

The experience of using the VdTMoCA within acute in-patient mental health services.

Prior to making changes informed by the VdTMoCA, our services were not dissimilar to many others:

- providing a whole host of groups on a timetable aiming to interest and engage as many service users as possible;
- OTs were stretched to capacity keeping the programme running;
- we had difficulty engaging those who were acutely unwell;
- we used the MOHOST as a baseline assessment but they were time consuming and we had difficulty picking out appropriate treatment goals to suit the setting and length of stay;
- there was some role dissatisfaction, with OTs lacking in confidence in defining their unique role in the increasingly acute in-patient setting;
- OTs felt that the occupational focus was being diluted;
- we struggled to evidence our effectiveness and outcomes, but had the desire to demonstrate quality.

With the support of Wendy Sherwood and Dain van der Reyden, we undertook several initiatives for learning the VdTMoCA and evaluating our service so that we could establish a clear plan for improvement. We made significant changes to the way that occupational therapy assessments and treatment / intervention were undertaken and delivered, giving the OT programme a complete overhaul to better match the occupational performance needs of our client population.

Undoubtedly the implementation of the VdTMoCA has had a huge impact on the quality of service delivery as well as staff confidence and job satisfaction. Staff comment that:

- the service is overall more occupationally focused and back to its OT 'roots';
- that all levels of service users now benefit from OT;
- we are 'treating' and not just 'engaging';
- assessments are structured and directly inform treatment planning;
- weekly evaluations of functioning enable responsive changes to treatment;
- groups have a specific function and purpose and the results are far more evident;
- the quality of our service has hugely improved;
- the MDT are commenting more frequently than before on improvements in individuals' functioning, and acknowledging this as a direct result of the OTs intervention;
- they are still just as busy, but in a productive and positive way (most of the time!).

The impact of providing a service based on the model has been far reaching, revitalising a return to the core skills of occupational therapy with activity at the heart. It has significantly improved the quality of occupational therapy treatment for service users, strengthened multi-disciplinary working and improved job satisfaction and confidence of therapists.

The resulting care pathway processes now in place are providing a real opportunity for the first time to produce meaningful evidence to substantiate the effectiveness and outcomes of OT provision. In the challenge of new and uncertain commissioning structures, the model has provided confidence in the ability not only to demonstrate why the service should remain, but also to take the service forward to meet the needs of a dynamic healthcare arena.

The success of implementation has been down to the commitment and motivation of all staff. The first year or so of implementing the model and changing service delivery was intensive, but this has been charted by significant developments towards a shared goal, and the process has been uplifting and empowering. The following quotes from staff sum it up:

"I'm far happier in my work, feel that I'm achieving, and I look forward to what each day has to offer."

"Using the VdTMoCA has enabled me to become a more focused and confident practitioner who feels excited about taking these skills forward in order to benefit the whole OT department as well as myself as a lifelong learner."