Engagement in life – use of occupation focused practice for adults in secure hospitals

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Introduction

• Activity and occupation important parts of Recovery
• Challenges for Recovery in forensic services
• Development of evidence based practice guidelines for occupation focused practice
• Recovery oriented recommendations
• NICE accreditation
Activity/occupation as part of Recovery

- Principles of Recovery include the need for meaningful activity and occupation.
- Definition of OT in forensics “Helping people engage in occupations that give their lives meaning and value and mitigate against alienation and antisocial behaviour”
- Recognized by RCP guidance about need for 25 hours of structured activity and DH guidance for medium secure units
Challenges for Recovery in forensic Services

• Challenges in providing meaningful activity due to security, legislation and previous choice of occupations, people can be unmotivated
• Need to provide therapy and not lose its value
• Length of stay –two thirds stay between 5 and 30 years. Need to reduce this –forensics is approx 20% MH budget
• CQC reports of those detained under MH legislation indicate variable levels of use of activity/occupation
Development of evidence based practice guidelines

- Due to variable nature of provision and survey of OTs in forensic units, need identified for occupation focused practice guidelines to cover high, medium, low secure and PICU.
- Work was led by Dr Jane Cronin-Davis
- Objective - To provide specific recommendations to support the use of occupation focused OT in secure hospitals
- Question - what evidence is there to support the use of occupation in OT in secure hospitals with pts over the age of 18?
Development of evidence based practice guidelines

• Exclusions – not treatment related to index offence e.g. sex offender treatment programmes
• Target population includes those with severe mental illness, personality disorder and learning disabilities.
• Use of COT Practice Guideline Development Manual (COT 2011)
Development of evidence based practice guidelines

1. Guideline development group established
2. Guideline scope defined involving stakeholders
3. Literature search
4. Screen findings
5. Critically appraise articles
6. Development of practice guideline recommendations
7. Peer review, stakeholder and service user consultation
8. Final draft approved by COT Practice Publications Group
9. Published by COT 2012
Recovery orientated recommendations

• It is recommended that OTs ascertain patients aspirations towards paid employment as the earliest opportunity and during rehabilitation (Graded 1C)

• McQueen 2011
Recovery orientated recommendations

• It is recommended that OTs consider supported employment or prevocational training as part of occupation based interventions for patients (Graded 1C)

• Garner 1995, McQueen 2011, Smith et al 2010
Recovery orientated recommendations

- It is recommended that OT facilitates a range of interventions that enable patients to engage in structured and constructive use of time throughout the week, including weekends and evenings (Graded 1C)

Recovery orientated recommendations

• It is recommended that OTs consider the use of healthy living programmes and exercise as activity to benefit health and wellbeing (Graded 1C)

Recovery orientated recommendations

• It is suggested that OTs liaise with a range of community services to facilitate replication of patients pro-social behaviours developed during an inpatient stay (Graded 2C)

NICE accreditation

• Accreditation helps professionals identify the most robustly produced guidelines, drives up quality of info used in decision making and improves patient outcomes.
• Guidelines assessed by NICE against 25 criteria such as stakeholder involvement - it indicates that the guideline development process is robust and transparent
• The guidelines are a case study on NICE website
• Launched Nov 2012 with supporting documents: quick reference guide, audit tool, CPD session, feedback form.
• Document freely available at www.cot.org.uk
“Those who provide secure services will be increasingly challenged to produce meaningful activities that will aid a mentally disordered offender to gain recovery and desist from further offending. The service user as a consumer and society as the paymaster is unlikely in the future to accept anything less. ..the timing of this publication is opportune as it chimes with an emphasis in what individuals can achieve ...(and) on their recovery (which) I feel will be a major antidote to the stigma that has for too long cast its shadow over the mentally disordered offender.”

Conor Duggan – Emeritus Professor of Forensic Mental Health, University of Nottingham
Summary

- Importance of meaningful activity and occupation in Recovery
- Challenges for Recovery in forensic services
- Development and accreditation of occupation focused practice guidelines
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