

SELECTED PSYCHOMETRIC PROPERTIES OF THE ACTIVITY PARTICIPATION OUTCOME MEASURE TO DESCRIBE TRENDS IN A FORENSIC POPULATION OF MENTAL HEALTH CARE USERS

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Introduction

- Forensic psychiatry is concerned with the intervention of those offenders requiring mental health care (1)
- Mental Health Care Users (MHCUs) with a criminal history are detained in a hospital on commission of an offence (2)
 - Difficulties of a social and psychological nature compromise daily occupation
- Occupational therapists in this field aim to improve MHCUs' ability to participate in occupations (2)
 - Literature remains scarce



Introduction

- Importance of occupational therapy interventions with offenders in forensic psychiatric units (1)
 - Permits non threatening, task centred environment
 - Provides insight into pathology, reasoning, personality traits, indicative of a particular diagnosis
- Occupational therapists should constantly review/improve legal knowledge regarding (3):
 - Mental Health Care Act
 - Criminal Procedure Act

United Kingdom (UK)
South Africa



UK classes forensic units as High-, medium- and low-secure (4)

Introduction

- Lengthy admission of forensic MHCUs results in institutionalisation (4)
 - Challenge for meaningful occupation
 - Risk factors: Occupational deprivation, imbalance, alienation
- Unique contribution of occupational therapist (1)
 - Incorporation of context and daily activity
- Conclusion: No reports on change in forensic psychiatry in South Africa to date
 - Inadequate evidence of outcome measurement



Introduction

- Limited research for occupational therapy in mental health (5)
 - Difficulty proving the value of assessing and facilitating participation
- Measures required to track change on a routine basis
 - Substantiate outcomes of intervention
- Various measures were considered

**Activity Participation Outcome Measure
(APOM) chosen as appropriate tool**



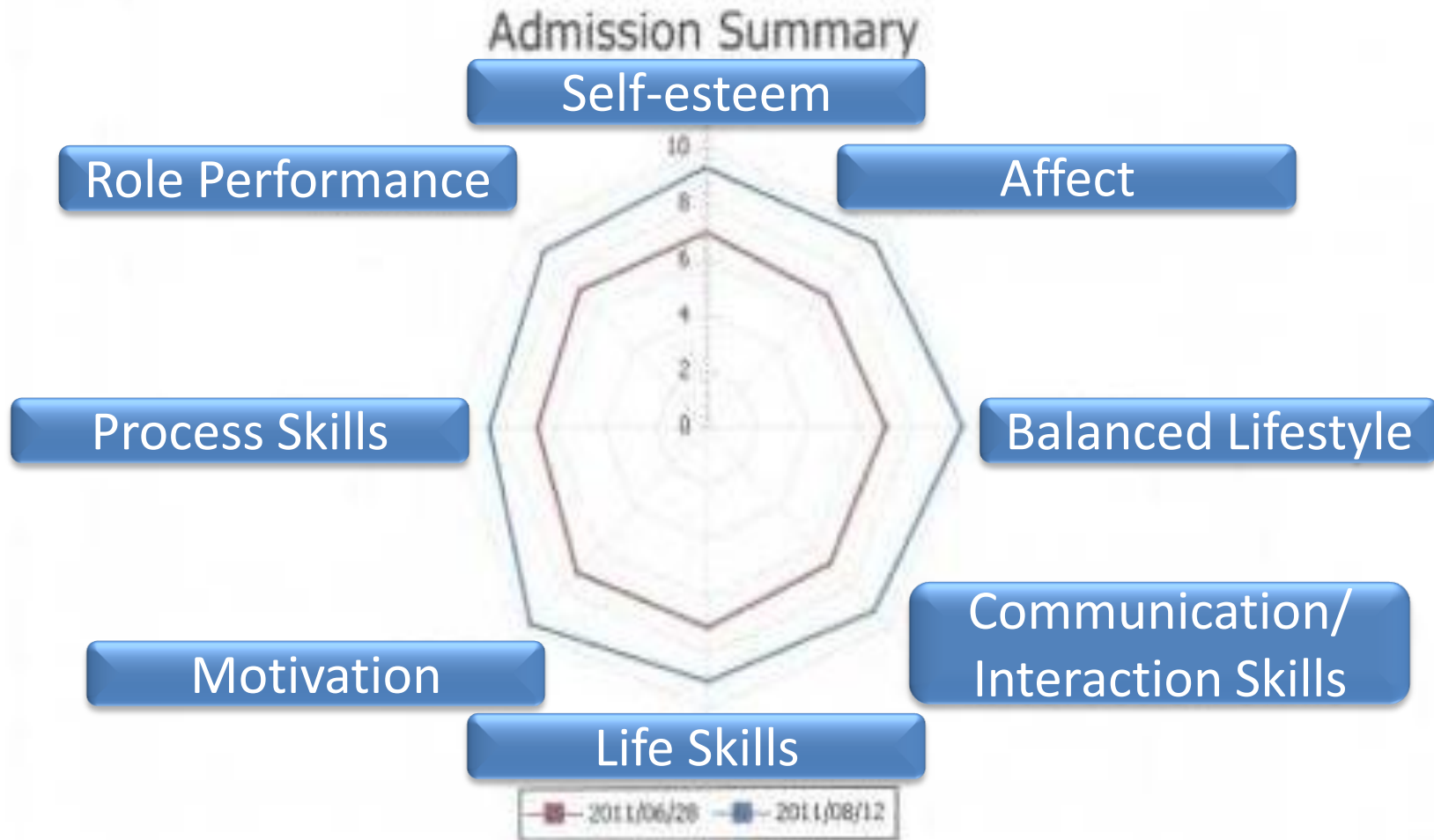
APOM

- Developed in South Africa (6)
- Based on the Vona du Toit Model of Creative Ability (VdTMoCA) (6)
- VdTMoCA is a theory familiar to occupational therapists (5)
- Used to determine changes in the participation in activities of persons with mental illness (7)
- Introduced as a valuable outcome measure in occupational therapy (6)



Validated in psychiatric hospitals and clinics in Gauteng (6)

APOM



Research Question

- Is the APOM an appropriate and relevant tool to use as a routine outcome measure in a psychiatric forensic setting to track change and describe trends in activity participation patterns?

Research Aim 1:

To establish selected psychometric properties of the APOM with a forensic population

Objective:

Determining the intra- and inter-rater reliability of the APOM administration among the occupational therapists working in the forensic units at Sterkfontein Psychiatric Hospital.

Objective:

Establishing the internal consistency of the APOM when used with MHCUs in a forensic psychiatric setting.

Objective:

Investigating the content validity of the APOM through expert clinical judgement to identify which of the items are considered most relevant in a forensic setting.

Research Aim 2:

To describe the trends in activity participation in a forensic population

Determining if effect size (specific change) and trends in activity participation can be captured by the APOM that will assist in the decision for appropriate intervention for MHCUs in a forensic psychiatric setting.

Describing patterns of change in each domain of the APOM across different diagnoses, age groups, and wards.

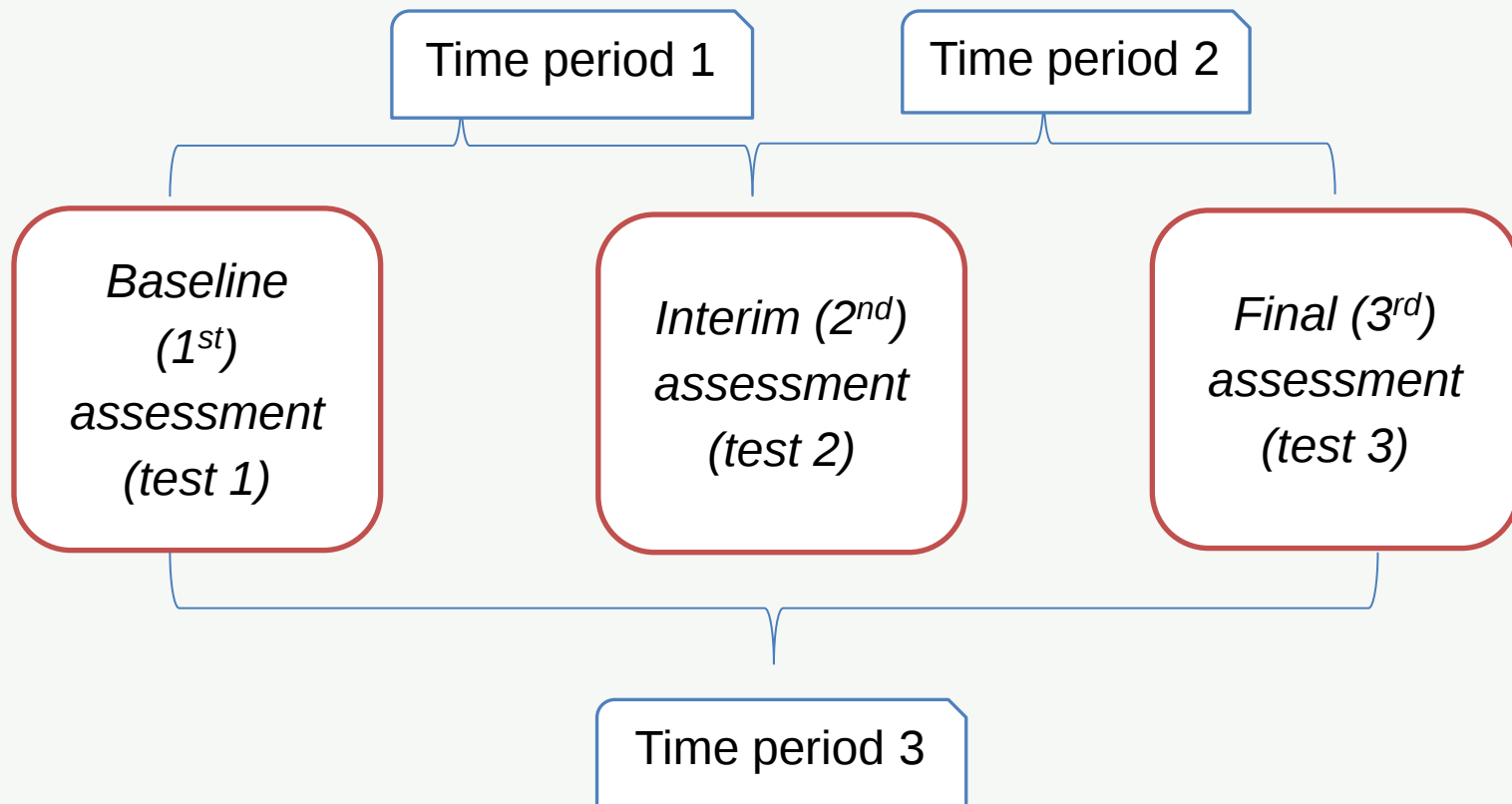


The Research Setting

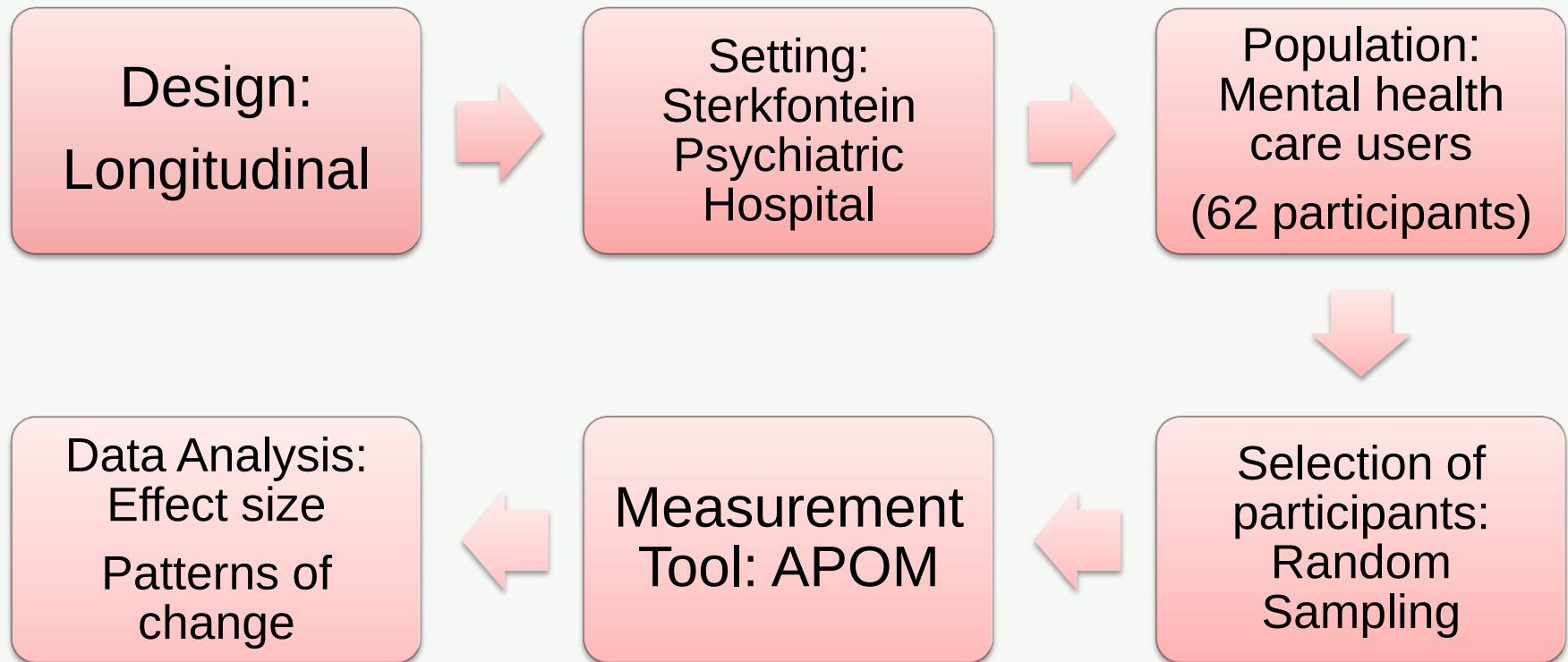
- Sterkfontein Psychiatric Hospital
- Caters for forensic cases
- Johannesburg, Gauteng region
- Bed occupancy of 489
 - 250 beds allocated to forensic section
- Primarily a medium-secure setting
 - Ground parole vs occupational therapy parole with or without and escort granted by MDT



Research Methodology



Research Methodology: Summary



Results: Demographics

Gender

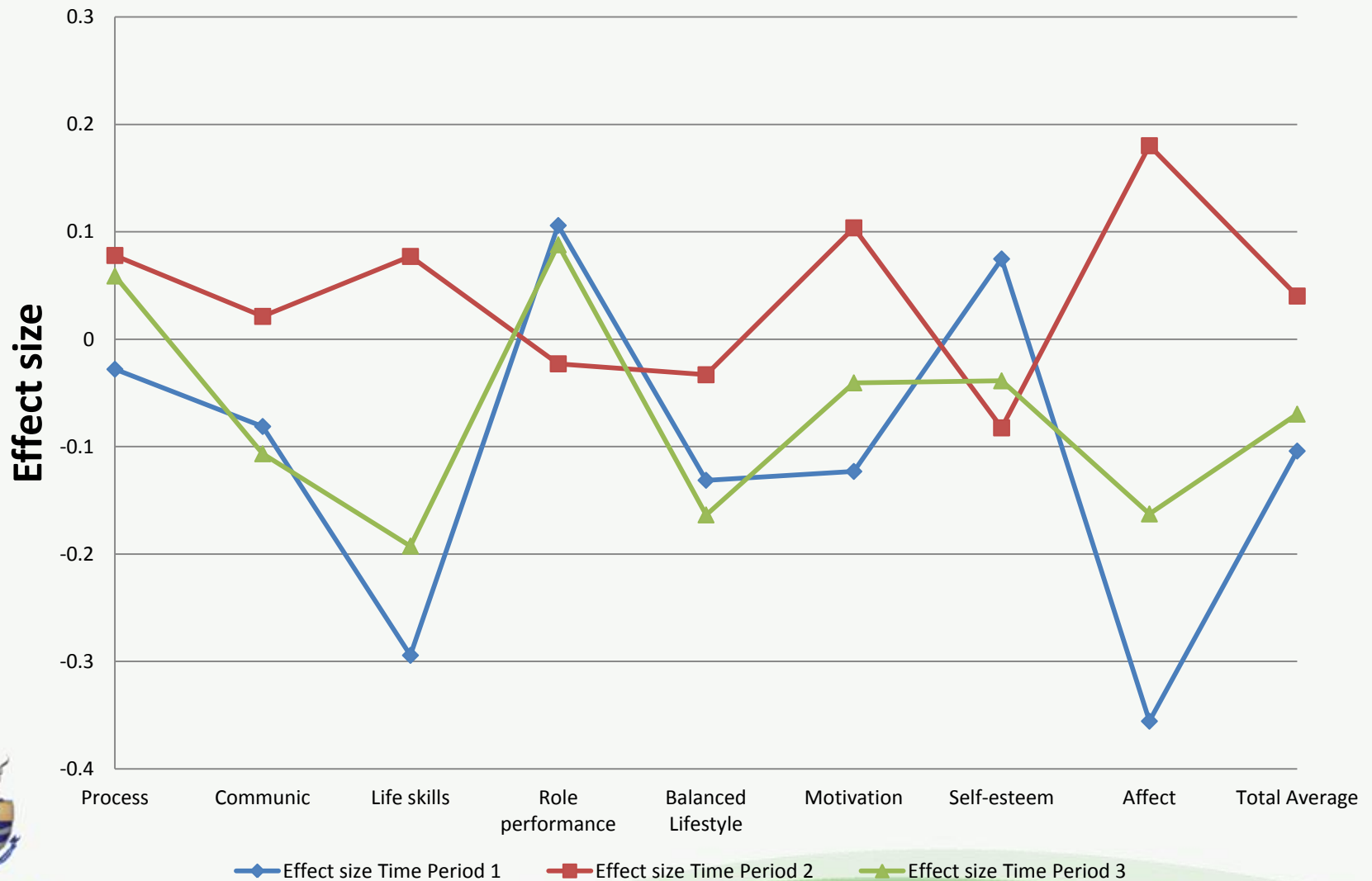
	n	%
Male	60	96.774
Female	2	3.226
<20	3	4.839
20-29	10	16.129
30-39	32	51.613
40-49	10	16.129
50-59	5	8.065
60-69	2	3.226
Schizophrenia	41	66.129
Intellectual Impairment	11	17.742
Epilepsy	7	11.290
Bipolar Mood Disorder	3	4.839
< 1	3	4.839
1-5	28	45.161
6-10	18	29.032
11-15	11	17.742
16-20	2	3.226

Age in years

Diagnoses

Length of
Admission in years

Results: Effect Size and Trends



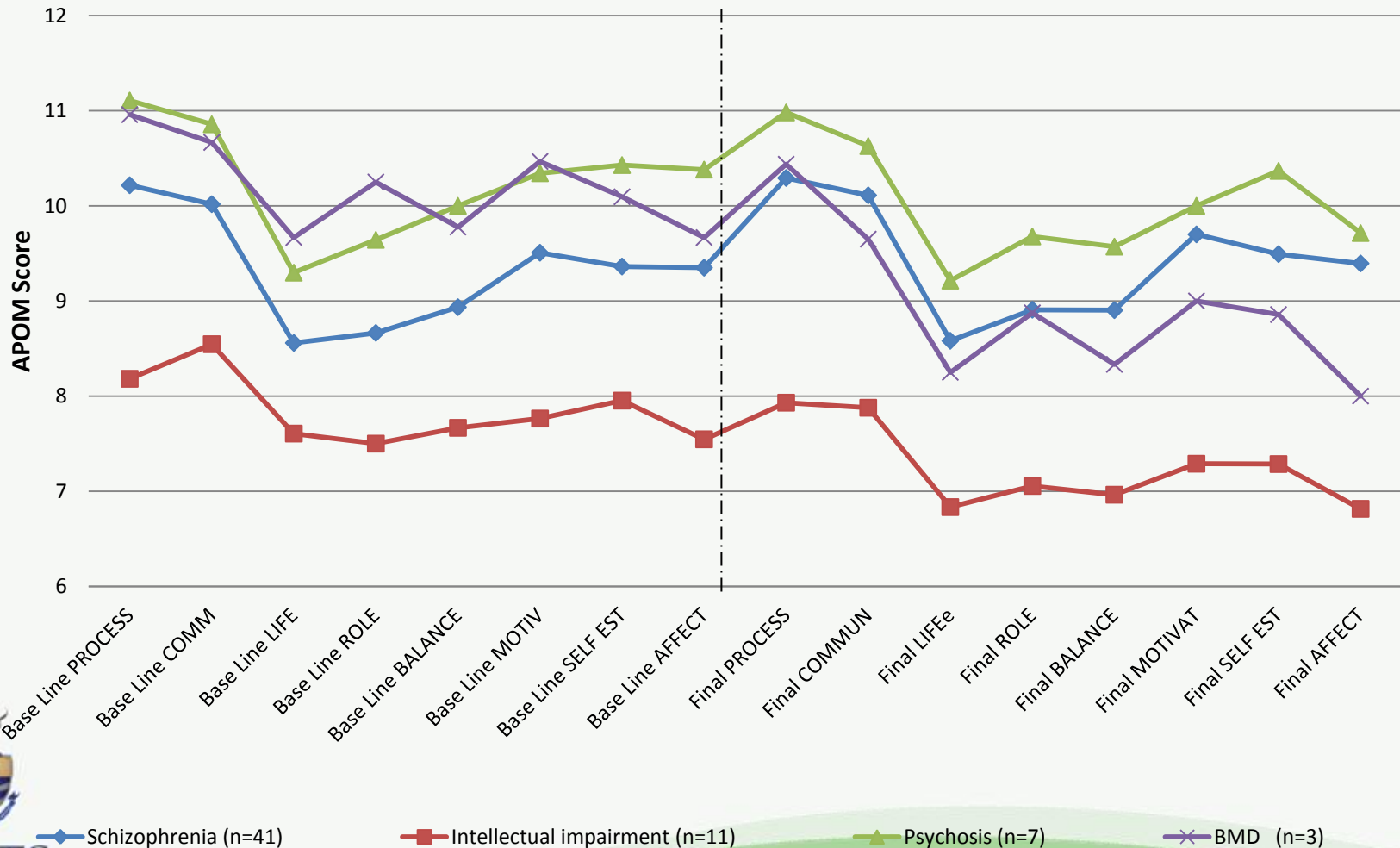
Discussion: Effect Size and Trends

- Time period 1 (Baseline – Interim Assessment)
 - Negative change
 - Hawthorne effect
- ◉ Time period 2 (Interim – Final Assessment)
 - Positive change
 - MHCUs participated more actively with time (8)
- ◉ Time period 3 (Baseline – Final Assessment)
 - Lack of overall change
 - Hawthorne effect counteracted by positive change
 - Institutionalisation

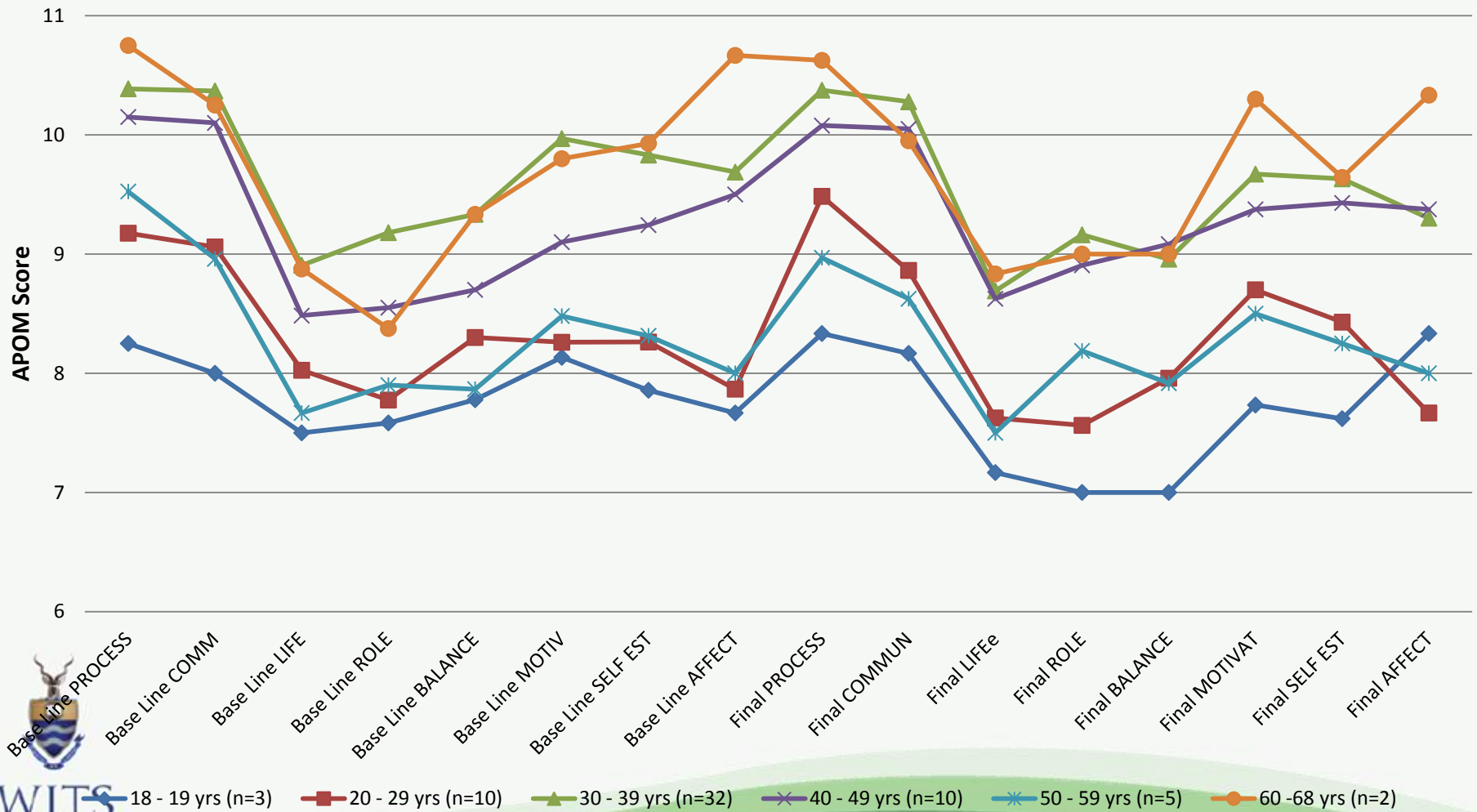
Results: Patterns of change

- Overall average creative ability score for the baseline, interim, and final assessments: Transitional phase of the explorative level of action.
- No improvement explained by plateaux in functioning due to institutionalisation
- Results differ from international studies conducted in Sweden (8) and the UK (9)
 - Improvement in general, non-forensic MHCUs can be expected
- No data concerning therapeutic progress of forensic MHCUs to compare with evidence from this study

Results: Patterns of Change across diagnostic groups over 5 months



Results: Patterns of Change across age groups over 5 months



Discussion

- APOM as routine outcome measurement in forensic psychiatry is essential for evidence based practice
- Confirmed that the APOM is relevant
- Typical assessment and the APOM is most beneficial
- The detrimental effects of institutionalisation on a forensic population were apparent as routine outcome measurement indicated insignificant changes in activity participation over 5 months
- Reassuring that forensic MHCUs functioning was maintained



Recommendations and Limitations

Recommendations

- Extensive assessment of forensic MHCUs every six months
- Establish predictive value of the APOM

Limitations

- Sample size
- Only one hospital involved



Thank you

Reference List

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