

Quantifying the impact of in-patient mental health occupational therapy services based upon treatment pathways and specific outcome measurement.

Sarah Wilson MSc, Northamptonshire Healthcare NHS Foundation Trust,
Professional Lead for Mental Health In-Patient OTs & Physios,
sarah.wilson@nhft.nhs.uk

Director of the VdTMoCA Foundation (UK)
sarahwilson@vdtmocaf-uk.com



@vdtmocaot @VdTMoCAFUK



Many drivers of change such as:

Health and Social Care Act (2012)

Clinically led commissioning structures

CHALLENGES & OPPORTUNITIES



Competitive Marketplace

- Cost efficiency
- Clinical effectiveness
- Evidence based practice
- Consumer choice driving demand
- Demonstrating outcomes
- Ensure flexible service provision
- Quantify economic value
- Unique role of OT in recovery and rehabilitation

We must better market our **value** & **impact** on functional outcomes.

Originated in South Africa

Developmental framed
practice model

Application to any setting or
client group

Increasingly used in MH
settings in UK

Creative ability develops in
relation to four occupational
performance areas:

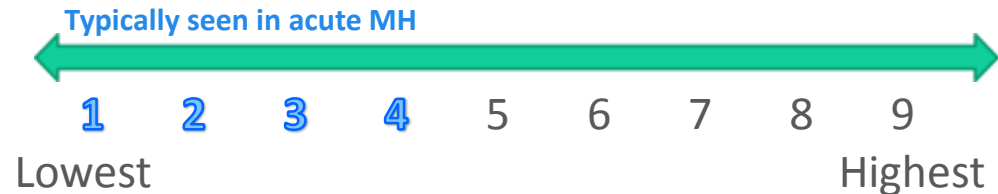
Social ability
Personal management
Work ability
Use of free time



The Vona du Toit Model of Creative Ability (VdTMoCA)

9 sequential and interdependent levels of
motivation and **action** (levels of creative ability)

Develop along a continuum



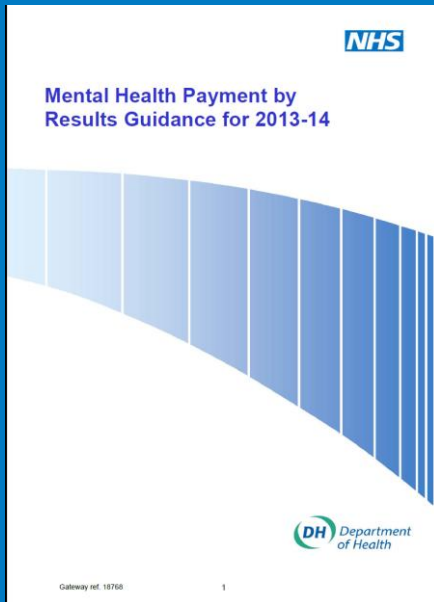
Growth occurs through **exploration**, **participation** and **mastery of challenges**— our role is to facilitate this.

Within each level there are three phases:

- therapist directed
- patient directed
- transitional

Detailed descriptors and
treatment principles

Treatment delivery aligned with Mental Health PbR clustering



Funding provider Trusts based on needs of individual service users (removing block contracts for care).

- Allocating each service user to a classification system – cluster (21 in MH)
- **Agreeing what should be provided for people in each cluster.**
- Agreeing a price for each cluster based on complexity of need so providers can afford to deliver the agreed care.



- VdTMoCA - treatment principles and expected outcomes
- Aligned OT treatment using the VdT MoCAF with PbR clusters.
- Development of specific OT treatment packages.
- Helps with prioritisation and treatment goals as well as wider consideration of resources and prioritisation of care.
- **EXAMPLES OF ALL TREATMENT TEMPLATES CAN BE FOUND IN THE VdTMoCA FOUNDATION PUBLICATION 'The VdTMoCA: A practical guide for acute mental health occupational therapy' Sherwood, White and Wilson, 2015.**



Activity Participation Outcome Measure (APOM)

Developed in South
Africa in 2010

Dr Daleen Casteleijn



- Valid and reliable routine outcome measure
 - Based on creative ability theory
 - Baseline occupational functioning
 - Re-record at appropriate intervals and D/C
 - Measures ACTIVITY PARTICIPATION!
 - Score across 8 domains (52 items)
-
- ✓ Treatment planning and MDT understanding of individuals
 - ✓ Service provision and effectiveness

APOM Domains

Process Skills

- Attention
- Pace
- Knowledge (x2)
- Skills
- Task concept
- Organising space and objects
- Adaptation

Self esteem

- Commitment to task or situation
- Using feedback
- Attitude towards self (x2)
- Awareness of qualities
- Social presence
- Self worth

Communication and interaction skills

- Physicality (non-verbal communication) (x 4)
- Information exchange (verbal communication) (x4)
- Relations (x2)

Affect

- Repertoire of emotions
- Control
- Mood

Life Skills

- Personal care, hygiene and grooming
- Personal safety and care of medication
- Use of transport
- Domestic skills
- Child care skills
- Money management and budgeting
- Assertiveness
- Stress management
- Conflict management
- Problem solving
- Pre-vocational skills
- Vocational skills

Role performance

- Awareness of roles
- Role expectations
- Role balance
- Role competence

Balanced life style

- Time use and routines
- Habits
- Mix of occupations

Motivation

- Active involvement
- Motives and drives
- Shows interest
- Goal directed behaviour
- Locus of control



Occupational Therapy Report

Organisation Name: Northamptonshire Healthcare NHS Foundation Trust
 Patient Name:
 Patient Age:
 Patient Gender: Male

Date Of Assessment: 2011/09/21
 Date Of Admission:
 Level Of Creative Ability: Self Differentiation

Assessment Detail

Process Skills

- **Adaptation** Engage in tasks to explore, needs prompting to anticipate or correct for errors but no learning from the consequences of errors.
- **Attention** Focuses attention for short periods, easily distracted.
- **Concept Formation** Basic knowledge of intrinsic properties of materials. Identifies elementary and combined concepts.
- **Organizing Space and Objects** Willing to explore with materials and tools but no intention to organize the workspace. Area to be structured by therapist. No attempt to restore workspace.
- **Pace** Inconsistent pace or task execution, slow or poor rate and poor accuracy.
- **Skills** Appropriate handling but poor maneuvering of tools. Uses tools and materials according to their intended purposes.
- **Task Concept** Beginning to understand the task and could identify with task. Will begin with a task but not able to plan logical order of the task independently. Task concept unconsolidated.
- **Tools and Materials** Poor selection and impulsive use of appropriate tools and materials for the task.

Communication/Interaction skills

- **Awareness of social norms** Fleeting awareness of others and no desire to form a relationship or adhere to social norms.
- **Establishing rapport** No interest to form rapport with others. Does not respond to the needs of others (might be aware of needs).
- **Exchanging information** Tries to communicate and exchange information but superficially and not always appropriate.
- **Expressing needs** Needs to express desires and refusals immediately and inappropriately.
- **Eye contact** Stares because of curiosity and seeking attention.
- **Initiating interaction and conversation** Does not initiate interaction unless for egocentric reasons.
- **Physical Contact** Avoids physical contact or makes inappropriate physical contact.
- **Using body to communicate** Poor ability to use body to communicate, sometimes aggressive behaviour.
- **Using gestures** Uses gestures excessively or inappropriately.
- **Using speech to communicate** Uses speech to communicate but usually incoherent and not able to modulate tone of voice or volume.

Lifeskills

- **Assertiveness** Puts own rights first, is unaware of others' rights and feelings, acts with inappropriate response e.g. either aggression or withdrawal.
- **Care of medication** Aware of need for medication but needs occasional reminders. Dependent on nursing staff or family for medication.
- **Child Care Skills** Does not care for children, usually under constant supervision or care.
- **Conflict Management** Handles conflict with aggression or withdrawal, often causes conflict without realising it.
- **Domestic Skills** Does not perform these skills, usually under constant supervision or care of others.
- **Money Management and Budgeting Skills** Does not handle money or do budgeting, usually under constant supervision or care.
- **Personal Care, Hygiene, Grooming** Needs physical assistance and supervision for bathing, toileting. Eating usually untidy and messy.
- **Personal Safety** Needs constant supervision for personal safety.
- **Pre-vocational Skills** Begins to show some skills e.g. performing one or two routine tasks in the ward (making own bed), washing tea cups.
- **Problem Solving Skills** Is able to identify simple problems, no skills to perform other steps of problem solving.
- **Stress Management** Is unaware of own stressors, acts with aggression or withdrawal.
- **Use of Transport** Dependent on others for transport.
- **Vocational Skills** No vocational skills.

Role Performance

- **Awareness of Roles** Is unaware of roles.
- **Competency** Is able to perform one or two tasks of a role in the institution or ward under constant supervision.
- **Role Balance** Is unaware of role balance.
- **Role Expectations** Needs reminding of minor tasks of a role.

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Balanced Lifestyle

- **Habits** Inappropriate and destructive habits may be present e.g. begging, chain smoking, addiction to drugs, undesirable sexual activities. Is unaware of good habits.
- **Mix of Occupations** Preference to do as little as possible, unhealthy mix of occupations. Is unaware of meaning of being occupied.
- **Time Use and Routines** Is unaware of concept of balanced life style or time use. Person in institution that provides routines that structure time use automatically.

Motivation

- **Active Involvement** Puts in effort, willing to try out and present self. Effort usually ends abruptly and before activity is completed.
- **Goal Directed Behaviour** No signs of goal directed behaviour, participates in tasks with incidental action.
- **Locus of Control** External locus of control, egocentric and participates for rewards. Needs to experience success to engage in activity again, impulsive actions.
- **Motives and Drives** Egocentric motives, belonging and approval from selected persons drive the person to action.
- **Shows Interest** Shows interest in stimulation and activities, interest not sustained.

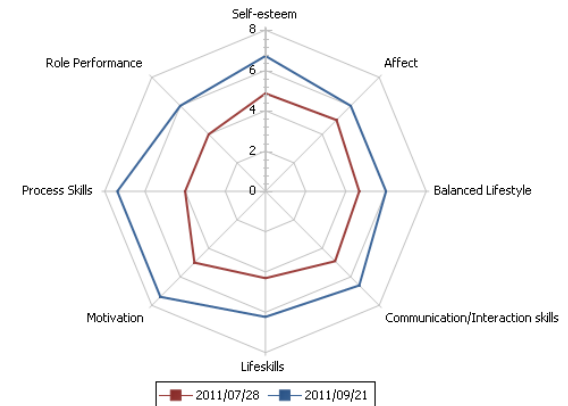
Self-esteem

- **Attitude Towards Self** Do not express an attitude towards self.
- **Awareness of Qualities** Self-pitying, timid, could express concrete characteristics about self.
- **Commitment To Task/Situation** Willingness to commit to some steps of a task and present self for a short period in a known situation.
- **Self Worth** Is unaware of self worth.
- **Self-assurance** Unpredictable changes in attitude and behaviour. ("I can't"-attitude)
- **Social Presence** Dependent on social acceptance and attention.
- **Using Feedback** Is unable to view feedback as means to improve self esteem, sometimes overreacts to minor positive feedback.

Affect

- **Control** Easily triggered, sudden outburst of emotions like anger or laughter, lacks control.
- **Mood** Unpredictable moods.
- **Repertoire of Emotions** Evidence of basic emotions e.g. satisfied or dissatisfied, enjoyment or anger, distress or apathy.

Admission Summary



Effect size is the mean difference between the baseline and final scores divided by the standard deviation.

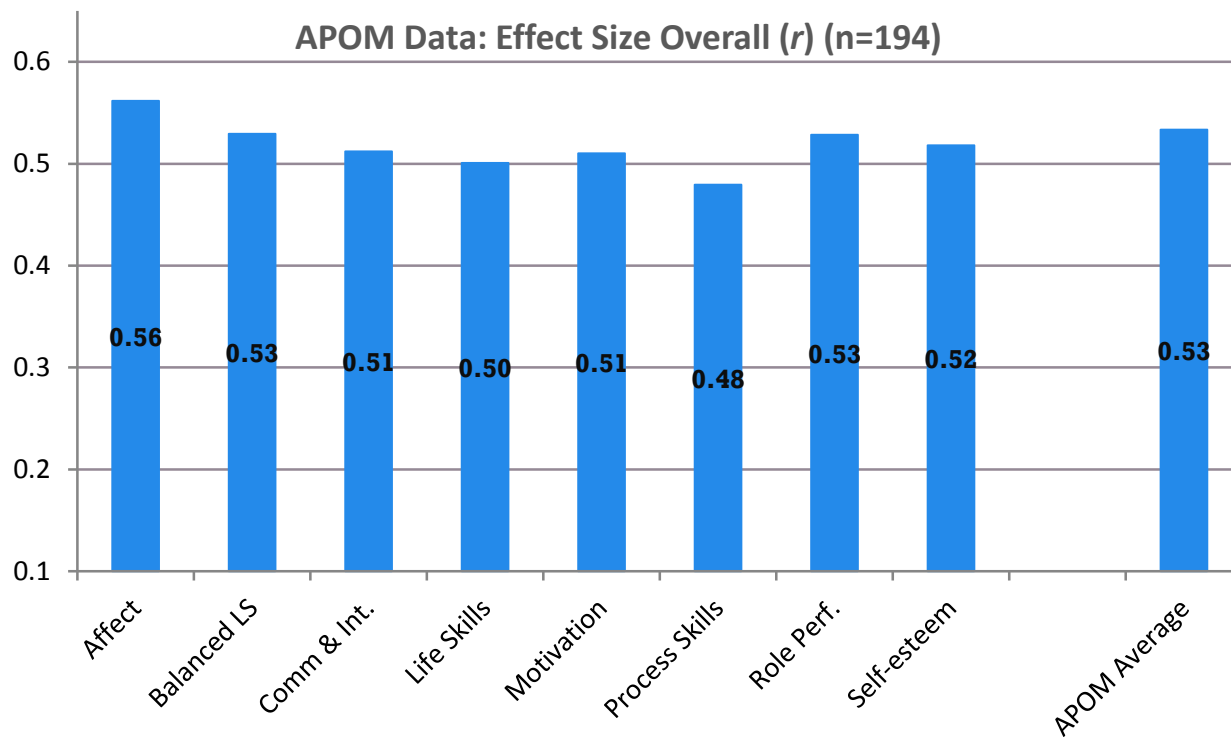
0.1-0.3 = small

0.3-0.5 = medium

Above 0.5 = large



Measurement of change in baseline and final APOM scores



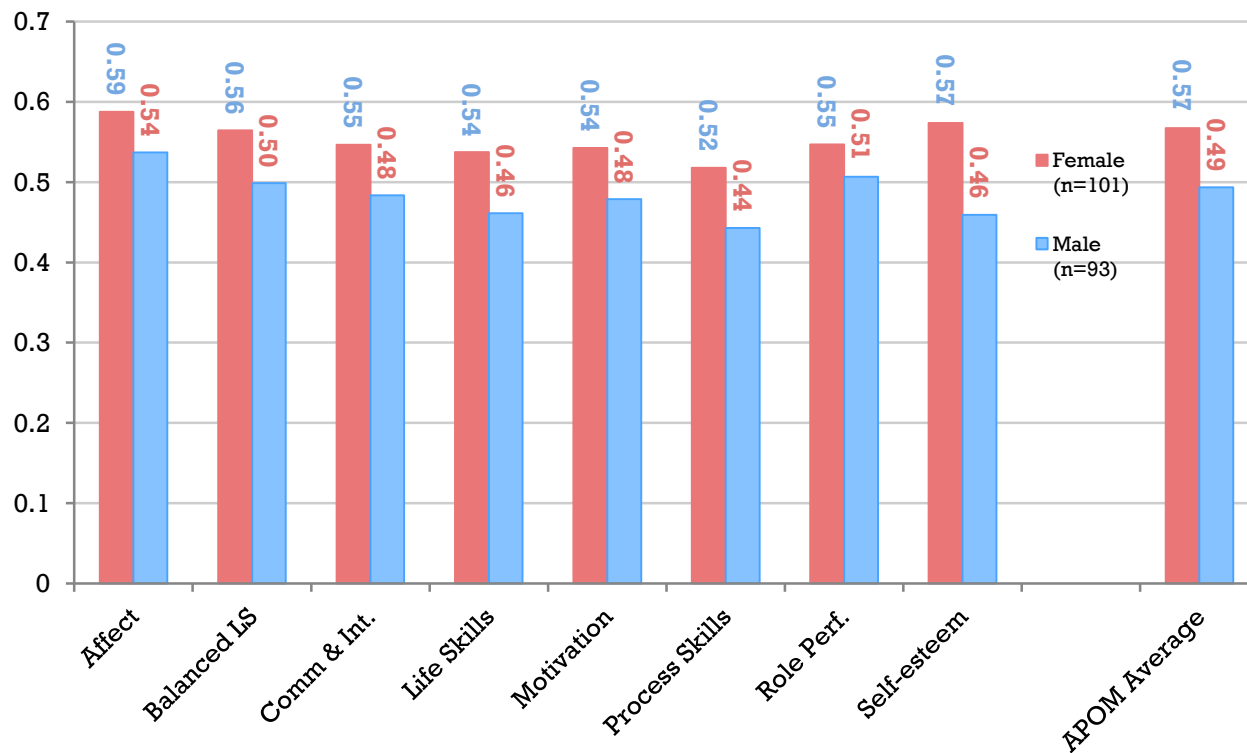
Can compare by:

- Gender
- Diagnosis
- Ward / site / nationally

Provides additional evaluation of service delivery to guide future changes.

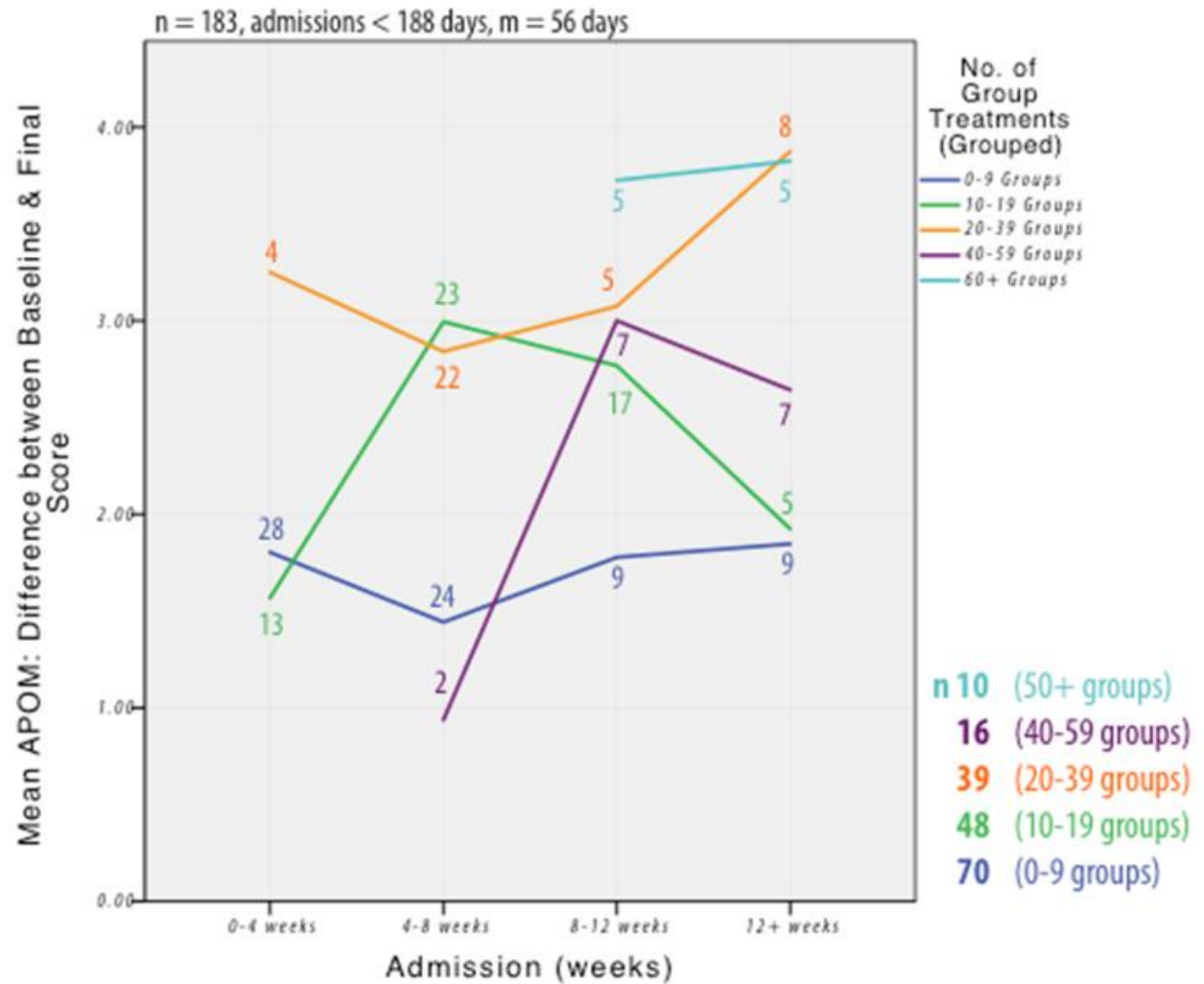


Effect Size (r) By Gender



Those that attended less groups (0-9 group session, n=70) ROYAL BLUE show the least improvement over the course of an admission.

Those who participated in 20-39 groups (n=39) ORANGE LINE showed the most consistent improvement in creative ability across all admission times.



The VdTMoCA has enabled...

- More targeted and measured treatments
 - efficient use of resources
 - effective outcomes for individuals
- Specific OT service outcomes to begin to demonstrate effectiveness.



The future

- Development of shortened version of APOM with SA author 35 items (using from 1st April).
- Inter and intra-rater reliability study on use of the APOM
- Challenge – economic evaluation with defined costs associated with treatment pathways and outcomes.



Visit www.vdtmocaf-uk.com

For information and resources on the model, and open days hosted Northants Healthcare Trust (centre of excellence page).

APOM training October dates contact:

beth.white@nhft.nhs.uk

(participants MUST be using the VdTMoCA in practice)

