



Change in activity participation of the mental health care users attending occupational therapy programme in an acute mental health unit within a rural context in SA.

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INTRODUCTION

- ❖ Professional credibility
- ❖ Lack of evidence for services provided
- ❖ Use of ROM in clinical practice





AIM OF STUDY

To describe and document changes in activity participation of MHCUs at Tintswalo Hospital through ROM.

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RESEARCH CONTEXT



- ❖ Tintswalo hospital(Mpumalanga province).
- ❖ District hospital with bed capacity of 450 and caters for 16 community clinics.
- ❖ 54 bed unit acute mental health unit (largest in MP).
- ❖ Catering for: acute, chronic and forensic patients.
- ❖ MDT: - Psychiatrist (part-time).
 - General practitioner.
 - Social worker.
 - 2 OT's and 1 comm.serve
 - Psychologist.
 - Nursing staff.





METHODOLOGY

- ❖ Quantitative study : one group pre/post test design.
- ❖ Measurement instrument: Activity Participation Outcome Measure (APOM).
- ❖ 8 domains: process skills, communication and interaction skills, life skills, role performance, balanced life style ,motivation, self-esteem and mood.

Level 1 – Tone			Level 2 - Self-differentiation			Level 3 - Self-presentation		
Therapist-directed	Patient-directed	Transitional	Therapist-directed	Patient-directed	Transitional	Therapist-directed	Patient-directed	Transitional
1	2	3	4	5	6	7	8	9
Level 4 - Passive participation			Level 5 - Imitative participation			Level 6 - Active participation		
Therapist-directed	Patient-directed	Transitional	Therapist-directed	Patient-directed	Transitional	Therapist-directed	Patient-directed	Transitional
10	11	12	13	14	15	16	17	18

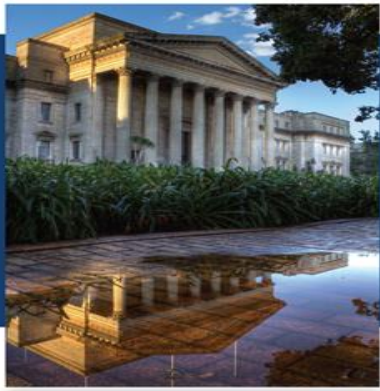




METHODOLOGY

- ❖ Data collected over 6 months.
- ❖ All 8 domains measured.
- ❖ 5 sets of data collected (*Baseline, Interim, Discharge, Follow-up and Final Assessment*).
- ❖ Data analysis:
 - Descriptive analysis was done by calculating the mean APOM score of the total samples for each domain different assessment points.
 - Effect sizes were calculated using Cohen's *d* and Cohen's *r*.





METHODOLOGY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08:00 – 09:00	08:00 – 08:30	08:00 – 09:00	08:00 – 08:30	08:00 – 08:30
Rehab Meeting	Admin	Psychiatry Meeting	OT staff Meeting (rehab)	Rixile Health Education
09:00 – 09:30	09:00- 13:00	09:00 – 10:00	09:00 – 10:00	09:00 – 10:00
OT staff meeting (rehab)	Ward Rounds	Supervision meeting	Screening and green files	Admin
10:00 – 13:00				
Ward Rounds			11:00 – 12:00	11:00 – 12:00
L	U	N	C	H
14:00 – 15:00	14:00 – 16:00	14:00 – 15:00	14:00 – 16:00	14:00 – 15:15
Screening and green files	Active Recreation group.	Activity group/ Stimulation group: Level 1 patients.	Activity Group: Level 2 patients.	Social Skills(unstructured)
15:15 – 16:00		15:15 – 16:00		15:30 – 16:00
Admin		Admin		Exercise group: Physiotherapy and OT staff.



OVERVIEW OF SAMPLE



❖ 64 MHCUs(acute and chronic)

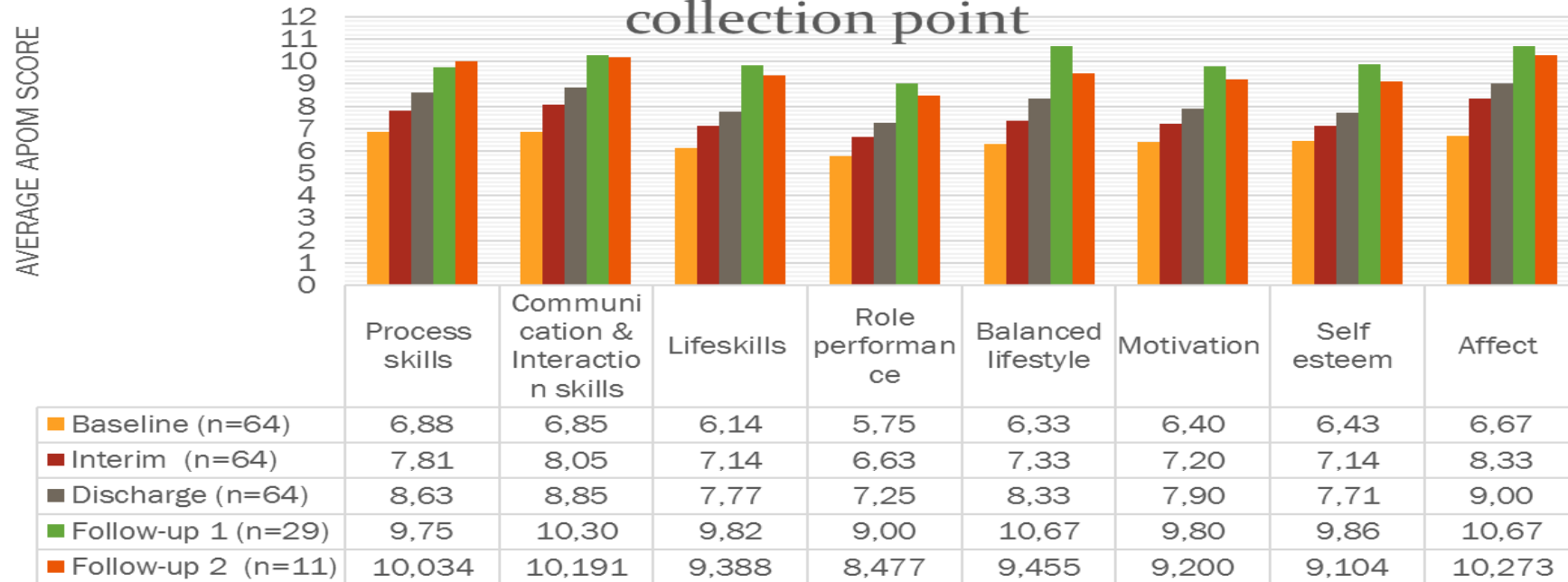
Age in Years	Male (n=48)	%	Female (n=16)	%
<20	2	3.13	1	1.56
20-29	27	42.19	7	10.94
30-39	12	18.75	5	7.81
40-49	6	9.38	2	3.13
50-59	1	1.56	1	1.56
Diagnoses	Male(n=48)	%	Female (n=16)	%
Schizophrenia	19	29.69	4	6.25
Bipolar Mood Disorder	6	9.38	7	10.94
Substance Induced Psychosis	20	31.25	0	0
Other (epilepsy, acute psychosis)	3	4.69	5	7.81





RESULTS

Average APOM score per domain at each data collection point

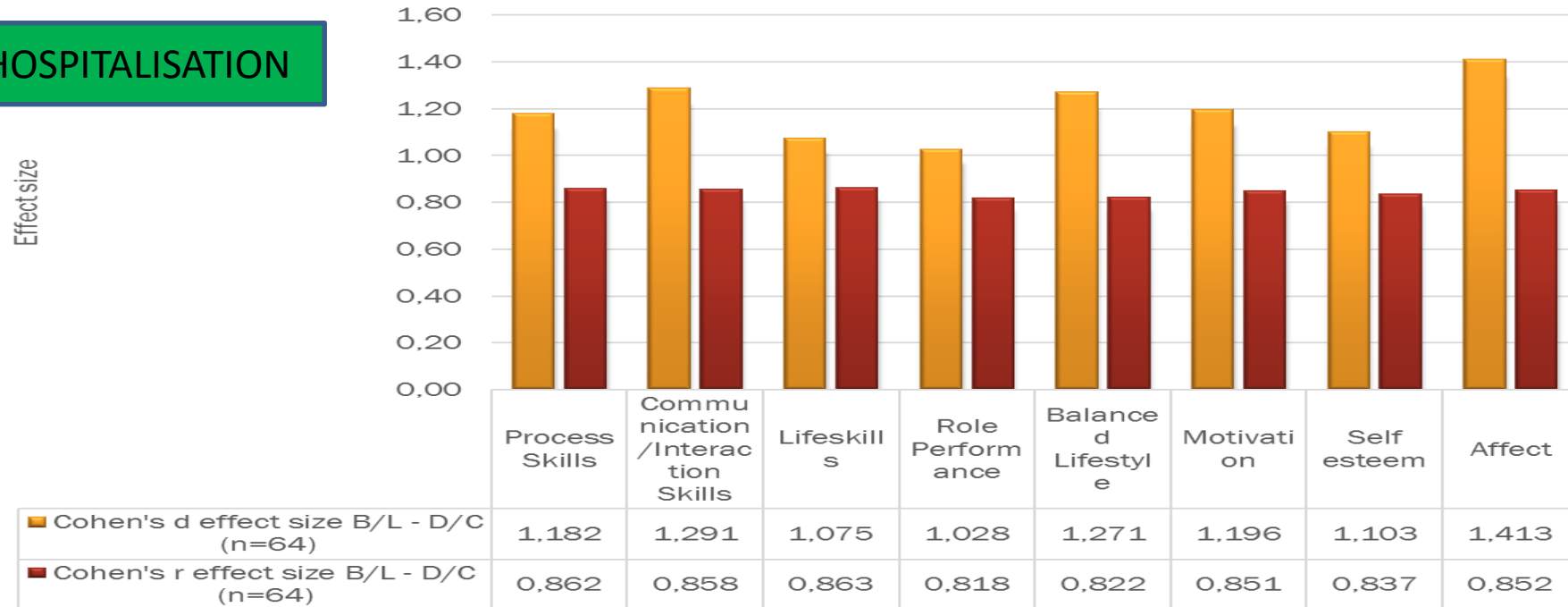




RESULTS

Effect sizes per domain from baseline to discharge
- comparing APOM score, Cohen's d and Cohen's r

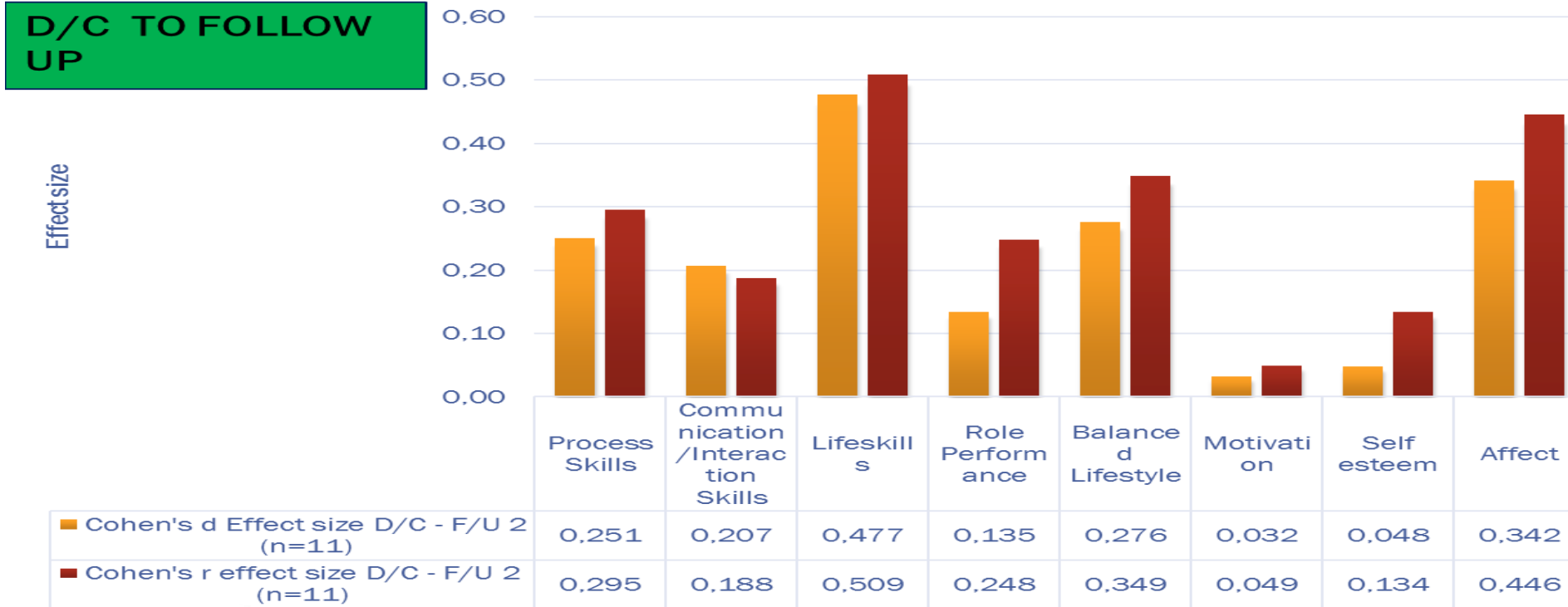
DURING HOSPITALISATION





RESULTS

Effect sizes per domain from discharge to follow-up 2 - comparing APOM score, Cohen's d and Cohen's r

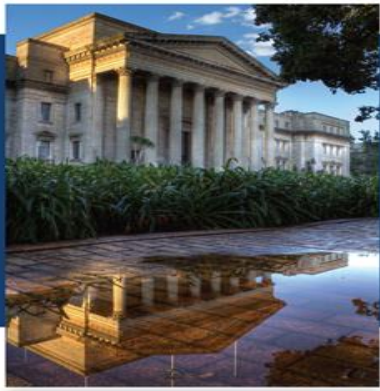




CONCLUSION

- ❖ Improvement noted across all APOM domains from baseline to discharge.
- ❖ Mean scores (APOM) baseline(incidental constructive) and discharge(constructive explorative).
- ❖ Implications for discharge at this level.
- ❖ Deinstitutionalisation.
- ❖ Decline in follow-up stages.





Thank you



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