

Work Experience in the United Kingdom

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by

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My four week visit to London consisted of a work experience in specialised units catering for psycho-geriatric clients. This experience helped not only to improve my skills in dealing with this client group but also in gaining experience of new therapeutic activities.

Theoretical information was also available both within the team I was working with and through parallel practising professions and organisations. Furthermore, I have been introduced to formal and informal ways of teaching. During my stay I was working on a full time basis with the Hampstead Royal Free Trust.

Services within the
Hampstead Royal Free Trust

On one of my first visits I was introduced to services offered by Occupational Therapists in the Hampstead General Hospital.

This elderly client group is also catered for by a number of services in the community - day centres, day hospitals, home-visits, home-help and meals on wheels, hospital placement and residential care. All work in a closely knit network of internal cross referrals, feedback - verbal and written, and a holistic combined effort. Hence feedback in the form of correspondence and reports is available to all team members including the general practitioners and hospital staff. This approach facilitates assessment and re-evaluation of treatment and/or services being offered in the individual clients.

Work within Nancy Swift Unit

I was attached to this unit for most of my placement. Situated on the level which specialises in geriatric care of a general hospital, this is a twelve-bedded mixed ward catering for those elderly clients with mental health problems. Acute relapses of both functional and organic conditions are admitted usually by referral from the general practitioner. An assessment home visit is then carried out either by the consultant of the senior registrar on the ward. Occasionally, self admission by the clients themselves take place. Yet these are rare since most clients come to the team's attention before extreme emergencies arise.

Individualised care is the main approach on this ward. The clients are encouraged to be independent in their own way and time. Although rules exist - self hygiene, meal times and conditions on leaving the ward, all pa-

tients are free to join any other session being done and to use any part of the unit at any time of the day. It works on an open-door system and when there is a sectioned client who wishes to leave but can be harmful, more individualised care and attention is offered to that particular client.

Occupational Therapy Intervention:-

Apart from being responsible for individual and group activities with the clients, the Occupational Therapist is an active member of the multidisciplinary team, hence attending feedback sessions both on a daily routine and at the weekly ward-round.

Individual Sessions:-

Rehabilitation in personal ADL's and helping in resolving personal problems takes place on an individual basis to safe-guard the person's integrity and to be able to properly assess the client's function when they are on their own. Feedback to the team is given in order to assist the holistic approach provided.

Group activities:-

Focusing on the present functional level of clients and aiming at enhancing better emotional and psychological functions, groups are held daily by the Occupational Therapist. All clients are encouraged to participate but attendance is at their discretion. They are operated on an open-group system in which other staff could attend and later follow up the clients with their individual needs.

Newspaper groups are held daily, at times informally by the clients. These include discussions on the news where clients are able to air their views on the subjects.

In creative and projective art sessions a wide variety of material available is used. The end product improves the sense of worth both to the individual clients and to the group as a whole. For some, art proves to be a way of relaxation and a means of reviving past interests.

Leisure, enjoyment and better physical fitness are the goals of another set of group activities. Such groups proved to be an effective way to enhance and motivate thought processes and cognition. Another important process for elderly persons, more so for those with mental

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health problems, is reminiscence. The O.T. plays an important role to facilitate such process using variable media including photographs, side features, books and music from past gone years. Group intervention in this aspect provided better understanding of the client's lifestyle and hence future resettlement.

Friday morning called for a formal group where clients provided constructive feedback on the past week spent on the ward. Minutes are taken and are later discussed with other team members who work together at meeting with the clients' wishes.

Once a week the Occupational Therapist conducts a closed group for the clients. Topics such as hospital stays, treatment, follow-up in the community and medication are dealt with. Airing personal problems clients are helped by the team and other clients.

Home Visits: Here the OT together with the SW assess the housing facilities and the client's function in his/her own environment which often produces a different picture from that on the ward. The social network available and future management criteria are assessed and if needed arranged. This will influence the whole aftercare.

Ward Rounds: Once a week, the Occupational Therapist joins the other team members for a ward round. All clients are discussed with the team, listing the interventions and contacts that took place in the previous week. Hence the team is then able to form a joint decision on the immediate and more long term management of the clients, keeping in mind their personal needs and wishes. A list is then formulated to guide each professional on the following week's programme. Therefore all members will be able to assist the clients according to the team's directions.

Handover: As indicated above, feedback sessions amongst team members is a rule in the smooth running of the unit. Being the only profession represented twenty-four hours, seven days a week, the nurses are the pivot of all feedback. All other team members give feedback to nurses throughout the day. Feedback sessions for nurses are open to other staff. This minimises the risk of repeated efforts, misinterpretation of data or distorted images of the treatment plan and proves to be invaluable for ongoing re-evaluation of client's condition, treatment and services being offered.

Sessions with other team members

An exercise therapist holds a weekly group. Equipped with music, balls and exercise bands the session aims at improving physical fitness and motivation.

Attachment visits to other services within the Trust

Queen Mary's Day Hospital.

This day hospital catering for elderly persons suffering from functional illnesses is similar to an active day for an elderly person. The hospital is run by two nurses, a consultant, a senior registrar and one part-time occupational therapist. A psychologist and an art therapist provide weekly input. It runs on a five-day week basis with an average of twelve clients visiting each day.

During my one day visit I participated in the day's activities namely two groups, individual attention to clients and verbal feedback sessions for staff after each group. The morning consisted of a music-exercise group and later relaxation sessions. After individual sessions and lunch, the afternoon session was a social gathering of the clients. Social skills and relationships were the emphasis of the latter group. Both sessions were carried out by the occupational therapist with the nurses acting as co-leaders.

With this day hospital, many of these clients are able to continue living in their own home independently. Signs of relapse are indicated early enough to be dealt with usually without need of hospitalisation.

Queen Mary's Hospital

This is a geriatric hospital specialising in slow long-term rehabilitation. It houses two eighteen-bedded wards: one catering for functional illness and the other for organic causes mainly dementia. Most of those in the latter long-stay patients who will remain on the ward. Clients are encouraged to take their own furniture and to arrange their own room themselves. Hence the environment of the ward is very homely with staff working at ease around the individual's needs.

Social, board-games, outings, music, art and physical exercises are amongst the daily activities organised by hospital helpers although attendance is left at the client's own will.

The Hoo

Situated in a housing area this old house has lately been converted into a residential home for twenty four elderly persons suffering from moderate to severe dementia. A day hospital service treating about fifteen persons daily is also provided. The whole service is run by nurses in conjunction with two visiting activity organisers who carry out therapeutic sessions: music, art, reminiscence, outings, social self-care and cosmetic activities are common.

Visit to the British Association of Occupational Therapists.

A visit to the BAOT was fruitful in gaining access to latest publications regarding the Occupational Therapists role in particular.

Ongoing Education

In conjunction with regular staff meetings, supervision, individual ongoing education through publications and a wide variety of local courses available, the occupational therapist practising in the psychiatric field keeps abreast with recent developments through weekly sessions. Thus various topics and techniques are investigated and practised amongst therapists not only to learn the techniques but also to polish known information and to personally experience the media used.

Evaluation and Recommendations

As previously indicated, the visit was highly beneficial to myself as a practising Occupational Therapist and to my future services.

The first impression I got was that all services offered are very individualised. This is due to the fact that the staff - patient ratio is highly adequate. The priority of all staff is to get to know the patients as an individual and later to plan treatment programmes according to their specific needs. All patients are attached to a key worker who follows them more closely. Patients are treated with respect, listened to and helped to adapt to their environment. Hence it is obvious that with a good staff-ratio, and a manageable case load our results will be more reassuring.

Individualised care is promoted by the homely environment present in all units. Each place caters for a limited number of clients with rooms which make clients feel at home and staff feel at ease during the work. Rules are kept to a minimum with clients adhering to their previous life-style as much as possible. Mixed gender wards provide a more familiar situation where different life experiences offer a holistic view to life in general.

An important factor in the smooth running of the services is the specific designation of each service provided. This enables staff to be more specialised in dealing with the client group and the clients in a better position to understand each other and hence to integrate. Efficiency and effectiveness is the result of this approach. In my professional opinion, although this might mean a lot of space and human resources for a small number of clients, it would be highly beneficial to all, particularly to better our service and to add quality rather than quantity to life.

All staff working with this client group possess a high theoretical background and hence

are well equipped to treat the clients and to work within a professional team.

The psychiatrists have a good rapport with general practitioners and their intervention starts before admission which is usually a last resort. Care of elderly within the community is supported by close monitoring of the private doctor and social services. Such a practice is definitely the most individualised service offered and it lifts pressure from hospital beds.

The Occupational Therapy service provided is very similar to that provided locally except that individualised care is more pronounced. Also, there is a better availability of training, most of them continually attend courses to better their service. Having a good number of practising Occupational Therapists, one feels less isolated and feels less the lack of support and proper supervision from more senior staff. Being a still young and developing profession locally, it is easy to feel inexperienced due to lack of observing other staff working in the same field. To further minimise these feelings, Occupational Therapists meet on regular basis for meetings and ongoing education sessions.

Locally most of the Occupational Therapy activities are limited in their effectiveness for the sole reason that space, equipment and materials are lacking. In my visit, I noticed that a variety of media is a must to enhance the full aim of the session. Having a variety of material to work with will cater for a wider number of clients, be more effective and will save time.

Envisaging an increasing ageing population, one must look forward at all possible ways to decrease pressure of hospital and residential services. A community network will assist this problem together with a higher number of qualified staff. The community will always benefit from any services that elderly persons are able to provide, hence the community should care for these persons.

As a last point, one should mention that the service will benefit if more staff will have similar experiences. Therefore more contacts ought to be made with the same or other organisations. Staff exchange is another possibility which was indicated during my experience.

Conclusion

After a four week period of working within a specialised team for elderly persons with mental health problems, I now return to continue my work in a heterogeneous group of elderly clients. Although the set-up is different, the experience was helpful in encouraging me in my future plans - specific sessions for a selection of persons. Though I will continue to work with a heterogeneous group, I will try to be more individually based with homogeneous groups within the service.