



Ben Taub Neuropsychiatric Health Unit



Front door of the 4<sup>th</sup> floor inpatient unit

Adolph Meyer, a Swiss psychiatrist who emigrated to the United States in 1892, observed, *“The proper use of time [occupation] in some helpful and gratifying activity appears to be a fundamental issue in the treatment of any neuropsychiatric patient.”*

## Occupational Therapy on an Inpatient Acute Crisis Stabilization Unit in Community-Based Health

**Sally Harris King, Sr. COTA, Harris Health System**

I have practiced psychiatry my entire career, over 22 years, at Ben Taub, Harris County’s safety net hospital in Houston, Texas. Our facility has 402 licensed beds, 20 of which are on our locked unit on the fourth floor of the Neuropsychiatric Center, adjacent to the main hospital. System-wide, Harris Health has over 40,000 cases per year occupying beds. As you can imagine, between sheer volume and the involvement of a myriad of complex medical, social, and environmental factors, our biopsychosocial approach is holistic and compassionate in meeting each client where they are and assisting them in attaining their self-identified goals.

The environment of our unit is highly structured, and milieu based, with six Occupational Therapy groups scheduled throughout the day, 6 days a week from 7 am – 5:30 pm. While on the inpatient unit, each client is encouraged to attend groups conducted in the OT Clinic and the day area. Our small group consists of 3 OTRs and a COTA. We practice alongside attending psychiatrists, Baylor residents and medical students, social work, nursing, chemical dependency counselors, dietary services, and spiritual care. The top diagnoses are major depressive disorder, mood disorder, and schizophrenia/schizoaffective disorder.

A snapshot of our day:

We begin with a grooming and hygiene group. In this session, we allow patients to use products and equipment they don't have access to due to safety precautions. This activity restores self-esteem, reinforces structure and routine, education about norms/expectations for hygiene. Concurrent with this session is a reality orientation discussion with a topic being chosen by the scheduled therapists. This group fosters socialization, illness awareness and offers patients agency in their own healthcare and wellness. Additionally, many performance skills are enhanced, including social skills, executive functioning, cognitive flexibility, initiation, sequencing, time management, and decision-making.

Our second-morning group is arts and crafts. Clients are allowed to choose from a variety of projects, and they work on them daily for one hour. Typical projects are the decoration of ceramic objects and fabric bags, beading, stained "glass", and assembly of graded wooden kits, to name a few. Clients not inclined to engage in art may journal or work on cognitive puzzles. The goals of this group are to offer patients a sense of autonomy, practice self-control and regulation, improve focus and concentration, reduce stress, develop problem-solving skills, promote a feeling of accomplishment, and provide a safe and structured platform for expressing and expiating strong emotions. Engagement in tasks can facilitate confidence and foster independence in performing functional tasks in preparation for work challenges or volunteering. Ultimately the goal is for all of the performance skills demonstrated and refined in the group can be carried over into the real world, where the patients function independently in the community.



*To the left is the work of recovering WWI vets, and to the right is our countertop at Ben Taub with craft projects in progress.*

For the last two groups of the day, we transition to the day area for a leisure game or activity. These can run the gamut from a competitive game like indoor Frisbee or basketball, charades, Wii dance or games, exercise/yoga/qigong. They can also include cognitive based activities like bingo and memory games. Efficacy in these areas can enhance optimism and happiness. This group provides a physical outlet for emotional expression and promotes physical activity for holistic wellness. Further, it provides sensory input that research has shown to benefit those with negative symptomology. Exploring the therapeutic value of leisure and cognitive occupations can assist patients in reintegration into the community. Clients are encouraged to express their preferences and values and validate those of others. These are essential skills for clients with disruptions in mental health.

During the afternoon, I can visit with select clients individually to work with them on resources for aftercare, exploration of vocational or academic goals, 1:1 sessions for stress management, illness education, and healthy relationships.

In closing, I want to share testimonials from OT practitioners I have worked with over the years in mental health:

*"I believe that by simply talking to our patients, listening to what they are saying, and reinforcing what other staff are educating and promoting about their illness and their resources, we offer them some degree of hope. This is probably the only place where people will actually listen to them and pay proper attention to them without being judged or dismissed at the first minute."*

*"It is crucial to determine treatment priorities since we are an acute setting, to determine community resources and steer our patients to out O/P groups. We must accept we may not "fix" them in such a short time."*

*How can I make a difference in such a short amount of time? By interacting with the multidisciplinary treatment team, sharing clinical observations and engaging in the evaluation, treatment & discharge planning process. Even though the stay may be short, I still try to meet as many of the client's treatment needs as possible."*