

MENTAL HEALTH

P-013

IMPLEMENTING SENSORY ASSESSMENT AND INTERVENTION PRACTICE TO ASSIST IN MANAGING BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) IN AN ACUTE AGED MENTAL HEALTH UNIT

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Introduction: Sensory rooms have been introduced to mental health inpatient settings to assist consumers to monitor and manage their levels of arousal, and encourage self-soothing behaviours. Sensory approaches contribute to a recovery focussed care environment. Consumers with advanced dementia are often unable to engage in self monitoring and soothing, resulting in the expression of behavioural and psychological symptoms such as agitation, aggression, vocalisation and intrusiveness.

Objectives: The aim of this presentation is to describe a quality project implementing the use of sensory modulation assessment and intervention to inform management of behavioural and psychological symptoms in an acute aged mental health unit.

Approach: On admission, consumers exhibiting behavioural and psychological symptoms of dementia are referred to occupational therapy for sensory assessment. Sensory preferences are used to inform inpatient care plans and communicated to their carers on discharge.

Practice implications: A brief description of the implementation of sensory modulation practice within the unit will be provided. Case studies will be presented to demonstrate the value of including sensory approaches in inpatient and discharge care planning for consumers exhibiting behavioural and psychological symptoms of dementia.

Conclusion: Sensory modulation assessment and intervention contribute to and encourage a recovery focused framework for care planning and addressing behavioural and psychological symptoms of dementia in an acute aged psychiatry unit.

P-014

RAISING AWARENESS OF THE IMPORTANCE OF EMPLOYMENT FOR CLIENTS WHO HAVE A SERIOUS MENTAL ILLNESS

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Employment is an important step in the recovery journey for consumers with the lived experience of a serious mental illness. Involvement in meaningful employment has been linked to positive mental health outcomes for this population. However for those with a serious mental illness, this can remain a distant goal with the unemployment rate exceeding 75% in many economically developing countries. Surveys conducted by a Melbourne metropolitan area mental health service (2009–2011) identified that up to 84.5% of clients were unemployed. This evidence raises the question around what is being done to meet the needs of those who want to work and have the lived experience of a serious mental illness. Mental health clinicians are well placed to hold the initial discussions with consumers about their thoughts on returning to or seeking employment. This presentation will showcase the efforts of a group of mental health clinicians from an area mental health service passionate about empowering their consumers who want to obtain and sustain employment. This was achieved through the organisation of several training days for mental health clinicians across metro and regional Victoria. Evidence based materials and guest speakers, including consumer representatives were utilised to educate clinicians about various essential topics. This presentation seeks to demonstrate a pathway which can be taken to raise awareness of the importance of employment for people with a mental illness, while displaying what we did, how we did it and what we learnt.

P-015

CHANGING FEATURES: CHALLENGES OF COURTYARD AND GARDEN DESIGN TO PROMOTE WELL-BEING IN A PSYCHIATRIC INPATIENT UNIT

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Introduction/Rationale: Horticulture therapy is thought to influence healing, alleviate stress, increase well-being and promote participation in social life and re-employment for people with mental illness. However, numerous parameters and criteria unique to the psychiatric inpatient setting often limits applying horticulture therapy within the hospital environment.

Objectives: To identify features of psychiatric inpatient courtyard design that promotes independence, privacy, relaxation and family interaction.

Approach: Mixed method research. Consultation with users (staff, patients and clients) was conducted in addition to an audit of usage patterns. Audit results reveal trends in the effect of weather and time of day on courtyard usage, as well as diagnostic variation. Early indications are that the needs and capacity to engage with a therapeutic space is disrupted by acute mental illness. A follow-up audit is planned to see if changes to the courtyard design effect usage patterns.

Practice implications: This poster will outline the design process undertaken to revise the outdoor space, along with pitfalls to avoid, and low-cost interventions. The framework for reviewing and developing a recreational garden space to maximise occupational use will provide other occupational therapists working in mental health with practical solutions for changing the environment to increase occupational engagement in clients.

Conclusion: Strategies to maximise opportunities for exercise, privacy and contemplation, fellowship, and skill acquisition are presented and creative approaches to utilising restricted spaces are available. Outdoor spaces in psychiatric units could potentially be modified using occupational therapy theory to maximise opportunities for autonomy, social connection and healthy activity.

MUSCULOSKELETAL/HAND THERAPY

P-016

EFFECTIVENESS OF A WRIST REHABILITATION GROUP INCLUDING PROPRIOCEPTIVE EXERCISES: A PILOT STUDY

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Introduction: There is emerging evidence regarding the important role of wrist ligaments in proprioceptive function of the upper limb. It is, however, unknown whether rehabilitation programs that include proprioceptive activities result in improved pain and function for people with injuries to wrist ligaments.

Objective: The aim of this study was to evaluate the effectiveness of proprioceptive exercises in rehabilitating wrist injuries.

Method: A pilot, pre-post, repeated measures study was completed at a private hand therapy practice. Participants were excluded if they had a peripheral nerve laceration, complex regional pain syndrome or coexisting rheumatological conditions. Participants attended the rehabilitation group one or two times a week for 6 weeks. Exercises completed during and outside group time were recorded and categorised into types of exercises. The primary outcome was pain and function, measured by the Patient Rated Wrist/Hand Evaluation (PRWHE). The secondary outcome was grip strength using a Jamar Dynamometer. Measures were taken at baseline, 4 and 6 weeks. Locus of control scores were also recorded.

Results: Four participants completed the intervention, limiting the power and generalisability of the results. A statistically significant relationship was found between grip strength and a Multidimensional Health Locus of Control 'other' rating. Most participants' grip strength and reported pain and function improved but did not reach significance.

Conclusion: While overall results were not significant, general improvements were seen in all participants. This suggests the need for future research involving larger samples, proprioceptive-specific exercises over an extended period of time with a longer follow up period.