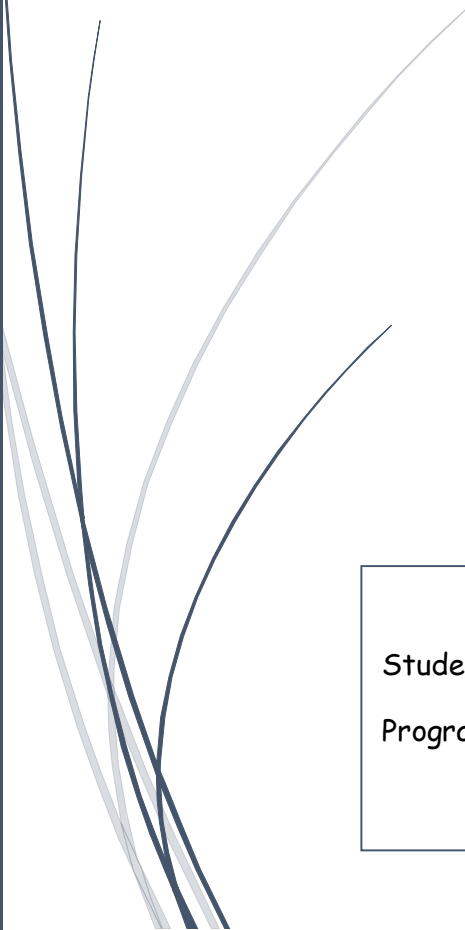


Mental Health Placement

Workbook for students



Student name: _____

Programme of Studies: _____

Contributors

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Introduction

Dear student,

Welcome on board! It is with great pleasure that we welcome you to the mental health setting - an area which is expanding and offering a very important kind of service to people who experience mental illness. We do not like to dwell on the negative but we cannot hide the knowledge that mental illness is becoming more common - in fact one of the leading illnesses even on our little sunny island! So in order to do something about this, our target is the promotion of mental health, prevention of mental illness, promoting recovery and maintenance of a good quality of life.

This goal can only be reached by the combined efforts of various professionals - this is because mental illness may require several types of help - for instance, a person may need help by receiving medication (prescribed by the psychiatrist), talking therapy (provided by the psychologist) and monitoring plus overall guidance by the psychiatric nurse. See? That's already three professionals!

Intelligent and energetic individuals like you can also provide valuable help in promoting our services and helping us to combat the stigma that still unfortunately surrounds mental illness. The fact that you are outsiders (but we promise that during your placement we'll do our best to help you to become part of our teams) introduces a fresh perspective and you are in a great position to give us feedback about what we do. Then you can go away from the placement and let the world know that we are great (hopefully!). Or at least you can say that mental health, the mental hospital and people who have a mental illness are not the stuff of nightmares and spooky tales.

We take great pride in our work - which is why we continuously seek to improve our services...please let us know if you have any suggestions! While hoping that your placement will be informative and useful, please do not hesitate to bang on our office doors if you encounter any difficulties.

Paulann ☺

Mental health placements co-ordinator

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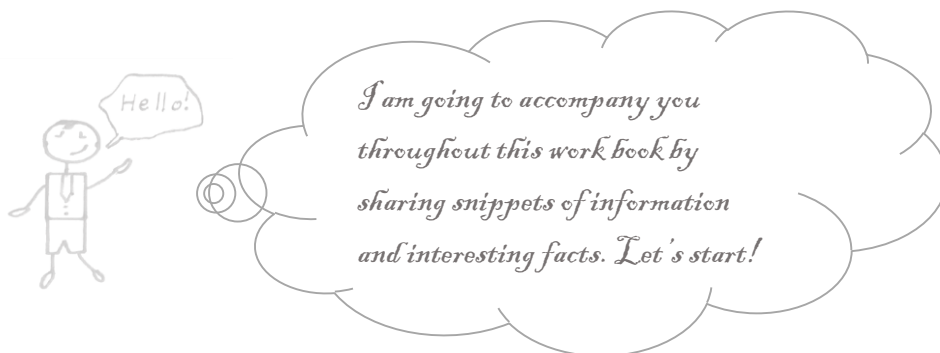
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Guidance for using this workbook

This workbook has been introduced to make your life easier during your mental health placement. Your friends - the ones who have had their mental health placement before you - have let us know that sometimes, they felt a bit lost during the placement. Meaning that they did not really know what to do or what kind of activities to organise or participate in. This is because the setting was so different to other placements that they had had in the past. In the mental health setting, we do not have much equipment or medical/surgical procedures - the things that we most commonly need to help a person with a mental illness are: medications, talking therapies, the skills to build/maintain a therapeutic relationship and a good dose of common sense. Oh and yes...a big heart. We are very touchy about respecting the people that we try to help - that is why you will find that we are quite strict with asking you to respect our regulations during the placement - because we try to disrupt the wards/units as little as possible. Remember: the people who are receiving care inside the hospital need a peaceful environment and issues such as overcrowding may not be so pleasant for them.

This book consists of a step-by-step approach to guide your placement. It is a demanding little book and asks you to carry out many activities but more important it guides you to THINK and REFLECT. We are hoping that in order to complete the activities in the book, you will truly immerse yourself in your placement. After all it is just 7-weeks long and you may never get another opportunity to work in a mental health setting again. Even if you never return to us, you can use the skills that you learn here in other areas because believe me, mental health/ illness is EVERYWHERE and affects anyone (including you).

In order to help you to carry out the activities, we have created a Resource Box. This contains stuff that you will need to use during the activities suggested in this book. So plan activities that you would like to carry out and then email Paulann so that she can supply material for you. Please make sure to maintain the items in good condition and when you're done, kindly return them to Paulann so that other students can also make use of them in the future.





In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth? (Rogers, 1961, p.32).

Remember to be guided by **RECOVERY**:

Relationships - get to know the staff and the people who are receiving care.

Ethics! - Autonomy, Beneficence, Nonmaleficence and Justice. Now go to look up each of these words!

Confidentiality - small island, new travels fast etc. What you see and hear should not leave the hospital.

Options - people who are receiving care need to be provided with options and so you need to discuss with them. Do not offer any type of activity as the **ONLY** option. Be flexible.

Voluntarily - people who are receiving care have a degree of free will. Do not impose!

Empowerment - "Jaňasra", "Sabiň/a", "Miskina". People who are receiving care are **NOT** babies. Therefore do not treat them like kids and do not use baby talk! Help them to become independent.

Respect - you are dealing with precious human lives. Be civil and well-mannered. Treat people in the same way as you would like to be treated.

You are a student! - so ask, ask and ask. And then ask some more. When? Whenever you are unsure and before you carry out any activity. You need to be supervised too.

Links to mental health resources

- Please refer to the mental health book and leaflets that I included in one of my emails to you. If you have completed the Mental Health study unit, please make sure to refer to your notes and revise.

Other resources:

- <http://www.mind.org.uk/>
- http://www.nami.org/Template.cfm?Section=By_Illness
- <http://www.rethink.org/living-with-mental-illness/recovery>
- <http://www.hearing-voices.org/voices-visions/>
- http://www.who.int/topics/mental_health/en/
- <http://www.map-n.net/>

You can also find a file with articles about mental health in each of the areas where you are working.

So let the journey begin....



Did you know that before Mount Carmel Hospital was built, people with mental illness were kept at Villa Franconi at Floriana? That explains the term "Ta' Frankuni"!

1). The Placement

What are your thoughts about the mental health placement? Please discuss things that you may be looking forward to observe/practice and any fears that you may have.

What do you expect to learn from this placement?

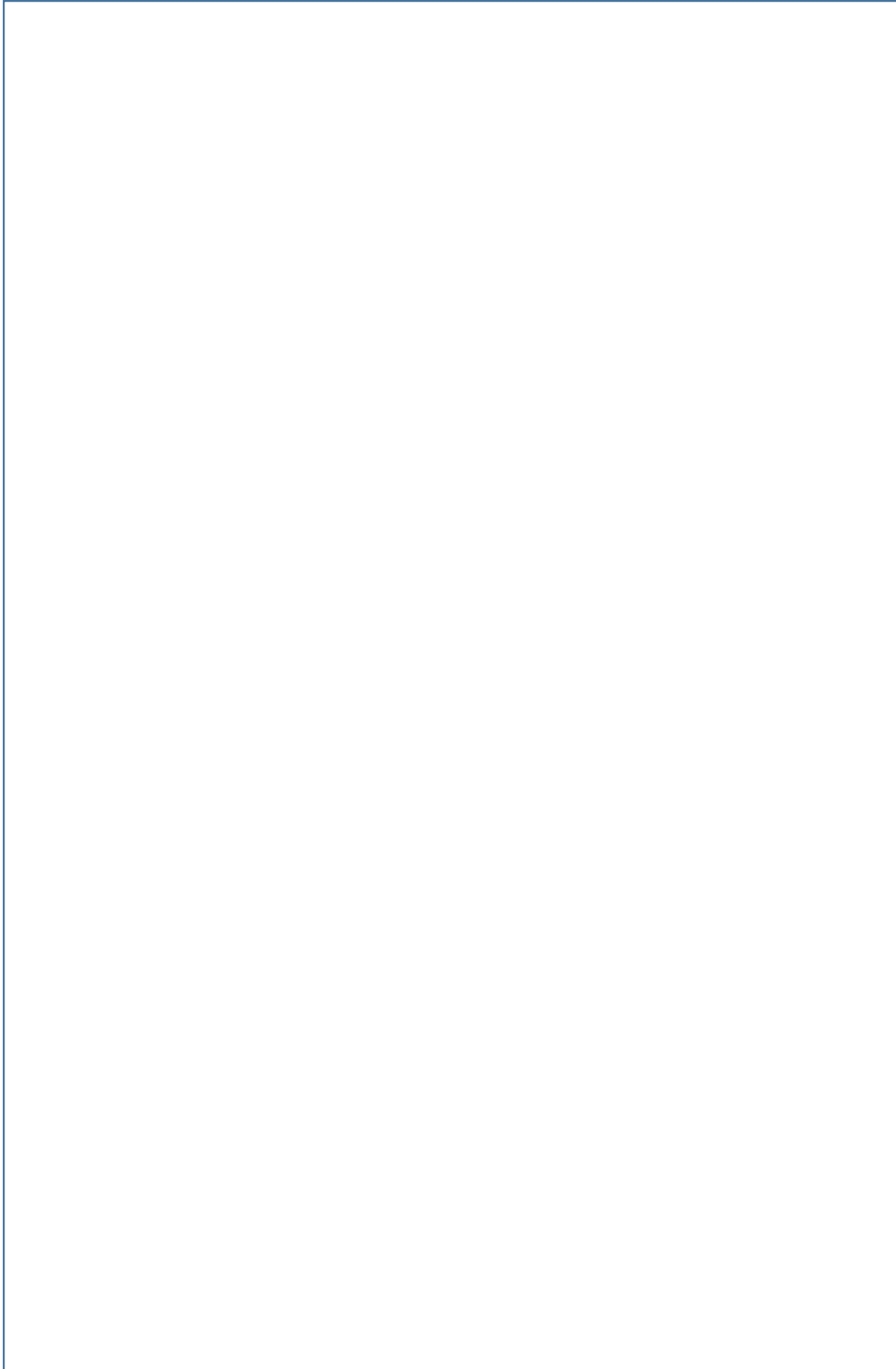
2). The Psychiatric Hospital – the building



Write down your first thoughts about the physical building of the psychiatric hospital.

Which is your favourite part of the hospital? Why?

If you had the power and resources, what would you change in the physical building of the hospital? If you like, you can draw a little sketch of what you would like the hospital/ward to look like...give it a try..no worries..few of us are budding Picassos!



3). The Psychiatric Hospital – the system

Are you aware of Community Mental Health Services in Malta? Check them out:
<https://secure3.gov.mt/mentalhealthservices/page.aspx?pid=53>

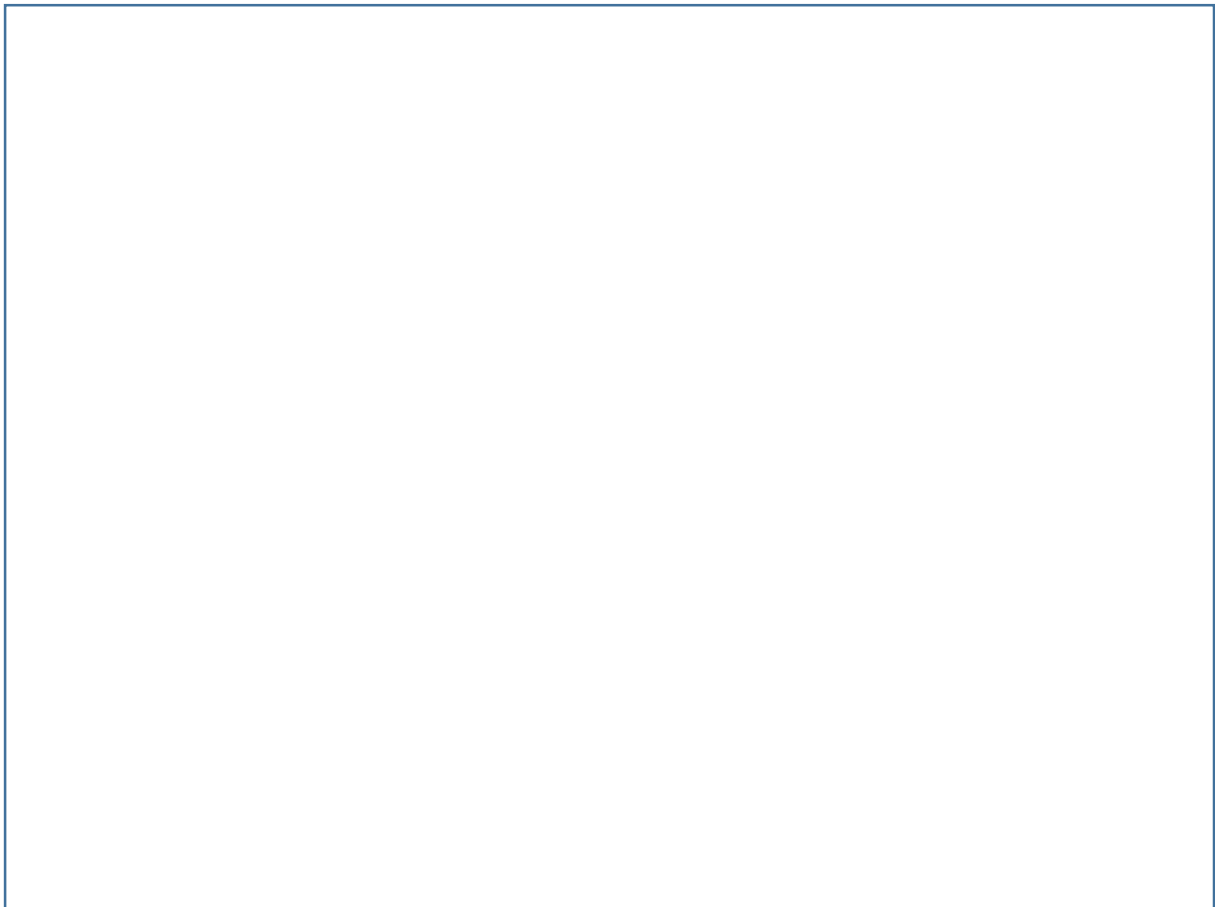


Please list the different wards and units in the hospital.

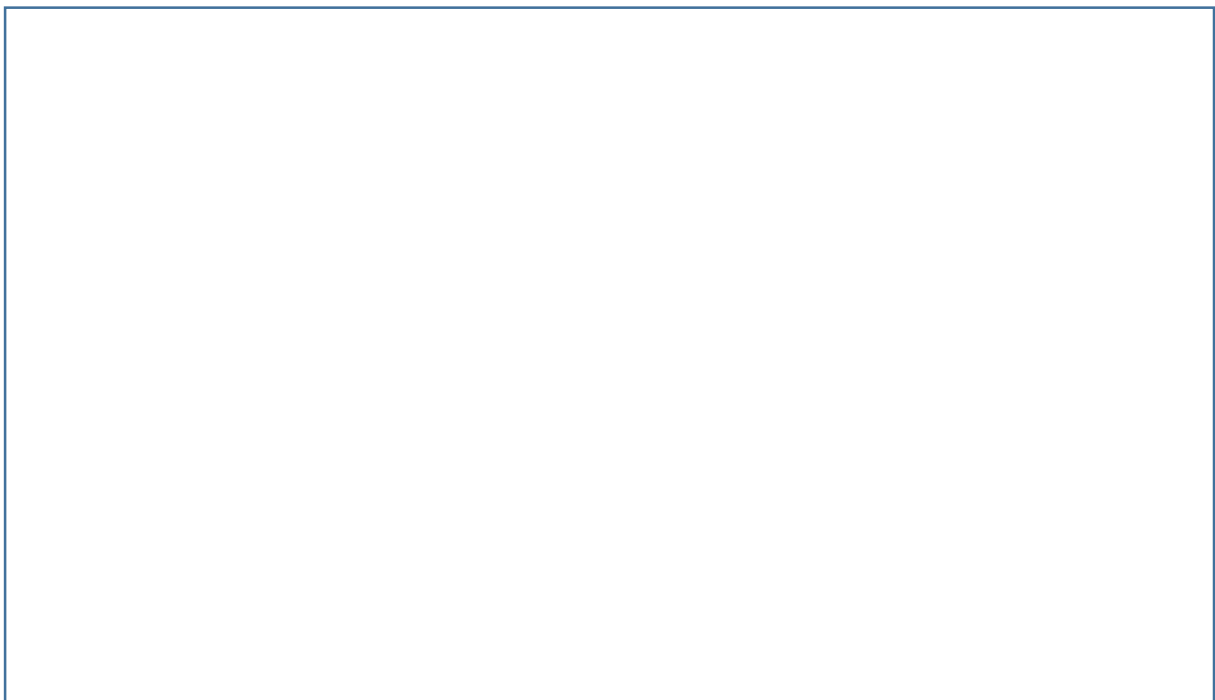
Discuss what is meant by a 'multidisciplinary approach'.

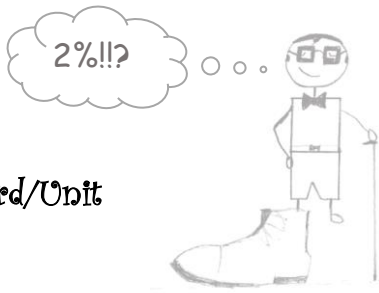
Can you name some of the psychiatrists (and their speciality)?

Describe the different ways of admission to the psychiatric hospital. (*Hint: Refer to Mental Health Act*)



What does it mean when a person is sent 'on leave'?





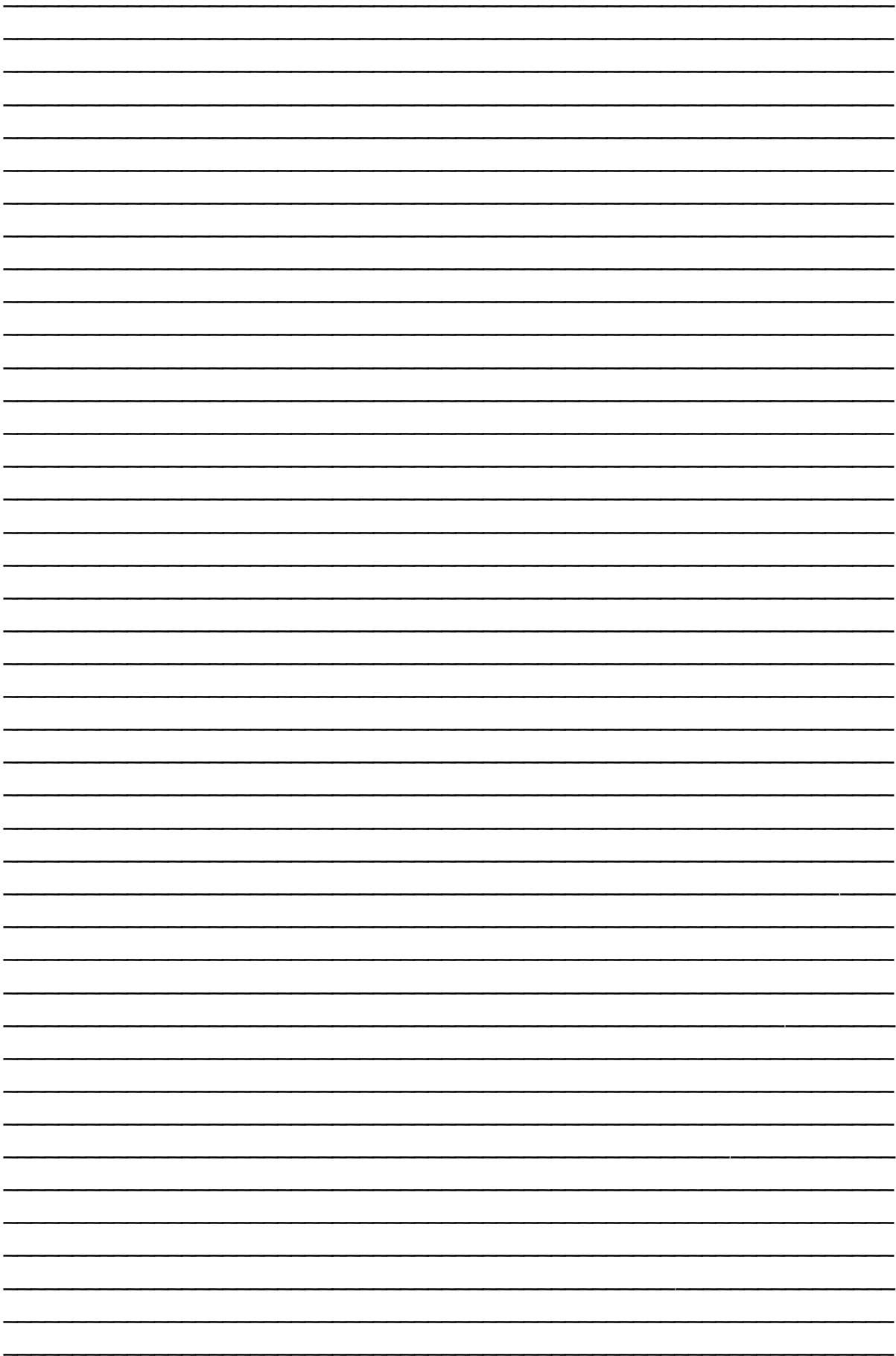
2). The Ward/Unit

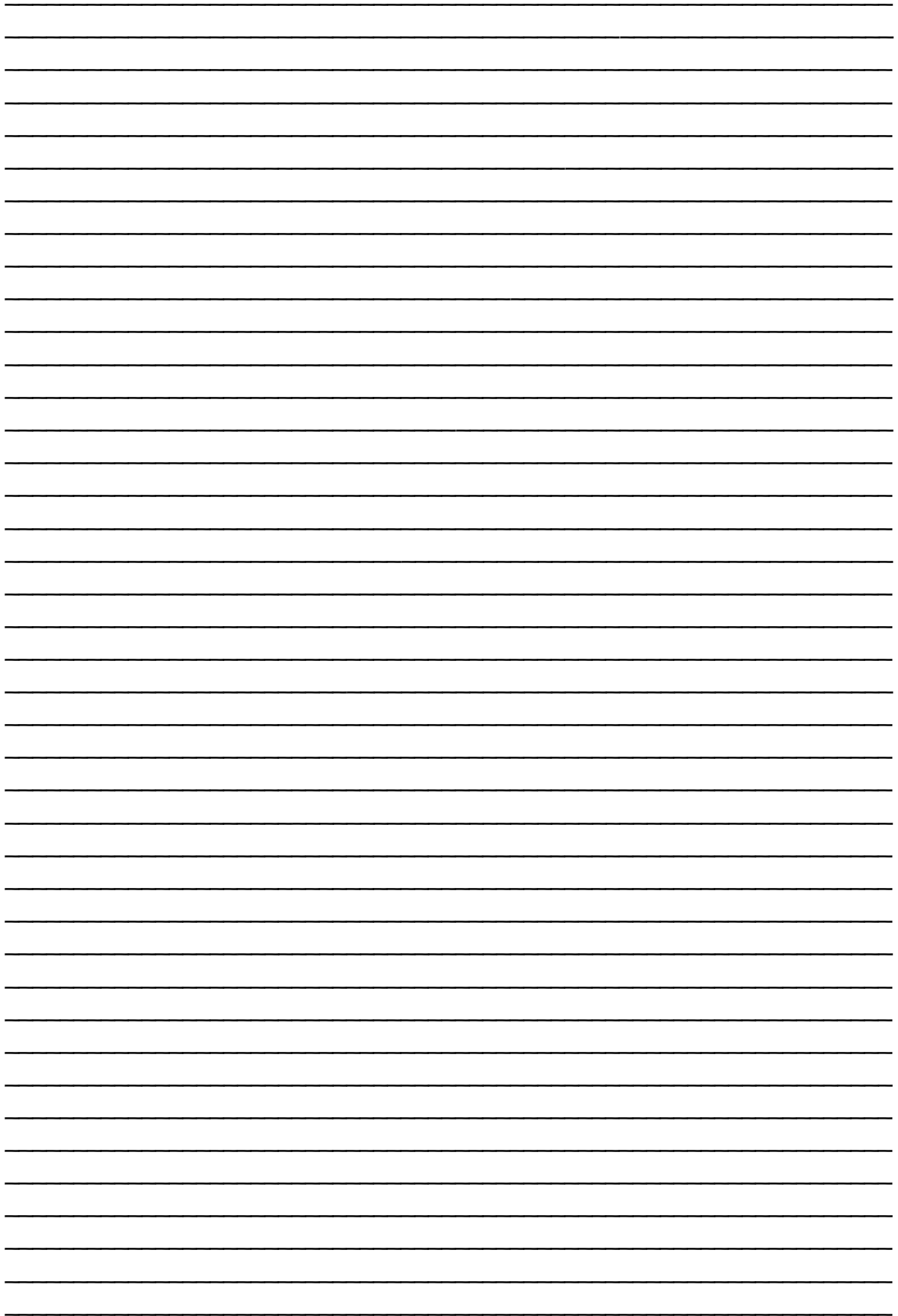
“Put on his glasses, wear his shoes, breathe the air that he breathes, think like he thinks, live like he lives...and then you will be 2% closer to what it is actually like to be him.”
(Author's own)

What is the aim of the ward/unit that you are placed in?

Keep a reflective diary about 2 days in the ward/unit - describe your observations, experiences and feelings.







5). *Straight from the horse's mouth! Getting to know the care receivers*

What does a person with a mental illness look like? Easy! Just look in the mirror and you will get your answer...because we are them...and they are us. So actually...there is no such thing as 'them' and 'us'!(Author's own).

With the nurses' help, select two care receivers. Explain that you are a student and that you need their help to learn about their experience of mental illness. If they agree, proceed as follows:

Go through the questions found on page 16 by engaging in an informal discussion with each of the two care receivers. **Do not document the answers to the questions.**

Now (and only now) go through the person's medical file to get additional information.

Once you have completed the above, you need to form a plan of how you will work with each of these two care receivers. You need to do this as follows:

a). Think about activities that would be appropriate to carry out with these care receivers during your placement. A list and description of activities can be found on pages 31-54 and you can also think about other activities yourself. **You need to discuss with the care receivers in order to get to know about their preferences and agree together on activities that you may carry out. You also need to discuss these activities with the nursing staff.**

b). Make a provisional plan of when you will be carrying out each activity.

c). Apart from the activities, dedicate time to have a discussion with each of the two care receivers (at least once per week) in order to discuss:

- their feelings about progress/changes since the last time that you had a discussion with them
- their feelings about the current situation

Please have a look at *the session/activity log and report on pages 56-57 at the end of each activity/session, you need to make sure to complete these.*

Questions to ask

Care Receiver 1

Please can you tell me some things about yourself: who you are, where you live, workplace, family etc.

Please describe the events that led to your first contact with mental health services.

Can you tell me a bit about your symptoms?

What treatment are you receiving? (Here referring to psychological, complementary & alternative or pharmacological interventions)

What keeps you going? (Or what gives you strength/ meaning?)

How would you like your life to be different? What are your goals, wishes and dreams?

How did you get through the tough times in your life? In the past, which supports have you found useful?

What things that you've done or ways that you've behaved make you feel really proud of yourself?

Do you have any hobbies or interests?

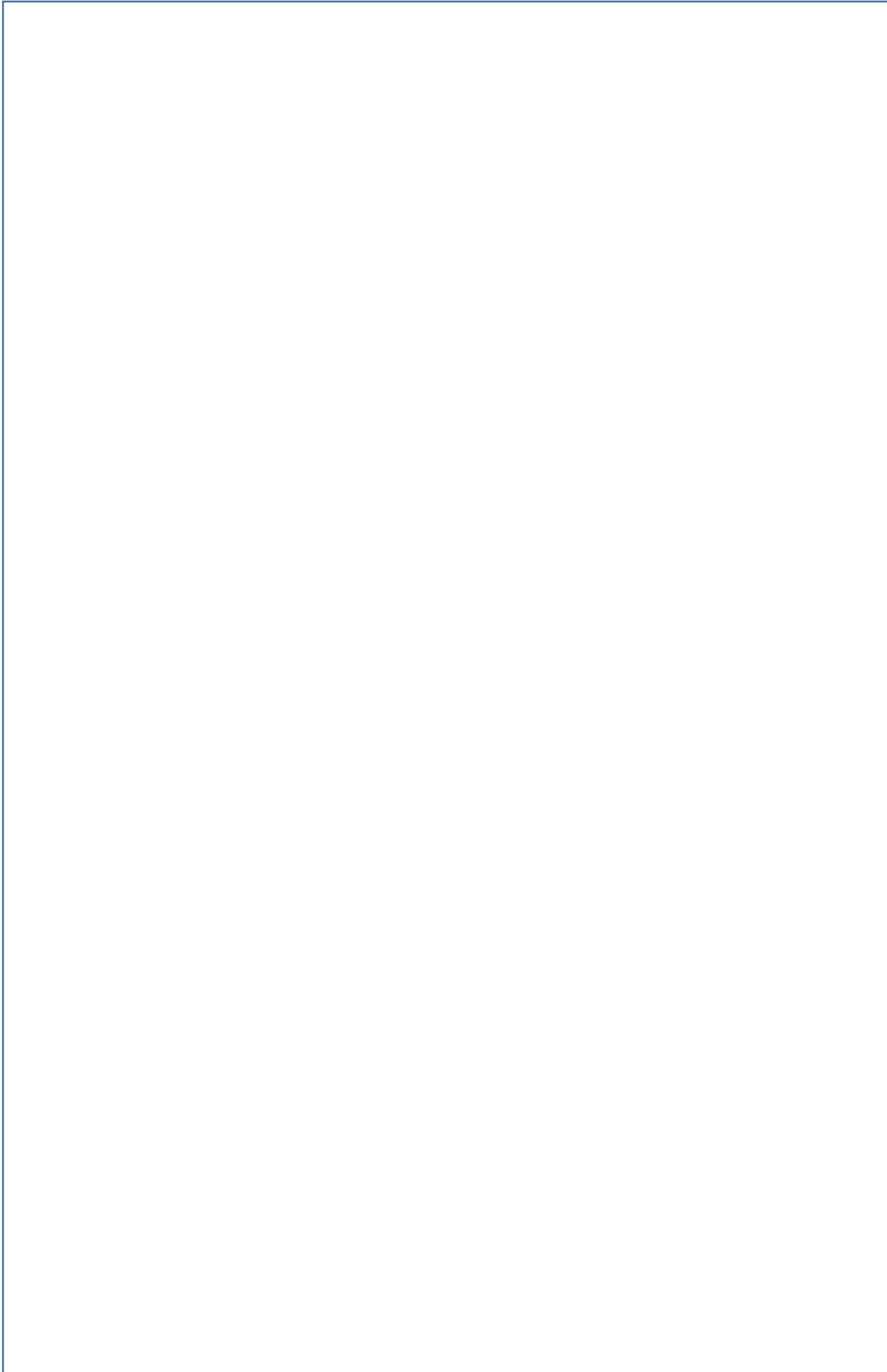
6). Nursing Care



List the physical care activities that are carried out by nurses in the ward/area. These involve activities such as checking the parameters and helping the person with bathing and eating.

Describe in detail the psychiatric care activities that are carried out by nurses in the ward/area. These involve activities such as care planning and one-to-one sessions with care receivers. For each of the activities that you list:

- Describe the steps followed by the nurse
- Your reflections: good practice that you observed, your personal suggestions, what you learned from the process



7). Psychiatric Treatment

a). Pharmacotherapy (Drugs)

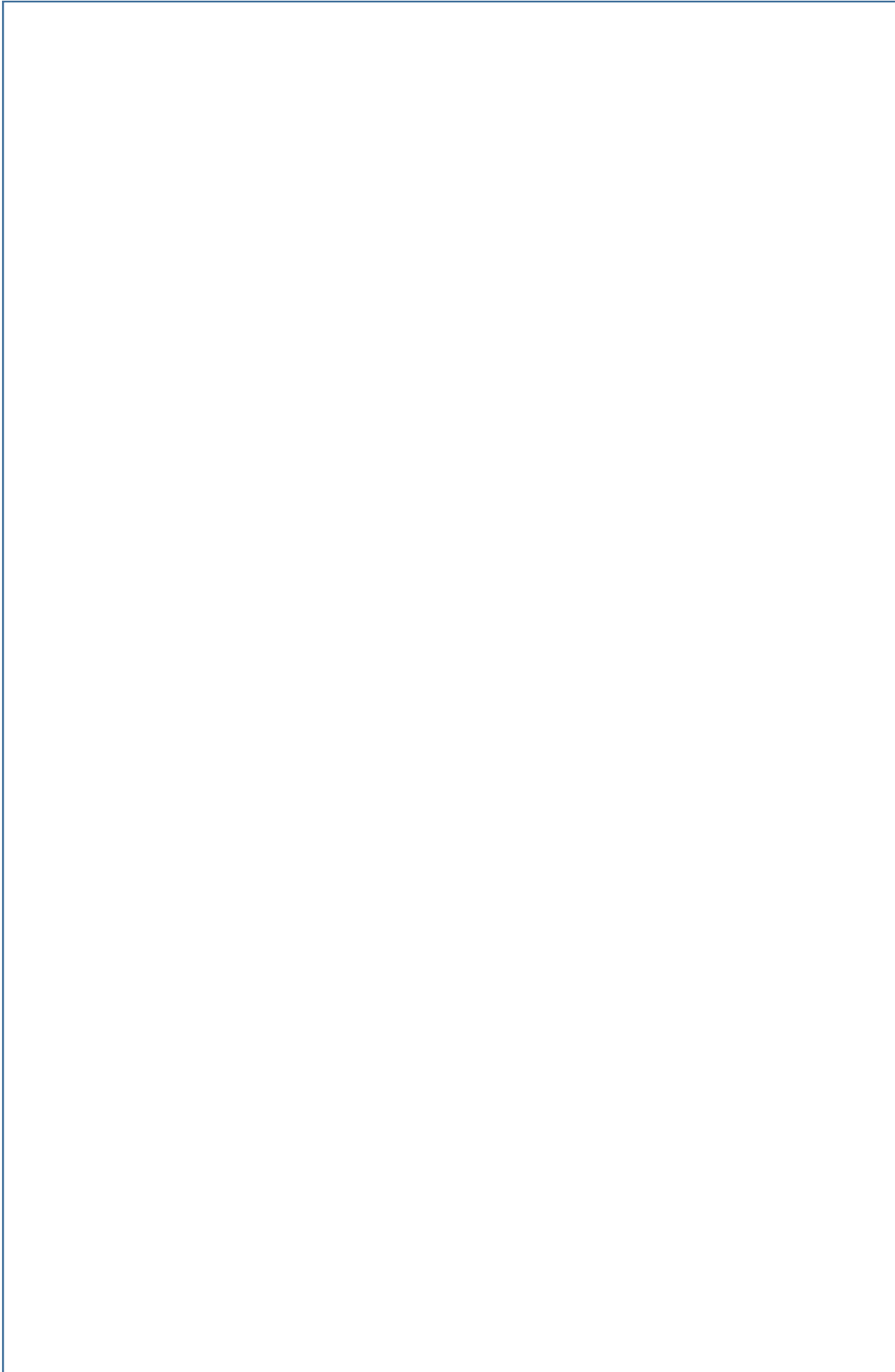
Pills are not magic bullets! They may help some people. For others, talking therapies may be more appropriate. When someone does not wish to take medication, make sure to explore the reason **WHY**. Phrases like: "You have to take them because that's what the doctor ordered!" are not really helpful. (Author's own)



Ask care receivers/nurses to give you a list of the most commonly used 10 - 15 psychiatric drugs. Describe each of the drugs as follows:


- *Drug name*
- *Class type*
- *Indication (why the drug is used)*
- *Common side effects*

Please list the literature source from where you obtained this information

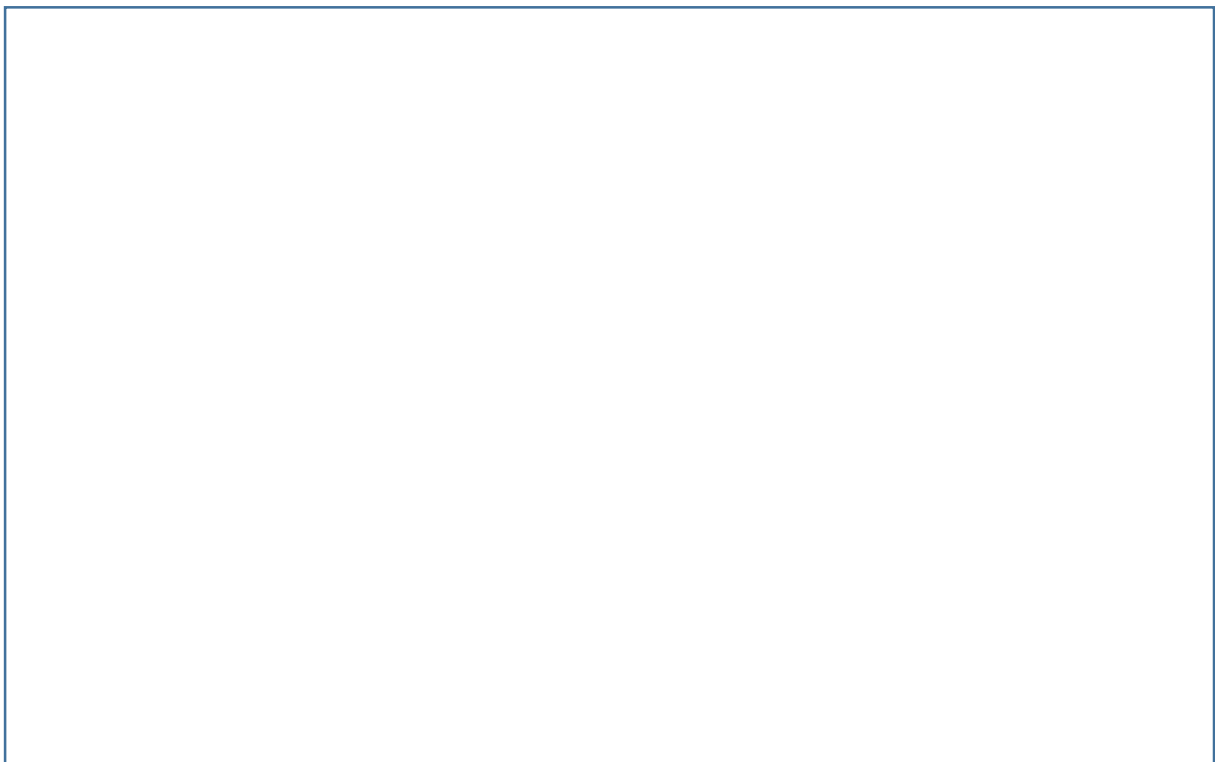


b). ECT

What is ECT? Indications, benefits and side effects.



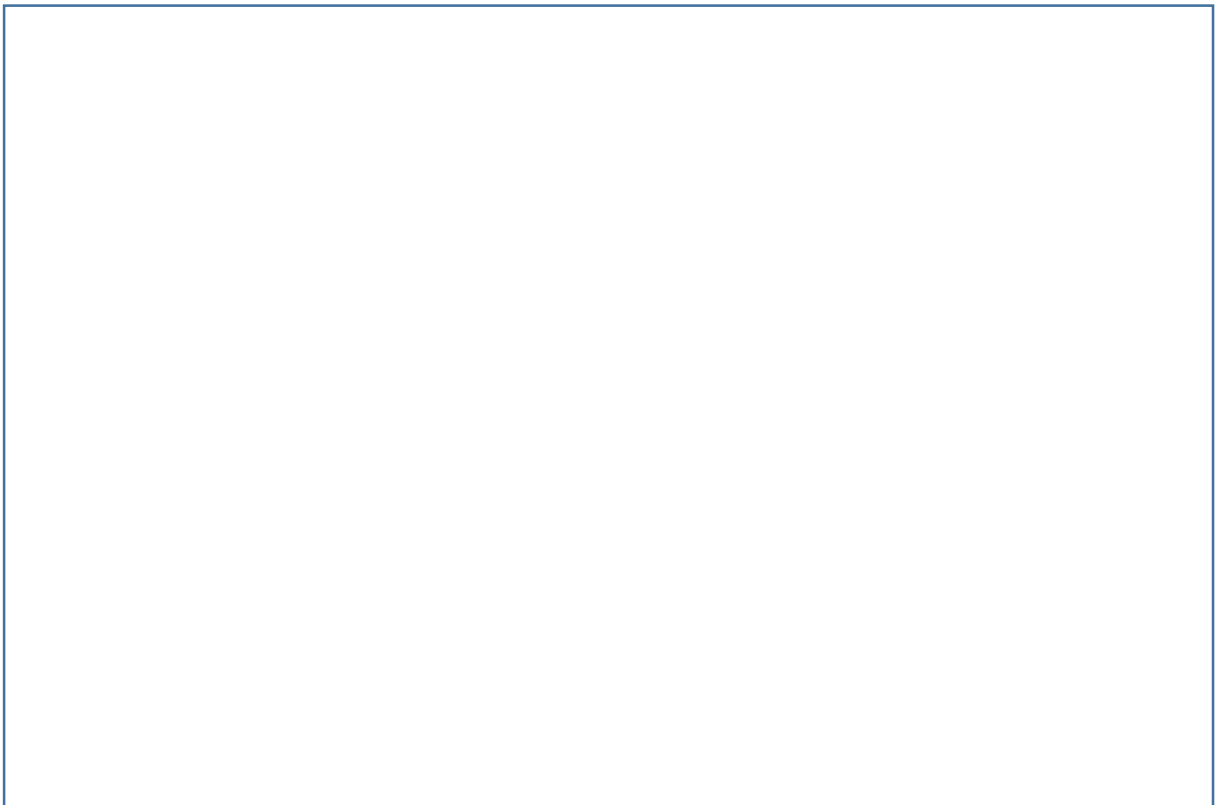
What does the literature say about the effectiveness of ECT? (Please refer to at least 2 published papers based on research studies in your answer).



Describe the pre-procedural care in ECT.



Describe the nursing care that needs to be provided following ECT.



c). Other treatment

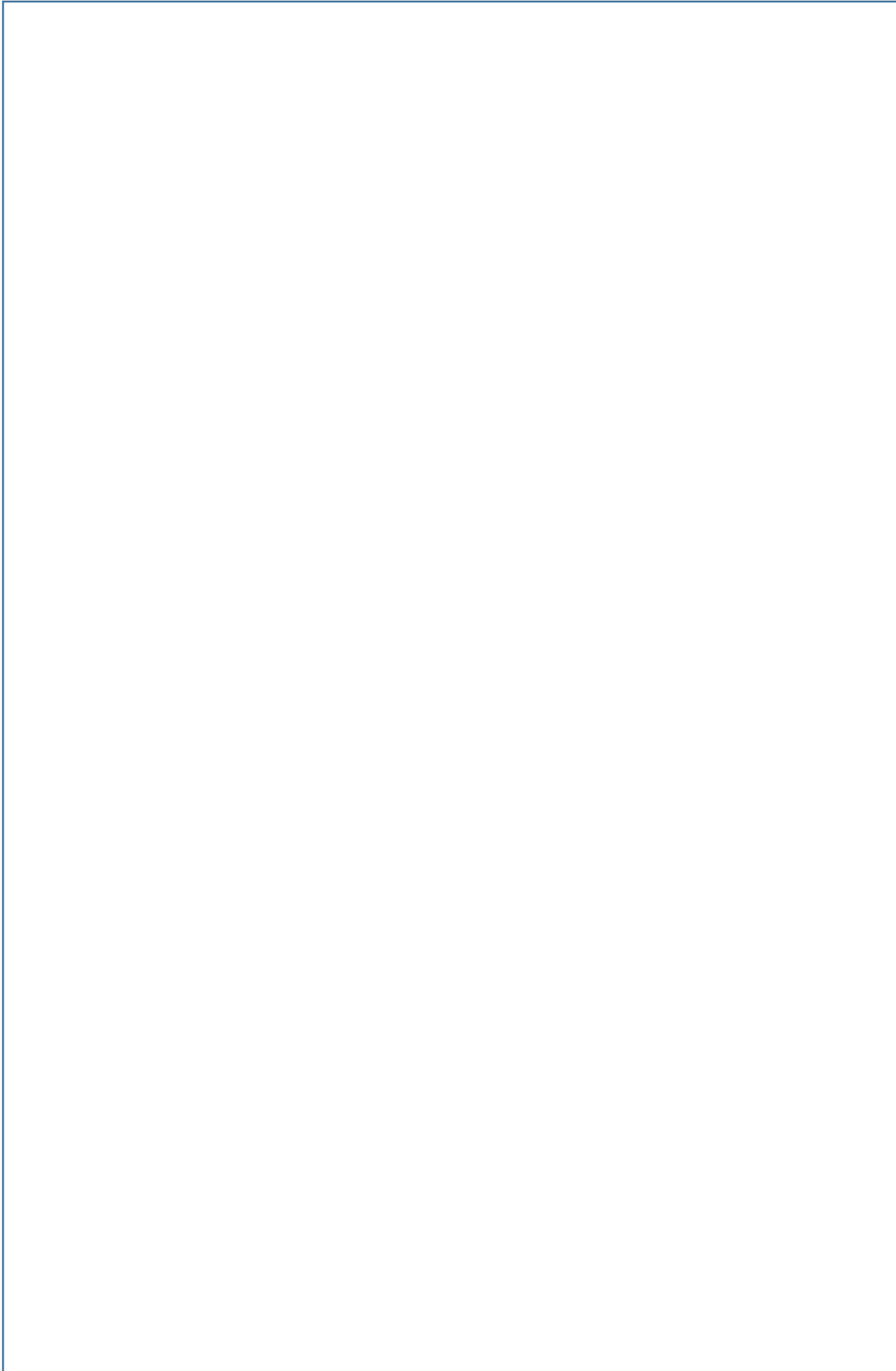
Ask about any other type of treatment (apart from pharmacotherapy) that may be used in the ward/area. Describe the type of treatment being provided.

Please refer to the following link to read about other treatments that may be used in mental health care:

http://www.madinamerica.com/resources/#non_drug_therapies

Select 3 types of non-pharmacological treatment (not drugs) and describe their main principles.

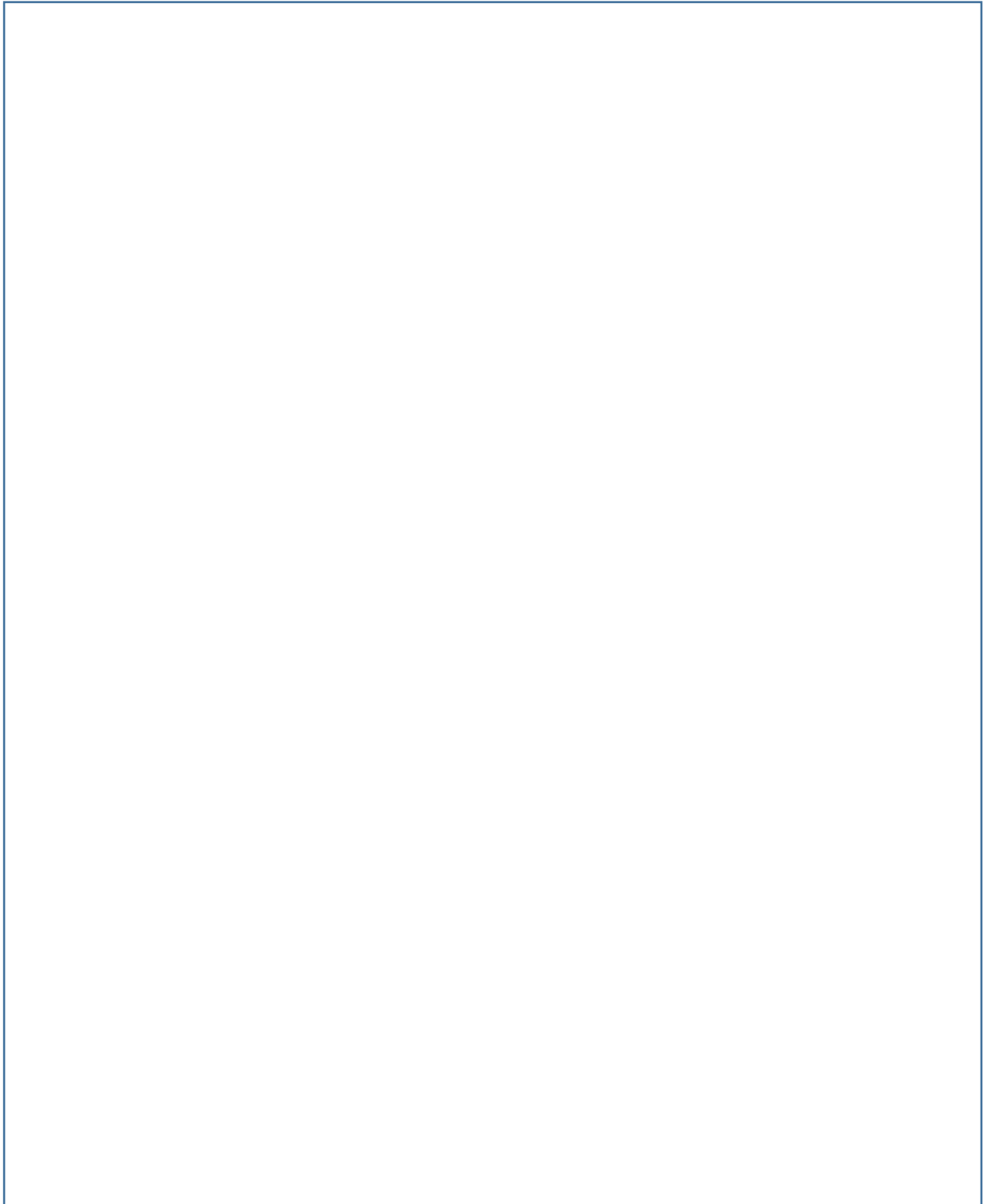
Please list the source from where you obtained this information



c). Ward round/ Case conference

Check when ward rounds/ case conferences are carried out and attend.

Based on your observation, describe what happens during a typical ward round/ case conference. Discuss aspects that you enjoyed and ones that may have not been pleasant to observe.



8). A Recovery Approach



"Those of us who have been diagnosed are not objects to be acted upon. We are fully human subjects who can act and in acting, change our situation. We can become experts in our own journey of recovery" (Deegan, 1996, p.92).

Describe the main principles of the Recovery Approach in mental health

(Hint: http://www.mentalhealthrecovery.com/recovery-resources/documents/100_ways_to_support_recovery1.pdf)

Let's see how it feels to be inside!



9). Being a care receiver

If you were a care receiver inside this ward/unit, how do you think that you would feel? What would help you? What would affect you in a bad way? What would be beneficial for your recovery?

What kind of activities would you want to do?

10). What do the care receivers think?

“It is the client who knows what hurts, what directions to go, what problems are crucial” (Rogers, 1961, p.12).

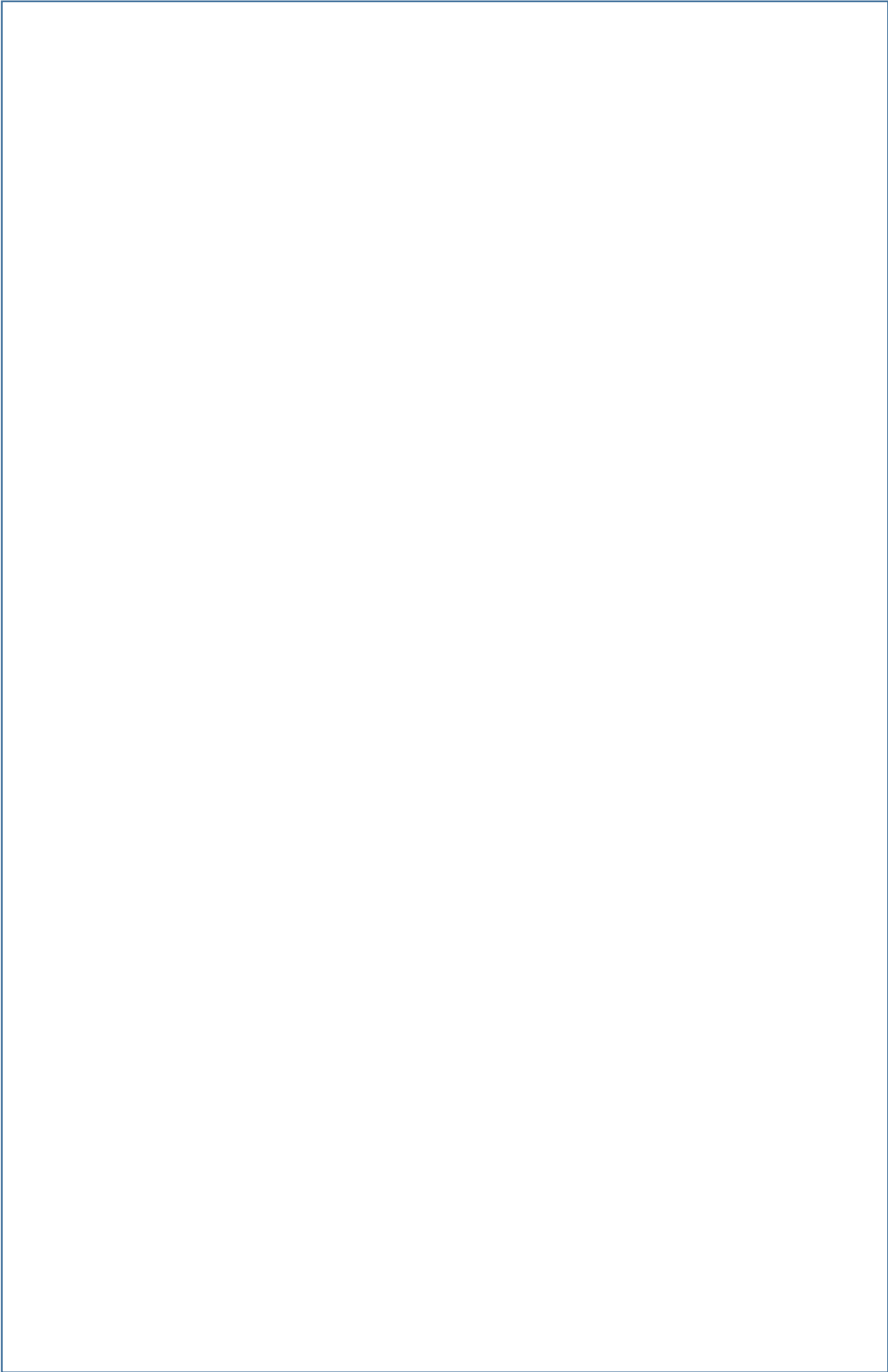


To what extent do you think that care receivers are involved in decisions related to their care?

Ask the following questions to three care receivers in the ward/unit that you are working in.

- When you are at the Psychiatric Hospital, which are the things that help you to get better?
- When you are at the Psychiatric Hospital, which are the things, if any, which affect you in a bad way?
- What would help you? What kind of activities would you want to do?

Reflect on their replies and summarise them in order to answer each of the above questions. **Do not document the care receivers' specific replies but amalgamate them in a general summary for each of the questions.**



11). Activities



You have a magic key which can unlock the door to a person's mind. This magic key is called **CREATIVITY**. Be creative and involve the care receiver in activities. This will help to subtly and gradually build a relationship with the person. You may be surprised at how much you can get to know about a person over a cup

The following activities can be done with 1 care receiver or with a group. You can choose activities which are listed in this book or else you can be creative and invent your own activities as long as you discuss these with the staff.

You need to choose at least four activities during your placement. Think about the activities that you would like to carry out. Discuss these with the nurse in charge of the ward/ your mentor. Then email Paulann Grech (paulann.grech@um.edu.mt) so that she can provide the material and resources needed to carry out the activities.

Please have a look at *the session/activity log* and report on pages 56-57 **at the end of each activity, you need to make sure to complete these.**

Please discuss this with the staff in the ward/unit so that they can:

- guide you on how to carry out the activities.
- ensure that the activities chosen are suited to the care receiver who you are working with.
- ensure that the activities chosen are suited to the ward/unit that you are working in.

List of activities

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a).Life story work

Source: <http://www.makingwaves.org/about-us/>

A life story is a biographical account of a person's life. This includes stories of experiences and relationships that have shaped the person's identity. For example: stories and photographs from childhood (including family relationships, holidays and friends); and any significant event in the person's life. These are the kinds of things that make us who we are, and is often the kind of information that is difficult to access for people who use services and their carers. This is particularly true for people who have communication difficulties, as they may never be able to tell their stories.

A life story can be presented in a number of different ways and formats including scrap books, pc based formats, audio recordings or podcasts, memory boxes, posters, and video diaries. This 'toolkit' aims to help people produce their own life story/recovery narrative, with ideas for workers and carers to support the process and engage people in life story work in the care setting.

Life story information provides a necessary alternative to the clinical profile provided in a person's care plans or medical records. Many people who have used mental health services have negative perceptions of their past experiences. Producing narrative work is an opportunity for them to reframe some of these experiences and help them work towards recovery. Life story work compliments the recovery and social inclusion philosophy and current interventions by focusing on the similarities rather than the differences between a person and the rest of society.

Life story work has been used and evaluated as an innovative intervention in other healthcare settings (see McKeown et al, 2006 for a review of life story work in health and social care settings) but there has been a notable gap in mental health services.

McKeown, J., Clarke, A. & Repper, J. (2006) Life story work in health and social care: systematic literature review. *Journal of Advanced Nursing*, 55(2), 237-247

Helen Moya
University of Nottingham

Instructions: Getting Started



- **Just get on with it.** Don't be overwhelmed by the thought of starting the project.

- **Making contacts**
 - Some people will be able to compile their own list of potential contacts
 - Others will need help or suggestions
 - As story unfolds the list is likely to extend
 - During each session make sure the list is updated

- **Inviting people to participate**
 - *If the person lives in a residential setting:*
 - Talk to the carers who know the person best. This may be you.
 - Draw up a list of suitable contacts between you. This will include:
 - Known family members
 - Any friends of the person who can communicate verbally
 - Current carers
 - Previous carers who were close to the person
 - Approach each contact, again, being clear of your aims for compiling the book, and exactly what is being asked of them.

- **Other sources of information**
 - **Birth certificate**
 - **Post cards** - these may be of places the person has visited, or cards received from family or friends
 - **Certificates** - most people are proud of certificates and a life story book is an appropriate place to present them
 - **Magazine cuttings** - these can be of things that the person values, such as idols or articles of interest
 - **Drawings** - it is always nice to include personal work from the individual. Where a person is unable to write their own book this is

even more important. Drawings can be an expression of self and add a lot to a life story book

-
- **Poems**
- **Letters** - like post cards, letters are a nice way of keeping the memories of special relationships alive by including them in the life story book
- **Audio and video cassettes**

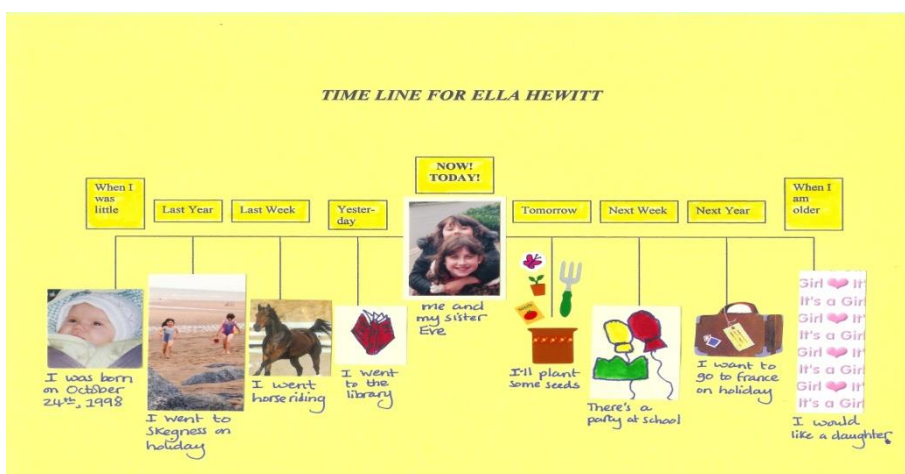
It is very important to read the information found here before you start the project:

<http://www.makingwaves.org/current-work/life-story/getting-started/>

<http://www.makingwaves.org/current-work/life-story/ideas/>

Instructions: Encouraging Participation

- **Introduce the idea**
 - Show examples (do your own or use examples in life story file)
- **Make sure person understands the concept of time**
 - Use a time line to help them understand time frame of their life story (see example below). Start with today and help person to fill in the other sections with an example for each heading.



- **Targeting informants.** Ask the person to draw up a list of people they would like to contribute to their life story. You can make suggestions.
- **Discuss ideas for the content.** This may include:
 - Family tree diagram
 - Photographs from all stages of the person's life
 - Photographs of activities, groups and residential settings the person has been part of
 - Photographs of family, friends and other key people
 - Souvenirs from holidays
 - Artwork and other personal work
 - Certificates

- **Let the person stay in control as much as possible**

This is possible at all levels even if the person has communication problems. This will increase their sense of pride.

Hands on participation includes:

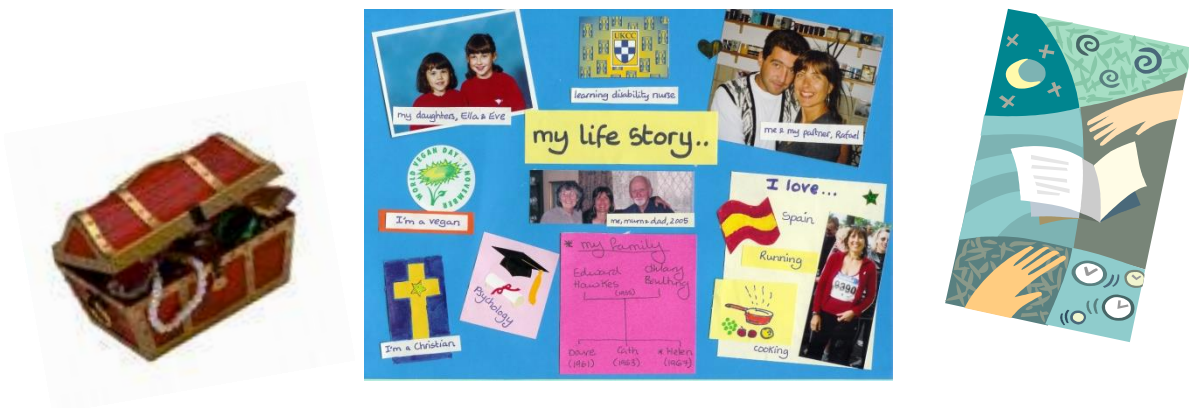
- Recording memories
- Taking photos of significant people and places
- Artwork and gluing things into their books

If the person has limited communication ensure their input by gauging their reaction and including this into the 'stories' presented so that their presence is evident throughout.

Instructions: Ideas for presenting your life story

A life story can be presented as a:

- **Book** - like a scrap book or album. Choose a book or album that feels 'special' to give some value to your life story.
- **Poster** - like a collage of photos and icons that signify important things to you (see below), or a story board that can be developed into a book or longer version of your life story.
- on a **computer** (e.g. PowerPoint, or blog) - the Internet is full of testimonies of people's lives, or privately you can produce your life story as a slide show or narrative.
- **Memory box or bag** - full of important items and memories. This is tactile and visual so provides a very sensory enhanced life story in itself or could compliment a written account to give another dimension to your story.
- **Sculpture** - however best you express yourself, then sculpture may be a medium you can use to tell your story.



Please note that you can email Paulann to borrow the toolkit that you can use for Life Story work.

b). Art work

Source: <http://www.internationalarttherapy.org/mentalhealth.html>

Art therapy encourages self-expression, self-discovery and emotional growth; for these reasons, it has been used in the treatment of mental illness for almost 100 years. As a form of psychotherapy, art therapy often involves both the creation of art and the discovery of its meaning. Individuals are encouraged to visualize, and then create, the thoughts and emotions that they cannot talk about. For other people with mental illness or disabilities, the creative process of art making becomes the therapy. During the 20th century, art therapy was popular as a form of milieu therapy at psychiatric institutions and was an important influence on the development of art therapy in the United States. Milieu therapies focus on putting the patient in a therapeutic social setting that provide opportunities to develop self-confidence and interact with others in a positive way.

Some practitioners consider art expression as a way to understand the inner worlds of people with mental illness. Beginning in the late nineteenth century, studies on the characteristics of and symbolism in the artwork of the mentally ill were published. Art was viewed as a diagnostic tool to identify specific types of mental illness or traumatic events. Later, psychologists would use this diagnostic aspect to develop psychological drawing tests like "draw a person," or recognition tests such as the Rorschach Inkblot Test, the Thematic Apperception Test [TAT], and the Holtzman Inkblot Test [HIT]).

Please note that you can email Paulann to provide the material that you can use for Art work.

c). Crafts

Craft sessions are used in many settings for example residential homes, playschools and when working with people who have intellectual impairment. Craft activities help to develop fine motor skills, problem solving, and increase cognitive ability. Cognitive ability is ability that involves thinking and reasoning processes. For most crafts, all of the following are involved: understanding and remembering instructions, attending to tasks, maintaining body position, visual discrimination, specific movements of fingers and joints, and communication. These benefit cognitive development. Those finger and joint movements are fine motor skills and decision making is constant and continuous in assembling and decorating art and craft projects.

Instructions: Craft ideas

Activity 1: Art

Size of Group: 4 or 5

Equipment: white paper, paint brush, paint

Description: Provide paper, paint, and brush to participants. Paint a design on one side of the paper and fold paper in half. Unfold and the painting is revealed. Hold picture up for discussion.

Notes: You will be surprised at the creative process it allows lower cognitive residents. Completed art work in 5 to 10 minutes. Starts a discussion on what they see in their picture. It can be anything they want it to be. Accept the art work at its own merit. Non-controversial.

Activity 2: Create Greeting Cards

Size of Group: maximum 10

Equipment: Paper, pens, pencils, cups of water, water, glue, glitter, small pieces of ribbon or other items to decorate

Description: Refer to the following links to get ideas of how to create cards:

<http://www.allaboutyou.com/craft/make-your-own-cards>

<http://www.wikihow.com/Make-Handmade-Greeting-Cards>

http://www.dailymotion.com/video/xil1of_how-to-make-4-different-greeting-cards_school

http://www.dailymotion.com/video/xik3hn_how-to-create-a-butterfly-greeting-card_school

The poetry and sayings should be original and come from the patients and be donated by the staff--if willing.

Notes: Patients will thrive on the idea of creating something. Benefit of increased socialization through the activity. Fine motor skills as well as gross motor skills as some may walk to get other items needed in the room will be utilized and developed. Hand eye coordination.

Activity 3: Recipe Scrapbooking

Size of Group: small group

Equipment: paper, pen

Description: In small groups, or one to one with residents, have residents bring in their favourite recipes from home or recite them to you. Collect the recipes, as well as a little story about how the recipe originated, or a little story about the residents' family, how he/she immigrated to Canada, how long they have been married, how many kids etc. Ask a family member to bring in a picture of the resident, or take a new one to include with the recipe and story.

Once everything has been collected, and you have enough for a cookbook, compile them into a beautiful scrapbook of recipes and stories.

Notes: The main objective of this program is to encourage residents to reminisce and share their favourite recipes, to share stories about cooking for their families, and to compare their recipes with others. The expected outcome of this program is a true sense of pride in themselves and their past cooking experiences.

Activity 4: Dream Board

Size of Group: 5 to 6 individuals

Equipment: Magazines, glue, cardboard, scissors

Description: Give each resident 1 to 2 magazines and ask them to find items that are interesting to use in the collage. These may be related to a particular topic e.g. hopes for the future, dream items, fashion, war-time, seasons, feasts etc. Encourage residents to talk about the items and what they mean to them. Have residents cut out the pictures and then arrange them in a pleasant design on the board. You may place the board with all the names of the participants typed on a decorative tag at the bottom of the picture (designed and completed by...) and place it on display.

Notes: This helps with:

- * Concentration and focusing skills
- * Reminiscing on bygone items used as functional items and for decorating
- * socialization
- * the acquisition of craft skills
- * self esteem and feelings of accomplishment

Activity 5: Scrap booking

Size of Group: any size

Description: Different coloured construction paper: cut in half and punch a hole on top or side of page so to make a booklet style format. Then cut pictures of the resident's favourite foods, colour, family members, friends, past jobs, etc and then paste, tape, staple the picture to the construction paper. Underneath the picture put a caption like 'Best friend', 'my high school', 'my favourite team', etc. This way they can frequently look through the album to help remember facts.

Activity 6: Collages

THEMED COLLAGE- invite participants to draw pictures based upon a single theme.... Christmas, space, the 1940's, happy memories, pets, Valentine's Day, etc.

HANDS- trace hands on the paper. Have each participant "autograph" their name in or by the hand.

FACES- Ask participants to draw each another's face on a paper. Participants then finish the picture by coloring the face and even adding miniature bodies to the head.

Activity 7: Jigsaw pictures

Size of group: 2 to 12

Equipment: paper and markers, crayon, or pencils

Directions: Invite participants to draw a picture trying to use as much of the white space as possible. When everyone's drawings are finished, have them tear or cut the picture into an agreed upon number of pieces. For lower functioning groups, 5 to 10. For higher functioning group, maybe 25 to 40.

Have each person pass his/her torn picture to another player who then tries to reassemble it. You can make it competitive with the first to reassemble the picture being the winner or non-competitive in which participants who are having difficulty getting help from their neighbours.

Notes: You can use this activity to facilitate discussion on leisure activities (especially if you have participants drawing pictures of recreational activities), to provide mental stimulation, to promote cooperative skills (if puzzle assembling is done as a group).

Activity 8: Leaf Prints

Size of Group: 1 to 8

Equipment: leaves with interesting shapes or patterns, paint, brushes, paper

Focus: leisure skill development, increasing repertoire of leisure skills, calming activity

Description:

Place the leaf on the paper

Dip a little of the paint on a stiff brush

Pull back on the brush with fingers and splatter the leaf & paper

Notes: give participants opportunities to improve their skills in paint transfers. Then provide them with canvas panels or nice greeting card quality papers. They can create their "master piece" on the more expensive canvas panels or create many greeting cards to mail to friends and family members. Expected Outcome: Participants will learn a new craft idea and add to their repertoire of leisure interests and skills. Participants will learn to use calming activities to help them feel relaxed.

Discussion: What activities help you to relax? Explore your feelings during this activity and check to see if you felt relaxed or maybe stressed. Did this activity help you relax?

Please note that you can find email Paulann to provide material for crafts sessions.

d).Relaxation Exercises

Source: <http://www.helpguide.org/articles/stress/relaxation-techniques-for-stress-relief.htm>

For many of us, relaxation means zoning out in front of the TV at the end of a stressful day. But this does little to reduce the damaging effects of stress. To effectively combat stress, we need to activate the body's natural relaxation response. You can do this by practicing relaxation techniques such as deep breathing, meditation, rhythmic exercise, and yoga. Fitting these activities into your life can help reduce everyday stress and boost your energy and mood.

Instructions: Relaxation techniques

Relaxation technique 1: Breathing meditation for stress relief

With its focus on full, cleansing breaths, deep breathing is a simple, yet powerful, relaxation technique. It's easy to learn, can be practiced almost anywhere, and provides a quick way to get your stress levels in check. Deep breathing is the cornerstone of many other relaxation practices, too, and can be combined with other relaxing elements such as aromatherapy and music. All you really need is a few minutes and a place to stretch out.

Practicing deep breathing meditation

The key to deep breathing is to breathe deeply from the abdomen, getting as much fresh air as possible in your lungs. When you take deep breaths from the abdomen, rather than shallow breaths from your upper chest, you inhale more oxygen. The more oxygen you get, the less tense, short of breath, and anxious you feel.

- Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Breathe in through your nose. The hand on your stomach should rise. The hand on your chest should move very little.
- Exhale through your mouth, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as you exhale.

If you find it difficult breathing from your abdomen while sitting up, try lying on the floor. Put a small book on your stomach, and try to breathe so that the book rises as you inhale and falls as you exhale.

Relaxation technique 2: Progressive muscle relaxation for stress relief

Progressive muscle relaxation involves a two-step process in which you systematically tense and relax different muscle groups in the body.

With regular practice, progressive muscle relaxation gives you an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps you spot and counteract the first signs of the muscular tension that accompanies stress. And as your body relaxes, so will your mind. You can combine deep breathing with progressive muscle relaxation for an additional level of stress relief.

Practicing progressive muscle relaxation

Before practicing Progressive Muscle Relaxation, consult with your doctor if you have a history of muscle spasms, back problems, or other serious injuries that may be aggravated by tensing muscles.

Most progressive muscle relaxation practitioners start at the feet and work their way up to the face. For a sequence of muscle groups to follow, see the box below.

- Loosen your clothing, take off your shoes, and get comfortable.
- Take a few minutes to relax, breathing in and out in slow, deep breaths.
- When you're relaxed and ready to start, shift your attention to your right foot. Take a moment to focus on the way it feels.
- Slowly tense the muscles in your right foot, squeezing as tightly as you can. Hold for a count of 10.
- Relax your right foot. Focus on the tension flowing away and the way your foot feels as it becomes limp and loose.
- Stay in this relaxed state for a moment, breathing deeply and slowly.
- When you're ready, shift your attention to your left foot. Follow the same sequence of muscle tension and release.
- Move slowly up through your body, contracting and relaxing the muscle groups as you go.
- It may take some practice at first, but try not to tense muscles other than those intended.

Progressive Muscle Relaxation Sequence

The most popular sequence runs as follows:

- | | | |
|----------------|----------------------|------------------------|
| 1. Right foot* | 6. Left thigh | 11. Right arm and hand |
| 2. Left foot | 7. Hips and buttocks | 12. Left arm and hand |
| 3. Right calf | 8. Stomach | 13. Neck and shoulders |
| 4. Left calf | 9. Chest | 14. Face |
| 5. Right thigh | 10. Back | |

* If you are left-handed you may want to begin with your left foot instead.

Relaxation technique 3: Body scan meditation for stress relief

A body scan is similar to progressive muscle relaxation except, instead of tensing and relaxing muscles, you simply focus on the sensations in each part of your body.

Practicing body scan meditation

- Lie on your back, legs uncrossed, arms relaxed at your sides, eyes open or closed. Focus on your breathing, allowing your stomach to rise as you inhale and fall as you exhale. Breathe deeply for about two minutes, until you start to feel comfortable and relaxed.
- Turn your focus to the toes of your right foot. Notice any sensations you feel while continuing to also focus on your breathing. Imagine each deep breath flowing to your toes. Remain focused on this area for one to two minutes.
- Move your focus to the sole of your right foot. Tune in to any sensations you feel in that part of your body and imagine each breath flowing from the sole of your foot. After one or two minutes, move your focus to your right ankle and repeat. Move to your calf, knee, thigh, hip, and then repeat the sequence for your left leg. From there, move up the torso, through the lower back and abdomen, the upper back and chest, and the shoulders. Pay close attention to any area of the body that causes you pain or discomfort.
- Move your focus to the fingers on your right hand and then move up to the wrist, forearm, elbow, upper arm, and shoulder. Repeat for your left arm. Then move through the neck and throat, and finally all the regions of your face, the back of the head, and the top of the head. Pay close attention to your jaw, chin, lips, tongue, nose, cheeks, eyes, forehead, temples and scalp. When you reach the very top of your head, let your breath reach out beyond your body and imagine yourself hovering above yourself.
- After completing the body scan, relax for a while in silence and stillness, noting how your body feels. Then open your eyes slowly. Take a moment to stretch, if necessary.

For a guided body scan meditation, see the Resources section below.

Relaxation technique 4: Mindfulness for stress relief

Mindfulness is the ability to remain aware of how you're feeling right now, your "moment-to-moment" experience—both internal and external. Thinking about the past—blaming and judging yourself—or worrying about the future can often lead to a degree of stress that is overwhelming. But by staying calm and focused in the present moment, you can bring your nervous system back into balance. Mindfulness can be applied to activities such as walking, exercising, eating, or meditation.

Meditations that cultivate mindfulness have long been used to reduce overwhelming stress. Some of these meditations bring you into the present by focusing your attention on a single repetitive action, such as your breathing, a few repeated words, or flickering light from a candle. Other forms of mindfulness meditation encourage you to follow and then release internal thoughts or sensations.

Practicing mindfulness meditation

Key points in mindfulness meditation are:

- **A quiet environment.** Choose a secluded place in your home, office, garden, place of worship, or in the great outdoors where you can relax without distractions or interruptions.
- **A comfortable position.** Get comfortable, but avoid lying down as this may lead to you falling asleep. Sit up with your spine straight, either in a chair or on the floor. You can also try a cross-legged or lotus position.
- **A point of focus.** This point can be internal—a feeling or imaginary scene—or something external - a flame or meaningful word or phrase that you repeat it throughout your session. You may meditate with eyes open or closed. Also choose to focus on an object in your surroundings to enhance your concentration, or alternately, you can close your eyes.
- **An observant, noncritical attitude.** Don't worry about distracting thoughts that go through your mind or about how well you're doing. If thoughts intrude during your relaxation session, don't fight them. Instead, gently turn your attention back to your point of focus.

Relaxation technique 5: Visualization meditation for stress relief

Visualization, or guided imagery, is a variation on traditional meditation that requires you to employ not only your visual sense, but also your sense of taste, touch, smell, and sound. When used as a relaxation technique, visualization involves imagining a scene in which you feel at peace, free to let go of all tension and anxiety.

Choose whatever setting is most calming to you, whether it's a tropical beach, a favourite childhood spot, or a quiet wooded glen. You can do this visualization exercise on your own in silence, while listening to soothing music, or with a therapist (or an audio recording of a therapist) guiding you through the imagery. To help you employ your

sense of hearing you can use a sound machine or download sounds that match your chosen setting—the sound of ocean waves if you've chosen a beach, for example.

Practicing visualization

Find a quiet, relaxed place. Beginners sometimes fall asleep during a visualization meditation, so you might try sitting up or standing.

Close your eyes and let your worries drift away. Imagine your restful place. Picture it as vividly as you can—everything you can see, hear, smell, and feel. Visualization works best if you incorporate as many sensory details as possible, using at least three of your senses. When visualizing, choose imagery that appeals to you; don't select images because someone else suggests them, or because you think they should be appealing. Let your own images come up and work for you.

If you are thinking about a dock on a quiet lake, for example:

- Walk slowly around the dock and notice the colors and textures around you.
- Spend some time exploring each of your senses.
- See the sun setting over the water.
- Hear the birds singing.
- Smell the pine trees.
- Feel the cool water on your bare feet.
- Taste the fresh, clean air.

Enjoy the feeling of deep relaxation that envelopes you as you slowly explore your restful place. When you are ready, gently open your eyes and come back to the present.

Don't worry if you sometimes zone out or lose track of where you are during a guided imagery session. This is normal. You may also experience feelings of stiffness or heaviness in your limbs, minor, involuntary muscle-movements, or even cough or yawn. Again, these are normal responses.

Making relaxation techniques a part of your life

The best way to start and maintain a relaxation practice is to incorporate it into your daily routine. Between work, family, school, and other commitments, though, it can be tough for many people to find the time. Fortunately, many of the techniques can be practiced while you're doing other things.

Rhythmic exercise as a mindfulness relaxation technique

Rhythmic exercise—such as running, walking, rowing, or cycling—is most effective at relieving stress when performed with relaxation in mind. As with meditation, mindfulness requires being fully engaged in the present moment, focusing your mind on how your body feels right now. As you exercise, focus on the physicality of your body's

movement and how your breathing complements that movement. If your mind wanders to other thoughts, gently return to focusing on your breathing and movement.

If walking or running, for example, focus on each step—the sensation of your feet touching the ground, the rhythm of your breath while moving, and the feeling of the wind against your face.

Tips for fitting relaxation techniques into your life

- **If possible, schedule a set time to practice each day.** Set aside one or two periods each day. You may find that it's easier to stick with your practice if you do it first thing in the morning, before other tasks and responsibilities get in the way.
- **Practice relaxation techniques while you're doing other things.** Meditate while commuting to work on a bus or train, or waiting for a dentist appointment. Try deep breathing while you're doing housework or mowing the lawn. Mindfulness walking can be done while exercising your dog, walking to your car, or climbing the stairs at work instead of using the elevator. Once you've learned techniques such as tai chi, you can practice them in your office or in the park at lunchtime.
- **If you exercise, improve the relaxation benefits by adopting mindfulness.** Instead of zoning out or staring at a TV as you exercise, try focusing your attention on your body. If you're resistance training, for example, focus on coordinating your breathing with your movements and pay attention to how your body feels as you raise and lower the weights.
- **Avoid practicing when you're sleepy.** These techniques can relax you so much that they can make you very sleepy, especially if it's close to bedtime. You will get the most benefit if you practice when you're fully awake and alert. Do not practice after eating a heavy meal or while using drugs, tobacco, or alcohol.
- **Expect ups and downs.** Don't be discouraged if you skip a few days or even a few weeks. It happens. Just get started again and slowly build up to your old momentum.

Please note that you can email Paulann to provide material for relaxation sessions.

e).Cooking

For some people, cooking may be a tedious task. However, for others it may also prove to be therapeutic. In settings such as mental health, cooking sessions have several purposes. The most obvious purpose is that of helping a care receiver to learn how to cook a meal in order to encourage him/her to become as independent as possible. Some people with mental illness may lose some of their skills (such as cooking) - this may be due to the very same symptoms of mental illness. However it can also be caused by spending a lot of time inside the hospital and away from home - when this happens, we say that the person has become 'institutionalised'. If you would like to carry out a cooking session, then liaise with the nursing staff so that you can plan the session.

Please email Paulann to provide a recipe book with simple recipes.

f).Grooming activities

Some people with mental health problems may neglect their appearance by not bathing/showering frequently, wearing inappropriate or dirty clothing and not tending to their hair, skin, nails etc. If you think that some of the care receivers in your ward/unit may have these difficulties, it may be worthwhile to try to include them in a session about grooming and hygiene. Even those care receivers who do take care of their appearance may find it entertaining and even therapeutic to engage in sessions such as nail care, make up application or hair care. For instance, you can demonstrate how to carry out a manicure (it is simple! Check this out: <http://www.wikihow.com/Give-Yourself-a-Manicure>). Or else you may demonstrate how to apply make up (<http://www.wikihow.com/Apply-Makeup>).

Please email Paulann to provide items that you may wish to use for grooming sessions.

g). Hand massage

Source: <http://www.yogawiz.com/massage-therapy/hand-massage.html>

Massage therapy has been an important part of traditional therapeutic sciences for centuries. Massage eases pain and removes any blockages in the flow of energy inside the body. It soothes the muscles and stimulates underlying tissue by increasing the flow of blood. Modern day medicine has slowly woken up to the benefits of massage therapy and now its popularity is steadily on the rise.

Instructions: How do I give a hand massage?

A **hand massage** is probably the easiest of massage therapies. It can be administered with or without oil. If you have the time, then an oil massage is always preferable.

Ask the person to place himself/herself in a comfortable position and remove any jewellery. Place his/her hands on a towel/ disposable tissue.

Take a small quantity of oil between your hands and rub it to warm the oil. Use firm stroking movements with the palm of your hand, moving from the fingers to the wrist. This gentle stroking should be carried out on both sides of the hand.

Next, support your patient's hand with one hand, and with the thumb of the other hand, make small circular movements on the palm. Concentrate on the areas near the thumb, and at the base of each finger. You can also make a fist and use the knuckles to knead your patient's palm. Turn your patient's hand over and make similar movements with your index finger.

After this hold your patient's fingers between your thumb and forefinger, and gently massage each finger, one by one, from the base to the tip. When you reach the end of the finger, give a gentle tug to each finger. Then hold your patient's hand between your hands, with your thumbs facing together at the back of the patient's hand. Gently massage the entire hand by using all your fingers in an outward motion. Use the thumbs once more to massage the entire hand, concentrating on the fleshy areas near the thumb and the heel of the hand.

Please email Paulann to provide items that you can use for hand massage.

h).Musical activities

Source: <http://www.mtabc.com/page.php?60>

Musical activities can be an effective and enjoyable method for the maintenance and improvement of cognitive, physical and socio-emotional functioning. Music therapy sessions are individually designed to meet the specific needs of the care receivers. Typical musical experiences can include singing, music listening, sharing and discussion of songs, learning to play instruments, song writing, moving to music, and participation in music activities designed to promote social interaction and self-esteem.

Music is one of life's earliest experiences and in late adulthood musical memories remain as some of the most deep-rooted. A person's musical history is an important component of the activity plan. Providing music that is related to an individual's cultural and/or religious backgrounds, or providing opportunities to rediscover musical skills gives a personalized approach and is especially valuable when working with persons with dementia.

Music therapy can stimulate cognitive functioning through providing opportunities to learn new skills as well as through utilizing previously acquired knowledge. Both long and short term recall can be stimulated through such experiences as musical associations, singing familiar songs, and sequenced activities utilizing rhythm instruments, songs and/or movement. Music therapy can also provide a non-threatening source of reality orientation. By providing music related to seasons, holidays, 'or special events or through incorporating musical associations into the process of life review, reality may be realized in a manner that is affirmative of and empathic to the person's needs and capabilities.

Music is often used to provide motivation for physical activation in the elderly. Playing instruments can increase range of motion, develop muscle strength and tolerance, and enhance both fine and gross motor functioning. Singing can improve oral-motor skills and enhance respiratory functioning. The use of a technique called Melodic Intonation Therapy has been successful in restoring functional speech for some persons who have suffered cerebrovascular accidents. Music can also facilitate states of relaxation thereby promoting sleep and decreasing pain and anxiety.

Song writing, instrumental improvisation, discussion of lyrics, and directed music listening can help promote verbal and non-verbal communication. Music can be used to validate feelings of grief, loneliness and depression and assist in promoting feelings of well being and satisfaction.

Please email Paulann to provide material that you can use to carry out musical activities.

i). Physical activity

Source: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470658/>

Many individuals who suffer from mental illness are at a high risk of chronic diseases associated with sedentary behaviour and side effect of medication side effects such as diabetes, hyperlipidemia, and cardiovascular disease. Physical exercise may help to limit the risk. Aerobic exercises, including jogging, swimming, cycling, walking, gardening, and dancing, have been proved to reduce anxiety and depression. Other hypotheses that have been proposed to explain the beneficial effects of physical activity on mental health include distraction, self-efficacy, and social interaction. Exercise may also be influential in reducing anxiety, depression, and negative mood as well as in improving self-esteem and cognitive function. Low self-esteem and social withdrawal may also improve with regular physical activity. Exercise is especially important in patients with schizophrenia since these patients are already vulnerable to obesity and also because of the additional risk of weight gain associated with antipsychotic treatment, especially with the atypical antipsychotics. Patients suffering from schizophrenia who participated in a 3-month physical conditioning program showed improvements in weight control and reported increased fitness levels, exercise tolerance, reduced blood pressure levels, increased perceived energy levels, and increased upper body and hand grip strength levels. Thirty minutes of exercise of moderate intensity, such as brisk walking for 3 days a week, is sufficient for these health benefits. Moreover, these 30 minutes need not to be continuous; three 10-minute walks are believed to be as equally useful as one 30-minute walk.

Please go to the following link to download a fact sheet with exercise/ games ideas:

http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1151

Although these are targeted for individuals with dementia, you can adapt them to suit the individuals in the area in which you are working.

Please email Paulann to provide items that you may wish to use for games/ physical activity sessions.

12). List of items that you can borrow to carry out activities.

Please discuss the activity that you would like to carry out with the mentor/
Nursing Officer and get their permission. Then email Paulann so that she can
provide the resources for the activity.

Paint brushes

Water colours

Non-coloured suncatchers

Soft Balls and other sports items upon request

A4 sketch pad (white pages)

Scrap book (coloured pages)

Blank charts

Design templates

Star post-its

Small white board

Tape

Glue

Glitter

Safety scissors

Note books

Pens

Writing pencils

Rubbers

Colouring pencils

Fashion kit

Make up kit

Hand massage kit

Manicure kit

Dart board (foam balls instead of darts)

Punching Bag

Playing cards

Magazines (for reading or for use in collages/other crafts)

Music player with music (for relaxation sessions or other music genre upon request e.g.
for dancing or reflection)

13). Activity & session documents

Activity/Session log

Activity/Session type	Date when activity was carried out	Starting time	Finishing time
<i>e.g one-to-one session</i>			

Activity/Session report

Please complete the following questions for each activity and session that you carry out (this includes group activities). Please attach the paper on which you write the answers to this workbook.

- At the end of the activity, ask the care receiver/s to give you general feedback about the activity. Summarise the feedback given in the following space. You need to ask the care receiver/s to give you feedback on the following aspects:
 - His/her/their overall impression of the activity/session
 - Parts of the activity/session that s/he/they particularly liked
 - Parts of the activity/session that s/he/they did not really like
 - The way that you interacted with him/her/them: good points and suggestions for improvement

- What are your reflections on the activity and the feedback? Comment on what you learned, on the things that went well and on things that you would like to improve if you had to carry out the activity again

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Appendix: Learning Objectives (and their related activities)

Learning Outcome	Activities
<p>To become familiar with various disciplines within the psychiatric care team and their influence on outcomes related to patient care.</p>	<p>Interact with the nursing staff and seek to actively participate within the Nursing Team</p> <p>Participate in a ward round/case review and in ward activities</p> <p>Identify the role of different professionals that contribute to and participate within the person's care plan</p>
<p>To observe and learn about the role of the nurse in a psychiatric setting.</p>	<p>Observe:</p> <p>The nurse's interaction with patients in order to build and maintain a nurse-patient therapeutic relationship</p> <p>The participation of the nurse in the patient's care plan</p> <p>The nurse's role in patients' and relatives' education</p> <p>The communication of the nurse with the rest of the multidisciplinary team</p> <p>The role of the nurse in the management of the ward</p>
<p>To become familiar with common psychiatric disorders e.g. schizophrenia, bipolar, depression.</p>	<p>Identify the different psychiatric disorders experienced by individuals under care</p> <p>Spend time with patients and become familiar with their story (in their own words and from medical file)</p> <p>Observe the symptoms that characterize different disorders</p> <p>Observe techniques used to alleviate anxiety experienced by patients and relatives</p> <p>Identify methods of caring for a person experiencing delusions</p> <p>Identify methods of caring for a person experiencing hallucinations</p> <p>Observe methods of caring for a person who exhibits self-harming behavior</p>

	<p>Observe methods of caring for a person who exhibits suicidal behavior</p> <p>Learn how to assess for, prevent and de-escalate aggressive behaviour</p>
<p>To become aware of the importance of encouraging patient autonomy and independence</p>	<p>Identify difficulties that a patient may have with decision making</p> <p>Identify ways of promoting independence in decision making</p> <p>Observe the difficulties that a patient may encounter while carrying out ADL s</p> <p>Familiarise yourself with ways of motivating individuals to carry out ADL s</p>
<p>To become familiar with procedures particular to a psychiatric hospital.</p>	<p>Observe different processes such as admissions of patients, granting of permissions, sending on leave and discharging patients from hospital (according to The Mental Health Act)</p> <p>Review the different documentation forms used within this setting</p>
<p>To acknowledge different treatment modalities in psychiatry</p>	<p>Familiarise yourself with different psychotropic medication currently in use for different psychiatric symptoms – revise literature about their use, precautions (and patient education) and common side-effects</p> <p>Observe the common side-effects</p> <p>Learn how to prepare and care for patients before, during and after Electro-Convulsive Therapy</p> <p>Participate in any group sessions that may be carried out</p>