



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

Defined

“Supporting purpose in life”

-Bob Baird



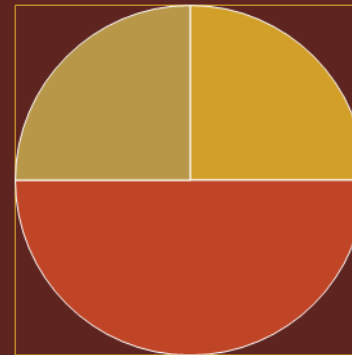
The Pie of Life

**Distribution of Time Prior to
Illness or Disability**



- Work
- Leisure
- Self Care

**Distribution of Time After Illness
or Disability**



- Work
- Leisure
- Self Care

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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 10:15am 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	1:15 Relaxation Group 2:30pm Gym	2:00pm Gym (4 th Floor) 3:00pm Art with Laing House (every 2 nd week)	1:30pm Music Lessons *Inpatient and outpatient* 2:30pm Gym *Inpatient and outpatient*	12:15pm Kitchen Party (every 2 nd week)	Art with Volunteers	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)

Better Evidence



“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

“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

Dispelling Myths

Group dynamics

Staff to patient ratios

Environment

Off unit risks

Building trust and rapport

Patient interests

Treatment vs. leisure

Behaviour management

Program Example

- 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 milieu
- 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

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Questions

“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)