

**Lim KH, Morris J, Craik C (2007) Inpatients' perspectives of occupational therapy in acute mental health. *Australian Occupational Therapy Journal* 54 (1): 22-32.**

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This summary is written for inpatients in acute mental health wards, their families and carers, and occupational therapists working in acute mental health settings. The summary describes a research article about a study that aimed to find out inpatients' views of occupational therapy on acute mental health wards, as well as involve service-users and the Trust's occupational therapists in designing and carrying out the research.

### **Background**

A number of concerns have been raised about the quality of care of inpatients on acute mental health wards. Concerns include the benefits of therapy and the quality of services for people who are unwell and at their most vulnerable. Occupational therapy is one such service in this setting, and must ensure it provides effective and quality care to service users.

The authors of this study searched literature from the last 10 years to find out what research has already been done in the areas of: occupational therapy and mental health, patient satisfaction and experiences of being on mental health wards, and service user involvement and the recovery movement. They found that very little research has been carried out on inpatients' views of occupational therapy on acute mental health wards. This led to the design of this study, which is based within a Trust that states it is committed to providing effective mental health care and in collaboration with service-users.

### **Methods**

The research used an appropriate design to address the aims of the study by using a survey to provide a snapshot of what inpatients think of occupational therapy provision. Teams of occupational therapists and service users were involved in the research process, including designing a new questionnaire made up of 21 questions to collect demographic data, opinions on occupational therapy and any additional comments. The questionnaire was tested with three service users before the main study, and adjustments made. No further information was given in the article about whether the questionnaire measures what it is supposed to measure and whether it would obtain the same results if the study was repeated.

The article describes in detail how people were asked to take part in the research study. The method of recruitment can be described as 'convenience-based', as people selected to take part were from the 10 existing acute mental health wards within the Trust. 10 pairs of researchers visited one of the 10 wards. Each pair of researchers was made up of a service user and an occupational therapist based in the community, and received 2 hours of training in how to recruit participants, and how to assist them to complete the questionnaires. Efforts were made to ensure neither the service user or the occupational therapist had any connections with the ward they were allocated to, to protect the inpatients who may be involved in the

study. To be eligible to participate in the study, inpatients had to have been on a ward for at least 7 days, be mentally stable and not have florid psychotic symptoms. Each research pair visited their allocated ward for one day during a period of two weeks, to recruit people to take part in the research, and ask them to complete a questionnaire. This was then returned to the research pair.

The article does not describe the characteristics of the population being studied, other than the inclusion criteria mentioned above. For example, it does not give the diagnosis, age, sex, or ethnicity of all people on the 10 wards, or how many of the wards were for adults or older adults. Without this information, it cannot be said how well all groups of people are represented, which then affects how well findings of the research can be applied to all people in acute mental health inpatient settings.

## **Results**

64 inpatients out of a total of 224 completed the questionnaire, which is considered as a low response rate and this is acknowledged in the article. Inpatients who chose not to complete a questionnaire were not contacted or described in the research results. The low response rate affects the findings as the authors suggest it is either because of how participants were recruited, or due the ward, as it was noted that the least responses came from the ward with no current occupational therapy input.

The authors have used the appropriate statistical tests and analysis to interpret the results from the questionnaires, and present the findings clearly in the article. Results offer views and reflections of the inpatients that took part in the study, and are presented in terms of their demographic details, and their involvement, views, and satisfaction with occupational therapy. The article presents a balanced view of the findings, including both significant and non-significant results, which address the original research aims of the study.

## **Conclusion**

A positive connection was found between respondents having the purpose of occupational therapy explained, and finding it helpful. This highlights the importance for occupational therapists to provide an explanation of occupational therapy to influence engagement, and gives an incentive to do so.

Most respondents were involved in decisions about their occupational therapy group programme, but half were not involved in agreeing individual goals and did not have choice in individual interventions. Respondents desired more individual sessions and interventions, along with more information about interventions to help them make decisions. This finding suggests that by not working together with inpatients, occupational therapists are failing to meet professional and policy requirements of collaboratively agreeing goals.

Groups with a meaningful and relevant occupational focus were seen as most beneficial to the respondents, particularly cookery, sports and gym. The article recommends occupational therapists include these activities on acute mental health wards. However, it could be that these activities were chosen because they were available, and they were the most popular, but occupational therapists should be

finding out what activities are meaningful to a client and then providing those if possible. This would also address the lack of variety and relevance of interventions raised as an issue by the inpatients. Limited availability of occupational therapy during evenings and at weekends was also raised as an issue to be considered by occupational therapy services.

A strong connection was found between the occupational therapy programme meeting the needs of respondents and their views that it improved their personal functioning, satisfaction and quality of admission. This meant that they were also more likely to agree to see an occupational therapist in future and recommend occupational therapy to friends.

#### Recommendations

Overall, the lack of information about the population being studied, the questionnaire, which has not been used on a wider scale before, and the low response rate mean that these findings cannot be applied to the whole population of inpatients on acute mental health wards. However, strengths of this study are that it involved service users in the research process, and the findings have some useful messages for inpatients, their families and carers, who can draw on the experiences of those in this study to see if they are receiving quality occupational therapy. Occupational therapists, in deciding whether similar issues may be affecting their own practice, may wish to consider the outcomes above in ensuring they are providing an effective and quality service.