TRENDS IN ACTIVITY PARTICIPATION IN A FORENSIC POPULATION OF MENTAL HEALTH CARE USERS IN GAUTENG, SOUTH AFRICA

ETHICAL CLEARANCE NUMBER: M130738

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Introduction

• Forensic psychiatry is concerned with the intervention of those offenders requiring mental health care (1)

• Mental Health Care Users (MHCUs) with a criminal history are detained in a hospital on commission of an offence (2)
  – Difficulties of a social and psychological nature compromise daily *occupation*
Introduction

• Importance of occupational therapy interventions with offenders in forensic psychiatric units (1)
  – Permits non threatening, task centred environment
  – Provides insight into pathology, reasoning, personality traits, indicative of a particular diagnosis

• Occupational therapists should constantly review/ improve legal knowledge regarding (3):
  – Mental Health Care
  – Criminal Procedure Act
Introduction

• Lengthy admission of forensic MHCUs results in institutionalisation (4)
  – Challenge for meaningful occupation & well being
  – Limitations of institution reduce opportunities causing occupational problems
  – Risk factors are obstacles to purposeful participation: Occupational deprivation, imbalance, alienation

• Unique contribution of occupational therapist (1)
  – Incorporation of context and daily activity

• Conclusion: No reports on change in forensic psychiatry in South Africa to date
  – Inadequate evidence of outcome measurement
Introduction

• Limited research in providing evidence base for occupational therapy in mental health (5)
  – Difficulty proving the value of assessing and facilitating participation in activities as intervention

• Measures required to track change routinely
  – Substantiate outcomes of intervention

• Various measures were considered

Activity Participation Outcome Measure (APOM) chosen as appropriate tool
APOM

• Developed in South Africa by Casteleijn (6)
• Validated in psychiatric hospitals and clinics in Gauteng (6)
• Introduced as a valuable outcome measure in occupational therapy (6)
• Used to determine changes in the participation in activities of persons with mental illness (7)
• Based on the Vona du Toit Model of Creative Ability (VdTMoCA) (6)

VdTMoCA is a theory familiar to occupational therapists (5)
Research Aim 1:
To establish selected psychometric properties of the APOM with a forensic population

- Determining the intra- and inter-rater reliability of the APOM administration among the occupational therapists working in the forensic units at Sterkfontein Psychiatric Hospital.
- Establishing the internal consistency of the APOM when used with MHCUs in a forensic psychiatric setting.
- Investigating the content validity of the APOM through expert clinical judgement to identify which of the items are considered most relevant in a forensic setting.

Research Aim 2:
To describe the trends in activity participation in a forensic population

- Determining if effect size (specific change) and trends in activity participation can be captured by the APOM that will assist in the decision for appropriate intervention for MHCUs in a forensic psychiatric setting.
- Describing patterns of change (over 5 months) in each domain of the APOM across different diagnoses, age groups, and wards.

Research Question:
Is the APOM an appropriate tool to use as a routine outcome measure in a psychiatric forensic setting to track change and describe trends in activity participation?
The Research Setting

- Psychiatric Hospital
- Caters for forensic cases
- Johannesburg, Gauteng region
- Bed occupancy of 489
  - 250 beds allocated to forensic section
- Primarily a medium-secure setting
  - Ground parole vs occupational therapy parole with or without and escort granted by MDT
Inclusion Criteria

- Female and male MHCUs
- 18 years or older
- Admission to forensic division
- Psychiatric illness (DSM-IV-TR)
- Referred to and part of occupational therapy programme

Exclusion Criteria

- MHCUs eligible for extended leave of absence in 2013/2014

3 Occupational Therapists → APOM Trained → 1 Occupational Therapy Technician
62 Participants → 3 ratings/MHCU → 186 Responses
# Results: Demographics

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</table>
Results: Effect Size and Trends

-0.4
-0.3
-0.2
-0.1
0
0.1
0.2
0.3

Process
Communic
Life skills
Role performance
Balanced Lifestyle
Motivation
Self-esteem
Affect
Total Average

Effect size

Effect size Time Period 1
Effect size Time Period 2
Effect size Time Period 3

Negative Change
Positive Change
No overall Change
Results: Patterns of Change over 5 months across diagnostic groups

- Interpret with caution
Results: Patterns of Change over 5 months across age groups

[Graph showing changes over 5 months for different age groups]
Discussion

• Research specified functional level of forensic MHCUs that was not reported to date
  ✓ *Very valuable clinical implications*

• Review of treatment programmes
• Example: Involvement in work related projects

  Less Supervision & More Responsibility

*Recommendation*

• Extensive assessment of forensic MHCUs every six months
Conclusion

- Concern: Lack of occupational therapy literature in forensic psychiatry
- Contribute to evidence based practice
- APOM is relevant in forensic psychiatry
- Functional level of MHCUs established
- Useful insights gained through tracking change


