# Improving Therapeutic Interventions within NHFT's Acute In-patient Services.

## 1. Current Situation

Occupational therapists (OTs) are part of the overall service provision both at Berrywood Hospital and the Welland Centre.

The essential purpose of the occupational therapy service is to improve or maintain a person's functional status in order to contribute to their safe and timely discharge from hospital.

OTs are specialist practitioners with a unique focus in using activity to both assess and meet needs identified in a person's individualised care plan in areas of every day life (self-care, productivity and leisure).

Both in-patient units have well resourced, centrally located OT departments with a range of rooms and staff. The OT services provide central group programmes with a wide variety of groups in order to meet a wide variety of service user needs.

OT staff are designated to each ward, and provide additional assessments and 1:1 interventions for their designated wards.

## 2. Developing the OT Service

**The occupational therapy service is committed to improve current service provision in line with both local and national drivers for quality, evidence based services.**

Work has been undertaken across both departments over the past few months to investigate opportunities for changes that will have a real impact to service user outcomes. (Appendix 1 identifies a basic SWOT analysis). Through this work, we have identified a model of practice that will enable us to **Improve Therapeutic Interventions within NHFT's Acute In-patient Services** by:

- Ensuring current OT practice / service delivery remains appropriate to service user needs given the changing nature of acute mental health care.
- Better evidencing outcomes of interventions in relation to improvement in occupational functioning – thus impacting on post discharge outcomes.
- Working 'smarter' with existing resources.
- Better contributing to the MDT approach and planning of service users' care and discharge needs.
- Strengthening the care pathway and service user experience.
- Commencing active treatment at point of admission with service users who are acutely unwell, who previously may not have 'engaged' with OT services.
- Providing specific treatment to bring about specific change in functioning of individuals and groups of individuals – A more targeted approach with defined expected outcomes.
- Ensuring that OT is seen by staff, service users and carers as a fundamental part of treatment and care within the units rather than optional.
- Contributing to a more therapeutic environment overall within the units.

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## 2.1. Identifying the Vona de Toit Model of Creative Ability (VdT MoCA) to underpin service developments.

Following initial reflection of our current provision, research of alternative models of practice and subsequent intensive staff training and development we now possess a sound knowledge base to implement a new model of practice. The VdT MoCA is our model of choice to underpin a robust, dynamic, responsive and forward thinking service which will be equipped for the challenges of the changing healthcare arena.

Implementing a full service delivery change based on the VdT MoCA will require support from our MDT colleagues and senior managers as we will be required to modify some of our underpinning processes, resources and the way we structure and provide treatment.

We are clear that these changes will improve service delivery, outcomes and effectiveness.

### 2.1.1 Basic Principles of VdT MoCA.

The VdT MoCA is recovery and ability focused – it seeks to identify and develop existing ability rather than identify dysfunction or deficit, and can be used with any diagnosis and severity of illness or trauma.

It uses a **developmental** frame of reference combined with existentialism, phenomenology and motivation theory.

The word creative in the model does not refer to creativity in an artistic sense, it is about a **person's ability to bring about change, develop, adapt and grow within themselves** and interact with their environment in response to demands.

Creative ability refers to a **person's physical and psychological state in relation to their occupational performance within their environment.**

The **basic principles** are that:

- All people progress through developmental levels of behaviour and skill development.
- There is intrinsic motivation to develop these in a sequential way.
- People progress and regress through these levels as a natural course of daily living, and that regression to lower levels is seen in the event of changing life demands, trauma, injury and illness.
- For example we can see this in service users who prior to developing a mental illness were 'high functioning' or living effective daily lives, but with the onset of a psychotic or other illness are unable to function on a day to day basis in the tasks they used to undertake.
- Creative ability develops in relation to four occupational performance areas: social ability, personal management, work ability and use of free time.

## 2.1.2 Levels of Creative Ability:

There are 9 levels of creative ability that all people from birth are identified as developing through (from 1-9). Our in-patient mental health services will predominantly be working with people on levels 1-4 (due to severity of illness and its impact on occupational functioning).

The levels enable an understanding of identifiable stages a person can go through in order to establish or re-establish effective occupational performance, therefore these levels **guide planning of effective treatment to facilitate recovery** and enable progression (where possible) from one level up to the next level.

Although we all go through the same stages, each person is in unique in terms of their creative ability - for us all there is a 'ceiling' or limit to what we could achieve, even in the optimum circumstances (termed our Creative Capacity).

It is possible to have a forward and backward flow between the levels, and movement takes place as the person progresses from dependent to independent actions. The person progresses through three phases in each level from 1) therapist directed to 2) patient directed and then 3) transition to the next stage. Being able to identify these phases enables OTs to finely tune therapy to achieve small changes, and to provide a graded approach to enabling the person to grow or move through the levels.

## 2.1.3 Assessment and Treatment:

The model provides a means of performing an assessment through observation and engagement of people in a variety of activities and situations to identify the level of creative ability and the phase of the level. The OT assessment also takes into account an person's environment, life situation, roles, routines, leisure interests, goals and so on.

Skilled assessment by the OT leads to identifying the phase of the level (therapist-directed, patient-directed or transitional). The phase indicates how far through the level the person has progressed and this then guides provision of treatment.

The model uniquely provides a detailed guide to treatment/intervention for the selection and use of activity, the environment and the therapeutic use of self in order to provide the 'just right challenge' for growth. This guide brings together the core occupational therapy skills and enables therapists to **use activity as a powerful therapeutic tool i.e. provide occupational therapy.**

A total treatment programme based on the VdT MoCA enables the OT to systemise an approach to a service user from the earliest stage of illness. The overall aim of the OT is to facilitate a service users' growth in creative ability in a sequential way towards meeting their potential.

The VdT MoCA will enable the OT to identify the minimum required level of creative ability for safe discharge, taking into account a service user's specific post-discharge circumstances. This will form the focus of the treatment aims.

## 2.1.4 Measuring outcomes:

The Activity Participation Outcome Measure (APOM) is a tool based on the VdT MoCA. It demonstrates outcomes in 8 domains that reflect the aims of OT service delivery in respect of occupational performance.

The APOM utilises the three phases of progress within a specific VdT MoCA level (therapist-directed, patient-directed and transitional).

This means that **the tool is sensitive enough to enable evidence of small positive shifts in functioning as valid** – this is important in in-patient services as small amounts of progress will have a significant bearing on discharge outcomes.

The APOM enables collection of data on the effect size of the service overall or for specific service user populations. This will enable better informed review in the future of overall service delivery based on measured data.

The APOM enables comparison of the effect of our service in relation to others in the country and internationally – enabling learning from those who demonstrate the best outcomes.

**References for Model of Creative Ability**

P.De Witt (2005) in Crouch R, Alers V (2005) *Creative Ability: A Model for Psychosocial Occupational Therapy.* Occupational Therapy in Psychiatry and Mental Health, London.

Wendy Sherwood (2008) International Creative Ability Network training resources. www.ican-uk.com

## 3. How will implementing the VdT MoCA improve therapeutic interventions in NHFT's in-patient units?

An **analytical survey exercise** was undertaken by the OT service to gain a snapshot of all service users on the adult acute wards (Berrywood and Welland centre) in March 2010. This provided an initial starting point to gain a sense of overall service user needs and occupational functioning and how this correlated with current OT service provision. Some of the key findings that further highlighted the need to review how the service was delivered (by implementing the VdT MoCA) were:

Both OT departments provided a large range of group sessions yet:

- 80% of groups had <35% attendance.
- Service users on VdT MoCA levels 1 or 2 (most acutely unwell) did not attend groups at all – therefore OT treatment inequitable.
- Service users at VdT MoCA level 3 (low functioning but able to attend group sessions) had overall low levels of group attendance – therefore we are unlikely to bring about recovery to a higher functional level.

- Few groups used unfamiliar tasks or worked on task concept (fundamental principles within the VdT MoCA) – therefore there is limited opportunity within the treatment programme for real skill development/improvement.
- Active participation that required 'hard work' and effort on the part of the service user was not facilitated or expected in many of the existing OT sessions (such as relaxation, massage, library, drop in) - passive participation in sessions or avoidance of challenging (yet safe) tasks does not bring about change/recovery.
- Groups could be more structured to demand social interaction and particular social behaviours for norm awareness.
- Many service users had poor functioning in self-care and domestic care, however current OT treatment interventions did not fully address this.

**We are clear that by implementing the VdT MoCA we will be able to provide:**

**More specific OT treatment programmes:**

- The quantity and type of interventions provided in the central group programme will change on a weekly basis (in response to service users needs).
- Individual and group treatments will be more targeted and 'prescribed' to elicit specific change and with improved outcomes.
- There will be provision of treatment sessions for service users at all levels of functioning and only suitable sessions will be identified service users.
- Ward based OT interventions will be more targeted to 1:1 or small group interventions for those service users at a lower level of functioning. These will be of short duration, but more frequent throughout the week.
- OT staff will collaborate with the MDT to reinforce the need for service users to undertake their prescribed OT programme as an essential part of their treatment.
- There will be a greater balance of interventions provided to address occupational performance areas of personal management skills, use of free time, social ability and work/productivity.

**Improved contribution to the MDT care plan:**

- OTs will be able to share more specific information regarding an individual's level of functioning, as well as indicating small but significant changes that may indicate movement towards a higher level of functioning. This will inform:
    - How all staff can approach and work with an individual to elicit improvement in functioning.
    - What general activities to engage individuals in to bring about change.
    - More specific information on the basic levels of functioning to be achieved by an individual for a safe discharge depending on their social situation/ environment and occupational demands post-discharge.
    - More informed recommendations for discharge and indicators for successful discharge.
- The model's detailed guide to the presentation of treatment through activity will further develop opportunities for joint working with OT and nursing staff in the delivery of an overall daily therapeutic programme.

**Benefits to the Service User:**

- Targeted treatment for their individual circumstance in order to meet identified occupational performance needs post discharge.
- Active treatment earlier on in admission.
- Treatment interventions that target challenges at 'just the right level' – by better understanding a person's level of functioning within the VdT MoCA, they will be prevented from attending groups that are graded either too low or too high which are counterproductive in terms of effective outcomes. Providing more targeted interventions will reinforce the expectation that service users take an active part in their recovery and that OT is not just attended to prevent boredom or for something to fill their time with.
- OT treatment pathways and expected outcomes whilst in hospital can be more clearly defined and articulated to each service user. The better understanding of why they are undertaking a treatment, the more successful it is likely to be.

## 4. How will implementing the VdT MoCA ensure that we work towards key National Drivers?

There are many national publications and guidelines across mental health services that are in place to ensure that we are focused on key elements of recovery, therapeutic environments and personalised care. By adopting the Vona du Toit Model of Creative Ability, our Occupational Therapy services will be better placed to make a significant contribution to overall mental health service provision within the Trust. Three publications are highlighted below to illustrate this:

*Confident Communities, Brighter Futures* A Framework for Developing Wellbeing. – Department of Health (2010)
This sets out published guidelines building on the 'New Horizons' publication for improving the mental health and wellbeing of the general population and improving the quality of services for people with poor mental health.

Specifically the section on **Promoting Purpose and Participation** is integral to the core values of Occupational Therapy. It identifies the impact of a sense of meaning or purpose in wellbeing; being creative and having strong relationships with others and demonstrates the evidence base for participation in the Arts, work based programmes, mindfulness interventions and others.

At a fundamental level utilising the VdT MoCA will enable OTs to break down all therapeutic activities prescribed to have a distinct purpose (task / action / interaction) and require active participation and social interaction according to each individual's level of ability, directly contributing to the principles set out in the document.

*The Pathway to Recovery* - Healthcare Commission (2008)
This document identifies priority areas for improvement within acute mental health services. These include

- **Improving the therapeutic environment**;
- **Maximising therapeutic engagement time** with staff;

- **Recovery** based interventions;
- **Activity** across evenings and weekends;
- **Increasing effectiveness of the care pathway**.

Utilising the VdT MoCA will enable us to deliver more therapeutic interventions, throughout the care pathway, especially at the early stages of admission and when identifying readiness for safe discharge. OT interventions will be more targeted and specific – maximising outcomes from time spent with OT staff.

*Onwards and Upwards*. Sustaining service improvements in acute mental health care. Making the most of the Healthcare Commission 2006/2007 acute in-patient service review - CSIP (2007)

This sets out as a handbook for improving acute in-patient care reflecting common aims of the Healthcare Commission and the national Acute Mental Health Inpatient project.

- Need for **intensive, therapeutic programmes** of care with a wide range of evidence based interventions – utilising the VdT MoCA will enable OT staff to provide a more therapeutic, targeted, prescribed programme of treatment.
- Utilising Star Wards initiative – OTs are key drivers of the Star Wards initiative, and will continue to do so.

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**Appendix 1 – SWOT Analysis**

| Strengths | Weaknesses |
|---|---|
| Centrally located, well resourced departments.<br><br>Highly experienced OT staff, assistants, volunteers and variety of sessional staff.<br><br>Respected part of MDT.<br><br>Positive feedback from service users about provision of OT.<br><br>Recovery approach is intrinsic to OT philosophy.<br><br>Groups provide structure to the day, facilitate engagement, enable service users to come off the ward and mix with others.<br><br>General understanding from service users and staff that 'doing' is helpful to recovery.<br><br>Strong management and staff development processes, committed and motivated staff. | Lack of means to evidence outcomes in relation to overall OT service aim.<br><br>For some staff / service users, OT is seen as optional – lack of understanding as to the benefit and specific treatment approach of OT.<br><br>Easy to get into the habit (for OTs, managers and other staff) of equating effectiveness of OT with the number of groups run – quantity vs. quality.<br><br>OTs can fall into the 'trap' of putting too much onto the group programme (feeling the need for variety), and then struggle to maintain sessions with staffing shortages.<br><br>Centrally located group programme is not accessible for service users in an acute stage of illness – contact is made with them but they have to wait for some improvement in presentation before they can participate. |
| **Opportunities** | **Threats** |
| Financial climate – greater requirement to demonstrate effectiveness in service delivery.<br><br>Two adult in-patient OT services managed by one OT manager, and one general manager – opportunity for more consistency of approach.<br><br>Wealth of national guidance, resources and examples of good practice acknowledge that OT and activity is crucial to therapeutic environment.<br><br>NHFT's in-patient units have a strong drive to develop and strengthen overall service delivery.<br><br>OT has an excellent service foundation from which to develop – staff are keen to get involved in implementing developments now.<br><br>OT services have excellent resources – now have the opportunity to use them smarter.<br><br>The new model of OT practice (VdT MoCA) has clear benefit for service user outcomes, MDT working and improving therapeutic interventions. | Staffing levels within OT (especially at Berrywood) have been severely compromised over the past 6-months, impacting on service delivery levels and staff morale / sickness.<br><br>MDT staffing difficulties across units has an impact on the overall morale and therapeutic nature of the units.<br><br>When staffing levels and morale are low, change is not always viewed positively and staff have less energy for implementing new ways of working which initially take more time and effort.<br><br>Financial climate – OT services have shouldered cuts and are likely to in the future. Without concrete evidence to demonstrate effectiveness, smaller professional groups can be compromised.<br><br>'Custom and practice' service delivery is no longer good enough – if we don't take charge of defining what our service should look like and why, others may do this for us. |