

A Case Study of Managing Risk using Occupation and it's relationship to Health and Well- being in an Admissions Assessment Centre.

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Aims of Presentation

- To explain the function of the Admission Assessment Centre.
- To present a case study demonstrating the risk management of S from non-tooled through to full tooled sessions.
- To present an overview of the relationship between occupation, health and well-being.

Admission Assessment Centre (A&B)

- A&B Centre is an assessment unit adjacent to the High Secure Admission wards that provides a gateway for Admission Patients to the Rehabilitation Service.
- Arnold Ward-PD Admission Ward 10-12 beds
- Blake Ward- MI Admission Ward 10-12 beds
- Patients are admitted from prison, MSU's, Court.

O.T. Time Line within A&B Centre

- Newly admitted patients
- Introduction to patient (7 days)
- Initial Interview/Assessment (21 days)
- Assessment Report (28 days)
- Care Plan (30 days)
- Review (as per individual needs)
- Risk assessment
- Intervention
- Individual session-on ward (non-tooled)
- Individual session-off ward (non-tooled)
- Individual session off-ward-(low tooled)
- Group session off-ward (full tooled).

Care Pathway

- All admission patients are assessed for risk, and signs of mental illness/personality disorder to determine treatability under The Mental Health Act, 2003
- C.P.A. Within 3 months of admission
- C.P.A. outlines journey of patient.
- C.P.A. incorporates multidisciplinary reports

Case Study

S, Age 41, Section 47/49

- Fractured skull aged 7 years (fall down stairs) and 16 years (car accident).
- Psychiatric history-April 1986 Informal admission following overdose, May 1986 informal admission following overdose, June 1986 threatening suicide, June 1986 informal admission following overdose, October 1986 informal admission complaining of auditory hallucinations, December 1986 informal admission complaining of command hallucinations.
- Borderline Personality Disorder- significant self-mutilation, suicidal thinking, relationship instability, poor self image, fluctuating mood and substantial impairment of social and psychological functioning.
- Forensic history-rape and murder of daughter aged 15 years.
- Serious attempt at suicide immediately following index offence.
- Serious attempt to hang himself in prison.
- Possession of ligature in prison.
- Numerous attempts at self-injurious behaviour in prison.
- Rupture of an artery which led to admission.

Risk Behaviours in Ashworth Hospital

- Rubbing of face, arms.
- Frustrated at being unable to self-harm due to his management.
- Incitement of other patients.
- Threats to scald staff.
- Monitored telephone calls, mail.
- Closed visits.

Management of risk since admission.

- 2:1 observations
- Geographically restricted.
- START Assessment
- Minor self-injurious behaviour at this time.
- Commenced on Medication.
- Contact with Occupational Therapist and Technical Instructors, relationship building, interest checklist.

Graded Approach to Tools.

- Ward based session initially, non-tooled.
- Charcoal drawing on ward.
- Garden access.
- Escorted walk.
- Swimming, gym.
- Individual session in A&B Centre, non-tooled.
- Individual session in A&B Centre, tooled.
- Group sessions all tooled.

Positives.

- Engages with Occupational Therapist and Technical Instructors.
- Motivated to attend all planned sessions.
- Co-operative.
- Concentration good.
- Self-reporting levels good.

Occupation, Health and Well-being.

- Occupation is relevant to health, Hocking (2003).
- The use of intervention can be the key to improving an individual's participation and function through activity, World Health Organisation (2001).
- Hagedorn (2001) considers the link between occupation and health and how the Occupational Therapist can help individuals positively influence their own health through engagement in occupations which have relevance and meaning to the person.
- In the A&B Centre, the patient, despite being diagnosed with a severe and enduring mental illness, can, through collaboration with the Occupational Therapist, participate in activities of daily living and gain a degree of satisfaction with their occupations.

Occupation

- S identified the activities he was interested in and those which would give him a degree of satisfaction.
- Art was introduced as it was an identified interest, enabling a graded tooling approach to be introduced.
- Off-ward activities were added to programme to increase the range of options open to S.
- The American Occupational Therapy Association (AOTA, 2002), discusses the subject of individuals participating in occupation and the way in which such occupations can help support health.
- *“Engagement in occupations influences health”* Reilly (1962) cited in Yerxa (1998)

Health and Well-being

- Increased self-confidence.
- Improvement in mood.
- Lessening of desire to self-harm.
- Reduction in frustration.
- Development of coping skills/mechanisms.
- Improved social interaction.
- Occupationally enabled.

Summary

- An explanation of the Admission Assessment Centre.
- An illustration of a case study of managing risk through occupation and it's relationship to health and well-being.

References

- AOTA (2002) Occupational Therapy practice framework: domain and process. American Journal of Occupational Therapy 56(6) pp609-639
- Hagedorn, R. (2001) Foundations for Practice in Occupational Therapy 3rd Edition London: Churchill Livingstone
- Hocking, C. (2003) Creating occupational practice: a multidisciplinary health focus. Becoming an Advanced Healthcare Practitioner pp189-215
- World Health Organisation (2001) International Classification of functioning, disability and health. Final draft. World Health Organisation Geneva
- Yerxa EJ (1998) Occupation: The Keystone of a curriculum for a Self-Defined Profession The American Journal of Occupational Therapy 52 (5) pp365-372



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