



Model of Human Occupation

Archived List Serv Discussion

Adult Acute Mental Health

February 16, 2009

Hello, I work in acute mental health for adults aged between 18-65yrs. I'm interested to find out what assessment tools others who work in the same area are using? We use non-standardised assessments that are loosely based on MOHO and at times it is difficult to use these in practice and see the help that they would be to a service user. Any suggestions/feedback would be greatly appreciated!

Regards,

Liz

February 16, 2009

Hi Liz,

My suggestion would be to look at what MOHO provides us with which, basically, is a reflection of where the imbalances are within the four subsystems of the individual. For example, when referring the theory into practice via the assessment tools you could successfully look at the MOHOST or the OCAIRS/OPH-1-2 as they are both "screening tools", the former from a more observational base and the second for those who would be able to offer information via dialogue and this could be used with the OSA. For further assessments you may find from this overview assessment that their motivation required further assessment so the Remotivation Process alongside the VQ may be of benefit to further consider what aspects of OT interventions were required. You may consider their habituation issues of further consideration so the role checklist or interest checklist would be of help to you. With regard to performance capacity, ACIS covers the communication and interactions skills with AMPS within the motor and process skills and so on.

My experience in facilitating training about MOHO with OT's is that this foundation knowledge is the first step to understanding what assessment tools are required; there are so many and of such value to the therapist to guide us in understanding where the "imbalances" of the individual and their families may lie, identifying the pathway to what we can do as OT's to support these individuals. Finding those assessment tools that suit you as a therapist aligned with your service is a good way forward.

Wishing you best wishes,

Lisa

February 16, 2009

Hi,

I'm working in an acute mental health unit for adults in Sydney, Australia. At the moment I'm using:

- * Assessment of Occupational Functioning-Collaborative Version as a screening tool for client possibly requiring individual intervention;
- * MOHOST as a task analysis tool/screen;
- *OCAIRS with chronic/longer stay clients as an occupational narrative-type tool;
- *Volitional Questionnaire for clients with communication difficulties; and
- *OPHI-2 as a narrative/relapse prevention tool.

Cheers,

Moses

February 17, 2009

Hi Liz,

I also work in acute mental health for adults 18-65.

We find that the MOHOST is a good tool as it is observational so doesn't involve the client in a lengthy interview process that they may be unable to tolerate at this stage in their illness. It also enables you to gather the information from a variety of the non-standardised assessments and draw it all together to get a comprehensive picture of the client. I am currently trying to use it with all my clients at the start of OT intervention and am aiming to use it at the point of discharge hopefully to see any progress the clients have made. Its early days but I have already noticed that the terminology I'm using in reports is clearer and I have started to structure my reports around the areas of the MOHOST. I'm also finding it easier to pinpoint the need areas for intervention with a client.

Where clients have a little insight and we have developed a rapport we find the OSA a good tool as it is more client centred and is a good way to get into goal setting with clients. I have occasionally used the OCAIRS when I have felt the client would benefit and the ACIS if I have identified a specific problem with communication skills,

Hope this is useful, I too would be interested to know what tools others in this field are using and finding useful,

Lisa

February 17, 2009

Liz,

We have a 41 bed acute care adult psych unit in Chicago. Three years ago we sued the OCAIRS for our initial evaluation and loved it, as did the MDs as the info was very helpful....however we began getting 90+ admissions/mo vs the usual 35 admissions/mo so we had to develop another plan. We attempted the MOHOST and found it also to lengthy as our assessment needs to be completed in 72 hours after admission. We went through a period of looking at the various areas assessed and have settled on 6 that we now use, so it is an adapted version (much abbreviated) of the MOHOST. This has been working well for us. It gives some information not gathered by other disciplines as well as being a more manageable length. After the assessment we see pts in groups daily so there are lots of chances to continue the assessment process. We then use a grid type format to write those notes which continues the process.

I would recommend you look at the MOHOST (info on MOHO clearinghouse site) and pilot the tool to see if it meets your needs in its entirety. Then if you have similar issues of manpower as we do, you might try abbreviating it however I would not do that until you are familiar using the tool as published.

Sarah