Promoting mental wellbeing through activity in a mental health hospital

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Activity, mental health.

Studies have indicated widespread inactivity in psychiatric wards, although the occupational therapy and mental health journals support the therapeutic benefits of participation in activity. A service evaluation was conducted to explore activity provision and identify gaps in service within a 13-ward psychiatric hospital. The results of the initial exploration were that staff and patients indicated a lack of structured and accessible activity. An activity programme was introduced offering a minimum of 17 groups weekly, including functional, leisure, art and sport groups.

Six months after the introduction of the programme, 63 patients participated in one week, which was a considerable increase from 6 inpatients taking part in activity prior to the introduction of the programme. The results of a service evaluation conducted by questionnaire identified positive feedback from over 90% of patients and 100% of staff. The main recommendation was the continuous provision of an inpatient activity programme within the hospital. A further recommendation was to build closer links with community resources to enable continued participation after discharge from hospital.

Introduction

Occupational therapists hold, at the core of their philosophy, the belief that activity can be used to work towards an improved quality of life, despite any disability (Yerxa 1983). According to Coia and Joice (1989), the ability to use activity as a treatment medium is unique to occupational therapists and vital in recovery in mental health.

The recreational therapy hall offered the only widely accessible and centralised source of activity in a mental health hospital with three adult acute wards, one adult rehabilitation ward and five adult continuing care wards, as well as four older people's wards. Inpatients frequently complained of inactivity to the occupational therapy staff and to the day activity nursing staff who were in charge of the recreational therapy hall. Thus, the occupational therapists and day activity nursing staff aimed to improve the vital provision of therapeutic activity for all inpatients.

Literature review

Several studies have highlighted the widespread problem of patient inactivity on acute psychiatric wards (Sundram 1987, Smith et al 1996, Jones and Crossley 2008). Following this, the Department of Health (2002) reported serious concerns regarding the lack of activity that is useful to recovery. In 2002, the Sainsbury Centre for Mental Health recommended that wards should provide activities and interventions and that even small changes in social and recreational activities can have a beneficial impact (SCMH 2003).

Over the last decade, there have been reports in the occupational therapy and mental health journals supporting the use of activity in promoting mental wellbeing (Williams et al 1997, Bona 2000, Perrin 2000,

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Holder 2001, Haley and McKay 2004, Barnhouse and Spencer 2004, Merom et al 2008). Creative activities were the most commonly referred to, although Bona (2000), Haley and McKay (2004) and Merom et al (2008) identified the benefits of leisure pursuits, baking and walking respectively. The specific benefits of activity in promoting mental wellbeing identified included the provision of a meaningful occupation, distraction from thoughts of illness, the development of a positive identity and the extension of social networks.

According to Dickerson and Kaplan (1991), the arts have had a long connection with mental health and were used as a therapeutic tool as early as the 1960s. A newer variation, known as the 'therapeutic use of art', focuses on the therapeutic relationship between therapist and consumer, the process of creating art and communication through art (Lloyd and Papas 1999). Thiele and Marsden (2003, p120) explained that the use of art 'is useful in developing creative problem solving through experimenting with materials, because the artist brings into reality something that is new and original'. Furthermore, Smitskamp (1995) advised that the promotion of creativity is an important skill in daily life because it is crucial in problem solving. Occupational therapists are often required to assist patients with mental health problems in gaining problem-solving skills to facilitate their independent living after discharge (Creek 2003).

Specifically, clay has been identified as a beneficial therapeutic tool in psychiatry. Hyslop (1993) believed that mastery could be achieved in a short time, which allowed patients to retain a sense of control regardless of disability. He described how clay could be used as either a solitary or a group activity, highlighting how the medium might be beneficial for promoting interaction since it created a mutual experience and eased communications. This can facilitate the redevelopment of social and communication skills, which are so often affected negatively by mental ill health (Creek 2003).

The National Service Framework for Mental Health (Department of Health 2004) specifically includes physical activity as a beneficial intervention for mental health promotion. The Social Exclusion Unit report (Office of the Deputy Prime Minister 2004, p79) suggests that 'local services such as colleges or arts and sports activities can offer opportunities to meet people from outside mental health services and integrate into the local community'. According to Fieldhouse (2003), gardening is a valued and social tool to achieve physical activity. Furthermore, he identified two key benefits of gardening for patients with mental health problems: first, the cognitive benefits of enhanced mood, reduced arousal and improved concentration and, second, the social nature of the group, cooperating with each other to achieve the end goal. Page (2008) identified that hope is an intrinsic requirement in gardening and in mental health hospitals. Czuchta and Johnson (1998) believed that the fostering of hope is essential in facilitating patients to reconstruct their sense of self after a period of mental illness.

Bonney and Stickley (2008) advised that engaging in activity within the hospital can be the first step on a path to mainstream activity participation in the community. Samuel and Smith (2005) defined recovery as 'accessing mainstream facilities and activities and gaining a social identity as people re-integrate into mainstream leisure and work opportunities and are potentially able to move away from being labelled' (cited in Bonney and Stickley 2008, p146) Furthermore, there are several studies that recognise that becoming a valued member of society with an opportunity to work indicates greater outcomes for recovery, self-esteem and quality of life (British Psychological Society 2000, Hope 2004, Marwaha and Johnson 2004, Social Exclusion Unit 2004, Fisher 2005, all cited in Bonney and Stickley 2008). The focus of the present programme was initially to develop more structured and widely accessible activity to enable patients to develop the skills to participate in mainstream activities.

Method

Initially, informal interviews were conducted, by the day activity team charge nurse and the author with the ward managers of every adult ward, in order to explore perceptions of activity levels in the hospital. Interviews were selected because it was a small population and in-depth information was desired. The interviewees identified a lack of activity for inpatients and expressed a need for a structured activity programme to be developed.

Following this, a baseline questionnaire was devised by the occupational therapy and day activity team to seek the patients' opinions of the activity provision (Appendix 1). Assistance was provided by the clinical effectiveness and communications department. Its role was to identify questions that required clarification, to ensure the most appropriate layout and to eliminate problems prior to commencing the evaluation. This reduced the requirement to pilot the questionnaire in order to ensure its reliability.

A questionnaire was selected because it is the preferred tool to collect a large amount of data from a relatively large number of people. A self-completion questionnaire offered the most efficient and effective method of data collection. The baseline questionnaire was designed to generate both qualitative and quantitative data of patient attendance, exploring age group, patients' experience of activity and satisfaction of service. The day activity nursing staff invited every patient using the recreational therapy hall over one week to complete a baseline questionnaire.

On analysis of the data, it was established that the patients were not satisfied with the activity provision. Consequently, an activity programme was developed that offered a minimum of 17 groups weekly, including functional, sport, leisure and art groups.

The clinical effectiveness department devised a second questionnaire, which sought to evaluate the new activity programme (Appendix 2). This evaluation questionnaire

Fig. 1. Timeline of the method.

October	November	December	January
Over a 3-week period, all of the informal interviews with staff are completed.	The baseline questionnaires are completed over one week. The new activity programme is designed.	The new activity programme is launched.	The new activity programme continues.

February	March	April
The first evaluation questionnaires are completed over one week. The programme is amended and new groups are introduced following analysis of the feedback.	The new activity programme continues.	The second evaluation questionnaire is completed over one week. The staff questionnaire is also distributed. These are returned over 2 weeks.

sought qualitative and quantitative information about the respondents' experience of participation in the new group progamme, their age and their ward. At 3 months and 6 months after the introduction of the programme, all participants in one week were asked by the group facilitators to complete the questionnaire. All questionnaires were anonymous to protect the identity of the participants and encourage responses.

Finally, a third questionnaire with open-ended questions was devised to generate qualitative data about staff perceptions of the new activity programme (Appendix 3). Two copies of this staff questionnaire were mailed to each adult and older people's ward 3 months after implementation. Nursing staff were able to select representatives within their own clinical area to complete the questionnaire. They were invited to ask staff nurses, nursing assistants, medical colleagues or allied health colleagues to complete the questionnaire. These were returned with identification of the ward, but not the staff member who completed the questionnaire. Fig. 1 is a timeline of the method.

Ethical issues

Whilst undertaking this service evaluation to evaluate current service provision, it was not necessary to gain ethical approval from the local research ethics committee. As outlined above, there was involvement from the National Health Service clinical effectiveness and communications departments, which approved the service evaluation. No patient identifiable information was stored.

The interviews were conducted with fully qualified, consenting ward managers, who verbally agreed to participate in the service evaluation.

The group facilitators distributed all the questionnaires to patients on completion of each group session. The purpose of the evaluation was explained to patients and they were invited to participate, but advised that they did not have to do so. All responses were confidential and anonymous.

Results

Baseline evaluation

All the staff interviewed (100%) identified a lack of easily accessible and structured therapeutic activity for hospital inpatients. There were 18 attendees in the recreational therapy hall in one week, all of whom completed a baseline questionnaire. Six were hospital inpatients and 12 were community attendees. Overall, the patients rated the social aspect of their attendance well, with 12 of the 18 rating it as excellent or good. Only one felt that the social aspect was poor. Their feelings about their activity levels were less positive, with only 3 of the 18 patients reporting the activity levels as perfect.

Similarly, 10 of the 18 respondents felt that the variety of activities was not acceptable, with one describing the variety as 'awful'. Only 2 felt that their experiences were excellent, and one described the experience as poor. Almost a third of the patients attending did not feel that they learned any new skills or techniques as a result of participation in the activities available and only 3 felt that they would continue participating in the same activities in a mainstream setting.

Following completion of the initial staff consultation and the baseline service evaluation, it was identified that a more structured programme of activity was required. A virtual activity team was devised, comprising members of the day activity nursing team and the occupational therapy staff. This new team devised an activity programme that offered a weekly activity timetable, open to all hospital residents.

Evaluation after 3 months

Three months after the introduction of the activity programme, an evaluation questionnaire was distributed to the patients who participated in the activities. The number of patients that attended each session is included in brackets after the group name. The most attended sessions, with 11 or more participants, were karaoke (19), supper group (17), Name that Tune (12), breakfast group (11) and craft session (11). The activities were rated highly, as shown in Fig. 2.

The next best attended groups, with between 5 and 10 participants, were lunch group (8), bowling (7), clay modelling (7), dance (5) and workshop taster (5). The activities were rated highly by the patients. Despite lower numbers of participants, the ratings were positive from patients attending the art group (4), badminton (4), walking group (3) and music group (1), as shown in Fig. 3.

Evaluation after 6 months

Six months after the creation of the activity programme, the same questionnaire was distributed again to all group participants to evaluate their experience. A notable change in attendance was identified from the 6 inpatients who participated in the baseline service evaluation to 63 inpatient participants, representing most adult and older people's wards. Fig. 4 illustrates the number of patients from each ward who attended. Brodick, Croy and Dunure are older people's inpatient wards and the rest are adult inpatient wards.

There was an increase in the age range of participants, with the notable inclusion of patients from the older people's wards and an increase in younger patients. At the 3-month evaluation, the age span was from 21 to 59 years, but at 6 months the youngest participant was 17 and the oldest 87 years old. A total of 178 responses was received from the 63 patients rating their experiences of the groups. The most popular groups overall included Stars in Your Eyes and Name that Tune. A full breakdown of the patients' feedback about their group experience is illustrated in Fig. 5.

Several of the less positive responses were accompanied by suggestions that more activity was required during these sessions, which were organised on a rotational participation; for example, bowling. The walking, bowling, games and sport groups were attended by a broad cross-section of ages and received positive feedback from almost all participants.

In addition to the quantitative responses from the patients, several patients offered qualitative feedback, both in written form in the questionnaires and verbally to the group facilitators. An 87-year-old lady commented after daily group participation that her mood had been low at the beginning of the week, but that she had really enjoyed the group experience and once again felt she had something to live for. Several younger patients from the acute admission wards described dreading the weekends because this meant no groups and long uninterrupted days. Additionally, several patients advised that more activity team staff were required to enable more activity to be provided. Finally, the patients remarked that they had developed skills

Fig. 2. Patient feedback of the best attended groups.

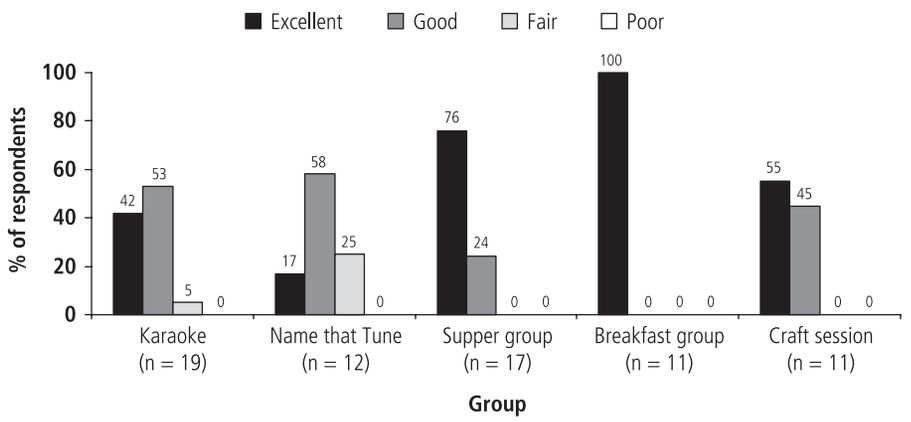


Fig. 3. Patient feedback of groups with fewer than 11 respondents.

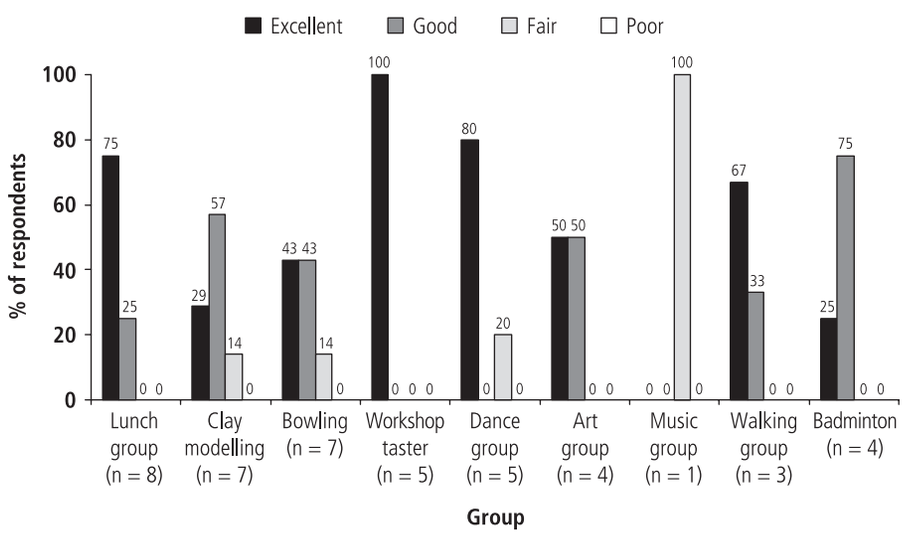


Fig. 4. Comparison by hospital ward of activity participation before and after the activity programme.

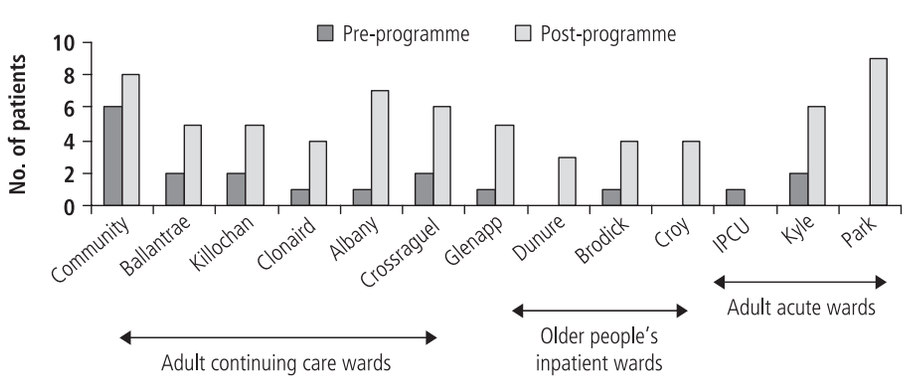
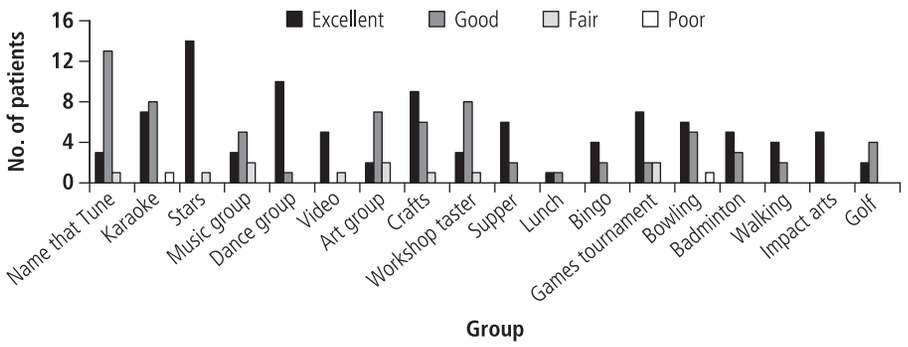


Fig. 5. Patient feedback on group participation after 6 months.



and discovered new leisure pursuits, which they would continue to use on returning to the community.

Staff feedback

Fifteen completed questionnaires were received from nursing staff. The feedback represented adult and older people's mental health, including continuing care, acute and rehabilitation wards. All of the respondents identified that the weekly email that was sent to the wards advising of the following week's activity timetable was the most effective method of communication and reminded staff to encourage patient attendance. Several respondents felt that posters and weekly meetings with the patients would be beneficial to ensure that all patients were aware of the programme and encouraged to attend. The respondents were asked to identify the impact of group participation on the patients. Ten respondents offered their opinions: five reported that the patients enjoyed the activities and others advised that it provided a good distraction and something to which they could look forward.

When asked how the patients appeared in anticipation of the groups, the respondents identified that in their opinion the patients looked forward to the groups, had varying levels of enthusiasm and occasionally required prompting to attend. The staff were also asked to rate the therapeutic value of participation in the activity programme. All respondents identified the therapeutic value of activity participation, with specific value placed on the social aspect. Several respondents identified patients appearing brighter in mood following activity participation, increased levels of motivation and less hostility and aggression.

Thirteen of the respondents felt that the activity programme offered a lot of varied activities, with only two feeling that more should be on offer. Both of the respondents who identified the need for more activities requested more community outings, including bus trips. All of the respondents were aware that the activity programme linked with community services. Finally, several staff members indicated a need for an IT skills unit to be developed, allowing the patients to learn basic IT skills and to study for relevant qualifications.[1]

[1]Funding was secured for this project on completion of the evaluation.

Discussion

The widespread problem of patient inactivity in psychiatric wards has been well documented (for example, Sundram 1987, Smith et al 1996, Jones and Crossley 2008). This was consistent with the findings of the baseline evaluation, which indicated that 100% of staff respondents identified a lack of structured and accessible activity. Meanwhile, only 18 patients accessed the recreational therapy hall every week, of which only 6 were inpatients.

Williams et al (1997), Bona (2000), Perrin (2000), Holder (2001), Haley and McKay (2004), Barnhouse and Spencer (2004) and Merom et al (2008) all identified the importance of activity in attaining mental wellbeing. Again, this was consistent with the present findings, as the majority of patients accessing the recreational therapy hall recognised the benefit of activity and 15 of the 18 desired more activity.

To ensure the provision of regular and accessible activity for inpatients, the new virtual team created a weekly timetable of activities, accessible to all hospital inpatients. Gardening was included in the programme, as recommended by Fieldhouse (2003) and Page (2008). Dickerson and Kaplan (1991) and Smitskamp (1995) recommended the provision of arts and craft groups, which were also included in the programme, and clay modelling was encouraged because Hyslop (1993) identified its therapeutic benefits in mental health care. The therapeutic benefits of each of these groups were outlined in each of their studies and were apparent in the present evaluation. Patients were motivated to attend and the participation in the activities in the recreational therapy hall increased from 6 to 63 inpatients in one week. The patients also responded positively to their group experience: 6 months after implementation, over 90% of the patient feedback was positive. The variety of activities available and the ability of the staff to grade the activities to ensure that they were appropriate for participants facilitated the engagement of patients from a wide age range. Activities were also carefully selected to engage a wide variety of interests and to allow inpatients to select those that would be interesting and meaningful for them.

Finally, the feedback from staff across the adult and older people's wards has indicated that the programme is well publicised, is believed to be of therapeutic value to patients and has a positive impact on the mental wellbeing of participants.

As advised by Bonney and Stickley (2008), engaging in activity within the hospital can be the first step on a path to mainstream activity participation in the community. Therefore, active steps have been taken to establish an activity pathway for all groups, ensuring that patients

are encouraged to continue participation on returning to the community. Links have been developed with local colleges, local authority providers for arts and crafts, walking groups and the community mental health teams to ensure that graded options are available for patients to continue participation.

Limitations

The questionnaires were distributed by group facilitators, which may have resulted in a biased feedback. It would be of benefit to have an external assessor conduct any future service evaluations. The use of a standardised outcome measure to evaluate the impact of group participation rather than relying on patients' subjective responses would also be beneficial because this would assist in identifying therapeutic gain, such as a reduction in symptoms of illness.

A questionnaire pilot study to ensure the tool's reliability would have been of benefit because it would have facilitated the identification and elimination of potential problems before conducting the large-scale study (Polgar and Thomas 2003). Owing to time restraints, a pilot study was not possible; however, assistance from the clinical effectiveness and communications team was sought.

Conclusion

A lack of structured and accessible activity for inpatients was identified, despite literature recommending the use of activity to promote mental wellbeing. An activity programme was introduced, which proved popular with inpatients from adult acute and continuing care wards as well as older people's wards. Activity pathways were developed to encourage and facilitate continued participation in the community after discharge.

Recommendations

1. To continue to provide an activity programme with a variety of accessible activities
2. To conduct regular service evaluation to ensure its continued value to patients and to conduct more rigorous evaluation of any newly introduced activities
3. To create more opportunities for patients to continue activity participation in supported environments in the community
4. To create strong links with mainstream activity providers to facilitate patients continuing activity participation after discharge.

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Key messages

- Introduction of a structured activity programme led to an increase from 6 to 63 inpatients participating in activity after just 6 months.
- Over 90% of patients and 100% of staff felt the programme to be beneficial and therapeutic.

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Appendix 1. Baseline questionnaire

Evaluation of activity

Please put a tick or cross in the appropriate box to answer each question.

Which ward are you on?	Kyle	Park	Glenapp	Community	Ballantrae
	Crossraguel	Killochan	Albany	IPCU	Cloncaird
Which of these age categories are you in?	16-21	22-30	31-40	41-50	51+
How many times a week do you attend?	1-2	3-4	5-6	7-8	9+
How would you rate the social aspect?	Excellent	Good	Average	Not good	Poor
How would you rate your activity levels?	Perfect amount to do	Acceptable amount to do	Satisfactory amount to do	Prefer to be a little busier	Really fed up
How would you rate the variety of activities available?	Perfect	Acceptable	Satisfactory	Need more	Awful
Did you learn any new skills or techniques?	A lot	Some	A few	One or two	None
How would you rate your overall experience?	Excellent	Good	Average	Not good	Poor

Please identify any activities or groups you would like to have in recreational therapy:

1. _____ 2. _____ 3. _____

Any other comments _____

Appendix 2. Evaluation questionnaire

Ward: _____ Age: _____ **Activity Programme evaluation**

We would be grateful if you could take the time to complete this questionnaire. All returned questionnaires will be treated anonymously.

Q1. Please tick all activities that you attended and tick the appropriate box on how you rated them.

Name that Tune	Excellent	Good	Fair	Poor
Karaoke	Excellent	Good	Fair	Poor
Music group	Excellent	Good	Fair	Poor
Stars in Your Eyes	Excellent	Good	Fair	Poor
Lunch	Excellent	Good	Fair	Poor

Appendix 2 (continued)

Art group	Excellent	Good	Fair	Poor
Games tournament	Excellent	Good	Fair	Poor
Dance group	Excellent	Good	Fair	Poor
Workshop taster	Excellent	Good	Fair	Poor
Craft session	Excellent	Good	Fair	Poor
Bowling	Excellent	Good	Fair	Poor
Video afternoon	Excellent	Good	Fair	Poor
Badminton	Excellent	Good	Fair	Poor
Walking group	Excellent	Good	Fair	Poor
Supper group	Excellent	Good	Fair	Poor
Bingo	Excellent	Good	Fair	Poor
Impact arts	Excellent	Good	Fair	Poor
Golf	Excellent	Good	Fair	Poor

Q10. Please add any further comments you wish: _____

Thank you for your comments. Your feedback is greatly appreciated.

Appendix 3. Staff questionnaire

Evaluation of Ailsa Hospital Activity Programme

We would be grateful if you could complete the following questionnaire about the Activity Programme at Ailsa Hospital, adding in any comments to expand on your responses, where appropriate. Please return the completed form to the Occupational Therapy Department.

1. Which ward do you work on? _____

2. Are you aware of the Ailsa Hospital Activity Programme? Yes ☐ No ☐

3. How do you feel about receiving communication on the Activity Programme by weekly email? Satisfied ☐ Unsatisfied ☐ No opinion ☐

4. Do you think there is a better way to communicate information on the Activity Programme? _____

5. Have you had any feedback from the patients with regard to the Activity Programme? Yes ☐ No ☐

5a. If yes, has the feedback been … ? Positive ☐ Mixed ☐ Negative ☐
Please give details. _____

6. How do the patients appear in anticipation of the group activity? _____

7. How do the patients appear on return from the group? _____

8. How do you rate the therapeutic value of the group? _____

9. Does the programme help to structure the patients' week? _____

10. How do you rate the variety of activities available? A lot ☐ A little ☐ Not at all ☐
Please make any other suggestions for the Activity Programme here. _____

11. Are you aware that the Activity Programme links to community services? Yes ☐ No ☐ Sometimes ☐
If no or sometimes, please tell us why this is. _____

12. Please feel free to make any additional comments or suggestions in the space below. _____

Thank you for taking part in this survey. Your response is much appreciated.