

Facilitating recovery through a ward development project

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Hannah Lilley explains how the development of a ward courtyard space has provided a significant improvement to the ward environment and an opportunity to support patient recovery through engagement in meaningful occupations

Willow Ward is an acute unit for older people with functional mental health difficulties, such as depression, anxiety and psychosis. Over the last year, we have been developing a small, overgrown and unusable courtyard garden in the centre of the ward.

We wanted to create a calming space with planting and artwork, and with this vision in mind our goal was to enable our patients to participate in the project throughout.

Over a number of months this has been incredibly successful, with patients becoming involved in a vast range of activities from group planning to planting the garden, designing and painting a large mural and, in colder months, sanding, painting and varnishing bird boxes.

Reflecting on the project it has been fantastic to recognise the wide range of ways this has supported the recovery of the people we work with, particularly in building motivation and self-efficacy through strategies identified within the re-motivation process.

The variety of tasks involved enabled us to use patients' different strengths and interests, to set up appropriate roles and responsibilities and work towards individual goals.

Collaborative planning

Paul Herrington, from Grow Places, and Lucy-Rose Andrews, social recovery project manager, brought skills and expert knowledge to our project. With each of them we ran open group planning sessions on the ward, with the occupational therapy team enabling engagement and communication, having developed rapport and understanding of individual patient needs.

The re-motivation process discusses the benefits of involving people in collaborative projects so as to develop self-validation and self-efficacy.

Patients reflected that the garden space ought to be 'peaceful'. Being in an area of the ward that is communal, but away from the busier dining area, it often provides a safe space to begin to build confidence on the ward, take first steps away from self-isolation, and sometimes an area to eat and drink, which has less risk of over stimulation and related agitation.

Patients suggested pastel colours, grasses that could gently move in the wind, spring bulbs and scented herbs. We also planned a large painted tile willow tree to add to a big blank wall in a mix of colours to suit across the seasons.

Involving patients from the early stages gave a sense of belonging and responsibility within the project.

As professionals we are expert in supporting patient recovery, but not expert in the tasks themselves, and this led to us working more collaboratively, with a reliance on the skills and knowledge of the patients within the group, some of whom luckily were quite expert gardeners.

The groups also ensured that our plans captured what the patients felt was needed from this environment at each stage of their recovery on the ward.

Facilitating participation

For many people on the ward motivation at the most basic level can be a challenge. Through facilitating groups in communal areas we enabled people to observe, and through this, invited their participation.

During the initial stages, completing meaningful occupations alongside a person can help to prompt curiosity, interest and occasional engagement. Often patients with low motivation or confidence declined to join in, but soon called suggestions across the room or stopped to have a look at what we were doing as they passed.

The project also provided a starting point for some one-to-one conversations to explore life history and personal interests. Patients were invited to take on individual roles that were personally meaningful to them at each stage, enabling us to provide recognition of their individual skills and interests and develop a sense of capacity.

As an example, a keen gardener with Parkinson's did not yet feel able to join us in the garden, but spent much time sanding a bird box, which he shared with pride.

One group of ladies spontaneously began working together to interpret our garden plans and direct where plants should go. Another lady, who had declined to engage in anything on the ward, began telling us about her past work as a stained glass window designer and agreed to go and look at the artwork we had been painting.

Taking on these responsibilities within the project could be seen as facilitating motivation; activities were set up to be achievable and patients gained positive experiences.

Through the volitional process this then supported the development of self-confidence and therefore motivation towards other tasks.

Moving forward

When moving towards discharge, a significant aspect of the occupational therapy role on the ward is to work with patients to identify plans and strategies to meet functional goals at home.

This often involves home assessments, however for one patient her goal was to build her

confidence in re-integrating into her local community. A trip to the garden centre, following a home assessment, gave purpose to exploring the wider community while out of hospital, to explore her expectation of overwhelming anxiety and an inability to cope.

With support she was able to reflect on this experience positively, developing her self confidence, and a couple of weeks later she returned independently to do her own shopping and from there identified a number of local social groups to try.

Other patients also began integrating their skills and confidence into their daily lives on discharge. One lady began pruning the plants in her conservatory during weekend home leave, which she reported gave her a sense of purpose and achievement, having previously believed she would be unable to return to gardening due to having had a fall.

Two patients returned to the ward after discharge to donate plants that they felt would add to the space, demonstrating a sense of inclusion and an ability to reflect on the positive aspects of their recovery on the ward.

Supporting recovery through engagement in occupation

Overall, while the project has involved a lot of work, it has provided a significant improvement to the ward environment, an opportunity to develop relationships with a wider multidisciplinary team and, most importantly, numerous opportunities to support patient recovery through engagement in meaningful occupations.

It has left me keen to identify what project we could work on next to continue to provide these opportunities.

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