staff spoke about the positive changes they had seen in their clients as a result of their engagement with the occupational therapy programme. Of note is the close match or mirroring of staff perceptions and service user views on the occupational therapy service.

Staff identified the following improvements in mental health and wellbeing:

- Small changes in concentration and interaction levels with long stay clients
- Setting own personal care goals
- Significant changes in people's ability to take responsibility for managing their own lifestyles
- Evidence of carryover effect following discharge, i.e. joining a gym
- Increased level of motivation to participate in meaningful activity
- Discovering client's own skill level in basic living such as cookery
- Improved social skills
- Providing a different view of the service user, skills and talents not necessarily seen in the ward setting.

me with giving up smoking... and helped visualise what I want... long and short term goals... really logical... hugely beneficial.

Q.2 Yes it has...the service can't pull your weight for you... but there are certain things, simple things like washing the dishes... which doesn't overwhelm me now... It has given me a structured way of looking at life by myself....

Q.3 ...they are a priceless aspect to rehabilitation... they have more relevance to the patient's well-being... But there should be more access to them for the patients... showing them simple things... the goal setting... giving them something to look forward to... that the door will eventually be opened... that they will be out there on their own.... Patients are in bed all day sometimes and only get up to be examined. A gym is wanting.... Some more physical exercise.

Client 3 44 yrs. Male

Q 1 ... self esteem... it showed me I wasn't the only one in the way I was thinking...
... cooking... we did scrambled egg... and a smoothie... never had one before.... Bananas, strawberries and sugar... done in a blender.... And beans and a cup of tea

Q.2 ... it gives you confidence in yourself.... There's more to come in that file... (showed file of goals set and achievements made to interviewer)...

It made me feel good... I used to do all the cooking after my mother died... scrambled eggs... but I haven't done that in years... it was great... like old times... ... and self care goals... That's goals you set for everyday... change clothes, shave, take shower, clean teeth.

... oh, I done everything. The nurses notice an awful change in me. I'd have a tee-shirt on for the whole week. Everything's changed now... I'm doing it for myself... I tick them off on the chart.

This programme is ... just what the doctor ordered. There's nothing else to do except smoke and stay in bed all day apart from the occupational therapy.... Well there's O.T. upstairs, but... they won't let too many people up.... Yeah, it learned me an awful lot. It's something to live for... before, there was nothing, nothing to do.

Q.3 I don't know... a few more quizzes. All I'll say is .. the two girls are ladies, lovely looking and they're doing good work... and long may it reign.

Client 4 Male 42

Q.1 ...art... painting, drawing... in a group or 5 or 6 people. I enjoyed it immensely... quiz, which was very good...general knowledge, pop music, sport.
...We made a smoothie... you don't have to stick to that recipe. It was nice just to taste one. Exercise in the outdoor smoking area..

and we did self esteem... thinking positive. That's good... getting to know your own self esteem... that's where I'm lost at the moment, but I'm getting back my confidence. It's at a low but it's much better.

Q.2 Oh yes, definitely.... Even on that chart there... if you can reflect on thinking positive about yourself... don't be thinking negatively... If you start that, you're bringing yourself down... your stay is going to be a lot longer. ...but if you're positive, the doctors will be thinking, well, he is doing well... I'm using that positive advice in here.

It's been good to mix with a group. We give each other feedback. You feel you're part of something... that you can contribute...

I contributed. I might not be right but it's my opinion... and when you listen to someone else's opinion on the same issue... and you sit back and reflect... you think... I never saw it that way. I like the feedback from someone else.

If you asked me to do that six months ago, I wouldn't have been able to be in a group, or come into a room and do this interview.

Q.3 ... more exercise,... better facilities for exercise... a good size room big enough for people to exercise... a bit of volleyball or badminton. The group the girls did was great but it was too small an area. You were in the smoker's ground, but you weren't away. It's nice to get away from the ward to another area... to have a change of faces. They need more facilities. Day in, day out, you're doing nothing but looking at the clock. It's a long day.

Client 5 Male 61

Q.1 Playing football outside, art and conversation. Solutions to wellness – you learn about food... Healthy eating.

Q.2 It did a lot... I'm fairly confident now. Michelle and Fiona helped me a lot. They gave my dignity through talking... I like their company. I like art and I felt at ease...

I couldn't concentrate when I came in here first... Now it's different... It clears my brain. I think it's the way I was taught by those girls... Healthy eating ...I'll have to be careful about food when I go back... I'll have to be careful about my weight.

Another patient who has just been discharged after a 6 month admission, is very eager to maintain contact with the O.T's while he is out in the community. So far the signs are very encouraging...and the O.T. is a very welcome addition to helping that young man to get on with his life. He was in hospital about 5 years ago and if you look at the difference between this occasion and that occasion...he hasn't been doing very much so it hasn't been a very constructive out-patient time. There have been no resources to energise or re-direct him, whereas we have much more confident feel now about him and I think there is huge credit due to the O.T. They seem to have aroused an interest in him to seriously entertain the idea of going back to workplace whereas beforehand he wouldn't have been interested. And not only did he help himself but he seemed to help others which quite surprised us... He helped others who were reluctant to participate so it was easier for the staff when that was coming from a fellow patient...

And there's a third man who I think O.T. is about the only positive experience for him. He really likes it and is participating very well. Other than the O.T. he does not get involved. I've certainly noticed a change in his ability to relate to us. I'm sure because of this, we've reaped the benefits of that because we can engage with the man more readily as well. He has been unwell for about a decade but he has gone from a man who when he first presented, he talked into his chest, he mumbled... and he has transformed in the few weeks.... And I have no doubt that throughout that few weeks, the O.T. has brought him out of himself.

(S7) One particular patient has Huntington's dementia which has a lot of involuntary movements and lack of spatial awareness. The team were looking at anything which would increase the activation level of this patient. The O.T. gave activities which focused on deep massage and touch which they responded very well to. They were able to articulate that they enjoyed that.

(S8) The chap who is gone was with us for 6 -7 months. The two ladies worked with him, basically on self esteem... Feeling better about himself... Understanding medication... Being able to express themselves a lot better. Simple straightforward things that they could do within their limits. It definitely speeded things up... you could notice a definite difference when they started working with him... Even just the basic things, shopping, washing. Cooking... they couldn't do much about. He has moved out now and got his own place. I think he still would have been here otherwise.

The chap who is still here ... they do a lot with him, not just his mental symptoms but also his physical condition as well. They have shown him a system of doing things so that he is better organized and it's easier to manoeuvre things around... simple things like making a bed and tidying up around his bed area... practical things that we do every day..Now, he has got a routine that helps him. He still needs help now and again...but when he is reasonably well, he will do these things himself, which is a big plus. Especially as we are waiting to hear from a facility who is hopefully going to take him...

assessed him and come up with a programme which he likes doing... the quality of life he achieved... He started to get involved in...things on the ward... taking responsibility for organizing... and it progressed and progressed and he's left hospital now and they are still involved. He was into fitness but hadn't done it for years and got into drugs. Now he's talking about fitness classes again and joining a gym and swimming, maybe starting karate again. Things he hasn't done for years and he hadn't any motivation. So it's made a significant different to him. We were worried he might on discharge go back to drugs again but with the O.T. programme they have given him, he has other things to replace that. He was socially withdrawn, but is now going to clubs and meeting people so that's really significant.

(S2) Another person...hygiene and personal care were a significant problem... With the O.T. input, he has just transformed himself. At the minute, he is interested in how he looks every day. He goes about his goals every day. From our point of view, these are things the nurses would do every day with people, but now with the O.T., it's actually giving him responsibility to do this.

(S3) In particular there is one older lady they have both worked with in helping the carers to manage her mental health. Most of the patients they've been involved with have organic illness and dementia so it wouldn't be as clear with that. There was 1 man they gave healthy eating advice to which was probably helpful to him.

(S4) Our clients are generally elderly ladies and it isn't easy to motivate them. The girls have been able to bring them, particularly one lady on board who gets involved in nothing...Concentration wouldn't be great but for the period they were able to keep her there, she loved it. It was great to see that. And with one lady she would tell you the next day what happened and she could show you the bits of work she did. So there is carry over.

Another lady stays...in the one chair all the time... but the girls would go to her and work with her. She is not a group person but they would do individual sessions with her. And she loved the interaction... she would even say... "And they come to me... which means I'm special".

(S5) I think most of those who have interacted in O.T. have got great benefit from it. The art.... They wouldn't normally participate in any group... and then they took over the art. And then some of the ladies did the cookery class, to find out their level of skill and that gave us some input as well. So you see the practical benefit of that information

(S6) We've definitely had a couple of patients who have done very well.... With long stay patients on the ward, what they do with their time is a problem. Some have displayed skills which we wouldn't have been aware of because of their involvement in the occupational therapy sessions on the ward and their ability to organize and cajole and encourage others to participate in activities, so it's been a very welcome development. ... Developing their social skills... And I would be optimistic that these people will be followed in the community. This is an extra input which these people have never benefited from before.

Q.3 I think they should be on the full week... Saturday is a long day in here... I find it too long without those girls coming in.

Client 6 64 Female

Q.1 I've taken part in painting... a quiz... bingo.. oh and we made drinks... we used a machine... smoothies

Q.2 I think it's done a lot. It guides your mind into thinking the correct channels and gets you up and going... It's a great boost to know that you can do things I think you benefit in the long run. It's very important to have O.T.... We did assertiveness... how to be assertive without being aggressive.

It's what's needed... to get people motivated. It took you away from down the bed area... and got you motivated... got you doing something constructive... and learning.

I enjoyed the painting because I never painted before.... you get a surprise to find you're good at it

Q.3 Yes... crochet lessons. I used to be good at it... 30 yrs ago, but it lapsed.... I've nobody to put me back on the right course.

If there was something on every day. It's very quiet at the weekend. I think O.T. is an imperative thing for mental health to improve.... It gives you confidence.... It's very good.... I like it.

Client 7 Male 31 Discharged

Q.1 I did a movie night... and exercise... and throwing a ball around the place... It got me up and motivated.

We made posters for the film night... it was my job to go around asking everyone what film they wanted to see. Whatever was voted the most, we watched. We got "The good, the bad and the ugly".

Q.2 It got me back, motivated. ... it was good... like helping me do things on my own... I'm getting an apartment soon.

...it built my confidence... my self esteem.

Q.3 Well I like pool.... Maybe more physical exercise..... Good luck to them in the future.

Outcome of Interviews with clients

Programmes engaged in included:

- Self Care,
- Cooking
- Self esteem group
- Solutions for Wellness
- Exercise /sports
- Healthy living education –diet and exercise
- Creative expression – art, craftwork.

Personal Gains identified:

- Increased self care skills
- Increased sense of future
- Increased sense of personal responsibility
- Capacity for goal setting
- Ability to structure own time
- Increased self confidence
- Sense of accomplishment despite illness
- Increased self esteem
- Change of mood
- Development of hope for the future

Client's experience of the process:

- Change of environment
- Being listened to
- Chat and interaction
- Being treated as an individual
- Being respected
- Rediscovering roles and activities
- Identification of needs

Client suggestions for change

Service users were articulate in their identification of needs. They suggested the following changes:

- More access to an occupational therapy service
- Occupational therapy services to be extended to weekends.
- A suitable environment or rooms to carry out activities, preferably off the ward
- Outdoor sports facilities, a gym

Did the Programme meet its objectives from the multidisciplinary staff's perspective?

Ten staff took part in interviews. These included 7 nurses, 2 consultant psychiatrists and an occupational therapist. Staff were asked a series of questions to ascertain their views on the value of the occupational therapy pilot program and the extent to which it had met its objectives.

Objective 1

To enable patients/clients to improve skills in self managing health, wellbeing and lifestyle through involvement in meaningful activities.

Key Question to Staff

Are there any clients that you think showed an improvement in their ability to manage their mental health and wellbeing through their participation in occupational therapy?

Comments from staff were very positive regarding the achievement of this objective. Although the level of improvement differed greatly between service areas, even long stay ward staff noticed significant differences in people's level of engagement with meaningful activity. A selection of excerpts from the ten staff interviewed bears witness to considerable improvements in mental health and well-being.

(S1) The clients up in the ward ...would have more long term mental health enduring illness so it's day to day activity where the focus would be.... So it would be activating them for that hour which overall results in better mental health.

This staff member went on to describe small improvements noticed.

(S1) ...That clients would actually stay and concentrate and ...participate and become a team player with the other lads.... That's what you would notice, their interaction... but it would be hard to say I could see the benefit of today's session next Wednesday. But then many of these patients would have cognitive problems and concentration problems. So it's very basic, but we notice it a lot and it's good... And we would ask them, where were you today and they would say they were at football. ... and they would recognize the girls the following week and know they would be coming to do something with them.

(S2) One patient in particular...in his early 30s...in hospital for quite a few months. His day to day routine was basically lying on the bed. Having