

A survey of staff opinions towards occupational therapy activity groups on a psychiatric intensive care ward

Miss Susana Veiga¹ and Dr Aileen O'Brien

¹ MBBS Student, St George's University of London

Background

Ward 1 is a 13-bed male only psychiatric intensive care unit (PICU). NICE guidelines and AIMS-PICU standards state that PICU wards should have 'meaningful and culturally appropriate activities' available 7 days a week for up to 12 hours per day⁽¹⁻²⁾.

Ward atmosphere is known to affect patient outcome with symptoms exacerbated by lack of activity⁽³⁾. However, despite the therapeutic benefit of OT activities groups⁽⁴⁻⁹⁾, only a minority of patients participate in them while the majority spend their time in social disengagement⁽¹⁰⁾.

Aim

The aim of this project was to survey staff attitudes, opinions and knowledge of occupational therapy activity groups (OT activity groups) in order to explore the reasons behind poor patient participation in OT activity groups and identify barriers.

Method

This project is a qualitative study of staff opinions towards OT activity groups completed as part of the wards activity group audit. A staff questionnaire was offered to all members of the nursing team (nurses and HCAs) on ward 1-PICU. The questionnaire contained a series of brief questions about staff experience, opinions and knowledge of OT activity groups.

Results

The majority of staff acknowledged that OT activity groups were beneficial to patient outcome and stated that they observed improvements to patients when they participated in activities. 88% of staff had at some point participated in the running of activity group on ward 1, however, staff reported having no prior training or experience in running groups and expressed the need for training in leading activity groups. Furthermore, 82% staff also reported their workload prevented them from allocating time to running activity groups and that OT activity groups were of a lower priority on their ward job list. There was a 62% responder rate from nursing staff on ward 1.

Discussion and Conclusion

Findings reflect results from other studies that OT activity groups improve patient clinical outcome and reduce aggression⁽⁴⁻⁹⁾. A clear barrier in ward 1-PICU is that OT activity groups are limited due to a lack of confidence from the staff in leading the OT activity groups. The lack of an occupational therapist on ward 1 and low staff confidence leads to staff unwillingness to run groups or prioritise them in the wards daily routine. This is despite staff observing positive impacts from the groups and holding OT activity groups of high importance to the patients on PICU. Limitations of the study include small sample size; participation of more wards from a variety of trusts would be needed to evaluate how widespread barriers are across PICUs.

In conclusion, based on the findings for ward 1, increasing staff training in leading activity groups, a ward occupational therapist, and a realistic activities timetable should be implemented in order to overcome the barriers on ward 1 and increase patient participation in OT activity groups.

References:

1. National Institute for Health and Clinical Excellence. (2011). *Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services | Guidance and guidelines | NICE*. [online] Available at: <https://www.nice.org.uk/guidance/cg136> [Accessed: 11 July 2015].
2. Cresswell, J., Beavon, M. and Robinson, H. (2014). *Standards for Psychiatric Intensive Care Units (PICUs)*. 3rd ed. [ebook] LONDON: AIMS CCQI, pp.35-37. Available at: https://www.rcpsych.ac.uk/PDF/AIMS-PICU_standards_3rd_Ed_correct_front_cover.pdf [Accessed: 11 July 2015].
3. Wing, J.K. and Brown, G.W. (1970). Institutionalism and schizophrenia. *Cambridge University Press*. London.
4. Collins, J., et al.(1985). Treatment characteristics of psychiatric programs that correlate with patient community adjustments. *J. Clinical Psychology*, 41(3), pp. 299-308.
5. Di Bona, L. (2004). What do they think of us? A satisfaction survey of users of occupational therapy services in an acute adult inpatient unit. *Mental Health Occupational Therapy*, 9(3), pp. 77-81.
6. Pereira, S. and Woollaston, K. (2007). Therapeutic engagement in acute psychiatric inpatient services. *JPI*, 3(1), pp. 3-11.
7. Garcia, I., Kennett, C., Quraishi, M., Durcan, G. (2005). *Acute Care 2004: A national survey of adult psychiatric wards in England*. The Sainsbury Centre for Mental Health. London.
8. Antonysamy, A. (2013). How can we reduce violence and aggression in psychiatric inpatient units?. *BMJ Qual Improv Report*, 2(1), pp.u201366.w834-u201366.wb834
9. Lim, K., Morris, J. and Craik C. (2007). Inpatients' perspectives of occupational therapy in acute mental health. *Aust Occup Ther*, 54(1), pp.22-32.
10. Radcliffe, J. and Smith, R. (2007). Acute in-patient psychiatry: how patients spend their time on acute psychiatric ward. *Psychiatry bulletin*, 31(5), pp.167-170.

Word Count (excluding title, authors, references): 462

Applicant details:

Miss Susana Veiga
MB BS Student, St George's University of
London

94 London Road
Mitcham
CR4 3LA

07966030779

Susana.veiga@hotmail.co.uk

Dr Aileen O'Brien
Consultant Psychiatrist

Ward 1, building 30
Joan Bicknell Centre
61 Glenburnie Road
London
Sw17 7 DJ

020 3513 6491

aobrien@sgul.ac.uk