Non-Psychotic Disorders (Very Severe)

Likely Diagnoses: F32 Depressive Episode (Non-Psychotic), F33 Recurrent Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder
Likely Level of Creative Ability: Self-differentiation, Self-presentation (Therapist directed phase)
Admission Factors: Unlikely to improve without treatment; long term functioning may be impacted

ASSESSMENT

Baseline Assessment (within 5 days of admission)
Purpose: To ascertain current and optimum functioning (skills impacting on performance in different environments) to inform treatment planning enabling discharge from hospital
Areas Assessed: Pre-morbid functional skills including personal management, life skills and coping strategies regarding management of symptoms, social skills and networks, mental health state, home environment, occupational balance
Assessments used: Individual task assessment, informal Interview, observations in daily activity and social situations, functional assessments
Assessment Tools Used: Creative Participation Assessment, Activity Participation Outcome Measure

TREATMENT

STAGE ONE – Foundation Treatment (to start immediately and to inform assessment, week 1)

Expected Outcomes by end of foundation treatment:

- Will build or re-establish therapeutic relationship in preparation for therapeutic engagement
- Will prevent withdrawal and encourage engagement and a sense of safety
- Will develop awareness of a biological needs and routine (e.g. hunger, daytime/night time)

Treatments:
2-4 treatments daily, individual, 5-10 mins in length
- Through observation the therapist will engage alongside patient in the ward environment supporting overt methods of managing symptoms (e.g. increasing awareness in activity such as walking round garden, facilitating music etc)
- Treatment principles to be applied eliciting sensori-motor feedback and reality orientation

STAGE TWO – Ongoing Treatment (following foundation treatment, weeks 2-8)
Expected Outcomes by end of initial treatment period:

Anxiety Pathway:

- Will build or re-establish therapeutic relationship in preparation for therapeutic engagement
- Will introduce concept of helpful routines
- Will lower arousal and anxiety levels through co-regulation enabling functioning

Treatments:
All treatments to be carried out daily, 10-20 mins in length
- Personal management / hygiene
- Breathing Exercises (1:1)
- Gross Movement i.e. Tai Chi (1:1 and / or group)
- One additional physical activity (walk, gym, physical games etc.)
- Supporting identified coping mechanisms to lower anxiety and to promote self-regulation

Depression Pathway:

- Will build or re-establish therapeutic relationship in preparation for therapeutic engagement
- Will prevent withdrawal and encourage engagement and a sense of safety
- Will have improved process skills
- Will encourage engagement in norm awareness of helpful routines
- Will raise motivation through behavioural activation

Treatments:
All treatments to be carried out daily, 10-20 mins in length
- Support to engage in basic daily routine, to include personal care, eating, sleeping, morning ward meeting, exercise
- One ward based activity daily
- One physical activity daily (walk, gym, physical games – to raise arousal)
- One daily self-care treatment where needed
- Support engagement in ward communal areas, promoting social interaction and awareness of own positive emotions e.g. smiling

STAGE THREE – Following stage two if service user is still in hospital follow Non-Psychotic Disorders (severe) treatment pathway (if no improvement, continue with stage two treatment)

DISCHARGE PREPARATION

To commence when discharge date has been agreed

1) OT assessment for all service users describing performance in different areas of functioning
2) OT recommendations regarding suitability for discharge environment and level of support required

If being discharged it is likely they will be returning to an established residential placement or to home with full care package/carer support in place