Developing community-based activities for inpatients in a mental health hospital

Staff developed a range of community-based activities for psychiatric inpatients to promote social inclusion and integration into the community.

INTRODUCTION

Ailsa Hospital comprises three adult acute wards, two adult rehabilitation wards and four adult continuing care wards, as well as six elderly wards.

The activity team based at the hospital offered a wide-ranging programme of activities. The programme was popular and well attended, but an increasing number of patients identified difficulties with continued participation in activities in mainstream settings.

Our team adopted a focus on social inclusion, and developed links with external providers, including mainstream ones. We supported and developed a programme of activities in community settings for inpatients.

SOCIAL EXCLUSION AND INCLUSION

Sayce (2001) said that people with significant mental illness are among the most excluded in society. She said that social exclusion could be conceptualised in relation to service users as ‘the interlocking and mutually compounding problems of impairment, discrimination, diminished social role, lack of economic and social participation and disability’ (Sayce, 2001).

She said that a lack of status, joblessness, a lack of opportunities to establish a family and small or non-existent social networks caused social exclusion and the restriction of hope and expectation.

Beck et al (1997) defined social inclusion as ‘the extent to which citizens are able to participate in the social and economic life of their communities under conditions that enhance their well-being and individual potential’.

Huxley and Thornicroft (2003) argued that this could be achieved by enabling people to develop or rejoin their leisure, friendship and work communities.

Sayce (2001) said that research with clients had identified their desire for social inclusion. They wanted more friends and relationships, less rejection by neighbours, employers and family, and more opportunity to be part of mainstream groups and communities.

Mental health professionals can help by including service users’ aspirations for work, education, relationships and other chosen journeys of recovery in care plans (Sayce, 2001).
As part of this initiative we developed strong links with the local college. Tutors visit the hospital weekly to offer dance, drama, music, digital photography, art and crafts.

The dance and drama groups offer light exercise and encourage communication skills and self-expression. They have helped patients to develop confidence and self-esteem.

The art tutor offers a range of activities including clay, pastels, painting and screen printing. We also held art exhibitions which gave service users the satisfaction of knowing their artwork was good enough to sell. At patients’ request, we are organising an art exhibition in the local town centre for June this year, in the centre of the shopping mall.

The music group offers patients the opportunity to learn how to write music, and to play guitar, drums, keyboard and instruments from around the world. The college recently offered them the opportunity to record their own music in the studio and cut their own CD. They are now planning to form a band.

A patient-led steering group successfully developed an art group in the college for artists with mental health problems who wanted to be in a mainstream location, but in a supported environment.

Every month, a representative from the volunteer centre visits the hospital and holds an information session. Patients are advised about the variety of voluntary jobs available and how to pursue voluntary placements.

Other vocational providers are also piloting information sessions in the hospital.

Sports interests are also encouraged, and mainstream centres offer badminton, tennis, yoga, walking, bowling and golf groups for inpatients.

**CLIENT PARTICIPATION**

Over a sample two-week period, six sport-based groups, five vocational groups and three leisure groups were offered to inpatients in community-based settings.

The sports groups included racket sports, golf, walking and yoga.

Several providers of supported employment and volunteer centres offered information sessions in the hospital and gave advice to patients wanting to pursue paid or voluntary work.

The leisure groups took place in community settings, where patients took part in mainstream groups, including digital photography, arts and crafts and music.

The vast majority of participants felt that they benefited from the links with external providers and from tutors holding group sessions in the hospital.

Participants were asked to rate their experience of the group, and nearly all gave positive feedback. When asked if they would continue to take part in the activity after discharge, most replied that they would.

Patient comments reflected the programme’s impact. One said that the groups ‘helped me to use my imagination and put my skills to the test and now I use my talent to distract myself from the fast pace of life and have some tranquil time for myself’.

Another said: ‘If it wasn’t for them, I don’t think I would be here at times. The activity team are the people that put you on the road to recovery.’

**COMPLEMENTARY THERAPIES**

In addition to our regular activity programme, we were offered two days of complementary therapy taster sessions for inpatients, provided by specialist trained therapists.

They offered hand reflexology, Reiki, Bowen technique, foot reflexology and acupressure. Over two days they offered 72 25-minute sessions, of which 67 were for patients and four for staff (one patient did not attend). Patient feedback was extremely positive.

Some 88% said they enjoyed the sessions a lot, while the remaining 12% enjoyed it a little. No one said they did not enjoy them. When asked if they would continue to access these therapies after discharge, 97% said they would.

Patients reported a range of benefits from the sessions: 44 felt reduced anxiety; 44 felt more relaxed; 14 felt more optimistic; 10 had more energy; and 16 experienced reduced pain.

Following his treatment, one patient remarked: ‘It has cured my anxiety. I didn’t remember I could feel like this.’

**STAFF CHALLENGES**

Financial constraints are often a source of difficulty in the NHS. We have been incredibly fortunate that local activity providers, the NHS Lottery in Ayrshire and Arran and the health promotion department have been of great help.

However, the issue of ongoing funding will continue to threaten the project’s success.

Patient engagement is often difficult in mental health. Engaging patients needed time and enthusiasm but, after patients started to attend groups, their motivation rose significantly.

**CONCLUSION**

Social exclusion is a long-standing problem for people with mental illness. The desire to develop and maintain roles, status, jobs, friends, interests and social networks is often met with stigma and rejection. Therefore, clients lose structure in their lives.

The opportunity to participate in educational and activity-based groups in hospital is the first step towards social inclusion. This essential step can help to rebuild self-esteem and confidence.

The next step is accessing mainstream resources. Our project aims to encourage and help patients to access mainstream activities of interest while in a supportive environment. Patients are then encouraged to take part in activities in mainstream settings.

Integration in the community could help to reduce hospital admissions and improve quality of life for patients.

**REFERENCES**


Mental Health Foundation (2009) Statistics on Mental Health. tinyurl.com/mentalthestats

