From the Outside Looking In: Incorporating a Non-Occupational Therapy Perspective on Using VdTMoCA

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Transforming lives together

National Context

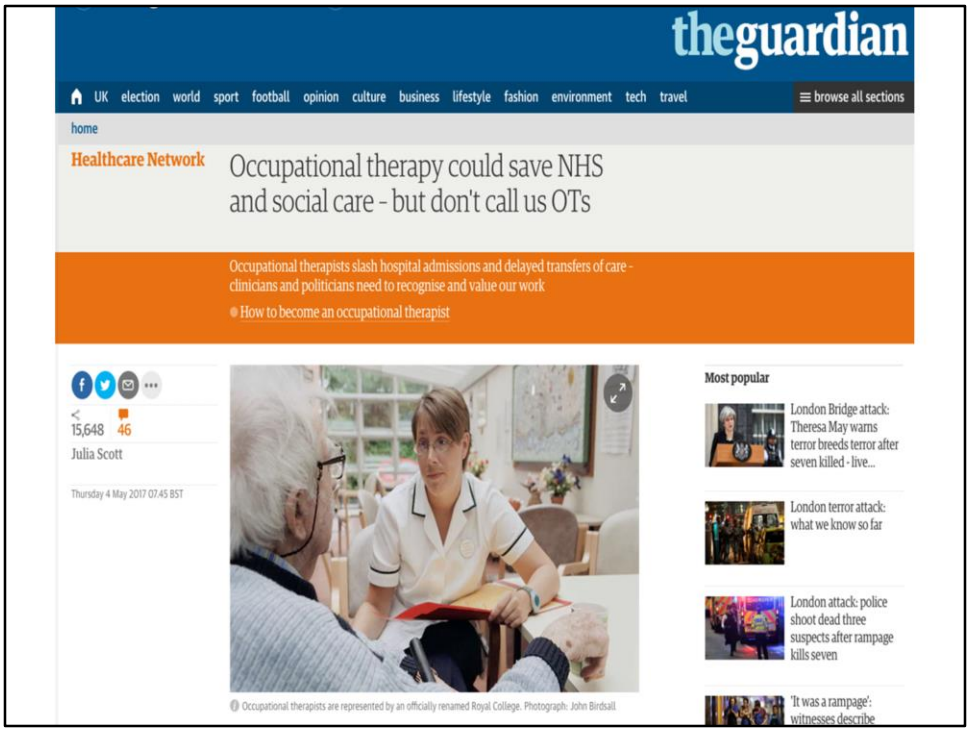
Financial Pressures

- By 2020 the NHS will need to find savings of around £22 billion in order to balance its books
- A third of NHS providers do not expect to hit their financial targets
- 71% of CCGs are concerned about meeting their efficiency targets

NHS Performance Deteriorates As Demand Increases

- 283 000 more patients attended A&E than in the same quarter last year
- 29% more bed days lost due to delays in discharging patients – this is at a record level and rising faster than ever before, underlining the impact of cuts in social care

National OT Perspective



Article in The Guardian of 4 May 2017:
What is needed is a group of staff who can reduce unnecessary hospital admissions, slash delayed discharges, prevent readmissions, and help the NHS and social care system work seamlessly together.
Occupational therapists, represented by the officially renamed Royal College of Occupational Therapists, are that group.
'Punching above their weight': the impact of OTs
Our data shows that putting occupational therapy at the frontline of the NHS cuts unnecessary A&E admissions by up to 80% and reduces delayed transfers of care by eight days. Another recent study found that "occupational therapy is the only category where additional spending has a statistically significant association with lower readmission rates". This evidence cannot and must not be ignored.
Occupational therapists respond to 40% of social care referrals but make up just 2% of the workforce.

Julia Scott, Chief Executive of the Royal College of Occupational Therapists

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Unless there is a greater recognition of the value of occupational therapy, the system will continue to waste time reinventing the wheel.

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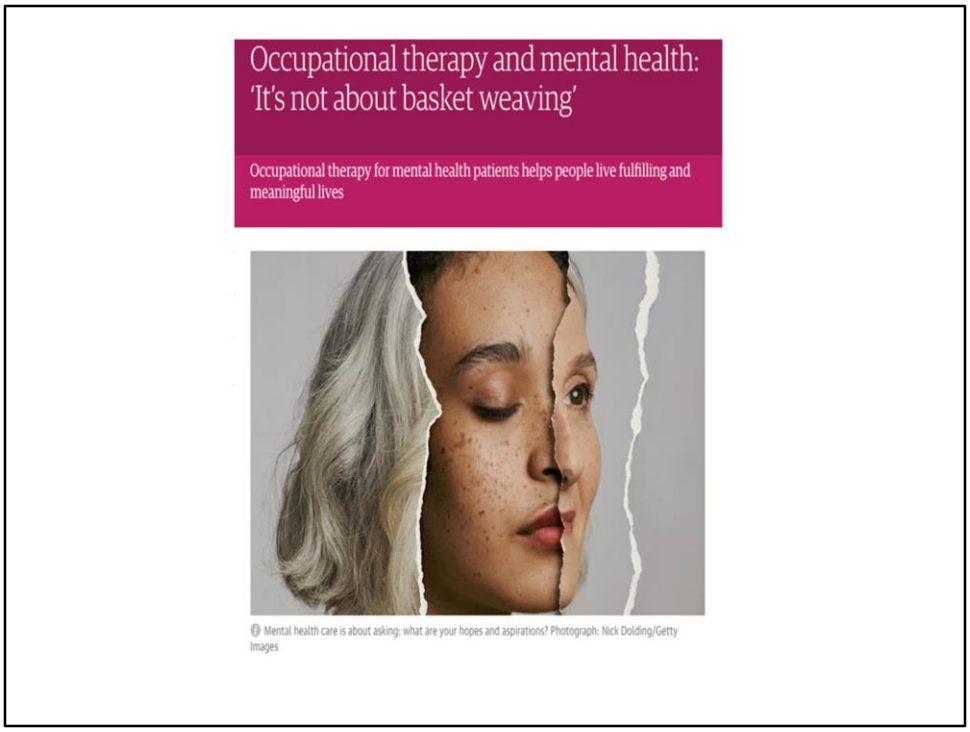
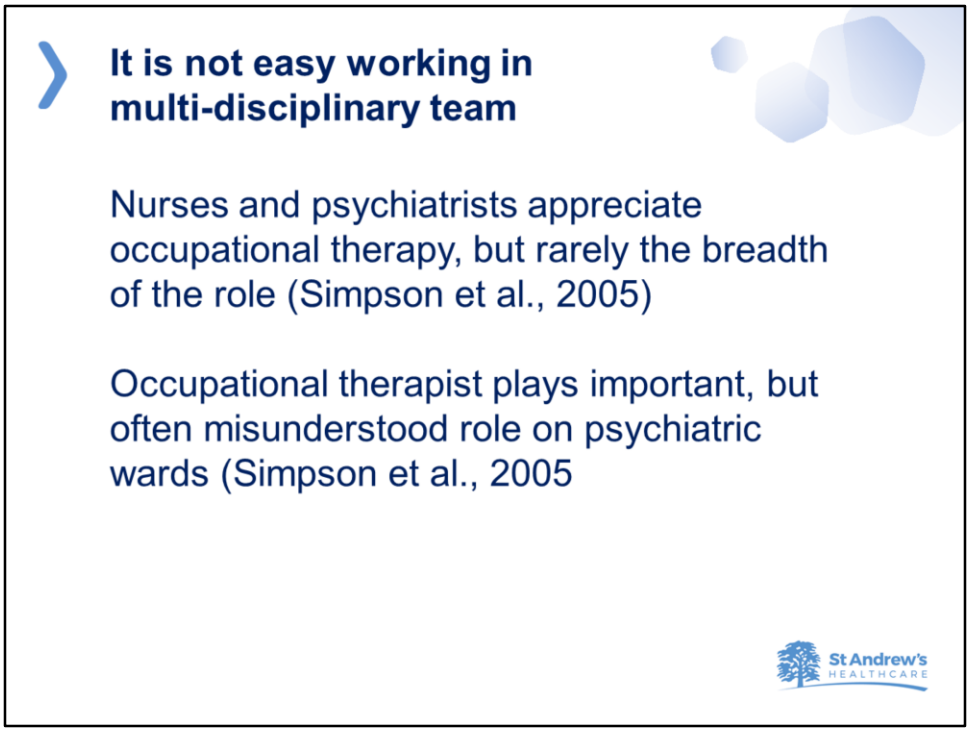
MDT Perspective



All members of the MDT would also state that their role is to help mental health patients live fulfilling and meaningful lives. The crucial aspect is delineating what makes every member of the MDT's role unique.



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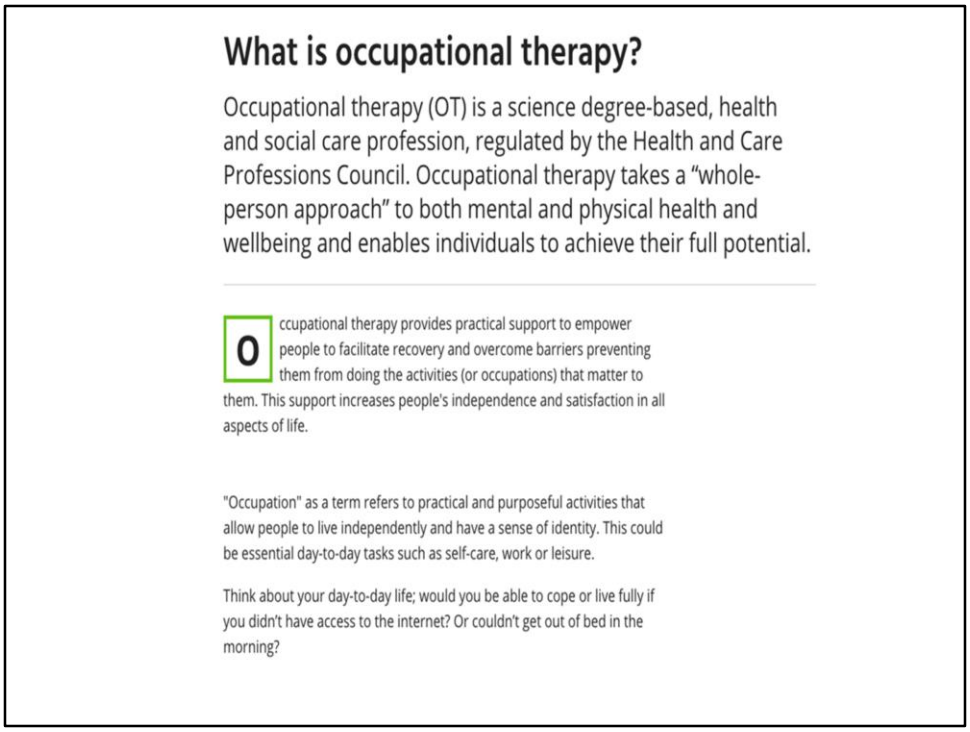

Royal College of Occupational Therapists' website

Case Study

Living Skills

X is dependent on prompts to attend to his personal hygiene and to perform activities of daily living to an acceptable standard. X has some awareness of roles and role balance. He is compliant with his role as a patient in institution and he chooses to be involved in care plan update meetings. He also identifies with his role as a son, keeping regular contact with his mother.

X is within functional limits to perform activities of daily living, such as self-care and ward-based activities. He engages in light exercise in the sports hall and although his movements are observed to be slow and awkward he has demonstrated adequate motor skills necessary to meet the physical demands of the activities that he has participated in.

X has also demonstrated processing ability during individual meal cook sessions, where he has shown evidence of planning and executing tasks that are familiar to him.

X has demonstrated pre-vocational skills, such as keeping appointments with psychology and advocacy. He has also committed to a range of desensitisation techniques to reduce his tactile defensiveness and cope with situations he finds challenging, such as eating with other patients at meal times, cooking with male staff and having male staff conduct pat down searches.

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Case Study

Activity

X has identified activities that he is motivated to do such as meal cooks, basketball and IT. He recognises limitations such as having difficulty concentrating for sustained periods so self-soothing activities such as listening to music and watching television can be problematic.

X is able to organise his time independently with minimal support. He plans his community leaves for the following week and is aware of his individual therapeutic programme. X appears to enjoy solitary pursuits and has benefited from individual activities, such as accessing the computer room, and regular leaves shopping and visiting the community gym. X tends to avoid group interaction but he has recently attended Rambling group and group trips into the community.

X has completed a plan of graded shadowed leave which he has drawn up with staff support, with a view towards unescorted leave in the future.

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Case Study

Finance

X is in receipt of Employment and Support Allowance (ESA) which is paid into a simply payment account for which he holds a cash card. Due to the limited accessibility of this account, such as only being able to withdraw money at set locations and having to present a letter from the DWP dated within 3 months for each withdrawal, X would like to open a post office account. He contacted the DWP on 22nd September 2014 in order to request a post office application, upon receipt he will be supported to complete this, before taking this to a local branch to process.

Case Study

Communication

X is able to communicate with staff members in order to meet his personal needs. There has been a marked improvement in X's ability to communicate appropriately with staff. X continues to attend community meetings and open engagement sessions.

X's body language still appears awkward as he has a tendency to gaze, with overuse of eye contact at times when he is communicating. He can appear abrupt in interactions and he will often orientate himself with hands positioned close to his body and keeping a distance in relation to others at times rocking back and forth on his legs.

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Case Study

Living Skills

Presentation – X presents on the ward as well kempt. His well-groomed appearance is not typical for this level of function (self-presentation), but can be seen when the person has an interest in appearance and when personal management is much habituated. He performs tasks in particular order, and follows his own routine. If this routine is disturbed, he will present as anxious and sometimes agitated.

Independent living skills – X is independent in personal care and laundry tasks and looks after his environment well; but he needs constant supervision for personal safety and medications.

X has demonstrated processing ability during individual meal cook sessions, routine community leaves, where he has shown evidence of planning and executing tasks that are familiar to him. He also demonstrated ability to budget for his daily goods and essentials.

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Case Study

Living Skills

X's money management is one of his strengths. He is able to calculate how much money he needs for shopping. He expressed interest in developing his skills in managing household and he attended budgeting group on the ward to enhance his understanding what is involved in managing budget in independent living. However, his handling of coins, notes can be affected by lack of good organisation skills and impaired fine motor coordination. This can be adapted by encouraging him using various strategies as to how he can handle the money.

However, the difficulty to adapt, modify behaviour and evaluate (as demonstrated in executing unfamiliar task) significantly affects X's day to day performance and increases the level of support and supervision he requires.

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Case Study

Functional Level – Assessment of Performance Outcome Measure (APOM)

The findings of this assessment indicated that in task performance X was motivated to participate in activity and gained satisfaction from the process of doing it, rather than doing it well.

A number of executive functions were not apparent. Executive functions are essential for work ability e.g. planning, organisation, problem solving, self-evaluation and judgment. All of these functions were problematic for him.

Poor control over his emotions significantly affects his day to day performance of a broad range of activities across the occupational performance area. His ability to manage emotions is affecting his ability to be effective in most activity participation.

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Case Study

Functional Level – Assessment of Performance Outcome Measure (APOM)

X was re-assessed as an individual on Self Presentation level (level 3) transition phase towards Passive Participation level (level 4). His APOM score on this occasion was 9.7 (out of 18). This shows his progression as he improved from previous reading for 0.5 point (previous score 9.2.

The assessment indicates that X improved in areas of life skills and balanced life style, which further positively influenced his motivation and self- esteem. Communication and interaction and affect remain in areas X needs to work on. There is some improvement in process skills, mainly due to practice of familiar activities and being able to respond to structured routine. However, organisational skills, planning and problem solving remain as the area of considerable support.

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Case Study

Communication and Interaction

X can articulate in a clear and understandable manner. X's body language can appear awkward as he has a tendency to gaze, with overuse of eye contact at times when he is communicating. He can appear abrupt in interactions and he will often orientate himself with hands positioned close to his body and keeping a distance in relation to others at times rocking back and forth on his legs.

Regarding social ability, his focus on his own particular way of doing things may have affected his ability to consider social norms, and therefore his behaviour may be sometimes unacceptable. It may be also the case, that because his exposure to social situations were limited (mostly due to his anxiety to participate in social situations), he is not fully aware of some of the social behaviours that are required in different situations, or not developed them to a socially acceptable standard. He is, however, motivated to relate to others, demonstrated in how he presented himself in assessment sessions, when he wished to do very well and gain staff approval. He may also have poor control over his emotions, for example limited tolerance and impulsivity.

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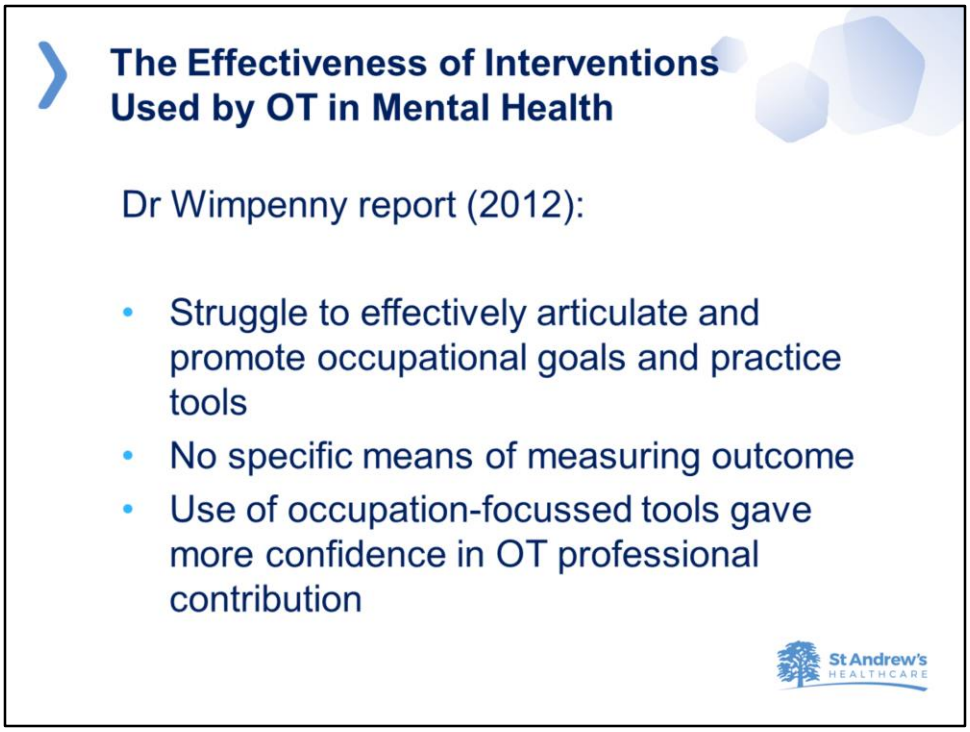
Wikipedia Definition

Occupational therapy (OT) is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities

OT Perspective



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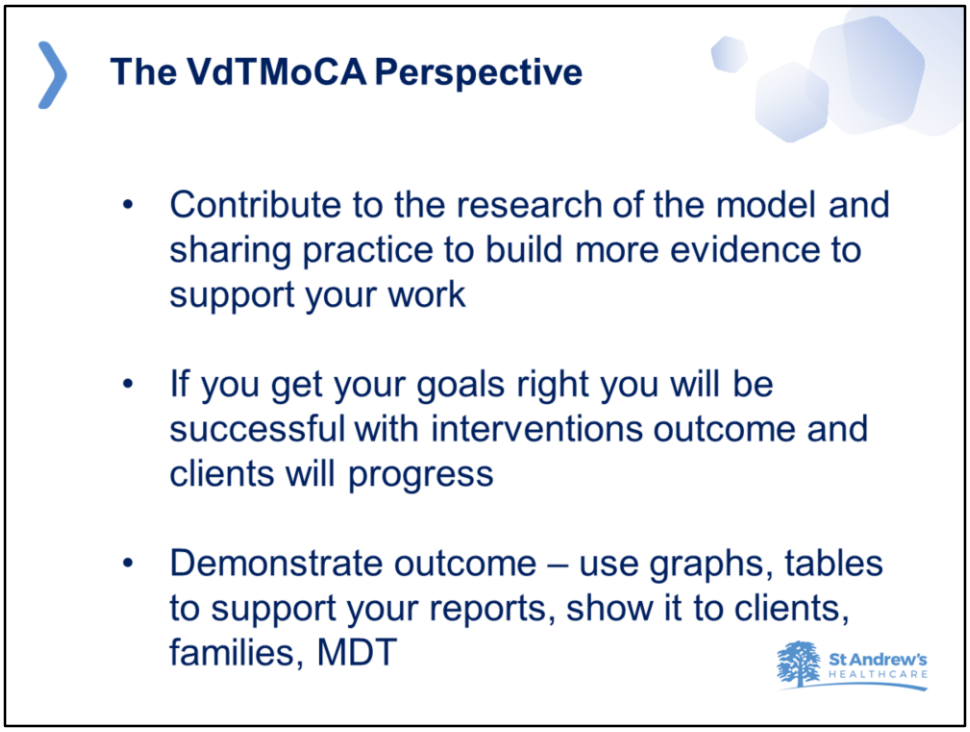

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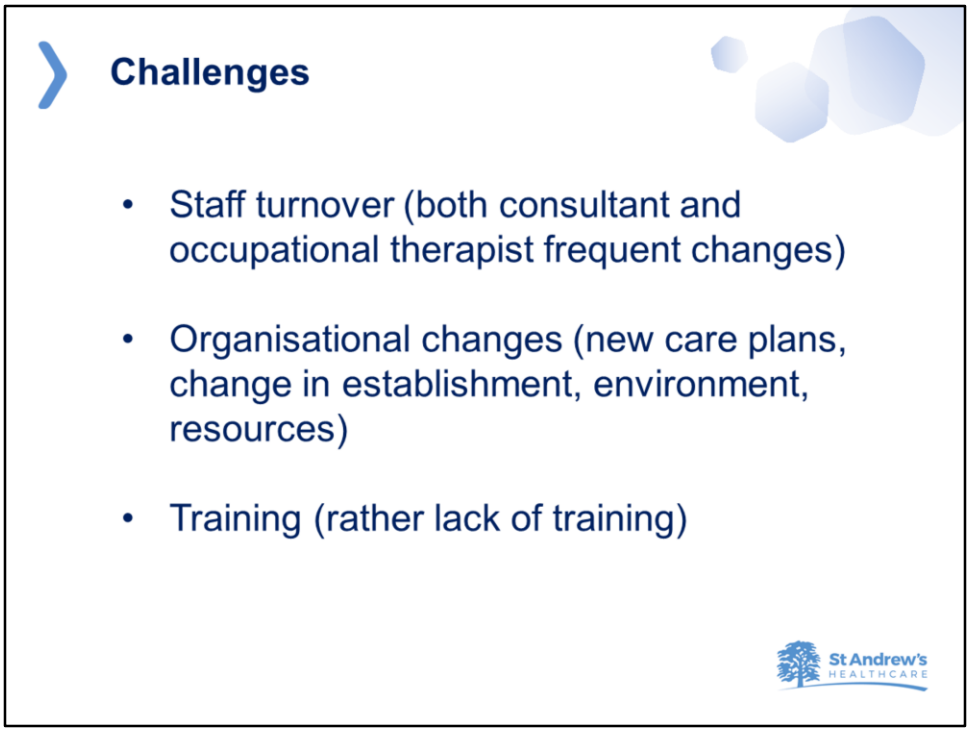

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