Recreation Therapy in Acute Care Mental Health: Not Just Fun... FUNctional

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Learning Objectives

- Participants will be able to understand the difference between Recreation Therapy and general recreation.
- Participants will understand the role of RT in Acute Care Mental Health.
- Participants will be able to identify the benefits of leisure.
- Participants will be able to identify potential barriers to a healthy leisure lifestyle.
Outline

• Who We Are, What We Do
  • Our Focus
  • Programs
  • Evidence
  • Dispelling myths
  • Outcomes
What do you think of?

Therapeutic Recreation

What my friends think I do

What my family thinks I do

What society thinks I do

What my clients think I do

What I think I do

What I actually do
Happy Therapeutic Recreation Month

• Did you know that February is TR month?

Learn More!

• http://www.cdha.nshealth.ca/recreation-therapy-mental-health
  • www.traac.ca
  • www.canadian-tr.org
“Supporting purpose in life”

-Bob Baird
Our Focus: Social Needs

- Decrease Isolation
- Support Relationships
- Improve Social Skills
(Chrostek et al. 2016)
Our Focus Cont’d: Daily Structure

✓ Building a Routine and/or Schedule
✓ Get Back to Regular Routine
✓ Learn About Resources

✓ WorkHealthLife: ‘Return to work, friends and routine after mental illness’
Our Focus Cont’d: Engagement & Motivation

- Become more active and/or involved
- Help become motivated
- Explore new opportunities
# Our Programs

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<th>Monday</th>
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| **Morning** | **8:45am** Newspaper Group  
10:45am Relationship Group | **8:45am** Newspaper Group  
10:15am Craft Group  
10:45am Relationship Group | **8:45am** Newspaper Group  
10:45am Yoga  
10:45am Relationship Group | **8:45am** Newspaper Group  
10:45am Relationship Group | **8:45am** Newspaper Group  
10:00am Walking Group  
10:45am Relationship Group |
| **Afternoon** | **1:15pm** Music Group  
2:30pm Gym | **1:15** Relaxation Group  
2:30pm Gym | **2:00pm** Gym (4th Floor)  
3:00pm Art with Laing House (every 2nd week) | **1:30pm** Music Lessons  
*Inpatient and outpatient*  
2:30pm Gym  
*Inpatient and outpatient* | **12:15pm** Kitchen Party (every 2nd week)  
Art with Volunteers |
| **Evening** | **5:30pm** Nourishing Needs  
6:00pm Artworks  
*Outpatient* | | **6:00pm** Art Group | | |
Progression & Skill Development

Inpatient programs:
• Music group
• Music Lessons

Community transitions:
• Our Jam
• Kitchen Party
Evidence

- Mood regulation and PA (Malhi & Byrow 2016)
- Symptom reduction (Iwasaki et. al 2014)
- Improved functioning (Haddock et al 2009)
- Increased self esteem (Haley & McKay 2004)
- Social cohesion (Fenton et al. 2017)
- Coping (Iwasaki et. al 2013)
- Community integration (Fenton et al. 2017; Stumbo et al. 2015)
“It has indeed been a great pleasure for me having been involved in music group as well as "Our Jam". Even at 66 it proved I can learn something new and to have my self-confidence enhanced.” – 6 Lane Patient

“It was so nice to be welcomed with open arms; to cook and learn about food, sitting around the table with such good company” – 6 Lane Patient
Dispelling Myths

Group dynamics
Staff to patient ratios
Environment
Off unit risks
Building trust and rapport
Patient interests
Treatment vs. leisure
Behaviour management
Gym group

- How long do you think it takes 1 staff to gather from 2 units?
- How do you choose who goes?
- How many staff/volunteer per patient?
- Pass level considerations
- Do you personal alarms work in the gym?
- Where is the phone for emergency calls?
- Equipment/patient limitations
- How many exits are there in the gym? Where do they go to?
- In case of fire, what do you do?
- Typical behaviours in the gym
Behind the Scenes

- Writing grants/grant reports
- Budgets
- Purchasing supplies
- Program planning
- Volunteer management
- Transfer of care
- Meetings
- Acute care FTE designated to PPL

- Supporting students/teaching classes
- Documentation
- Developing community partnership
- Community resource education
- Training/education/research
Outcomes

- Decreased sick time
- Improved unit mellieu
- Group therapy less $ than 1:1
- Decrease aggression on units (Baker et al. 2012)
- Early engagement = early discharge (Iwasaki et al. 2014)
A Special Thanks to...

- **Mental Health Foundation**: providing funding for programs
- **Community Discount Partners**
  - Dartmouth Sportsplex: free day passes, reduced cost membership with referral from Recreation Therapy
  - Deserres: Zone Card
  - Recreation Nova Scotia: negotiable rates
- **Therapeutic Recreation Journal**: Accepted for publication for
References

- Baker, H.F., Boudreau, T., Egan, M., Ingram, S., Behavior management support from the Therapeutic Assistant (TA) service for the acute care patient population at Dartmouth General Hospital. *NSHA Quality Week Poster Presentation*


References


• Iwasaki, Y.; Coyle, C; Shank, J; Messina, E; Porter, H. (2013) Leisure-Generated Meanings and Active Living for Persons With Mental Illness. *Rehabilitation Counselling Bulletin* 57 (1) 46 – 56


“True quality of life is not found simply in improved functioning, but in the discovery of our humanity through experiences of joyful freedom that bring meaning and value to life”

(Slade Hofer 2001)