Occupational therapy in the modern adult acute mental health setting: a review of current practice

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Background: *Health care systems are changing and with them, the role and scope of occupational therapy. The inpatient mental health setting is one area where change has been rapid and expansive, directly impacting on the role of occupational therapy. Literature pertaining to the current practice of occupational therapy in this setting is currently overshadowed by a focus on community-based care. This article aims to describe and summarize the recently published literature regarding current practices of occupational therapy in this important setting.*

Methods: *Current practices were identified with reference to policy documents, text books and journal articles dating from 1990 to the present day.*

Findings: *There was found to be a paucity of current literature relating to occupational therapy practice in acute mental health. From the literature that was available, four core elements of occupational therapy practice in acute mental health were identified: individual assessment, individual treatment, therapeutic groups, and discharge planning.*

Conclusions: *It is suggested that the development and communication of the occupational therapy role focusing on the four core elements of practice will provide a sound base for the development of the clinical role of occupational therapy in acute mental health. Occupational therapists working in the acute mental health setting are encouraged to be aware of the available literature pertaining to this area and establish a renewed focus on clinical research to evaluate current practice and to guide debate on emerging occupational therapy roles.*

Key words: ■ acute setting ■ clinical role ■ inpatient ■ mental health ■ occupational therapy

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Occupational therapy was founded on the principal that participation in meaningful activity is important to the health of individuals (Patterson, 2008). Since the early 1980s there has been a significant shift in policy in the majority of western countries in the treatment provided to people living with mental illness. Where the inpatient setting was once the focal point of care, it is now widely accepted that the majority of care should be provided in the community setting (Hawkes et al, 2008). This is evidenced across most key mental health policy documents (e.g. Department of Health, 2001; Mental Health Commission, 2005). The acute inpatient mental health setting, however, remains an important component of holistic treatment in mental health care, requiring continued development to remain current (Garcia et al, 2005).

The shift in the focus of care being placed on treating people in the community in which they live has led to gains in the quality of care provided to service users and has positively broadened the scope of practice for occupational therapists. However, this has meant that a greater emphasis has been placed on clinical interventions in the community setting, where service users are considered more ready to respond (Corrigan, 2003). Unfortunately, this has decreased the level of input focused on developing inpatient care. Garcia et al (2005: 111), in their review of acute mental health care in the United Kingdom, identified that while social, leisure, and practical therapeutic activities were routinely available, interventions such as cognitive behavioural therapy and psychosocial interventions were not. In consideration of the high prevalence of trauma reported in people living with severe mental illness (Mueser et al, 1998), it is surprising that these services are not routinely available.

In discussing the changing nature of acute mental health, Duffy and Nolan (2005) stated that 'If occupational therapists are to continue

as one of the main professional groups in the mental health arena, it must reflect on the implications of recent and ongoing changes in mental health care delivery' (pg 36). It is important for occupational therapists to reflect on the present day practices and initiate a renewed focus on clinical evaluation and debate on evidence based interventions appropriate for the acute mental health setting.

METHOD

Occupational therapy journal articles and text books from 1990 to the present were reviewed using the search terms 'mental health' or 'psychiat*', 'inpatient' and 'occupational therapy' in the article. Two databases were used to conduct the electronic search. These included EbscoHost (239 hits) and CINAHL (51 hits). The major occupational therapy journals of Australia (60 hits), UK (24 hits), and Canada (2 hits) were individually reviewed using these search terms. Articles with a primary focus on a) the adult psychiatric setting and b) the role of occupational therapy in acute mental health, were included in the review. Articles not meeting these criteria were excluded in phase one of the review but were considered for inclusion in phase two. Key policy documents for Ireland, UK and Australia were identified through the National Health Service internet pages and the occupational therapy associations. A total of 10 journal articles, four government papers and two book references met the inclusion criteria.

The literature was reviewed in two stages. Firstly, literature identified in the initial search was reviewed. Key themes identified in each paper were recorded and collated to highlight common elements. In the second phase, further supporting evidence was drawn from the literature to allow a full exploration of the themes identified in stage one in order to provide a comprehensive review of the practice of occupational therapy in the acute mental health setting as described in current literature.

FINDINGS

The changing environment of the mental health care system

In the document, '*A vision for a recovery model in Irish Mental Health Services*' (Mental Health Commission, 2005) it is stated that the 'recovery model in mental health services emphasises the expectation of recovery from mental health problems and promotes both enhanced self-management for mental health service users and the development of services which facilitates the individual's personal journey towards recovery... The person's attitudes, fears and hopes, their unique social situation and their behaviour with respect to their own recovery must be integral to any comprehensive treatment model' (pp 4–5).

The scope of service provision expected in this vision demonstrates the complexity of modern mental health services. In moving towards this vision, significant change has occurred in both the community and inpatient setting. The role of the acute mental health unit and the role of occupational therapists in this setting have become specialized in the provision of services for service users during the acute phase of illness. While it has been stated that the main purpose of modern day acute mental health services is to provide a period of assessment, with the majority of rehabilitation services provided in the community setting (Hawkes et al, 2008), it seems that this may be too simplistic. Such an approach assumes that a service user will be appropriate for discharge as the acute phase symptoms diminish. Unfortunately this is often not the case. Garcia et al (2005) state that the average length of stay in acute mental health facilities ranged from 38 to 44 days in the United Kingdom. It is recognized that there are high readmission rates owing to a range of social problems, such as housing, finance, daily routine, and social relations, not being addressed adequately (Eaton, 2002). These factors also impact on a service user's discharge from the inpatient setting. In such situations occupational therapists are required to engage in a full range of services, from assessment to active treatment, with a focus on assisting service users to engage in meaningful occupational roles both during and after their admission.

Occupational therapy in the acute mental health setting

Dewis and Harrison (2008) stated that the work of occupational therapists within acute inpatient settings needs greater acknowledgement, reflection and debate. The limited range of literature available pertaining to the role of occupational therapy in the acute mental health setting would suggest that this has not been a focus for development recently. This is not surprising given the broader context of a shifting focus of care in mental health to the community setting.

There is little doubt however that the occupational therapy profession continues to believe that occupational therapy has a clinical role to play in the acute mental health setting (evidenced by recent publications, including Duffy and Nolan, 2005; Dewis and Harrison, 2008; Hawkes et al, 2008; Fortune and Fitzgerald,

2009). National mental health policy documents reinforce this view, advocating for the place of occupational therapy within the multidisciplinary team that provides care in an acute mental health setting (Mental Health Commission, 2005).

The document '*Acute Care 2004: A national survey of adult psychiatric wards in England*' further reinforces the potential benefit of therapies such as occupational therapy in adult acute psychiatric settings (Garcia et al, 2005). Interestingly Garcia et al (2005) identified that interventions that may be considered traditional occupational therapy interventions, such as leisure, social and practical activities, were routinely available, while more evidence-based interventions such as cognitive behavioural therapy were not. It is easy to suggest that occupational therapy can, and should, fill this gap, however, often, the culture of the work environment does not recognize the potential skills of the occupational therapy profession.

Fortune and Fitzgerald (2009) found that the role of occupational therapy is often poorly understood by service users and health professionals. Simpson et al (2005) found supporting evidence for this in a study investigating the relationship between occupational therapists and other team members. Their findings identified that while occupational therapists were appreciated, the extent of the value that their role could add, was often not acknowledged. Harries and Cann (1994) claimed that often occupational therapy was perceived to be mainly concerned with relieving boredom on the ward.

The College of Occupational Therapists (2006) guiding document '*Recovering Ordinary Lives: The strategy for occupational therapy in mental health services 2007–2017 A vision for the next ten years*' identifies that a current issue for occupational therapy is the lack of robust evidence to support traditional roles, such as activity based groups in adult mental health units. The document highlights the importance for occupational therapy to develop a robust evidence base for the interventions used by the profession to advocate the merits of its role in clinical settings. This may be achieved either by incorporating current evidence, such as cognitive behavioural therapy, into standard practice for occupational therapy, or by establishing an evidence base through research for occupation focused practices.

A strength of the document '*Recovering Ordinary Lives*' (College of Occupational Therapists, 2006) is its focus on the core concept of occupational therapy – occupation. While it is exciting and important to consider new roles for occupational therapy, such as sensory modulation (Champange and Stromberg, 2004), it is essential for occupational therapists working in acute mental health settings to renew their focus on establishing an evidence-base for traditional roles as well. Occupational therapists can achieve this by participating in quality research programmes and clearly articulating the theoretical grounding of their approach to the multi-disciplinary team and management, in the settings in which they work. An example of such research is that of Lim et al (2007). This found that service users who accessed occupational therapy services during an inpatient stay reported these as beneficial to their health and recovery. Lim et al (2007) found in a study that reviewed service users' perspectives of occupational therapy in the acute setting that 78% (50 of 64 participants) reported having engaged in occupational therapy. They commented that more than half of the participants reported that occupational therapy (individual and group based sessions) helped them to function better in their daily life and meet their needs, post discharge, and that they were more confident about their own skills and abilities. Therapeutic use of activity, one of the core elements of occupational therapy, was commonly identified as one of the most useful aspects of intervention (Lim et al, 2007).

Duffy and Nolan (2005) conducted a survey of work currently being undertaken by occupational therapists working in inpatient mental health settings. It was found that 100% (63) of participants were involved in facilitating patient group work. Occupational therapists also engaged in individual assessment and therapy sessions. Another common theme among occupational therapists interactions with service users was preparation and planning for discharge (Duffy and Nolan, 2005). They reported that 43% (27) participants conducted community visits to assist service users to integrate back into the community.

It is important to state that all work practices relating to occupational therapy should be considered from an occupational perspective. Occupations are the everyday, meaningful activities that people engage in and are related to work, leisure and self-care (Finlay, 2004). Two concepts that are particularly relevant to occupational therapists are occupational balance and occupational engagement (Finlay, 2004). In discussing the four core elements of practice below, the authors assume that occupational therapists conduct their practice in the context of a service users occupational engagement. According to Hagedorn (2001), the analysis of occupations and their prescription as therapy

are the unique skills of the occupational therapist. Occupational therapists use purposeful activity when they intervene therapeutically.

FOUR CORE ELEMENTS OF PRACTICE

In contrast to Hawkes et al (2008), the literature available pertaining to the clinical practice of occupational therapy in the acute setting describes a more varied role, including both treatment and assessment interventions undertaken in the acute setting. Not surprisingly, given the nature of occupational therapy, there was a broad range of practices described. In order to consider the work practices of occupational therapy in the modern adult acute mental health setting from a holistic viewpoint, they were explored with a focus on identifying common themes. Through this process it was evident that the work practices discussed were able to be classified into four core elements of practice. The four core elements of practice undertaken by occupational therapists currently described in the literature are:

- Individual assessment
- Therapeutic groups
- Individual treatment
- Discharge planning

These four core elements of practice are not new to the occupational therapy profession. All articles reviewed in the first phase discussed at least one of the four core elements. Unfortunately, they are rarely discussed as a whole in published literature relating to occupational therapy practice in the acute mental health setting. This possibly reinforces the findings of Simpson et al (2005) that the full potential of the occupational therapy role was poorly understood. These four core elements of practice provide a sound base for evaluating clinical practice and advocating for the full potential scope of the occupational therapy role in the acute mental health setting.

Individual assessment:

Hawkes et al (2008) concisely state, in the acute mental health setting, the occupational therapists primary role is to 'analyse the relationship between health, illness and occupational functioning' (pg 398). Lloyd et al (2008) supports this, stating that this includes the assessment of 'service user's occupational role history (what they used to do), their current occupational roles (what they do now) and their future/desired occupational roles (what they want to do in the future). Current occupational role functioning is assessed against normal occupational roles for the person's culture and age. A comprehensive assessment identifies any discrepancies between the current and past and/or future occupational roles of a person' and the strengths and barriers an individual has to draw on to achieve their desired occupational roles.

Table 1.
Assessment tools based on the Model of Human Occupation (Kielhofner and Forsyth, 1997)

Assessment Tools	Reference
Screening tool	Kyle and Wright, 1996
Occupational performance	Brollier et al, 1989; Mallinson et al, 1998; Kielhofner et al, 2001
Roles	Oakley et al, 1986; Hachey et al, 2001
Interests	Katz, 1988
Life history	Helfrich and Keilhofner, 1994; Kielhofner and Mallinson, 1995; Burke and Kern, 1996
Communication and interaction	Forsyth et al, 1999
Work roles	Velozo et al, 1999; Forsyth et al, 2006

An effective assessment relies on engaging a service user into the occupational therapy process, which can be difficult during the acute phase of an illness (Best, 1996). In describing the process of engagement in an intensive care ward Best (1996) summarizes, stating that 'an innovative approach [to engagement] that can appear far removed from more traditional methods of occupational therapy is important' (p 164). Best (1996) describes using the activity of baking, again focusing on a service user's past occupational role as a baker, to support engagement. Similarly, Dewis and Harrison (2008) describe using a known occupational role to engage a patient by offering him the use of the kitchen to cook his own breakfast. Where this differs from traditional approaches to engagement, is the core focus on using the services user's own occupation in collaboration with established rapport building techniques to increase the service users ease.

Lloyd et al (2008) continue, stating that the initial screening of occupational roles guides further analysis of specific skill components, both strengths and barriers, which affect occupational performance. Models of practice such as the Model of Human Occupation (MOHO) assist the clinical reasoning process and allow a holistic view of the service users functioning to be maintained (Kielhofner and Forsyth 1997). There are a number of tools available for use based on MOHO (see *Table 1*).

Creek and Bullock (2008) highlight that clinical assessment is a collaborative process which is performed to assist a service user to better understand and respond to issues which affect their occupational functioning. Assessment tools

Table 2.
Theoretical frameworks to guide individual therapy in the acute mental health setting

Theoretical frameworks	Reference
Solution focused therapy	George et al, 1990; Sharry et al, 2001
Cognitive behavioural therapy	Duncan, 2008
Engagement in purposeful activity	Best, 1996; Wilcock, 1999
Humanistic approach	Finlay, 2004

should only be used when clinically indicated and in negotiation with a service user.

Individual therapy

The global aim of the intervention plan is to assist individuals to re-gain or engage in meaningful life roles (Lloyd et al, 2008). Individual therapy in the adult acute mental health setting can also be used to support engagement in ongoing therapy in the post discharge period. Best (1996) describes an example of this using individual therapy sessions in the intensive care ward setting to engage a person into the occupational therapy process, and to build confidence and self-esteem through the use of purposeful activity. Duffy and Nolan (2005) support both views, describing occupational therapists using individual therapy sessions in two main ways. These are firstly, to engage service users into the group programmes and secondly, to address specific therapy goals identified by the service user.

Individual therapy sessions within the acute mental health setting provide an opportunity to address the identified barriers (such as anxiety, poor occupational role balance, problem solving skills, poor interpersonal functioning, loss of hope) to successful occupational role engagement. A variety of theoretical frameworks exist to assist in completing this (see *Table 2*).

Therapeutic group work

The use of therapeutic groups remains a core part of occupational therapy practice in the acute mental health setting (Cole, 2008). The type, style and volume of groups offered will be directly influenced by factors such as the environment, resources, relationships with members of the multidisciplinary team, individual experience/skills of the therapist and the service user needs.

Occupational therapists use a wide range of groups each with its own therapeutic function and purpose (Finlay, 2001). Finlay (2001) presents two broad categories (four types) of groups used by occupational therapists. These include activity based groups (task and social) and support based groups (communication and psychotherapy). Task groups aim to develop skills and are end-product focused. Social groups provide an avenue for recreation or fun, and are focused on encouraging social interaction. Communication groups emphasize sharing shared experiences, and psychotherapy groups aim to increase insight into individual's problems (Finlay, 2001). This model provides a broad range of groups that are able to be used to meet the needs of service users at the varying levels of volition and function found in the acute psychiatric setting.

A comprehensive group programme would benefit from incorporating each category above. The National Institute for Clinical Excellence (2002) support this, stating that in acute mental health care 'a broad range of social, group and physical activities are essential elements of the services provided' (pg 9).

Discussing service users' perspectives of groups, Lim et al (2007) stated that service users ranked arts and crafts, community meetings, relaxation groups, music groups, cookery groups and sports as the most popular, with cookery groups, and sports and gym being rated as the most helpful and beneficial. In explaining helpful activities, participants indicated that the cookery group helped them acquire and practice skills, and the sports and gym groups helped keep them fit and active, reducing stress. Cowls and Hale (2005) reviewed the benefits of a psychoeducation group in an acute mental health setting. They identified that service users reported getting the most benefit out of activity based examples in psycho-educational groups. The authors suggested that occupational therapists may benefit from remembering the powerful effect that activity can offer groups in a mental health setting.

Evaluation of the group programme is an essential component of running effective needs-led group programmes (Finlay, 2001; Hawkes et al, 2008). Hawkes et al (2008) stated that occupational therapists should evaluate both the process and outcome of the intervention. This can be achieved through the use of effective reflective practice, supervision, outcome measures or service user enquiry (Hawkes et al, 2008).

Discharge planning

Due to the decreasing duration of admission and the increase in the understanding of the complexity of mental health issues, effective discharge planning is becoming more important. Discharge planning needs to commence at the time of admission, and occupational therapists should advise on appropriate services and environments for the service user at the point of discharge (Duffy and Nolan, 2005). The occupa-

tional therapists identified assisting service users to re-engage with community services by using groups to provide skills training for after discharge, and providing individual sessions in the home environment.

The Care Programme Approach (CPA) was initially developed and introduced in the UK as a means of organizing and delivering high quality care to service users who may be accessing multiple service providers. The CPA was reviewed and developed further in 1999. The CPA approach currently used within the UK has four key components. These are:

- Assessment
- The development of a care plan
- The appointment of a care co-ordinator
- Regular reviews of the care plan (Care Programme Approach Association, 2008).

Formal use of such an approach assists in effective service delivery, particularly when planning for discharge. A similar tool for the effective planning and management of services provided by the multidisciplinary team are described in most modern mental health services (evidenced by Mental Health Commission, 2005). Despite a recognition of the need for well-developed seamless care to support people living with a mental illness between the acute and community setting, this is often not the case (Mental Health Commission, 2005). Where this is the case, it is important for the occupational therapist to build links with local support and health agencies, such as general practitioners, mental health support groups, and community groups.

LIMITATIONS

As this article has attempted to review the areas of practice as described in the literature, it has not been able to explore the emerging clinical roles. Clinical roles such as vocational rehabilitation using the evidenced based Individual Placement and Support Model proposed by Drake et al (1999), and the adaption of sensory modulation techniques and theory (Champange and Stromberg, 2004) offer exciting new opportunities for occupational therapists in this area.

CONCLUSIONS

The opportunities are there for occupational therapists to develop and implement new work practices, and the challenge is to establish a renewed vigour for evaluation of both current and new work practices, to enable occupational therapy to establish a clear role within modern acute mental health services. Without a renewed focus on conducting strong evaluation of occupational therapy clinical practice, the profession is in danger of not surviving in the modern acute mental health setting (Mairs et al, 2003).

Occupational therapy has had a long and significant contribution to the provision of mental health care since its inception in the early 20th century. The changes to service provision in mental health have affected the role of occupational therapy and, in particular, the role of occupational therapy in the acute mental health setting. As well as changes to the mental health care system there has also been significant progress in our understanding of mental health. Mental health is now understood to have a far greater emphasis on assisting people to engage in life, or occupational roles, than simply symptom reduction. This presents an exciting opportunity for the occupational therapy profession. However, greater acknowledgement, reflection and debate about the role of occupational therapy is required for this to occur.

Occupational therapy practice can be described and organized into four core elements consisting of individual assessment, individual treatment, therapeutic groups, and discharge planning. These four elements represent the current scope of clinical practice described in the literature. In order to advocate for the full potential of the occupational therapy role, service providers and researchers are encouraged to discuss their work in the acute mental health setting in relation to these four core elements of practice. A renewed focus on these core elements of practice will provide a sound base for a common language in developing new roles, and for establishing a sound evidence base for the full potential of occupational therapy in the acute mental health setting. It is hoped that this article will encourage renewed debate in the literature about the role of occupational therapy in the acute mental health setting. IJTR

Conflict of interest: none

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KEY POINTS

- The clinical role of occupational therapy needs to evolve with a changing health care environment to remain current.
- The role and work of occupational therapists in the inpatient setting needs greater acknowledgement, reflection and further debate.
- The four core elements of practice for occupational therapy in the acute mental health setting described in current literature consist of: individual assessment, individual treatment, therapeutic groups, and discharge planning.
- Further detailed development, evaluation and debate of the four core elements of clinical practice in the acute setting are required for the future of the profession.