Conference: Déprivation occupationnelle et santé mentale

Occupations in secure hospitals: creating evidence-based clinical guidelines

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merci beaucoup

Work place

Responsibilities:

- Programme lead for occupational therapy
- Chair of the Royal College of Occupational Therapists Specialist section for Mental Health and Forensic Forum member
- Research groups related to mental health
- Passionate about the **value and contribution** of occupational therapy in forensic mental health

Previously – Secure mental health hospitals

Secure mental health provision in the UK

- High, medium and low security; and forensic community teams – NHS and private
- Approximately 7-8,000 beds. Cost between £165,000-£300,000 per year (189,000 – 344,000 euros)
- Transfer from prisons and from other hospitals
- Mental Health Act (1983, amended 2007) means that patients are detained against their will
- Current trends -focus on recovery, shorter stays and patient involvement

Occupational therapy in secure environments

- Core part of service provision in secure services – 7 day services; proactive, evidence-based and needs-led (RCOT, 2017)

- ‘Patients have a personalised plan of therapeutic and skill-developing activity… related to their outcomes plan… and see the connection between the activities they are undertaking and the achievement of recovery goals’. (RCP, QNFMHS, 2016, p20)

- Occupation-based to address - interpersonal and life skills, pro-social occupations, quality of life and occupational identities

Occupational deprivation in secure mental health settings – starting points

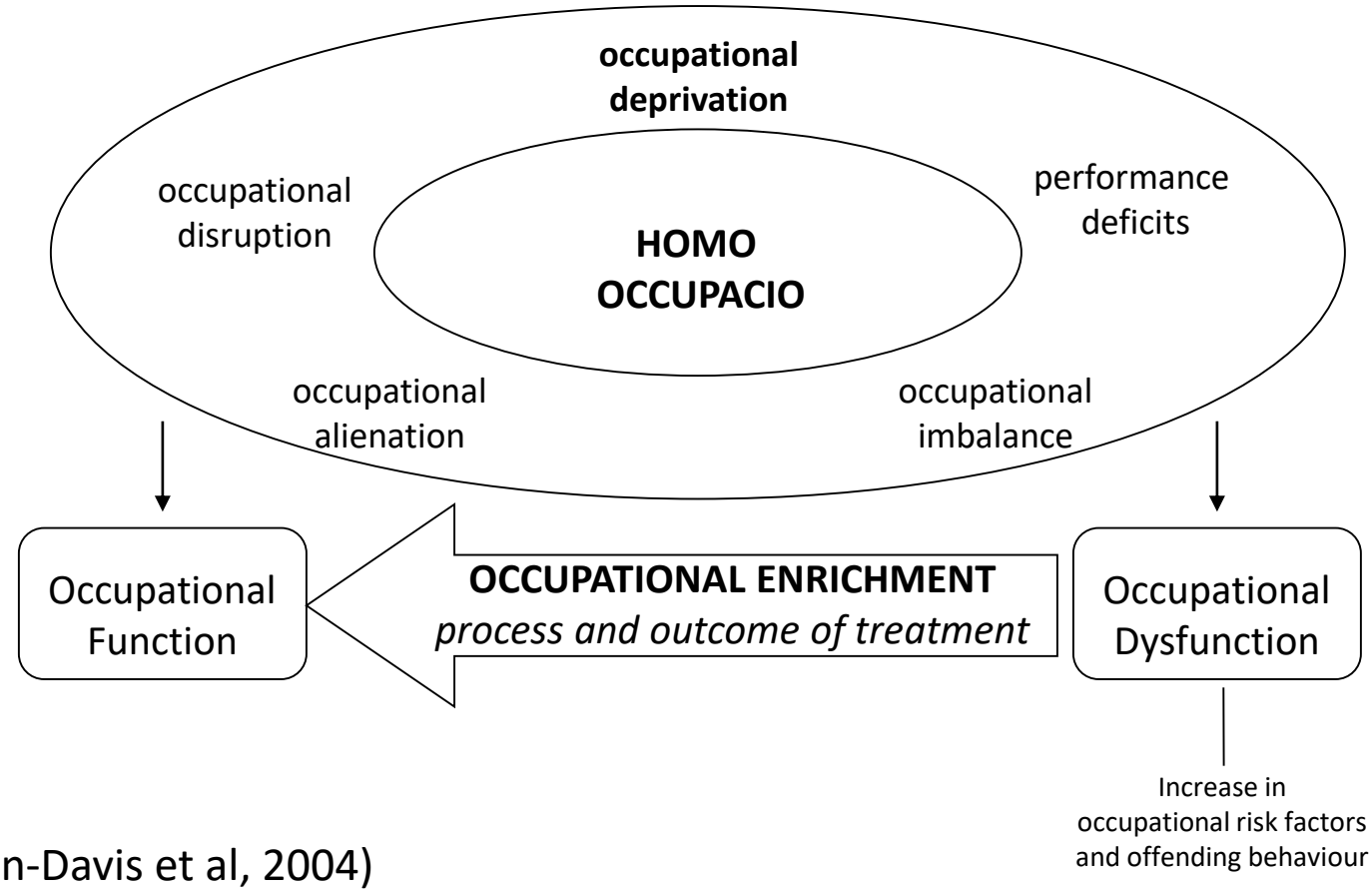
- Limited opportunities for patients' **occupational engagement**
- **Impact of occupational deprivation** on patients with forensic histories
- **Institutionalisation and de-skilling** of patients - link between occupation, well-being, flow and self-belief
- Environmental constraints

Defining occupational deprivation

- Deprivation of occupational choice and diversity due to circumstances beyond the control of the individuals or communities (Wilcock,1998)

- Protracted preclusion from engagement in those occupations necessary and/or with due to factors outside the control of the individual" (Whiteford, 2003)

Taking an occupational perspective



Cronin-Davis et al, 2004)

Occupational deprivation - definitions

- ‘A state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual’ (Whiteford, 2010, p. 201).

- Inequalities can lead to occupational deprivation (OTA, 2016) http://www.otaus.com.au/sitebuilder/advocacy/knowledge/asset/files/21/positionpaper-occupationaldeprivation[april2016]-occupationaltherapyaustralia.pdf

- Deprivation of occupational choice and diversity because of circumstances beyond the control of the individual or the community (Wilcock, 2006).

PhD research – filling the evidence-gap and disseminating the findings

Exploration of occupational therapy practice with **men diagnosed with personality disorder in secure settings**:

- Qualitative research using interpretative phenomenological analysis (IPA)
- 3 participants groups: male patients (n=7), managers (n=4) and occupational therapists (n=8)
- 2 high and 2 medium secure hospitals in UK
- Interviews in situ due to patients risk history and inability to leave hospital

PhD research – participant group themes

Patients	Managers	Occupational Therapists
Implications relative to diagnosis	Understanding of diagnosis	Diagnosis has implications for occupational performance
The value of occupational therapy	Theory and practice of occupational therapy	Specific knowledge skills and experience is required
Therapeutic relationships with occupational therapists	Personal and professional qualities required of occupational therapists	Therapeutic relationships
Occupational therapy as an escape from other therapies	Emotional stressors	Multi-disciplinary working, impact of work environment and risks
Engaging in occupation creates occupational lives	Staff management	**Occupational deprivation**

Listening to practitioners

Forensic occupational therapists survey (Cronin-Davis and Spybey, 2010):

- Distributed to 120 occupational therapists working in secure settings, 68% response rate
- Demographic profile of respondents
- Practitioners wanted:
  - Research posts
  - Promotion of the role of occupational therapists in secure environments (having their voice heard)
  - Practice guidance/evidence-based practice (highest ranked)

Our initial question…What's already out there?

Developing practice guidance

- Forensic forum approached College of Occupational Therapists (COT) with the specific idea for a guideline development
- Accepted by the practice group at COT
- Pilot COT project, developed over 18 months
- Initially launched November 2013
- NICE accredited

Concerns and drivers for the guidelines

- Limited opportunities for patients' **occupational engagement**
- Impact of **occupational deprivation** on patients with forensic backgrounds
- Institutionalisation and de-skilling of patients
- Constraints of the environment and its impact on delivering occupational therapy
- Aiming for **occupational enrichment** for patients in secure services
- The link between occupation, well-being, flow and self-belief

Impetus – using the statistics to our advantage

Patient engagement in activities (CQC monitoring of the Mental Health Act 2010/2011)

	Weekdays	Evenings	Weekends
Talking groups	157 (53%)	20 (7%)	14 (5%)
Non-verbal therapy	79 (27%)	25 (8%)	18 (6%)
Creative/expressive	156 (52%)	31 (10%)	27 (9%)
Skills/information	137 (46%)	26 (9%)	24 (8%)
Physical/relaxation	192 (64%)	84 (28%)	71 (24%)
Recreation	181 (61%)	128 (43%)	105 (35%)
Other	156 (52%)	128 (43%)	103 (35%)
None of the above	22 (7%)	74 (25%)	111 (37%)

Guidance development

- **Core guidance group**: Mandy Sainty and officer of COT, 5 occupational therapists
- **Objective**: to provide evidence for the use of occupation in secure hospitals for patients over the age of 18
- Stakeholder, peer review and patient involvement
- Literature search – initially 4000+ hits
- Data replication, inclusion criteria and cleansing reduced to 34 evidenced-based papers
- Evidence was graded (GRADE, 2004)

Guideline recommendations (COT, 2012)

- Applicable to high, medium and low secure settings
- Rigorous, critical appraisal of the evidence-base, manual provided by COT
- Reflect core occupational therapy – **occupation focused; and address occupational deprivation**
- MOHO-based recommendations:
  - 7 volition
  - 2 habituation
  - 4 performance capacity
  - 7 environmental considerations
- Second edition, based on same process – published by Royal College of Occupational Therapists (2017)

Example recommendations – 2012 and 2017 versions

- ***Volition:*** *Consider the occupational life histories of patients including that at the time of the index offence, and its influences on occupational performance, life satisfaction and criminogenic lifestyle* (Lindstedt et al 2004)

- ***Habituation:*** *Facilitate a range of interventions that enable patients to engage in structured and constructive use of time throughout the week, including weekends and evenings* (Bacon et al, 2012, Castro et, 2002, Farnworth et, 2004, Jacques et al, 2010, Stewart and Craik, 2007)

- ***Performance capacity:*** *Consider prevocational training, real work or supported employment* (Cox et al, 2014; Garner, 1995; McQueen, 2011; Smith et al, 2010; Volm et al, 2014) – new evidence 2017

- ***Environmental considerations:*** *Consider the impact of the environment on quality of life and occupational engagement* (Craig et al, 2010, Fitzgerald et al, 2011, Long et al, 2011, Morris 2012)

Practice guidance 2017 version

- Patient film
- Patient leaflet
- Developed by patient group
- Funded by the Royal College of Occupational Therapists - specialist section for mental health

The need for more research and evidence

- Occupational therapy risk assessment/process in secure settings
- The use of occupational therapy models in forensic mental health
- **The impact of (pro-social) occupation on recidivism**
- Meeting the specific occupational needs of forensic patients with learning disabilities
- The role of OT for patients in longer term segregation or seclusion
- Gender specific occupational needs

Dr Sarah Markham (RCOT, 2017, p vi)

‘Positive purposeful activity is something everyone needs and enjoys-especially if you are a patient in a secure setting! …

In my experience, good occupation-focused practice can transform a patient’s experience of their situation and sense of self, both as a patient in recovery and as a human being’


Question

References

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