



Model of Human Occupation

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Mental Health Diagnosis and MOHO Assessment Scores

March 31, 2009

Hi

I work for a large mental health trust in England where we have adopted MOHO as a model of practice and am interested to find out if anyone has done any research looking at possible links between the areas of need identified using MOHO and diagnosis.

We are currently involved in a project looking at a possible model for 'payment by result' – a method by which commissioner will pay for packages of care. We have done a lot of work defining what a package of care might include for a range of mental health conditions and have included occupational needs in this, however at the moment I have only sketched out what those needs might be, e.g. ADL, leisure, participation, coping skills, employment. I am thinking about adding more detail regarding what occupational therapy interventions might be included and would like to try and define these in terms of MOHO.

Has anybody done any research looking at patterns between a person's mental health diagnosis and identified needs using a MOHO assessment tool (probably MOHOST?). For example I might expect to see a person with a psychotic illness scoring lower (have more difficulty) on interests, choices, routine, adaptability and social groups. Whereas I would perhaps expect a person suffering from depression to score lower on appraisal and expectation of success.

I know it could be argued that looking at things in this way is wrong and we should be assessing and providing interventions based on individual need and I agree. However, in a changing world where we have to be able to explain and justify what we are doing and be able to provide outcomes in order to ensure our services are commissioned in future would this be a way of defining - at least in broad terms what sort of OT treatment interventions might be offered for someone with a particular diagnosis and why, using a language of occupational performance?

Mike Garnham

April 2, 2009

I have a feeling that once this can of worms has been opened it will lead directly to regulation and conformity i.e. set times for treatments, standardised care plans,

eliminating the creativity and adaptability which shurely is at the heart of Occupational therapy in mental health services.

Neil Ford. Clinical specialist OT.

April 3, 2009

Hi Mike

Our mental health trust has put together care pathways relating to specific conditions with a view to care being commissioned via care pathway in future. These pathways include occupational issues and identify when OT input may be required. We use MOHO as our primary practice model, so they also refer to some specific assessments such as MOHOST.

Our clinical development group defined what assessments, interventions, and potential outcomes (to client, team and organisation) may relate to OT input on each care pathway. We did these 12 months ago and will be revisiting them soon to update. We'd be happy to share information.

Regards

Andy