Be TRU to Yourself: Wellness Programming Based on SAMHSA's Dimensions in an Inpatient Psychiatric Setting

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UPMC LIFE CHANGING MEDICINE

Introduction

Role of Occupational Therapy in Mental Health[1]

- To assess and addresses global mental functions and their impact on occupational performance
- To analyze individualized patient needs and how environmental/contextual factors influence their mental health and wellness
- To facilitate development of healthy daily routines, role fulfillment, and strategies for management of mental health

Psychiatric Setting

The Transitional Recovery Unit (TRU) at UPMC Western Psychiatric Hospital is a 10-bed inpatient unit that provides mental health subacute care to patients with the goal of promoting a safe reintegration from long-term, acute mental health care to the community.

Needs Assessment

A need for programming with high emphasis on use of coping skills during and after an inpatient psychiatric stay was identified. To address the need, a community reintegration program for people with persistent mental illness was developed based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) dimensions of wellness [2].

SAMHSA's Eight Dimensions of Wellness

SAMHSA has developed a wellness initiative supporting eight dimensions of wellness (emotional, spiritual, intellectual, physical, environmental, financial, occupational, and social) which are designed to improve mental health and quality of life [2, 3].

Project Objectives

1. Develop and implement a patient-centered wellness program based on SAMHSA's eight dimensions of wellness to enhance patient self-efficacy and self-perceived discharge preparedness
2. Increase WPH-TRU staff self-efficacy in implementation of the wellness program
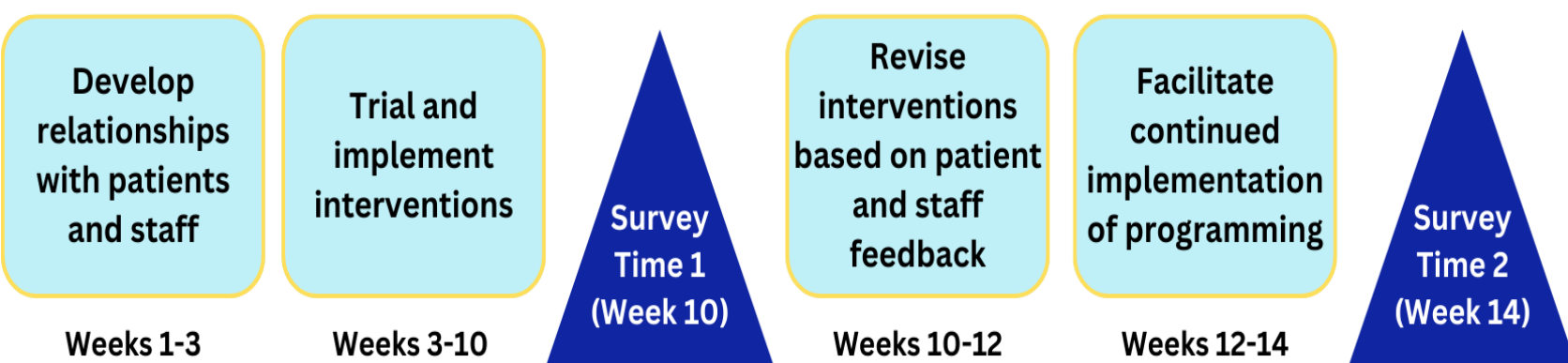
Methods

Participants

Patients admitted to subacute mental health care following extended hospital stay; common diagnoses included schizophrenia, personality disorders, and depression with ages ranging from 24 to 70 years old.

Outcome Measures

Patient:
- **Self-Efficacy Scale:** patient self-perceived discharge preparedness [4, 5, 6]
- **Wellness Survey:** patient satisfaction with programming, relevance of strategies to daily routines, discharge preparedness, and self-efficacy navigating complex situations
- **Discharge Resource Survey:** scope of resources needed following discharge and patient knowledge/utilization of resources prior to admission [4, 5, 6]

Staff:
- **Self-Efficacy Scale:** staff perception of patient ability to navigate complex situations [4, 5, 6]

Process

| Develop relationships with patients and staff | Trial and implement interventions | Survey Time 1 (Week 10) | Revise interventions based on patient and staff feedback | Facilitate continued implementation of programming | Survey Time 2 (Week 14) |

Weeks 1-3 | Weeks 3-10 | | Weeks 10-12 | Weeks 12-14 |

Intervention

Patient-Centered Wellness Program [7, 8, 9]

Developed the *Be TRU to Yourself* program. The program included 27 group interventions. Each intervention addressed one or more of SAMHSA's eight dimensions of wellness. Interventions were tailored to patient interests, values, and discharge needs and successful reintegration into the community. Unit program directors and milieu therapists were included in the planning of intervention topics, attended intervention sessions, and provided feedback.

SOCIAL
- Mailbox creation: facilitating peer interactions
- Family Feud: developing social skills through team building and collaborative communication
- Social board game: developing skills in initiating conversations/ building meaningful relationships through the use of a board game

EMOTIONAL
- Emotional health management: establishment of coping strategies
- Sensory room introduction: use of sensory space for emotional de-escalation and calming
- Sleep hygiene and meditation

SPIRITUAL
- Positive affirmations: using affirmations and self compassion as a means to strengthen connection to goals, boost self esteem and enhance problem solving abilities
- Gratitude trees: showing gratitude as a coping skill
- Gratitude gallery: expressing gratitude as a means to facilitate positive thinking patterns

OCCUPATIONAL
- Leisure exploration through creation of scrapbooks
- Volunteerism: creation of positive affirmations cards for children in the hospital
- Values for meaningful job/ leisure choices

INTELLECTUAL
- Medication management
- Problem solving steps: use of case scenarios
- Life skills memory card game
- Wellness Jeopardy: problem solving, goal setting, hobby/leisure exploration, and planning

FINANCIAL
- Personal finance values and money management
- Grocery shopping bingo: shopping, counting change and simulated paying for money management
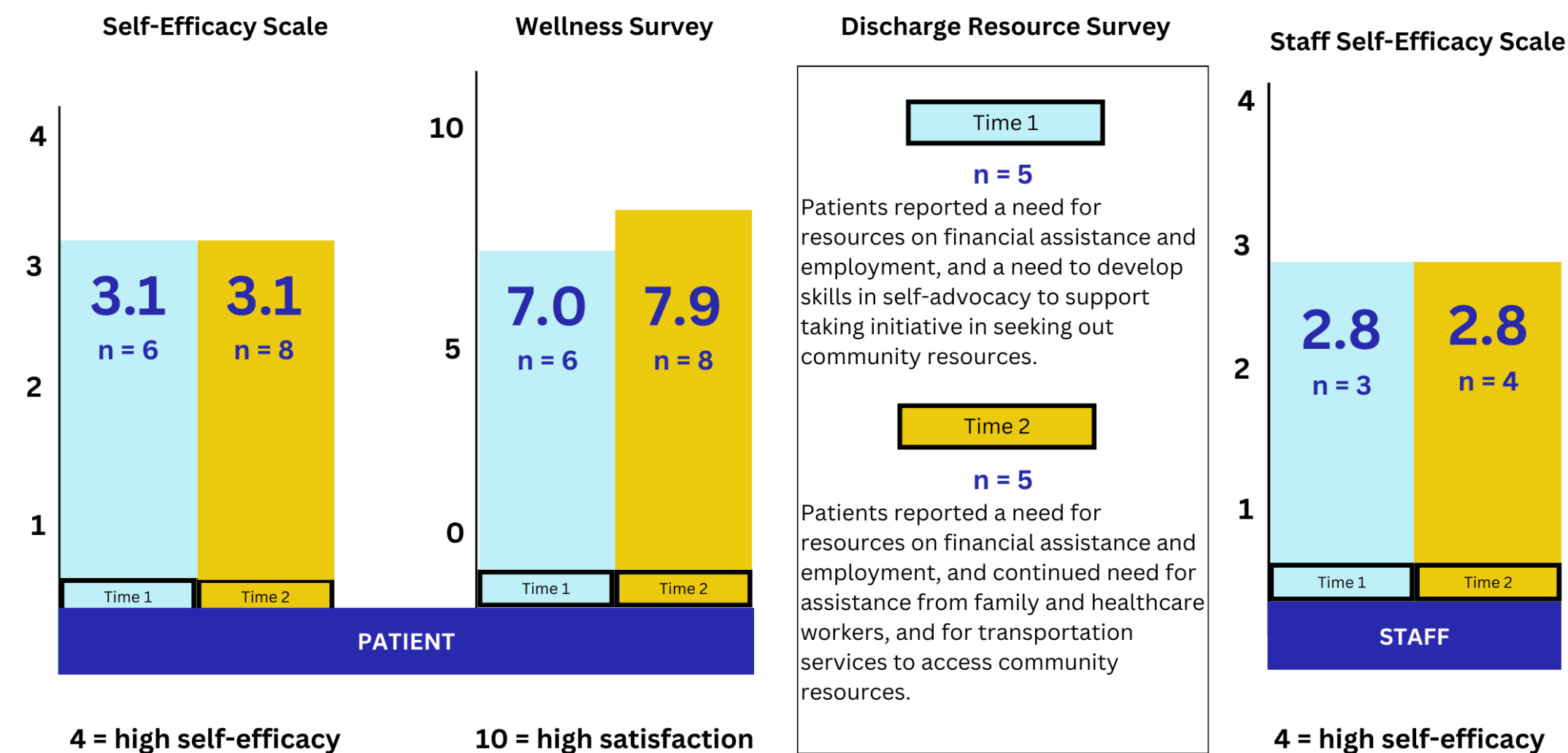
ENVIRONMENTAL
- Aromatherapy through use of essential oils
- Community resource scavenger hunt
- External trigger identification and craving management
- Environmental supports and hinderances

PHYSICAL
- Stretching as a means to develop a mind/ body connection
- Pain management
- Effects of anxiety, depression and stress on our body with establishment of coping skills
- ADL participation: developing a selfcare routine/ management of physical health as it pertains to completion of selfcare tasks

Results

Self-Efficacy Scale

3.1 (n = 6) | 3.1 (n = 8)

Time 1 | Time 2

PATIENT

4 = high self-efficacy

Wellness Survey

7.0 (n = 6) | 7.9 (n = 8)

Time 1 | Time 2

10 = high satisfaction

Discharge Resource Survey

Time 1

n = 5

Patients reported a need for resources on financial assistance and employment, and a need to develop skills in self-advocacy to support taking initiative in seeking out community resources.

Time 2

n = 5

Patients reported a need for resources on financial assistance and employment, and continued need for assistance from family and healthcare workers, and for transportation services to access community resources.

Staff Self-Efficacy Scale

2.8 (n = 3) | 2.8 (n = 4)

Time 1 | Time 2

STAFF

4 = high self-efficacy

Discussion

Conclusions

- Patient self-efficacy of discharge preparedness did not change, result is likely due to short time frame between Time 1 and Time 2 (4 weeks), and that Time 1 occurred during intervention versus prior to initiation of the intervention
- Patient satisfaction with wellness program (*Be TRU to Yourself*) increased, which supported the decision to incorporate patient feedback provided at Time 1 into planning of interventions after Time 1
- Patients reported an ongoing need for resources on financial assistance and employment. The change in the need to develop self-advocacy skills at Time 1, to the need for continued assistance from family, healthcare workers, and transportation services is likely due to the incorporation of patient feedback and the sequencing of intervention topics prior to Time 1 and Time 2
- Staff self-efficacy of patient discharge preparedness did not change, similar to patient self-efficacy, result was likely due to short time frame between Time 1 and Time 2 (4 weeks), and that Time 1 occurred during intervention versus prior to initiation of the intervention

Limitations

- Delay in administrating Time 1 outcome measures
- Small sample size
- Fluctuation in patient census
- Fluctuation in acuity of patient symptoms

Implications for Practice

Recommendations

- An occupational therapy perspective is beneficial when developing a wellness program focusing on maximizing independent living skills and functional capacity when working with individuals with chronic mental health diagnosis.
- Occupational therapists working in mental health settings should focus on multi-dimensional wellness strategies to facilitate patient discharge preparedness, feelings of self-efficacy, and knowledge of community supports/resources.
- The SAMHSA eight dimensions of wellness can serve as a model for the development of a wellness program for individuals with chronic mental health diagnoses.
- Mental health settings that do not have an occupational therapist on staff would benefit from a consultant occupational therapist to develop a client-centered, occupation-based wellness program.

Future Directions

Continued implementation of wellness interventions and sustainment of *Be TRU to Yourself;* further development of discharge resources to stay up to date with available housing transitional placements and community resources; Continued development and utilization of sensory room and coping strategies to facilitate patient well-being

References and Acknowledgements

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