



## Model of Human Occupation

### Archived List Serv Discussion

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#### **Identifying and Responding to Individual Needs in an Acute Psychiatric Unit**

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**May 10, 2009**

Hi,

I'm working in an acute psychiatric admissions unit as a sole therapist, the unit I work in was without an OT for two years prior to me starting six months ago. Since I've started here there has been an expectation that the majority of my time be allocated to group work, however, I have recently had an activities nurse (a psych nurse allocated to assist with the group program) start and I will soon have significantly more time to do individual work. I have not done much individual work with clients in this kind of setting for close to a year, with the exception of functional assessments, and I'm feeling very de-skilled in this area. I almost feel as though that I'm slowly forgetting how to be an OT as I focused solely on group interventions for so long.

The unit I work in has an average length of stay of approximately two weeks and I'm feeling as though I'm not even sure how to begin identifying individual client's occupational performance issues. I'm currently using the MOHOST as a screening tool.

Any advice on establishing more of a presence in terms of individual work with clients would be greatly appreciated.

Thanks,

Moses

**May 12, 2009**

Hi Moses,

For a long time, I concentrated on groupwork and neglected 1:1 interventions, so your situation is familiar to me. MOHO provided me with the tools to improve my practise and I started off by using the OCAIRS to really get to know the service users. Treatment planning came naturally after that and the referrals increased as I was offering something valued. I also had something to evidence my work - even if the service user was discharged shortly thereafter. On the downside, the OCAIRS took up a chunk of time, but I got quicker as I memorised the recommended questions. Also, I introduced the priority checklist in order to screen referrals before offering the OCAIRS, and I learned that the interview took less time if I was more informal - "walking and talking" while introducing the service users to the facility or making a drink together, - rather than conducting a formal sit-down interview.

Good luck, and I hope that you'll enjoy the change in focus as much as I did.

Sue Parkinson

**May 13, 2009**

Hiya Moses

I really feel for you as I was working in exactly the same situation, as lone OT on an acute mental-health ward, until recently. On a lot of wards, it seems it is felt that the groups are the OT's role. I would say that the assessments I found most helpful when I did have time for individual work were the interest checklist, the OCAIRS and, as you are, the MOHOST.

Interest checklist I would try to get done at first available opportunity. Many clients did not need me to sit with them to complete this. The results could be used to support clients in their hobbies and activities which could be supported on the ward, e.g. knitting, other crafts, films, walking, running etc which could be continued on the ward using our resources and reduced boredom between the groups.

The Ocairs gives you an idea of the client's own perspective on their functional difficulties, but also more broadly at their aims and goals and how motivated towards these they are. It often highlights a clear need for OT intervention, such as a lack of established roles and routines in the community, poor occupational balance, lack of insight into abilities or social isolation. I found the interview format very suitable for higher functioning acute clients, particularly as they recovered further. I did not use the rating scale, but rather wrote up in long hand the answers the clients gave. This then formed part of any OT reports I used. The Ocairs does not appear to feel problem focussed to the clients, and on occasion people said to me they felt the interview was enjoyable and more motivating than other problem-focussed types of 1:1s. I did not use the rating scale attached to the OCAIRS as I could not see a demand for the data from the other staff.

The MOHOST on the other hand was something I would use to observe and assess client's occupational function after viewing them in a practical activity, such as the art and craft group or an individual cooking session. The MOHOST gave me a tool for clear description of areas of strength and areas of limitation e.g. client is able to identify interest and goals (motivation for occupation) but has limitations in their ability to plan and execute activity (process skills). This gave me a good way to describe the client's range of abilities in the ward rounds/clinical reviews. Sometimes I would use the MOHOST but not the OCAIRS with clients that were more unwell.

Using these established tools and the language surrounding them gave me more confidence in my OT role when working in a very medical model based MDT. Some other staff did pick up on the language, particularly process skills and motivation. The

people who were most interested in the results of the OT reports were always the community staff and care coordinators, and they began to ask for OT reports more after I had completed a few of these. I would usually not have chance to complete interventions before discharge, but would aim to establish more social support and stress relieving routine for clients after discharge. I also aimed to increase engagement with community resources such as MIND, leisure resources and CMHT teams, firstly going out from the ward and then planned for after discharge.

Good luck with it!

Vicki Aiken

**May 18, 2009**

We use the MOHOST but we have, over a 3 year period, decreased it down to 6 areas we feel other professionals are not also assessing (or we look at in a different way/collect info differently) that we can assess in a pt's first 3 days as that's the standard time frame for the initial assessment. I too love the OCAIRS which we used to use when we had more time. I would also prefer to use the whole MOHOST but that was not realistic for us. We also use the Interest Checklist when indicated and do a ton of groups. We have 2 levels of groups as our population is so diverse. We are fortunate to have 2 therapists on the 41 bed adult unit and 1 for our adolescent unit.

Sarah

**May 21, 2009**

Hi Sarah and Moses,

I also work in an acute admissions ward and use the MOHOST , OCAIRS and Interest checklist regularly. I find the MOHOST particularly helpful for evaluating individual performance in therapeutic groups and communicating results to the MDT. However, I do find it can be difficult to complete at times in this context when under time constraints. I wonder Sarah could you share more information on how you have adapted/used the MOHOST in your setting as it sounds practical and interesting.

Thanks, Michelle Fitzpatrick