

THE USE OF APPRECIATIVE INQUIRY WITH MENTAL HEALTH CONSUMERS – TOWARDS RESPONSIVE OCCUPATIONAL THERAPY PROGRAMS

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OUTLINE



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Acknowledgements

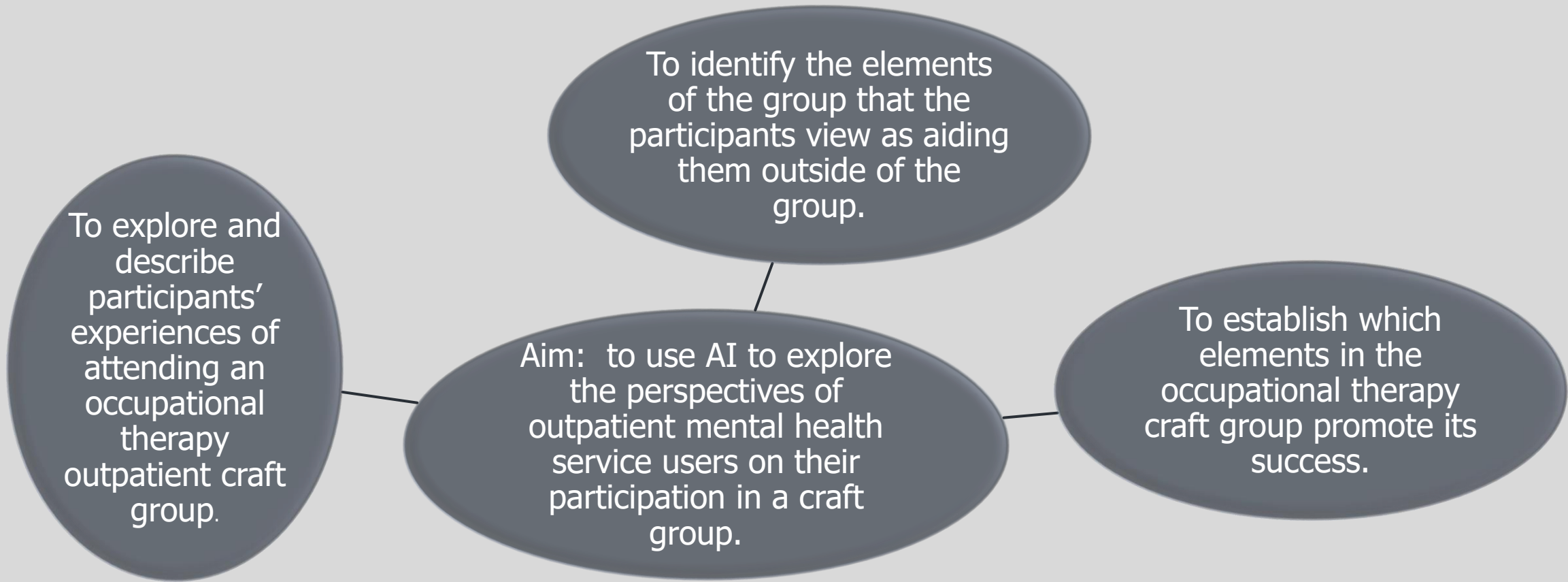
References

BACKGROUND



- Patient-informed planning of OT services may contribute to improving in- and outpatient mental health services in South Africa (SA).
- Appreciative Inquiry (AI) → found to facilitate recovery in mental illness, as it empowers individuals and creates a supportive, client-centred environment (Clossey, Mehnert and Silva, 2011).
- International emphasis on the importance of patient-perspectives on mental health care users.
- SA underwent a similar transition when the provincial cabinet endorsed health care 2030 (Western Cape Government, 2014).

AIMS AND OBJECTIVES



DATA COLLECTION



- The 4-D model of appreciative inquiry was used to explore the views of six participants.
- Participants were selected via purposive sampling.
- Four data collection sessions and one member-checking session of up to 90 minutes took place.

DATA ANALYSIS



Phase 1: Transcription of raw data

- Verbatim transcription

Phase 2: Translation of transcribed data

- Afrikaans to English

Phase 3: First round analysis

- Insert data into WEFT QDA
- Systematic processing of coding the document
- Creation of nodes

DATA ANALYSIS



Phase 4: Second round analysis

- Creation of sub-categories
- Group nodes with similar meaning under broader headings
- Merging or diverging of the participants opinion

Phase 5: Third round analysis

- Further grouping of sub-categories

Phase 6: Corroborating coded themes

- Scrutinising the grouped themes – representative of the assigned nodes

FINDINGS AND DISCUSSION



- FEELING ACCEPTED
- I HAVE IMPROVED

I feel relaxed
attending the
group

I feel safe at the
craft group

The craft group
gives me a sense
of belonging

- "The group is nice and calm"
- "There isn't pressure to make the thing [craft] perfectly"

- "There is trust".
- "We understand each other".

- "There is not judgement here".
- "We are like a family".

I have started to think more positively

- "It is a proud feeling".
- "You feel much better, more positive".

The group helps me to clear my mind

- "It helps with concentration".
- "This is my time".

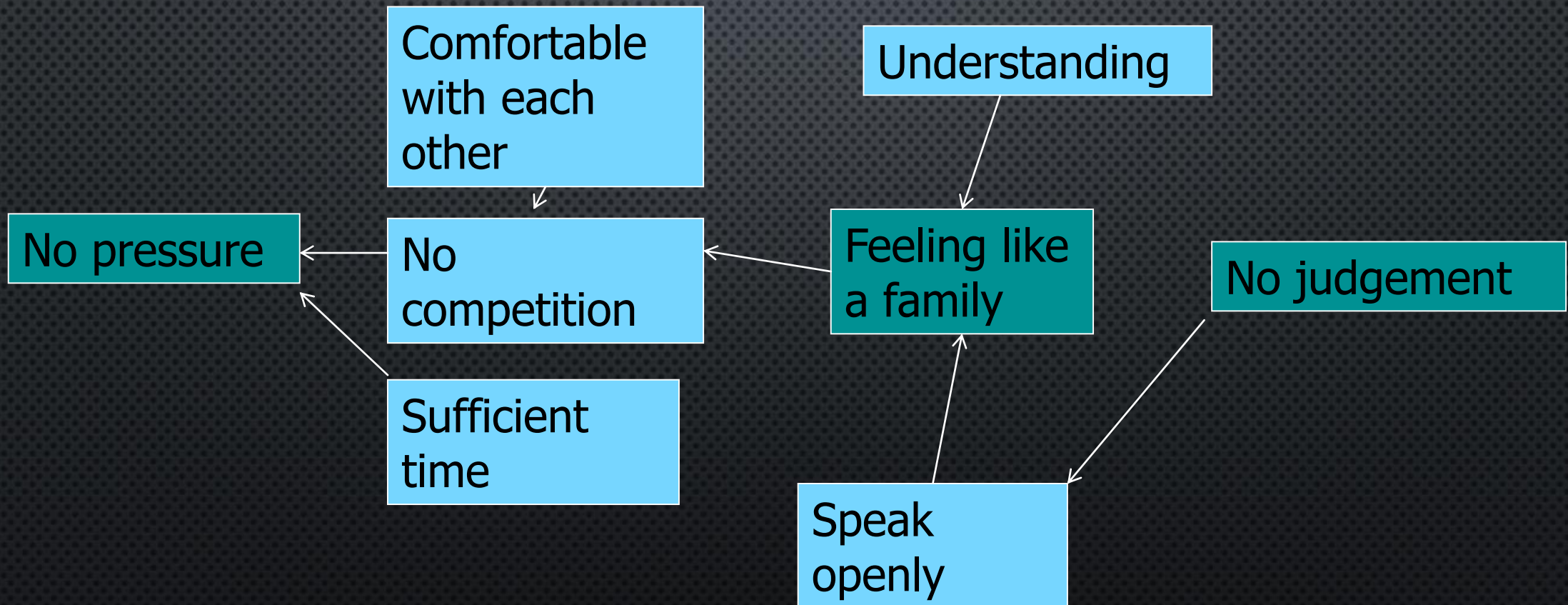
Transference

the things I make here, I can make at home".
I have my motivation back".

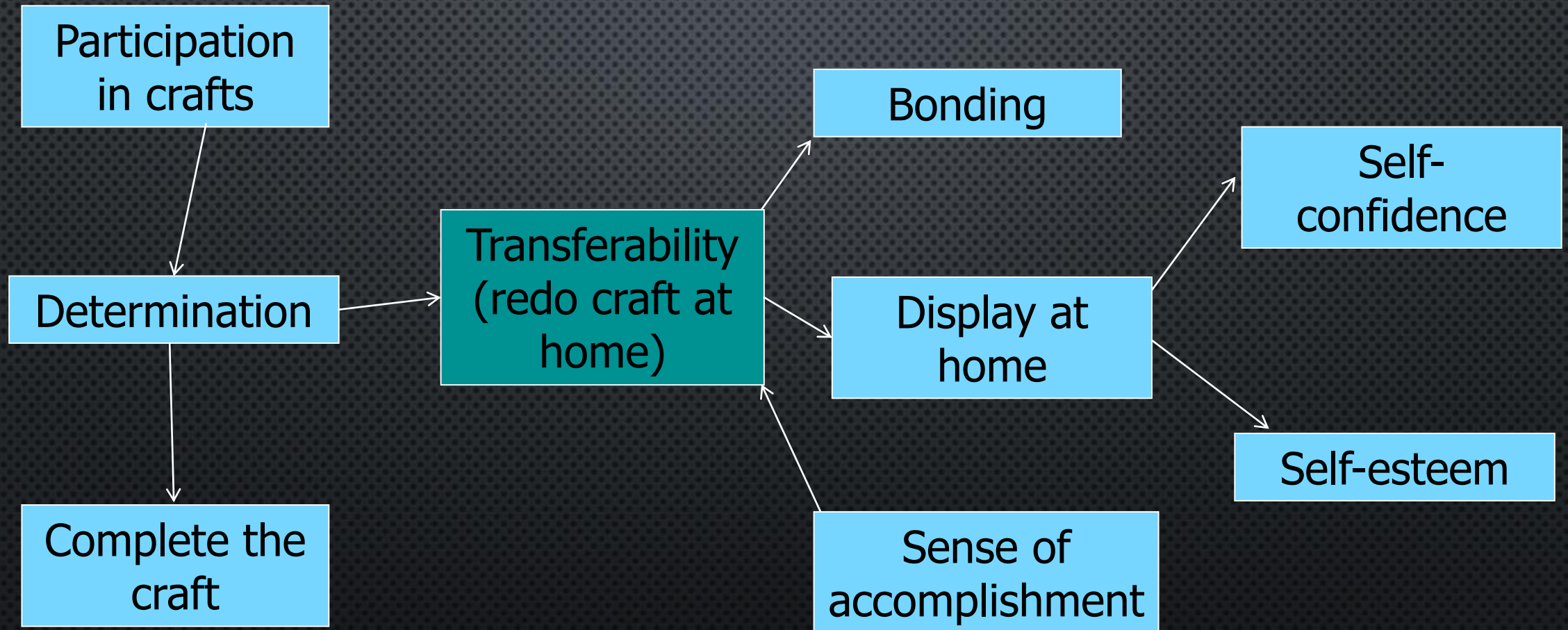
10 KEY ELEMENTS

1. You aren't judged.
2. The things that I do here, I can do them again at home.
3. There is no pressure.
4. It stimulates me to think.
5. I can talk to the OT about anything.
6. We feel like a family.
7. We chat and socialize nicely.
8. It is very calm here.
9. I feel safe here.
10. There is no noise here - it is quiet.

Feeling Accepted



I Have Improved



APPLICATION TO OCCUPATIONAL THERAPISTS IN PRACTICE



- OTs can monitor and review their outpatient craft group activities through implementation of the action plans developed by the mental health care users themselves.
- AI will ensure that the craft group remains the “best possible version” that it can be and that the group members can be involved in the “brainstorming” and “implementation” of their treatment on a continuous basis.

APPLICATION TO OCCUPATIONAL THERAPISTS IN PRACTICE



- Co-researchers could identify elements of an ideal craft group
→ contribute in facilitating recovery and reintegration into the family.
- 10 group elements can be used as a starting point for further guiding OTs in the design, implementation and evaluation of client-centred outpatient craft groups.

CONCLUSION & RECOMMENDATIONS



- Group elements could be used in strategic planning documents which would hold health care professionals accountable for OT services provided to consumers.
- Future studies using appreciative inquiry within the mental health system.
- Data attained from mental health users is client-centred and allows participants to be actively involved in the research process.

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REFERENCES



- Clossey, L., Mehnert, K. & Silva, S. (2011). Using appreciative inquiry to facilitate implementation of the recovery model in mental health agencies. *Health and Social Work*, Vol. 36(4)259-266.
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