Occupational Therapy in Women’s PICU

Becky Davies, Senior OT Eileen Skellern 1, SLaM
Hannah Stevens, Senior OT Shannon Ward, CNWL
Introduction

- Define OT
- Role of OT
- Why have therapies on a PICU?
- Activity Programmes
- PICU vs Open Ward
- Environment
- Assessment methods
- Working with females
- Example
- What works / doesn’t
- The future
A Quick Definition

LOVE OCCUPATIONAL THERAPY
OT Role on PICU

- Offering a range of meaningful activities to the patients
- Providing 1:1 sessions to patients to develop/maintain skills and interests
- Assess patients functional abilities
- Assess patients mental state and identify any improvement/deterioration
- Create care plans individually and as part of MDT
- Attend and provide feedback at ward rounds
- Attend seclusion reviews (if OT need)
- Provide input around enhanced observations e.g. activities during segregation
Why Have Therapeutic Activities on PICU?

‘Activities are central to human existence and are vital to meeting basic human needs’
(Drew and Rugg 2001; Kielhofner and Butler 2002; Law 2002)

‘Is also a means of reducing violence and aggression on a PICU/LSU’
(Kazi et al, 2008)

‘Activities can reflect a balanced lifestyle’
(Kazi et al, 2008)

‘Not only enhance an individual’s development, but can also assist in the management of problematic behaviour and maintenance of a safe environment’
(Kazi et al, 2008)
A Balanced Timetable

(Turner et al, 2007)
# Shannon Ward Activity Timetable

**Monday**
- Art & Craft
  - 11.00 – 12.00
  - Therapy Room 1
  - Malena

**Tuesday**
- Chat & Chill
  - 11.15 – 12.00
  - Therapy Room 1
  - Malena

**Wednesday**
- Breakfast Session
  - (By appointment only)
  - 8.15 – 9.15
  - ADL Kitchen
  - Hannah & Malena

**Thursday**
- Community Meeting
  - 10.30 – 11.00
  - Lounge
  - MDT

**Friday**
- Fitness Group
  - 13.00 – 11.00
  - Gym
  - Lauren

**Saturday**
- Art Therapy
  - 10.30 – 11.15
  - Therapy Room 1
  - Susi

**Sunday**
- Fitness Group
  - 10.30 – 11.00
  - Gym
  - Toni

**Patient Choices of Activity**
- (Books, Board Games, DVD, self care products)
- Please speak with your nurse

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**Detailed Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.30 – 11.15</td>
<td>Art Therapy</td>
<td>Therapy Room 1</td>
<td>Susi</td>
</tr>
<tr>
<td>10.30 – 11.00</td>
<td>Fitness Group</td>
<td>Gym</td>
<td>Lauren</td>
</tr>
<tr>
<td>11.00 – 12.00</td>
<td>Art &amp; Craft</td>
<td>Therapy Room 1</td>
<td>Malena</td>
</tr>
<tr>
<td>11.15 – 12.00</td>
<td>Chat &amp; Chill</td>
<td>Therapy Room 1</td>
<td>Malena</td>
</tr>
<tr>
<td>13.00 – 11.00</td>
<td>Community Meeting</td>
<td>Lounge</td>
<td>MDT</td>
</tr>
<tr>
<td>14.15 – 15.00</td>
<td>Baking</td>
<td>Therapy Room 1</td>
<td>Malena</td>
</tr>
<tr>
<td>14.00 – 15.00</td>
<td>OT 1:1 Engagement Time</td>
<td>Lounge</td>
<td>Lauren</td>
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<tr>
<td>15.15 – 16.00</td>
<td>Music Therapy</td>
<td>Therapy Room 2</td>
<td>Malena</td>
</tr>
<tr>
<td>15.15 – 16.00</td>
<td>Ot 1:1 Engagement Time</td>
<td>Therapy Room 1</td>
<td>Hannah &amp; Malena</td>
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<tr>
<td>15.15 – 17.00</td>
<td>Fitness Group</td>
<td>Gym</td>
<td>Lauren</td>
</tr>
<tr>
<td>16.30 – 17.00</td>
<td>Gardening Group</td>
<td>Therapy Room 2</td>
<td>Malena</td>
</tr>
</tbody>
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**Resources**
- Hannah: Occupational Therapist
- Malena: Activity Coordinator
- Toni: Fitness Instructor
- Nick: Tai Chi Instructor
- Susi: Art Therapist
- Lauren: Fitness Instructor
- MDT: Multidisciplinary Team
- Rebecca: Advocate, Pavilions

**Please Note:** The gym can only be used under supervision of a qualified gym instructor.

*Please check the whiteboard daily as groups can be subject to last-minute change*
<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9.30-10.00 DAILY PLANNING MEETING</strong></td>
<td><strong>10.45-12.00</strong></td>
<td><strong>10.45-12.00</strong></td>
<td><strong>10.45-12.00</strong></td>
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<td><strong>10.45-12.00</strong></td>
<td><strong>10.45-12.00</strong></td>
</tr>
<tr>
<td><strong>Art with Becky</strong></td>
<td>10-10.30</td>
<td>10.30-11.15</td>
<td>10.00-10.30</td>
<td>10.00-10.45</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
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<tr>
<td></td>
<td>Music and Movement with Becky</td>
<td>Breathing and Meditation with Roxana</td>
<td>Music and Movement with Becky</td>
<td>Music Appreciation Group</td>
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<td></td>
<td>11.00-12.00</td>
<td>11.00-12.00</td>
<td>11.00-12.00</td>
<td>11.00-12.00</td>
<td>Activities with Nursing Staff</td>
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<tr>
<td></td>
<td>Scheduled 1:1 session with Becky</td>
<td></td>
<td>Scheduled 1:1 session with Becky</td>
<td>Chi Kung with Rix</td>
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<tr>
<td><strong>12.00-12.30 LUNCH</strong></td>
<td>(Ward Round)</td>
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<td>(Ward Round)</td>
<td>(Ward Round)</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
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<td>Activities with Nursing Staff</td>
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<tr>
<td></td>
<td>4.00-4.45</td>
<td>1.30-2.00- Ward Community Meeting</td>
<td>2.30-3.30</td>
<td>1.30-3.15</td>
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<tr>
<td></td>
<td>Activities with Becky</td>
<td>2.30-3.30</td>
<td>Beauty and pampering with Becky</td>
<td>Food/drink preparation with Becky</td>
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<tr>
<td></td>
<td>12.00-12.30</td>
<td>2.30-3.30</td>
<td>3.30-4.30</td>
<td>12.00-12.30</td>
<td>Activities with Nursing Staff</td>
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<tr>
<td></td>
<td>Activities with Nursing Staff</td>
<td>Physical Health Group</td>
<td></td>
<td>Activities with Nursing Staff</td>
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<tr>
<td><strong>17.00-17.30 DINNER</strong></td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
<td>Activities with Nursing Staff</td>
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## PICU vs Open Ward

<table>
<thead>
<tr>
<th>PICU</th>
<th>Open ward</th>
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<tr>
<td>• Activities need to be very carefully risk assessed, including any equipment required</td>
<td>• Patients generally have access to their mobile phones and other electronic devices more freely</td>
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<tr>
<td>• Less activities are feasible on a PICU as equipment can not be left unattended</td>
<td>• Patients are more likely to have section 17 leave, including longer periods of unescorted leave</td>
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<tr>
<td>• Limited section 17 leave and when given generally only grounds leave before patient moves on</td>
<td>• More potential for a wider variety of ward based activities as there are less perceived risks</td>
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<tr>
<td>• Limited/no use of personal mobile phones and other electronic devices</td>
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An effective PICU design should give the provision of therapeutic activity an equal status to safety and security and should include:

- Activities room
- Access to internet and social media
- Day room (with a television)
- A room with physical exercise equipment.

(National Minimum Standards, 2014)
Assessment Methods

- Continuous observations and assessment during group activities and 1:1 work.
- Looking at level of engagement, length of time able to engage/focus on task, how relating to others
- Increase of abilities/skills over time
- Conversations during groups- able to identify if there are improvements in symptoms such as delusions, responding, grandiosity
- Model of Human Occupation (MOHO)
Example of OT Assessment on PICU

• What are we assessing?

Activity Analysis
Environment affects all of these areas

Kielhofner, 2008
Example using MOHO

Performance
- Significantly reduced due to cognitive skills

Volition
- Interest in cooking
- Looking after young family

Environment
- Noisy
- Busy
- Unpredictable

Habituation
- Role as Mother
- Role of Caregiver
Working with women

- Male to female ratio on PICU’s can be as high as 5:1 (O’Brien et al, 2013)

- Women have higher need for emotional support (Archer et al, 2016)

- Evidence suggests that while men are more likely to be admitted to PICU, women are more likely to have longer term care (O’Brien et al, 2013)

- Women had markedly increased rates of affective disorders.....for any affective disorder, the lifetime prevalence was 23.9% for women compared with 14.7% for men (WHO, 2000)

- Higher levels of verbal assaults and early physical assaults (Krakowski & Czobor, 2004)

- Women prefer broad range of treatment options and felt safer in single sex environments (Archer et al, 2016)

- Higher rates of co-bordibity with other mental health problems (Archer et al, 2016)
Female Dynamics

- Difficulties running groups and how it can be managed.
- Complex relationships between women. Forming bonds and close friendships and then having subsequent disagreements.
- On/off friendships
- Disliking one another/clashing
- Leads to arguments and physical fights
- Holding grudges about situations and later seeking revenge
- Taking clothes/make up from each others rooms
- Grouping together to form gangs against staff (particularly in PD)
- Have to think about risk management of these situations, particularly when in group situations in activity room away from main ward. Breaking up patients into different groups and separating who doesn’t get along. Giving everyone opportunity to engage.
What works and what doesn’t

- Complex groups don’t hold engagement e.g. the group suggested by PD patient is too high functioning for our ladies with psychosis / mania
- Ensuring fully understand and risk assess patient dynamics before running a group
- Need freedom to explore
- Rigid groups don’t work. Need to be able to go away and come back if too upset/over whelmed
- Goal setting group did not work on Shannon
- Music is a successful way to initiate engagement
- Dance is a motivator
- Food preparation is a motivator
Future Ideas

- Sensory room
- Little research re: OT on PICU
Conclusion

- Decrease in physical aggression on ward
- Observation rich functional Ax
- Different relationships with patients, doing ‘fun’ things
- Beginnings of engagement
- Link to other services such as: chaplaincy, advocacy, sessional workers
- Adding a therapeutic perspective to the MDT
Questions
References


- Central and North West London NHS Foundation Trust Steering Group (2010) Self Care Productivity and Leisure Definitions


