



University of Essex

“You know people can get better”

Experiences of occupational therapy in an acute
mental health unit, through the camera lens.

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Further copies of this report are available from the occupational therapy department at Riverside, Hillingdon Hospital

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Foreword

Perhaps some of us see our life in words and numbers. I suspect many more see it as pictures – still and moving. Over my life I have seen our relationship with pictures become closer and closer and more and more direct. I've seen us move from a few chances to produce black and white images with a chemically based camera, through digital, to easy access to creating the most intimate, intense and colourful photographs with smart phones.

Our relationship with photography has changed, but if anything it has become even more important, more routine and more expressive than ever before. That is why this report is so helpful and important. Here doing, being and seeing are all united. The technique used by the report's authors, Photovoice, offers a powerful and accessible way of enabling people to find out about, explore and communicate about things that matter to them.

In this case the subject is mental health service users' lives and what they want to do in them. This report by service user researchers is both a demonstration of the importance of making it possible for people to develop such experiential knowledge, as well as a valuable source of new knowledge in its own right. I hope this pioneering and helpful research initiative will be the harbinger of many more.

Peter Beresford

Professor of Social Policy, Brunel University London and Co-Chair of Shaping Our Lives, the national user led organisation and network

Short summary

This is a report on a research project which took place in Autumn 2014. We aimed to find out more about service users' experiences of occupational therapy on an acute mental health unit. The research built on a previous study which suggested it was important for people to be able to leave the ward and have something to do. For this project, a group of five service users and two facilitators met for ten weekly meetings in the kitchen of the occupational therapy department.

They used a research method called Photovoice, taking photographs which represented their experiences and analysing them. The group agreed on a final set of photographs which are shared here, along with some of the statements they recorded to explain their findings.

The staff approach to supporting them was the most important aspect of occupational therapy, with different areas of the department being valued in many different ways. Being listened to and doing everyday activities helped people, suggesting there is more to acute care than monitoring and managing medication. Having something to do, with a purpose, is key for making progress.

Why this research was done

Our previous research involving service users in focus groups and interviews showed that:

- The occupational therapy department was an important destination for service users at Riverside;
- They wanted to get away from the ward, have something to do and prepare for their discharge, doing activities and occupations.

Elsewhere, research has focused on the ward environment and the recovery approach, with limited relevance for occupational therapy.

The Photovoice method (see below) had been successful in another local setting: service users were able to share their views and influence service development.

So, using the Photovoice method, this research aimed to find out more about the experiences of people who had been to the occupational therapy department.

How this research was done



The Photovoice method involves taking photographs to represent shared experiences, usually aiming to influence how services are developed and improved. A group works together over several meetings, taking photographs and discussing them, aiming to agree on a final set of photos which best represent their views and experiences.

This research aimed to answer the question:

How are specific occupational therapy environments, such as the kitchen, art room, gym and internet café, experienced by service users in an acute mental health unit?

There were 10 weekly group meetings, attended by people who had all been in the acute unit in the previous six months, including people currently on the ward. There were five service users involved and the group was led by a research occupational therapist and a service user researcher. They worked together, taking photographs (action) and discussing them (reflection). This way of working together, using action and reflection, is called participatory action research.

The group worked in the kitchen of the occupational therapy department, exploring other areas as required. Three cameras and a portable printer were used: photographs were only taken when the group were working together in the meetings.

When the final set of photos was agreed, explanations of the photographs were recorded by group members. These explanations are shared here, along with the photographs. The different areas of the occupational therapy department are presented as if to a visitor, but first there is a focus on the staff.

What we found out

Although the focus was on experience of specific rooms, everyone thought the staff approach was really valuable in helping them use the facilities when they were on the ward. Being in the occupational therapy department was about being in a more normal place, having conversations and being assessed in a different way.

Friendly and helpful staff : you know who they are



The gym

The gym is the first room on the corridor leading to the therapy department. It has a range of equipment. Everyone had tried the gym.



“let loose on the punch bag, they were having fun”

“I would skip for about 20 minutes and then I'd spend time with the punch bag and it wasn't out of aggression, even though it was a good way to release frustration. It was more controlled power kind of thing and I enjoyed it a lot.”

“The running machine gave me a bit of purpose in life and it made me healthy.”

“It's very hard. I tried using the cross trainer but I just couldn't. I couldn't get to grips with it cos I keep falling off!”

“We might go to the garden centre [for a walk] and it was really good but unfortunately they don't seem to do it [now]”

“See the time we spent in the gym, yeah? We burn up a lot of calories [and got] advice: what to eat, what not to eat, and cut down on the sugar. Because I live on sandwiches. I just don't have any motivation to cook anything and when I do, I don't enjoy it. So it's a good reminder that you should eat properly.”

The internet café

The internet can be accessed in one room round the corner from the gym and the café in another room, further along the corridor. Volunteers come in once a week, along with a PAT dog, Danni.

“The internet cafe was very, very, important to express yourself and share with others.”

“You've got volunteers and they're all keen for a chat. They make the internet cafe a very special place. They make you very welcome, just someone making you a cup of tea, saying how are you? A very nice experience.”

“When I've met people [volunteers] outside, ... they have a really clear understanding [of confidentiality] which is really reassuring.”

“While I was in the ward here, I was writing a book which I wanted to put into my laptop. So it was nice to just pop in the cafe and write up. It was nice and quiet.”



Relaxing in the internet café

A listening ear is important



“They can use the headphones as well and not disturb anyone else while they're listening to music.”

“We'd sit down and listen to it and she'd [OT student] recommend songs for me to listen to and you'd build up that kind of friendship and that is the best social life.”

“She'd let me come down here to sit in the internet room in silence or just listen to music and I thought that was really helpful.”

“I think it would be useful to have it relayed to the ward manager to say, look, you know the PCs that are up there? There's too many restrictions and one computer: a place where rows would break out.”

“If you get tired of talking you can always just leave and go to the internet room and there's access to whatever website you want.”



The garden

The garden can be seen from the ward upstairs and is maintained mostly by the gardening group, which meets once a week.

“It's good for mental health: relax and imagination and results and a sense of progress.”

“After two or four days here the flowers started to die. You just have to cut that flower off, then the new one comes along.”

“It enables you to reach a goal. It's like having a menu but just a bare bit of paper and you've got to make up the menu. It's just like that really. You start off with nothing and then you can see nice flowers.”

The bench

In the garden there is a wooden bench.

“For reducing stress and a beautiful place to sit down, watching the world go by and chilling out.”

“You can just sit out there, especially when the weather's nice. Shame you couldn't smoke: you know that would have been ideal, have a cigarette [and] watch the world go by.”

“Trying to consolidate the voices you know, sometimes 90% or 80% of the time it was good for me. 20% of the time the voices took over and I'd go back to my room and just go to sleep.”

“You're sitting down and some OT staff come up to you and start talking in a friendly manner. It's nice to have someone to talk to over there, after being on the ward.”



The garden bench

The stone bench and chairs

There is a stone bench and chairs in the garden, where the gardening group work together.



Stone bench in the garden.

“When I first saw it, I thought wow this is pretty interesting. Somebody carved it out of stone and it's perfect for what we use it for, which is potting and displaying different flowers. I remember sitting there when I was potting the sunflower seeds the first time and it was good to see after a course of time how much they grow.”

“Everyone would sit there together and we'd talk and we'd have drinks and stuff. It was like almost like a family kind of way to me, having a laugh, having a bit of conversation when you're down, with what else goes on.”

“You know people get better.”

The kitchen

The kitchen is big enough for a group of people to work together, with two cookers and a table in the middle.

“It was important that there was OT staff around.”

“I hadn't used the kitchen for a long long long time. When I first came in I didn't know what to do. Took me time to get used to the cooking.”

“It's a friendly atmosphere: conversations going on, there's biscuits and tea.”



“Kettle, proper cup, biscuits: you can see the potential to relax, enjoy the food and meet people.”



“One hour. It used to go so quick, it always used to go so quick.”

Tea'n'Tales

Tea'n'Tales is a group which meets in the kitchen once a week, led by a member of the occupational therapy staff

"I went every week that it was on while I was staying in hospital."

"All ready. Sit down, have a cup of tea. Then we would read a paragraph and have a discussion with all of the group. So it was like reading a book and it's quite nice to listen to someone reading a paragraph. We spoke about it and it was interesting."

"You don't have to read if you don't want to. You can just listen if you want. You don't have to speak and that was helpful as well, because at first I wasn't in my right state of mind. But as the weeks continued, I began to feel better and contribute more and it was a lively part of my week on Wednesdays at 10 o'clock."

The kitchen courtyard

A door from the kitchen leads to the courtyard and so it is possible to eat outside.

“It's a nice little escape from the kitchen and I used to love coming down here on Sundays because it used to be quiet. I'd be with [others] and we'd just be cooking and listening to music. And then you'd just go out there and sit down with a cup of coffee and I'd be sitting on one bench and [others] would be sitting on an adjacent one. And we'd just be talking and it would be just, well, normal, and that is just how I was liking it.”

“In the ward there was that lack of normality. Coming down here and being able to experience that was just a breath of fresh air and you'd just used to look forward to something like that, coming down here just to get away from the ward sometimes.”



The kitchen courtyard

The Blue Sculpture

The blue sculpture was created by a local artist and is on the wall of the kitchen courtyard.



“It's been there a long time
you can't see it till you go outside
it just draws you right in
the colour it's beautiful
I like it it's very artistic
do they have a name for it?
we don't know if it was an individual or group.”

The art room

The art room is at the end of the corridor. It is open for a weekly batik session, as well as an open session.

"I thought ah ok I'm going to have some fun here."

"Being able to express myself through art: all these choices on how to do it. And it's good for imagination and relaxation."

"It's good to look back and see what you've done when you're expressing yourself creatively."

"It is another good social environment because people are always just talking or sometimes it might be silent because they're concentrating, but it's a nice kind of silence."

"[expressing myself] with a picture of a bloke being hanged: that's how I felt at the time (that bloke being me) but it was good with the voices, because for an hour you had structure. I think it's important to have some sort of structure in your life and the art room [was] really good."



"All the paint is piled together and it always looks like that."

Implications: what this research could mean for services

This research suggests the importance of listening to people and valuing **normal** everyday activities and social contact. When situations are changing fast and there is pressure to make changes in limited time, everyday activities can get overlooked and social contact devalued. This report could be used to inspire everyone involved in acute mental health care.

Those involved in the research wanted to share how they valued spaces away from the ward for specific activities and occupations. Other units, which do not have separate facilities, might need to review what this means for service users. There could also be a review of how ward environments deprive people of opportunities to do things that help them recover. Thought needs to be given to how people can benefit from peer support and social contact between wards.

Many of the statements in this report show that it is important to be aware of the **impact** of severe mental health issues on everyday activities and the need for *time and space* to regain skills and motivation.

Staff are an important investment for services as they are key to the ward and therapy environment. Future research is planned to explore how to make the most of staff and their impact on the environment for recovery in an acute unit.

All the people who did this research returned to the acute unit and questioned whether the resources of the occupational therapy department should be available for support for the first few weeks after discharge.

This research has shown how people who have experienced and are experiencing acute and severe mental health problems can do research. The creative method was successful in getting people involved over a number of weeks. The support of the Trust and local staff was much appreciated, to make this research happen.



References and further resources

More information about occupational therapy is available from the College of Occupational Therapists' website:

<http://www.cot.co.uk/ot-helps-you/what-occupational-therapy>

Other people are thinking about how acute units can be better places, for example Safewards. See this website:

<http://www.safewards.net/>

Another organisation which has thought about wellbeing in a more general way is the new economics foundation:

<http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

Our previous research is still in the process of being published: do contact Dr Wendy Bryant to find out our progress by emailing wbryant@essex.ac.uk

You could also ask her for a paper about previous local research which used Photovoice:

Bryant W, Tibbs A, Clark J (2011) Visualising a safe space: the perspective of people using mental health day services. *Disability and Society* 26 (5) 611-628



The service users who became researchers for this project believe that this report could be used to share more information about occupational therapy with people on the ward, as well as their relatives. There is more to getting better than getting medication and it is important that people do not miss out on having something to do with a purpose.