

Impact case study (REF3)

Institution: University of Cumbria		
Unit of Assessment: UOA3: Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: Improving occupational therapy training and accreditation standards to benefit patients in secure mental units		
Period when the underpinning research was undertaken: 2016-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Dr Karen Morris	Principal Lecturer	2006-Present
Period when the claimed impact occurred: 2017-2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>'Occupation' refers to practical and purposeful activities for people to live independently and have a sense of identity. Our research on engagement in meaningful occupations over time has led to:</p> <ul style="list-style-type: none"> • Changes to care practice and associated clinical guidelines for the Royal College of Occupational Therapists, utilised by 550-650 occupational therapists (OTs) working in forensic settings in the UK. • Improved outcomes for patients at a large mental health and learning disabilities NHS Trust in the North East of England (with 100 bed capacity) as well as additional resource for Occupational Therapists in this context. • Development of research-informed local frameworks with patients and practitioners at an NHS Trust in the North West of England (with 370 bed capacity), now implemented on two wards. • Influenced Occupational Therapy education on an international scale. • Increased understanding and awareness of the meaning of occupation, prompting practitioners to ask patients 'why they do things' and involve them more proactively in their care. 		
2. Underpinning research (indicative maximum 500 words)		
<p>Occupational therapists (OTs) believe that it is essential for people to participate in personally meaningful occupations and activities for health and well-being (World Federation of Occupational Therapists 2004). Traditionally, occupational therapy research and occupational science focuses on the positive aspects of taking part in occupations, with little acknowledgement of the negative aspects. Furthermore, the trend in the literature was on short term interventions, with limited space for exploring with patients how the valuing of occupations, and their 'choices', change over time.</p> <p>This Impact Case Study is underpinned by the first published, and research-informed, framework which acknowledges the 'unseen' dimensions of occupations, and allows us to understand the negative (as well as just positive) reasons which motivate individuals to choose, or undertake, certain occupations.</p> <p>The work of Morris (R1, R2, R3), through collaboration with practice, has culminated in a new descriptive framework for "Occupational Engagement" that addresses both of these aspects of occupation, includes the possible consequences, and recognises that these motivations are not static. It is one of the first frameworks that acknowledges that occupations are not always positive, including concepts of negative occupation, and how activities that might be positive for one person might be negative for another. As an example, cycling is good for your health but not necessarily an activity that everyone enjoys. The research was published in a series of papers:</p>		

- R1 explored the changing nature of occupational engagement over time for men living in a secure (also referred to as forensic) mental health unit. The terms ‘forensic’ and ‘secure’ refer to the management and treatment of offenders. The applied study used a descriptive qualitative case study methodology to explore the meaning and value placed on daily life (activities, occupations and routines), and how this changed over time, identifying three interrelated themes: (1) Power and Occupation; (2) Therapy or Punishment; (3) Occupational Opportunities. Clinical teams can use research findings to reassess the value of occupations attributed by their patients and the impact of the secure environment, whilst also acknowledging the potential for occupations to have a negative impact on well-being.
- R2 built on the findings from R1 to develop a clear theoretical description of “occupational engagement”, often used by occupational therapists and occupational scientists, but with a lack of consensus of its meaning and use within the literature. Findings led to the development of the framework that considers both the value and consequences of occupational experiences (the first published holistic description of this term), and acknowledges the negative as well as positive dimensions of occupation.
- R3 utilised the framework developed in R2 to undertake a collaborative project working with occupational therapy practitioners in two UK secure units to develop new tools based on the framework. The paper summarised the impact on practice of these tools and evaluation revealed a number of benefits and different ways in which they could be used in practice; contributing to clinical understanding of how service users experience participating in occupations.
- R4 expands concepts of the ‘unseen’ into different settings, based on the metaphor of the dark (unseen rather than negative) side of the moon. **Morris** provided an invited chapter which considers how R1-3 and resulting theory can help practitioners and students to consider the ‘dark side’ of occupations and the impact of living in a secure environment.

3. References to the research (indicative maximum of six references)

- R1. Morris, K., Cox, D. and Ward, K. (2016). Exploring stories of occupational engagement in a regional secure unit. *The Journal of Forensic Psychiatry & Psychology*. 27:5. pp. 684-697. <https://doi.org/10.1080/14789949.2016.1187759>.
- R2. Morris, K., Cox, D. (2017). Developing a descriptive framework for “occupational engagement”. *Journal of Occupational Science*. 24:2. pp. 152-164. <https://doi.org/10.1080/14427591.2017.1319292>.
- R3. Morris, K., Ward, K. (2018). The implementation of a new conceptual framework for occupational engagement in forensic settings: feasibility and application to occupational therapy practice. *Mental Health Review Journal*. Vol. 23 No. 4. pp. 308-319. <https://doi.org/10.1108/MHRJ-03-2018-0007>.
- R4. Morris, K. (2020) “Chapter 13: Occupational Engagement in Forensic Settings: Exploring the Occupational Experiences of Men Living within a Forensic Mental Health Unit”. In Twinley R (ed) *Illuminating The Dark Side of Occupation: International Perspectives from Occupational Therapy and Occupational Science*. (pp 122-129). Routledge. ISBN 9780367218140, 9780429266256.

R1-3 have been published in peer-reviewed journals (at least two anonymous, independent referees and double blind reviews).

4. Details of the impact (indicative maximum 750 words)

Occupational Therapists (OTs) are increasingly important to public health and wellbeing, and the role features on the UK's 'Shortage Occupation List', a UK government list of occupations for which there are not enough resident workers to fill vacancies (S9). Within this context, the research has prompted changes to nationally recognised and accredited care practice and clinical guidelines, and stimulated investments in improving NHS services. Patients have directly benefitted from applying the research in practice, and training standards have been influenced internationally. Finally, the research has raised awareness about the unseen side of occupations, catalysing debate, dialogue and action amongst practitioners.

Impact 1: Changes to care practice and associated clinical guidelines for the Royal College of Occupational Therapists for OTs working in secure settings.

Between 2013 and 2018, Morris was a National Executive Committee Member (Research & Development Officer) of the Royal College of Occupational Therapists (RCOT) 'Specialist Section for Mental Health'. Her work with the 'Forensic Forum' resulted in her research being provided as evidence to the RCOT's Guideline Development Review Group. This group cited Morris' research and evidence base as sufficiently robust empirical evidence for two of the 'recommendations' in a NICE-accredited RCOT Practice Guideline (2017, 2nd edition) entitled '*Occupational therapists use of occupation-focused practice in secure hospitals*'. The two recommendations are that "occupational therapists facilitate meaningful occupational choices for patients" (No. 6) and that "occupational therapists consider the impact of the environment on quality of life and occupational engagement" (No. 17). These two recommendations feature in the following guidelines and tools for practitioners:

- The main guideline and evidence base (S1) which allows practitioners to understand the underpinning research and context for the recommendations, as well as background on process; evidencing how the research impacted on the updating of this clinical health guideline.
- 'Quick reference and implementation guide' (S2), which is practitioner-focused with key tips for implementation: "*an easily accessible reminder of the recommendations for intervention and implementation*". As a condition of RCOT accreditation, practitioners would be expected to adopt this in their practice.
- 'Secure hospitals and CPD session PowerPoint' (S3), which has an overall aim to "*support a continuing professional development session to explore the practice guideline*"; contributing to CPD in secure units, and influencing training standards and expectation as expected and needing to be evidenced through RCOT accreditation.
- 'Audit Form' (S4) which is used and completed by practitioners to assist evaluation and evidence gathering of their 'current practice', with an opportunity to specify actions in response, including identifying a responsible individual and time frame for implementation.

The research-informed practice guideline and suite of resources is an essential evidence-based resource for OTs and practitioners working in secure hospitals within the UK, and the audit tool allows current practice to be evaluated and new practice to be adopted. NICE-accreditation means that it is the most trusted source of guidance for healthcare professionals, and the RCOT utilise the guideline in promoting OT standards in all secure mental health settings. The guideline is therefore also used to inform patients, together with other health professionals, managers and commissioners working in secure mental health services

In terms of scale, the guideline and resources could potentially influence the care and treatment provided to individuals representing the 7719 inpatient beds in secure mental health units in England (NHS Commissioning Board, 2013). On the basis of approximately one Occupational Therapist for 12 beds, there is an expectation that around 550-650 OTs are using the practice guidelines as condition of their accreditation. The guidelines are also produced in a patient friendly version to engage patients in developing the services on offer in any unit; increasing patient involvement in shaping and implementing their care and treatment.

Impact 2: Improved outcomes for ~100 patients at a mental health and disabilities trust

The research has been directly utilised at the Secure Care Unit for Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, and has had influence beyond the OT profession. The Trust's secure care unit has around 24 Occupational Therapists covering Prison, Mental health, Learning Disability and Personality Disorder in Medium Secure, Low Secure and Community pathways, and approximately 100 patients in their care.

The Trust's Associate Director of Allied Health Professionals, Secure Care, and Professional Lead Occupational Therapist, gave evidence of how Morris' research on occupations changing over time has improved the patient experience and increased patient involvement in shaping the Unit's practice and policy (S5): *"[The research] has led us to be more project orientated in our approach to 1:1s and group work, with no group session running longer than 8 weeks without review. For example, the medium secure mental health service run an events group which organises events on behalf of the clinic for world mental health day, black history month etc; with the therapeutic aims of role development and contributing to the immediate environment/community."*

The Associate Director (S5) also reported that Morris' research on the value and consequences of occupational choices has influenced practitioners to *"become more explicit in [their] therapeutic goals and care plans in order to support service users to link their occupational routines, choices, wants and needs to their overall recovery, transition into the community and sustaining their pro-social occupations when discharged from hospital."*

The research also prompted this Trust to take decisions on moving to a psycho-occupational model, and on staffing. This includes creating one band 7 Advanced Occupational Therapist and two band 6 Clinical Specialist Occupational Therapists. This has increased the amount of occupational therapy support available to patients. Links between this development and the research are elucidated by S5: *"I would, in part, credit the practice guidelines as a key contributor to the trend because it has given us a clear evidence base to articulate our contribution and reasoning."* More widely within this Trust, the research-informed guidelines have raised awareness about the importance of OT within these contexts, facilitating a *"broader recognition of the need for occupational therapy within the secure care population."*

Impact 3: Engagement with patients and other health care professionals to establish a local framework which improves care, and is used by practitioners.

For occupational therapy in secure settings, there is a careful balancing act between the needs of society, the responsibility of the service and the preferences of the individual they are engaging in assessment and treatment (R3). The Secure and Specialist Learning Disability Division of the Mersey Care NHS Foundation Trust serves 370 patients, and the Lead Occupational Therapist (S6) has stated how R3 and R4 have supported the Division to identify methods to 1) engage patients in meaningful occupation whilst in long term seclusion environments, and 2) to assess treatment needs or effective interventions with a cohort of patients detained in forensic services.

In an effort to improve Trust services, the Lead OT (S6) is developing a locally co-produced framework to support OTs and other disciplines which will be used to support progress on care pathways for patients in forensic mental health services. Through a series of workshops, the framework enabled patient involvement in shaping and implementing the division's policy and practice, developed in collaboration with 12 service users as well as 30 staff members from different health care professional disciplines in the high secure environment. R3 and the conceptual framework *"informed the development of this long term segregation focused project"* which *"has resulted in clinicians proactively reflecting and thinking critically re their practice in terms of what constitutes active engagement, factors that may influence participation in a positive/negative manner and methods in order to develop their understanding of how service users experience participation"*. This framework has initially been implemented in two high secure pilot wards, impacting six patients and being used by 12 clinicians within the multidisciplinary teams across both wards (S6).

Impact 4: Influencing OT education in Denmark and Sweden

A Professor in Occupational Therapy and Occupational Science at the University of Southern Denmark (also Associate Professor at the Karolinska Institute, Sweden, ranked by Times Higher amongst medical Universities as 38th in world and 10th in Europe) states how: “[the] framework is an important step forward in our knowledge building” (S7). This is in particular relation to training standards for occupational therapists: “I use it very much in my teaching on all levels, bachelor, master and PhD-courses”. The research has therefore influenced educational programmes at two institutions in Denmark and Sweden, prompting a new focus on the *qualities* of experience in occupation, rather than specific *areas* of occupation.

Impact 5: Increased understanding and awareness of occupational meaning

Finally, the research was featured on Episode 49 of the ‘OCCUPIED’ Podcast produced by Brock Cook, a lecturer at James Cook University in Australia and previously an occupational therapy Practitioner (prior to May 2019). His podcast has been running since 2013, and in Episode 49 ‘Meaning and Occupational Engagement’ (S8), Brock discusses how Morris’ research can contribute to our understanding about occupational meaning, and how this meaning needs to originate from the individual patient, rather exclusively from the practitioner. It has been downloaded over 1800 times since September 2019. The ‘OCCUPIED’ Podcast is evidence of enhanced public awareness about the ‘meaning’ of occupation: “*Meaning is arguably the most important aspect of a person’s occupation. Yet, in my experience, it is also one of the most neglected or least understood areas of our practice.*”

5. Sources to corroborate the impact (indicative maximum of 10 references)

- S1. RCOT Practice Guideline influenced by our research, see key recommendations 6 and 17 (pages 2-4) as well as corresponding sections where these recommendations are explained in further detail (pages 26-27 & 42-43), <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>
- S2. RCOT ‘Quick Reference and Implementation Guide’, (two recommendations cited pages 5, 7), <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>
- S3. RCOT ‘Secure hospitals and CPD session PowerPoint’ (two recommendations cited slide 9, 17), <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>
- S4. RCOT ‘Audit Form’ (two recommendations cited pages 3, 17), <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>
- S5. Testimonial and Letter of Support from Associate Director of Allied Health Professionals and Professional Lead Occupational Therapist at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust [Corroborator 1].
- S6. Testimonial and Letter of Support from Lead Occupational Therapist, Mersey Care NHS Foundation Trust [Corroborator 2].
- S7. Testimonial and Letter of Support from Associate Professor, Karolinska Institute and Professor in Occupational Therapy and Occupational Science at the University of Southern Denmark [Corroborator 3].
- S8. Brock Cook, E.P. (Executive Producer). (2019). Meaning and Occupational Engagement (49) (Audio podcast episode). In *Occupied Podcast*. Brock Cook. <http://www.occupiedpodcast.com/049-2/>
- S9. UK Government Shortage Occupation List. <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-shortage-occupation-list>.