

Activity Programs for mental health units

An activity program in both open and closed mental health units ensures that consumers continue to be provided with the best possible care within a therapeutic environment aimed at the consumer's recovery.

While the level of interaction from a consumer can be impaired by their illness, there are many instances where they can participate in groups and activities. Improving access to an activity program can assist with reducing the use of restraint and seclusion.

All staff should be utilised in developing an activity program including peer workers, carer consultants, nurses, occupational therapists, activity supervisors, psychologists, medical staff and social workers. Staff and consumers are the members of the unit 'community' and have different skills, knowledge and interests that can be added to an activity program to develop and enhance the options available for consumers.

Why have activity / group programs?

While the use of activity and group programs within mental health units adds to the provision of a therapeutic environment and can assist in the recovery process, it can also help with:

- > reducing boredom
- > reducing aggression
- > assessing level of functioning
- > assessing level of communication
- > assessing ability to interact with others
- > improved consumer and staff satisfaction
- > improved staff skills
- > developing or improving consumer skills and knowledge
- > improved facilitation of therapeutic relationships.

Expectations of inpatient activity programs

- > There should be a community meeting at least twice a week.
- > Each nurse should be required to facilitate at least one group or activity during their run of days/ nights on roster.
- > There should be a minimum of two groups or activities available each day, including weekends.
- > Assistance and equipment may be required and can be sought through occupational therapy services or unit management.
- > There should be documentation of the group/ activity engaged in, facilitators and consumer attendance in a group folder.
- > The activities and groups available for the day should be written up in a space viewable by consumers (ie on a white board in common area).
- > A flexible program that can be adjusted as required to meet the needs and expectations of the consumer at any given point in time.

- > A program that is responsive to changes in the demographics of the unit.
- > A program that is inclusive of the different sensory needs of the consumer.

Resources

Access to resources will vary depending on the environment and setting and not all of the suggestions provided below are always available in every setting however, in most settings they are possible.

Staffing:

- > In closed wards groups and activities on the ward should have a minimum of 2 staff (facilitator and co-facilitator), and additional staff should attend in response to the number of participants.
- > On open wards a brief risk assessment of the participants should determine the number of staff needed to be present, in most instances, one staff member is adequate.
- > Occupational therapists and activity supervisors should be available to assist with running groups and accessing equipment and consumables.
- > Co-facilitation with other disciplines (medical, social work, peer specialists, psychology) should be incorporated.

Equipment and Consumables may at times be required for some activities:

- > Consider use of petty cash if possible.
- > Consider use of donations of equipment.
- > Consider applications to volunteer services of the relevant parent hospital.
- > Consider activities that may have a fundraising function to then utilise on other activities (ie card making).

Space (may vary depending on the activity being undertaken and the number of attendees):

- > Lounge areas.
- > Dining areas.
- > Quiet rooms.
- > Courtyards.
- > Interview rooms.
- > Spaces in other / adjoining units.

Any of the above spaces can be used in most mental health facilities.

In Emergency Departments and other health facilities consider all spaces that may be available even for limited times.

Having items or activities around the ward that consumers can do by themselves, with others or at a time convenient to them can also be helpful for the person who is not comfortable in groups or for those who want to keep busy between group activities:

- > Have books and magazines available.
- > Selection of 'stress' balls (different shapes / sizes / colours) that can be played with.
- > White board markers work on glass – put the 9 letter word or sudoku from the Advertiser on a window for people to work on (change it daily).
- > Have a wide variety of information pamphlets on mental illness and services.
- > Have colouring equipment / cards / board games accessible.

Community Meetings

It is recommended that a community meeting be the first 'activity' of the day and should involve the staff and consumers. This includes nursing staff, consumer or carer consultants, social worker, activities supervisor, medical staff, occupational therapists and psychologists – any staff member who is free.

In most instances, 15 – 20 minutes is ample however, it can be extended by incorporating other items on the agenda and ideally occurs shortly after breakfast.

Standing items:

- > Introduction of all present.
- > Issues arising: are there any current issues within the 'community' that need addressing, such as lots of drug use / loud music impacting on others etc.
- > Safety issues – are there broken things around the unit (ie light globes / washing machine / door handle) or a lack of supply on some items (ie toilet paper / reading material).
- > Activities planned for the day – be flexible, rigid programs do not allow for changes in weather / gender or age predominance of consumers. Consider taking ideas from the consumer group.
- > Who wants to see their doctor / social worker.
- > Community Visitors visiting.

Additional optional items:

- > Ask "what would help people feel safe today?" – to promote recognition that the environment can be uncomfortable for some and staff are committed to consumer safety.
- > Discuss the 'ward rules' – what rules, why they are in place, question if they are needed or can be altered.
- > Explain the role of the consumer / carer consultants / other disciplines – what they do, what they can assist with.
- > Information on access to Community Visitor Scheme.
- > Add in a word game to finish off – ie the nine letter word game from the Advertiser.

Some ideas for groups or activities include

- > Community meeting – see above for more info.
- > Board / Card games – can be done as a 'competition' or left out so consumers can play them at any time.
- > Movies - consider an intermission for popcorn/ afternoon tea.
- > Sudoku / word games – can be available at all times / use a window as a 'whiteboard'.
- > Illness education on topics such as - Myths on mental illness, Combating side effects, healthy eating.
- > Financial management / managing on a pension.
- > What's on at the library – can the local library come in to talk about their services?
- > Any local groups / community services that can be invited in to speak?
- > Newspaper discussion group.
- > Craft / art.
- > Pet therapy.
- > Guided relaxation – pre-recorded or 'live'.
- > Stretching / exercise / walking – do you have a staff member who might have skills / specific training in this area.

Check the following websites for more ideas on activities:

www.ot-innovations.com

www.businessballs.co.uk

www.starwards.org.uk

Structured Day Programs

Within the inpatient environment, a structured day can be individualised and can be aimed at:

- > developing new skills or relearning old skill;
- > developing social networks
- > participation in community activities
- > developing confidence
- > improving motivation
- > accomplishing personal goals.

Each person should have access to a group program, activities and psychological therapies while in an in-patient setting. To implement a 'structured day' additional more personalised activities can be included that take into consideration the person's level of functioning at that time. This may include activities of daily living and will need reviewing and adjusting throughout the admission.

A structured day for a consumer in an inpatient environment may include all of the things they might do that day, including:

- > appointments
- > attending to ADL's
- > having 1:1 time with their nurse
- > attending groups / activities
- > attending meals
- > having visitors
- > own time.

For the person with significant depression the sense of achievement of attending a meal may be the most they do in one day however as the admission progresses, if a record is kept of their daily activities they can see the progress they are making. Benefits are achieved by attending to the activities listed for the day but also in the progress made over time.

Changing the daily routine as the admission progresses to adapt to the persons improving level of functioning is important and the plan should be reviewed regularly. This would vary in frequency depending on the person's level of functioning and progress and fits with:

- > section 7(1)(a) of the *Mental Health Act 2009* - mental health services should be designed to bring about the best therapeutic outcomes for patients, and, as far as possible, their recovery and participation
- > ensuring consumer involvement in their care and treatment
- > improving / building the therapeutic relationship
- > individualising the persons care plan
- > recovery model practices

The consumer can also use the plan on a daily basis to keep a track of appointments with their doctor / consultant / nurse / family / advocate and prompt them to discuss issues of concern with the treating team.

Activity Sheet

Name:

ASK your nurse to help you complete this form. It is to help you plan your day and make the most of your hospital admission.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0800							
0900							
1000							
1100							
1200							
1300							
1400							
1500							
1600							
1700							
1800							
1900							

For more information

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www.ausgoal.gov.au/creative-commons

