Mental health professionals need to end tensions and work together

As roles in healthcare change, mental health nurses should put an end to conflicts with occupational therapists and take more responsibility for patient activities, says Pauline Cooper

Remember the days when nurses wore starched uniforms, called each other by their surnames, and “did” things for patients? It was the time when occupational therapists visited patients and “gave them something to do”. Nursing and occupational therapy have now changed beyond recognition as the NHS rapidly moves away from being a service and evolves into a business.

Payment by Results is upon us, and government directives offering patient choice and increased staff engagement are inflating expectations. Mental illnesses are being grouped into clusters and the focus is on the volume of face to face contacts and productivity, which is jeopardising quality of care.

Mental health service users’ needs are becoming more complex and inpatients are complaining of boredom. The pressure to provide activity is rising and nursing staff are being asked to be involved in protected engagement time and to provide low level activities.

Understandably, nursing staff are looking for support from occupational therapists who, historically, have occupied patients.

OTs are expected to provide specific interventions, with outcome measures to prove effectiveness and promoted discharge. Increasingly, generic group activities are becoming the role of activity coordinators, occupational therapy assistants or technicians – and nursing staff.

It is not surprising then that nurses are feeling jaded and conflict is arising between the disciplines. OTs are being asked to train nurses to facilitate activity groups, but nurses feel that activities are not part of their role – they are overstretched and understaffed.

We are all aware that we are working in an atmosphere of criticism as patients are encouraged to complain in the quest to deliver better patient experience. Those who sit about doing little but waiting – for medication, to see the doctor, to have meals and to be spoken to – need encouragement to engage in conversation to build social skills and confidence, through low level activities such as reading or doing puzzles and games. Through using these activities, assessments can be made about patients’ mental health and day to day progress.

This is no time to be in conflict. It is up to us to promote more positive professional relationships.

Registered nurses have particular expertise: medications management, promoting healthy lifestyles and smoking cessation, to name but a few. OTs also have particular expertise: the development of occupation, vocation and activities of daily living skills and so on.

Healthcare assistants and OT aides have skills in observation, conversation and interests they can share with clients. If we work together, integrating these skills towards a varied and cohesive service in which all clients can become involved, we could revolutionise our workplaces.

It has been said that nurses have the ability but lack confidence in running groups; OTs can support, train, and/or work alongside them to build competence in group facilitation. Volunteers and students can assist with low level activities under supervision from nurses or OTs.

Service users can be encouraged to share responsibility for highlighting good practice.

Payment by Results need not be an initiative to end tensions and work together.

Together we can stand; divided we will fall.

‘OTs are being asked to train nurses to facilitate activity groups but nurses feel this is not their role’

PAULINE COOPER is head occupational therapist of an adult acute inpatient mental health unit, Oxleas Foundation Trust, Kent

THIS WEEK IN NURSING PRACTICE

10 CHANGING PRACTICE
Using supported learning to ensure nurse recruits are skilled to care for acutely ill patients

Nurses often lack the necessary skills to care for patients with acute illness. A trust set up a programme to enable applicants to train before taking up posts.

12 GUIDED LEARNING
Ensuring integrated treatment for people with mental health and substance use problems

The coexistence of mental health and substance use problems, known as dual diagnosis, is common. Integrated care models are vital to motivate clients to engage with therapy.

16 PRACTICE REVIEW
Older people should be given practical support to effectively manage their stomas

Ageing can affect the ability to manage stomas. Nurses need to be able to identify problems and offer solutions.

22 RESEARCH
What is the evidence for using family based interventions to prevent stroke recurrence?

Lifestyle factors can make people more susceptible to recurrent stroke. Evidence was gathered on how family members can help influence changes in behaviour.