

Therapeutic Activities in Mental Health Settings

Shobha Rani Shetty

WHO (2002) defines activity as “the execution of a task or action by an individual. Activity is also “time spent doing an activity on one’s own or with others which is personal and important to the service user, impacts on the way the service user feels and which drives his/her treatment and recovery” (Lang, 2011). This definition is much broader than the WHO definition and gives importance to solitary as well group activities that are personal and important to psychiatric patient that may have an impact on his/her treatment and recovery. In this article the author intends to explore the use of activities in treating mental health patients’ the type of activities available and the measures to enhance patient engagement.

Different Forms of Activities and its Importance

Patient activities delivered in acute psychiatric wards may be classified in several forms such as talking groups (e.g., depression/anxiety management groups); non-verbal therapies (e.g., music therapy, art/drama therapy); creative/expressive (e.g., art & craft, wood work); skills/information (e.g., cooking, career advice); physical/relaxation (e.g., gym, yoga) and recreational activities (e.g., videos, table tennis); news & views group; women’s group; solutions for wellness; manage your mood group; confidence building group; out and about (re-socialisation group) and staying well group (relapse prevention). One of the forensic mental health hospitals in Ireland classified these activities into ‘five pillars of care’ (Pillar 1 - physical health, Pillar 2 - mental health, Pillar 3 - drugs and alcohol, Pillar 4 - harmful behaviour and Pillar 5 - psychosocial, occupational and rehabilitation activities. These pillars of care help mental health professionals’ in assessing, planning and implementing patient activities holistically (Gill et al, 2010).

Physical activities mainly include aerobics, gym, yoga, walking group, football training, physical health awareness sessions, swimming, cycling, and team sports and more recently Wii Fit is also introduced

The author is Clinical Placement Coordinator/ Adjunct Senior Lecturer in Mental Health (University College Dublin), Training and Development Department, National Forensic Mental Health Service, Ireland, Dublin-14.

in psychiatric wards. Whereas psychological therapies including cognitive behavioural therapy; cognitive remediation; counselling and supportive psychotherapy; family interventions; psychodynamic and psychoanalytic therapies: psycho-education; social skills training; adherence therapy and art therapies.

Mental health benefits of engaging in activities for a mentally ill person are multifaceted. Physical activity and psychological well-being are directly related to each other. Increased physical activity and access to healthy foods for individuals with schizophrenia help ease the burden of disease. The quality of life is improved by engaging in regular physical activities. Physical activity works in two ways—improves physical health and alleviates psychiatric and social disability. Literature also suggest increased self-esteem, a sense of mastery and social integration, improved sleep and cognitive functioning as other benefits.

Group activities are considered as a practical means of ensuring that patients have something purposeful to do, with many benefits such as reducing stress and isolation, and learning new skills; sharing and listening to the experience of others; a sense of hope for future; improvement in positive mental health; life satisfaction and quality of life and a reduction in depressive symptoms by engaging in social activities. Leisure and social reintegration activities are as important as the physical and psychosocial interventions.

Patient engagement in activities

Psychiatric patients show a lack of engagement in activities. Radcliffe & Smith (2007) demonstrated in their study that 84 percent in-patients were socially disengaged and mainly inactive at any given time during the *day*. Majority of patients’ time was spent in leisure activity, passive occupations, sleep, eating, caring for oneself, and performing quiet activities, such as sitting or lying and watching other people or objects.

Patient engagement in meaningful activities is challenging; it depends on their level of social interaction determined by various factors including in-patient factors, ward atmosphere, ethos and culture, management style, organisation and staff-mix (Radcliffe & Smith, 2007). Some of these factors act

as barriers for patients' engagement such as patients' personal, social, environmental factors and stigma. Patient-related factors such as their psychopathology, stage of illness, length of illness, negative symptoms, cognitive disabilities and side effects of medication may hinder participation. Likewise organisational factors such as lack of trained staff, frequent temporary staffing and shortage of staff hamper continuity of activities on the ward which in turn affects patients' participation.

Promoting Participation & Engagement

Enhancing patient participation and engagement in activities becomes a prime role for nurses. It becomes important to address some of the above mentioned barriers to promote patient participation and engagement. In this regard planning the activity, empowering patients, taking a leadership role and addressing staffing issues are paramount.

Planning activities and delivering it effectively marks the success of any activity. While addressing the patient factors it becomes imperative to incorporate more organised, productive, purposeful/meaningful and individualised activities in their daily routine. The importance of tailoring the activities to meet the changing needs of patients was highlighted by the multidisciplinary team members in a qualitative study (Pereira & Woollaston, 2007). For example, information on drug and alcohol may be provided both as an individual and group activity. Thus, depending on patient factors it is important to choose the type of activity for them. An activity that includes professional and peer support facilitates uptake and adherence.

Nurses have a vital role in empowering patients through providing information on some of their concerns. For instance one of the common side effects of anti-psychotic medications is weight gain; however patients may not be aware of this side effect at the beginning of the treatment. In order to increase patients' participation in a physical activity it is essential to inform him/her about the importance of medication and its associated side effects, medication compliance and measures to overcome some of the side effects such as weight gain. Providing health information relevant to patient concerns helps them understand how various health recommendations could assist.

The next is to deliver the planned group activity; this requires a motivational leader who has belief in patients that they could do it. Nonetheless, patient should not be forced to participate. Different strategies may be adopted to enhance participation in a group such as an induction period to get to know the group and try some simple activities that feel 'safe',

being aware of patient's perceived skill and challenge, informing clear expectations of participants, the activity and group, ensuring that the patient is in control of their goals, providing alternative or less demanding forms of engagement and encouraging patients. Getting to know the patients is essential for promoting engagement among psychiatric patients. Sometimes group activity does not suit a patient. In such circumstances there must be provision for individual works.

Along with patients' personal factors there may be organisational /institutional factors responsible for poor level of activities in the ward. One of the main organisational issues is the staffing. Most of the times these planned activities do not take place because of lack of trained staff. When there is shortage of trained staff, the hospital could think of alternative measures such as training unqualified staff into doing certain activities such a vocational activity including gardening project, woodwork, pottery etc. It is well known that nurses do not have spare time to involve patients in regular activity therefore developing an activity coordinator nurse's position may help in bringing several activity opportunities for patients in the acute mental health settings.

Conclusion

Therapeutic activities are essential for mental health service users in their journey of recovery. In the current economic climate there are several barriers to provide all of the activities. Inclusion of nurse-led activities both individual and groups is a way forward to overcome some of the barriers identified in this article.

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