

TRENDS IN ACTIVITY PARTICIPATION IN A FORENSIC POPULATION OF MENTAL HEALTH CARE USERS IN GAUTENG, SOUTH AFRICA

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Introduction

- Forensic psychiatry is concerned with the intervention of those offenders requiring mental health care (1)
- Mental Health Care Users (MHCUs) with a criminal history are detained in a hospital on commission of an offence (2)
 - Difficulties of a social and psychological nature compromise daily occupation

Introduction

- Importance of occupational therapy interventions with offenders in forensic psychiatric units (1)
 - Permits non threatening, task centred environment
 - Provides insight into pathology, reasoning, personality traits, indicative of a particular diagnosis
- Occupational therapists should constantly review/ improve legal knowledge regarding (3):
 - Mental Health Care
 - Criminal Procedure Act

Introduction

- Lengthy admission of forensic MHCUs results in institutionalisation (4)
 - Challenge for meaningful occupation & well being
 - Limitations of institution reduce opportunities causing occupational problems
 - Risk factors are obstacles to purposeful participation: Occupational deprivation, imbalance, alienation
- Unique contribution of occupational therapist (1)
 - Incorporation of context and daily activity
- Conclusion: No reports on change in forensic psychiatry in South Africa to date
 - Inadequate evidence of outcome measurement



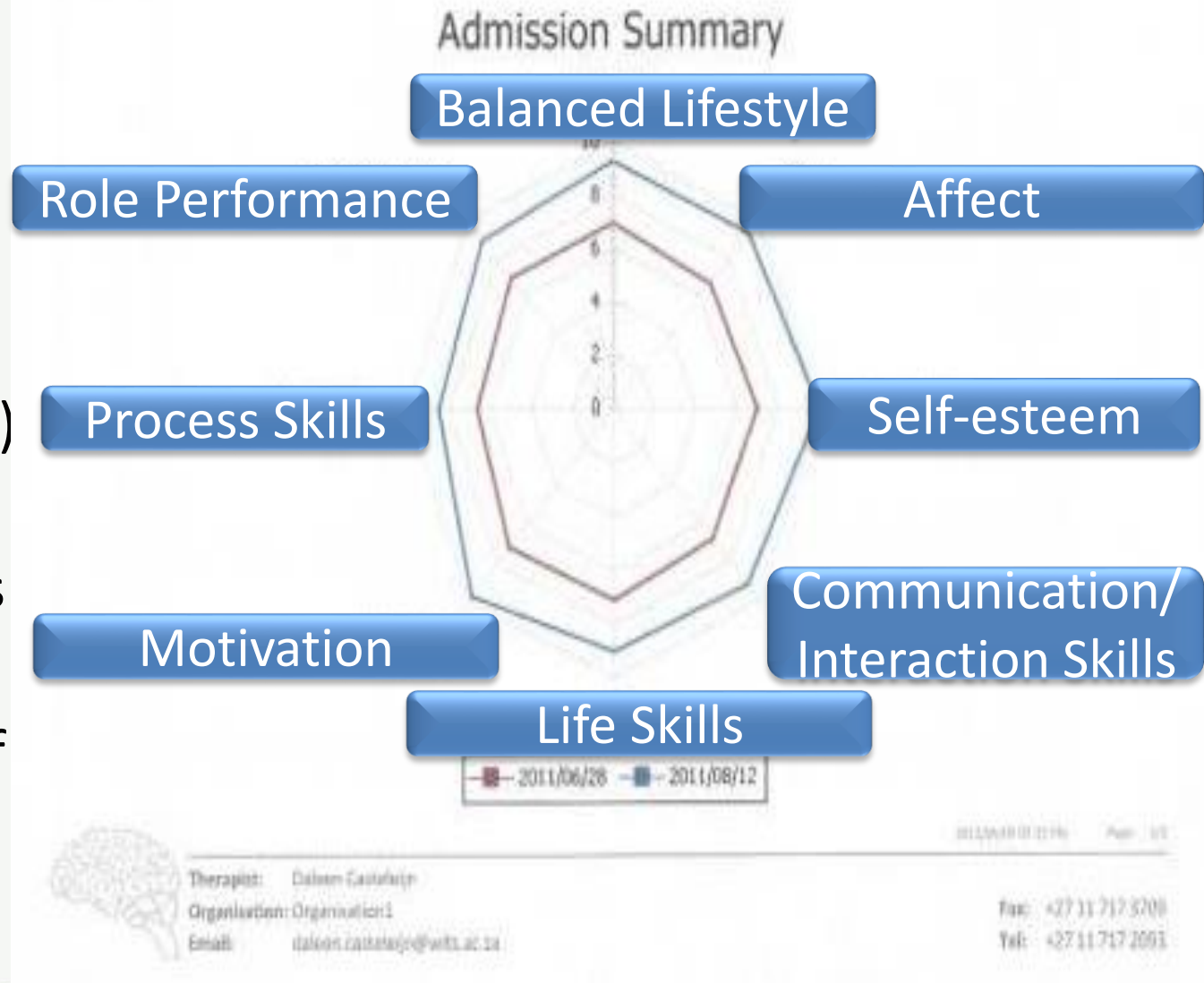
Introduction

- Limited research in providing evidence base for occupational therapy in mental health (5)
 - Difficulty proving the value of assessing and facilitating participation in activities as intervention
- Measures required to track change routinely
 - Substantiate outcomes of intervention
- Various measures were considered

**Activity Participation Outcome Measure
(APOM) chosen as appropriate tool**

APOM

- Developed in South Africa by Casteleijn (6)
- Validated in psychiatric hospitals and clinics in Gauteng (6)
- Introduced as a valuable outcome measure in occupational therapy (6)
- Used to determine changes in the participation in activities of persons with mental illness (7)
- Based on the Vona du Toit Model of Creative Ability (VdTMoCA) (6)
- VdTMoCA is a theory familiar to occupational therapists (5)



Research Question

Is the APOM an appropriate tool to use as a routine outcome measure in a psychiatric forensic setting to track change and describe trends in activity participation?

Objective:

Research Aim 1:

To establish selected psychometric properties of the APOM with a forensic population

Determining the intra- and inter-rater reliability of the APOM administration among the occupational therapists working in the forensic units at Sterkfontein Psychiatric Hospital.

Objective:

Establishing the internal consistency of the APOM when used with MHCUs in a forensic psychiatric setting.

Objective:

Investigating the content validity of the APOM through expert clinical judgement to identify which of the items are considered most relevant in a forensic setting.

Research Aim 2:

To describe the trends in activity participation in a forensic population

Determining if effect size (specific change) and trends in activity participation can be captured by the APOM that will assist in the decision for appropriate intervention for MHCUs in a forensic psychiatric setting.

Describing patterns of change (over 5 months) in each domain of the APOM across different diagnoses, age groups, and wards.

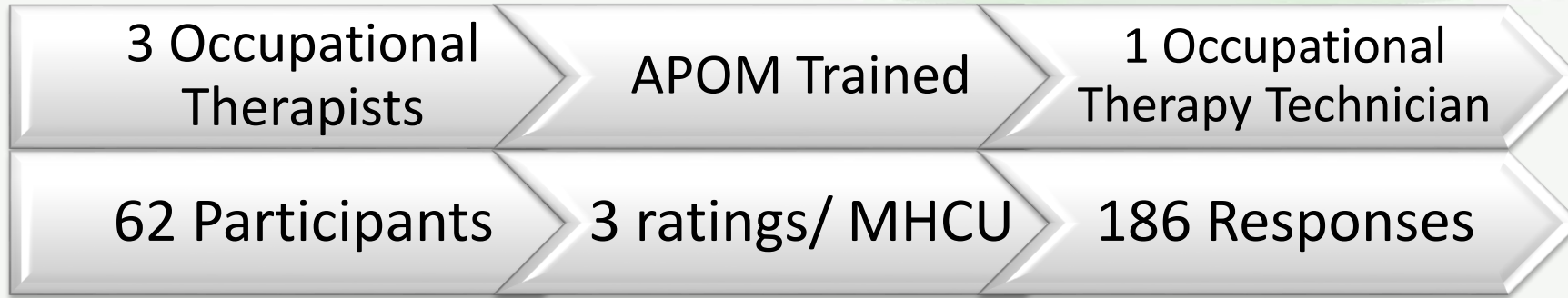
Presentation focus



The Research Setting

- Psychiatric Hospital
- Caters for forensic cases
- Johannesburg, Gauteng region
- Bed occupancy of 489
 - 250 beds allocated to forensic section
- Primarily a medium-secure setting
 - Ground parole vs occupational therapy parole with or without and escort granted by MDT

Research Methodology



Inclusion Criteria

- Female and male MHCUs
- 18 years or older
- Admission to forensic division
- Psychiatric illness (DSM-IV-TR)
- Referred to and part of occupational therapy programme

Exclusion Criteria

- MHCUs eligible for extended leave of absence in 2013/ 2014

Results: Demographics

Gender

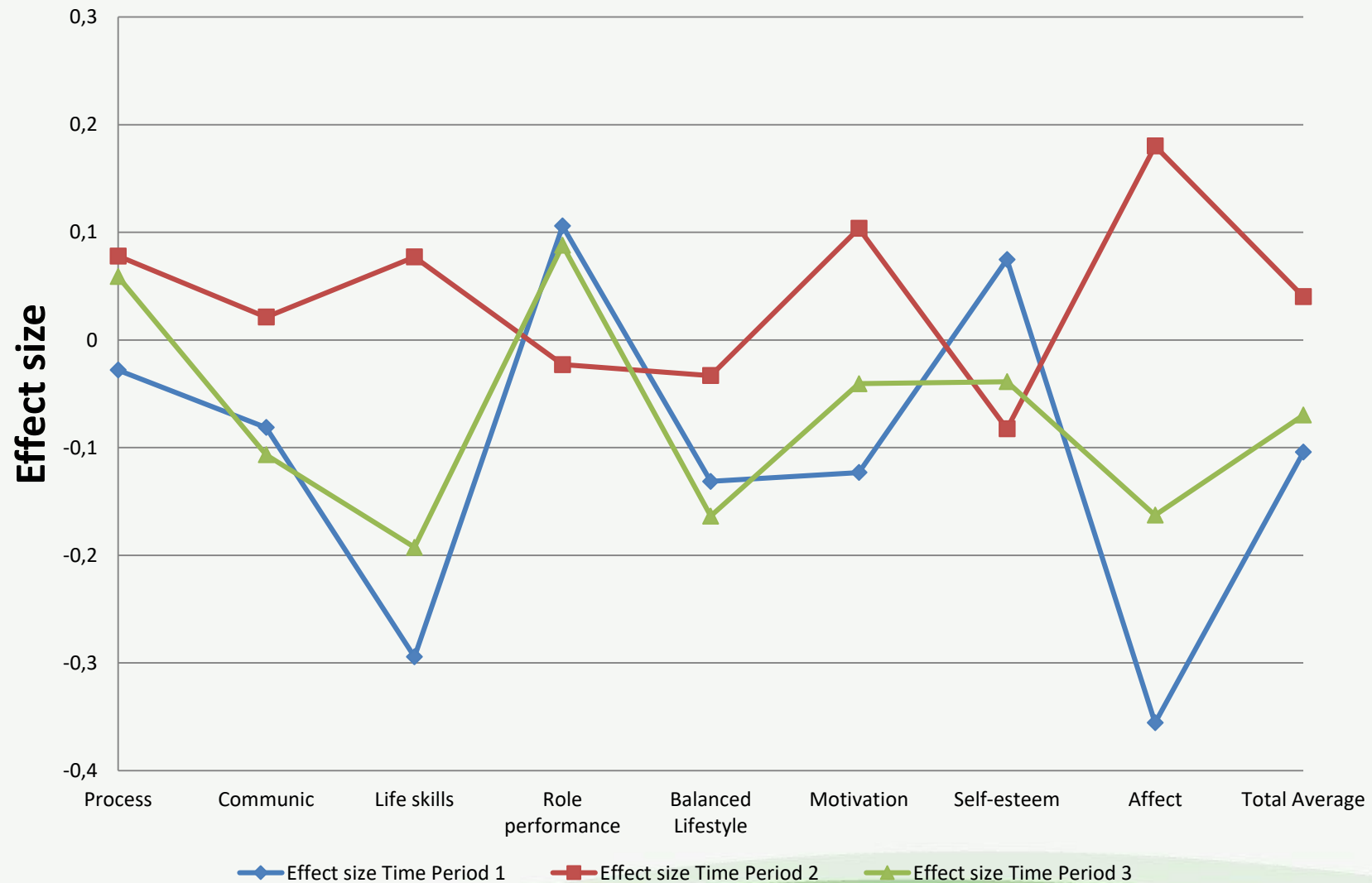
Age in years

Diagnoses

Length of
Admission in years

	n	%
Male	60	96.774
Female	2	3.226
<20	3	4.839
20-29	10	16.129
30-39	32	51.613
40-49	10	16.129
50-59	5	8.065
60-69	2	3.226
Schizophrenia	41	66.129
Intellectual Impairment	11	17.742
Epilepsy	7	11.290
Bipolar Mood Disorder	3	4.839
< 1	3	4.839
1-5	28	45.161
6-10	18	29.032
11-15	11	17.742
16-20	2	3.226

Results: Effect Size and Trends

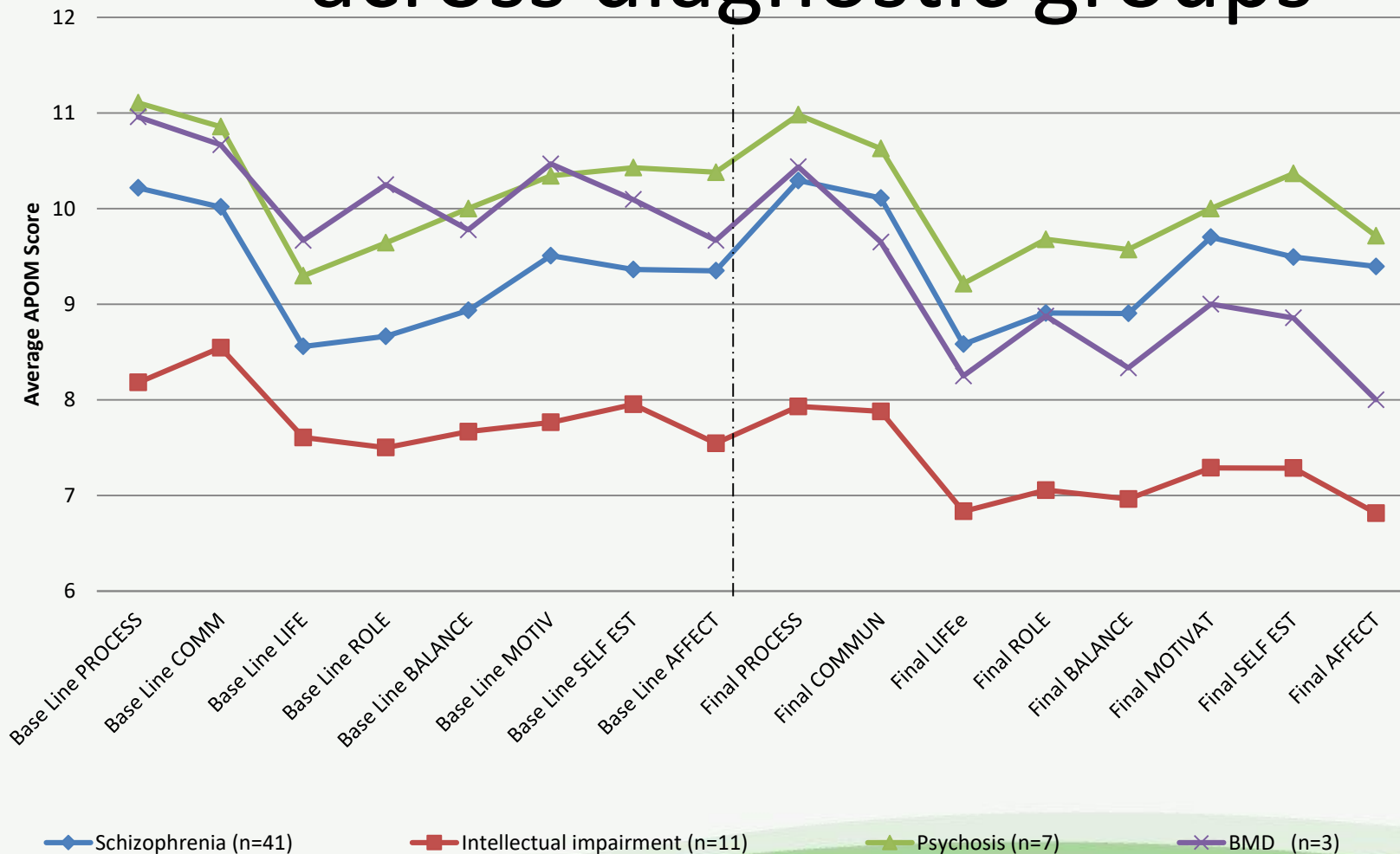


Negative Change

Positive Change

No overall Change

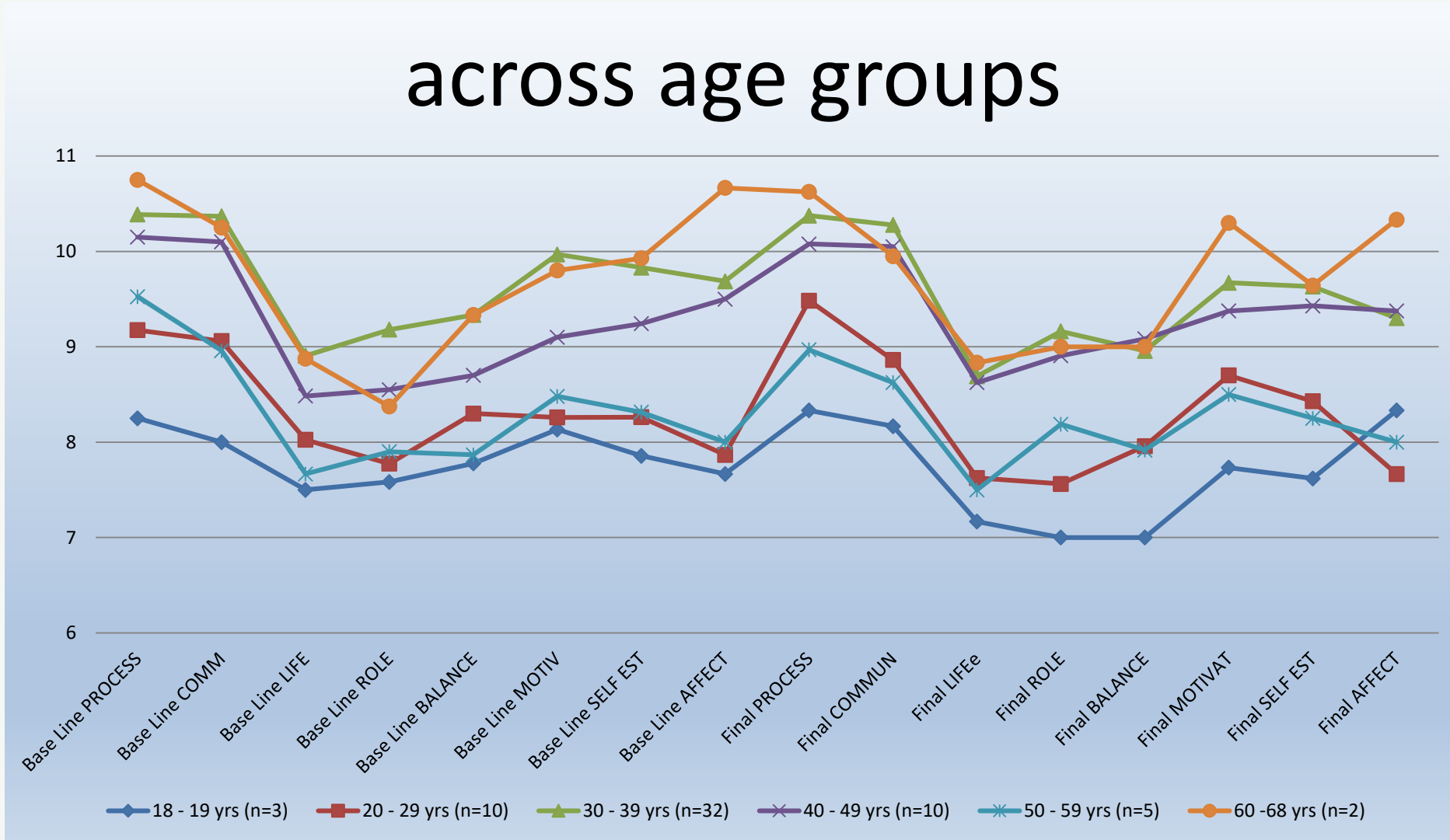
Results: Patterns of Change over 5 months across diagnostic groups



 - Interpret with caution

Results: Patterns of Change over 5 months

across age groups



Discussion

- Research specified functional level of forensic MHCUs that was not reported to date
 - ✓ *Very valuable clinical implications*
- *Review of treatment programmes*
- *Example: Involvement in work related projects*

Less Supervision & More Responsibility

Recommendation

- Extensive assessment of forensic MHCUs every six months

Conclusion

- Concern: Lack of occupational therapy literature in forensic psychiatry
- Contribute to evidence based practice
- APOM is relevant in forensic psychiatry
- Functional level of MHCUs established
- Useful insights gained through tracking change



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