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Sensory Modulation "More Than Materials":

Investigating the factors influencing implementation of sensory modulation approaches in inpatient mental health units

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Sensory modulation is

"More than materials available. It's how we use them and how we encourage that, because it is. I mean you're not really aware until you do it yourself and see what makes you tick in little things" (Nurse)

What is sensory modulation ?

"Sensory modulation is a clinical intervention that focuses on the use of environments, equipment and activities to regulate individual's sensory experiences and optimise physiological and emotional well being"

(Sutton & Nicholson, 2011, p 8)

Understanding a person's sensory preferences can assist in discovering what sensory experiences can alert, calm or overwhelm a person (Wright, 2017)

Why is sensory modulation so important in mental health inpatient care?

- People with mental illness can have difficulty dealing with sensory experiences
- People with mental illness experience **atypical sensory processing** (Bailliard & Whigham, 2017)
- Inpatient environments can overstimulating or under stimulating sensory environments
- Often people in inpatient units don't have access to the usual sensory experiences that might assist in calming them e.g. going for a walk, cuddling a pet, having a quiet space to chill out in
- We all use sensory experiences everyday to alert or calm ourselves, unfortunately some people with mental illness may have learnt maladaptive ways to achieve this or in in response to feeling overwhelmed may e.g. yell, cry, pace, become agitated or even aggressive, self harm or abuse substances etc

Benefits of sensory modulation approaches in the inpatient units

- Promotes self management of symptoms using sensory tools and experiences which can easily can replicated in a person's home environment
- Trauma informed and person centred approach (Champagne & Stromberg, 2004)
- Growing body of evidence the use of SM leads to reduced levels of distress and agitation for consumers and emerging evidence that it leads reduction in the use of seclusion and restraint (Scanlan and Novak 2015)
- **Not just for OTs**, research has been found that a multidisciplinary approach to leads to success of sensory modulation

Local background

Over 220 staff trained across Metro North Mental Health Service in sensory modulation approaches

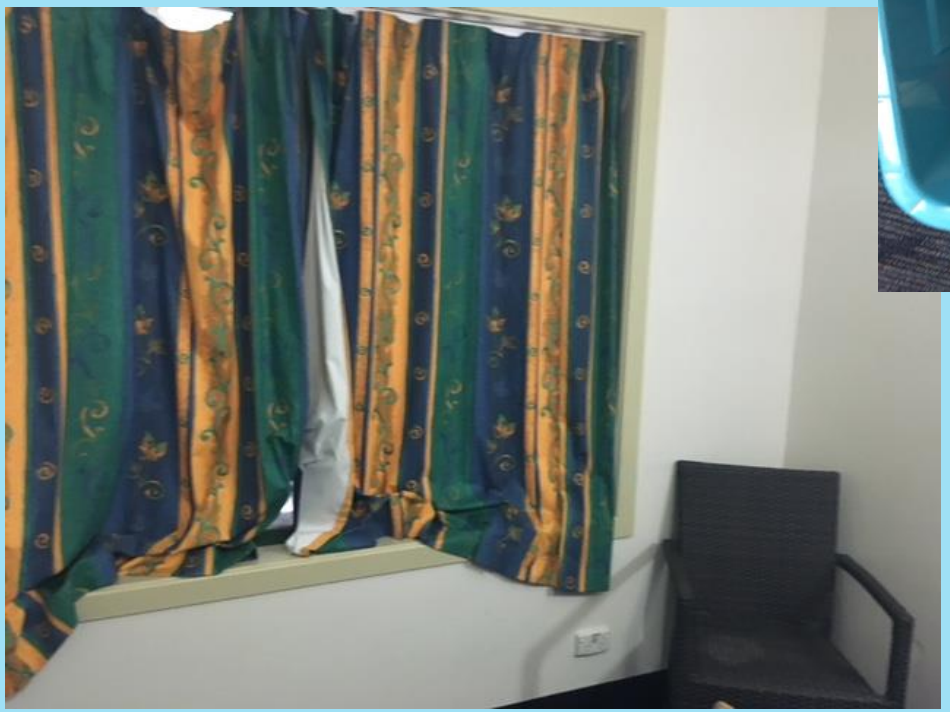
Antedoctal evidence that implementation of sensory modulation approaches was varied across MNHHS

Inpatient unit failed implementation of sensory room but appeared successful implementation at the medium secure unit

Research question:

What are the barriers and enablers that influence implementation of sensory modulation approaches?

Implementation problems



(Photos used with permission from TPCH, MNMHS)

Implementation successes

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Implementation of Sensory Modulation Approaches

- Why not just train more staff?
- Why not just provide more equipment?
- Implementation of clinical guidelines is known to be challenging and often does not result in changes in clinical practice (Falzer, Moore & Garman, 2008; Grol & Grimshaw, 2003; Sandstrom, William, Svensson, & Borglin, 2015)
- Implementation strategies are only effective if they identify enabling factors and potential barriers to change (N.H.S, 1999)
- Currently there is **no** evidence based and theory informed implementation multidisciplinary framework for sensory modulation approaches in mental health care

(Photo used with permission from TPCH, MNMHS)

Aims

- To explore mental health clinician's experiences of using sensory modulation as a clinical intervention
- To explore mental health clinician's use of sensory modulation and factors that enable or hinder it's use
- To identify service level enablers and barriers to implementing sensory modulation in inpatient mental health units

Methods

Qualitative descriptive design

3 focus groups conducted at 3 different sites

All participants attended Sensory Awareness training

Focus group facilitated by independent research assistant

Framework analysis was used to establish themes

Participants

Demographics	Overall (15)
Gender	13 Females 2 Males
Discipline	8 Nurses 4 OTs 1 OT Assistant 1 Social Worker 1 Recreation Officer
Employment Status	6 Full-time 9 Part-time
No years working in MH	6: Under 5 years 3: 5-10 years 3: 11-15 years 1: 16-20 years 2: 25 years+
Work Unit	8 Adult MH Inpatient Unit 2 Secure MH Rehabilitation 4 Community Care Unit 1 Adolescent MH Inpatient Unit

Analysis

Framework analysis utilising Theoretical Domain Framework

(Michie et.al 2005; Cane. J, O'Connor & Michie 2012))

Integrated framework combining 33 psychological theories for understanding barriers and enablers to changing a particular behaviour or practice

Growing body of research utilising the TDF to identify barriers to quality improvement in health care interventions

Domains include knowledge; skills; social influences; memory, attention and decision processes, behavioural regulation, professional/social role & identity: beliefs about capabilities; beliefs about consequences; optimism; intentions; goals; emotion; environmental context and resources; & reinforcement

Findings Overview

Theoretical Domain Framework domains identified

- Social Influences*
- Belief about consequences*
- Professional role & identity*
- Environmental context & resources*
- Knowledge & skills
- Belief about capabilities
- Optimism
- Memory, attention & decision making
- Emotions

* most salient domains

Findings Overview

Additional themes identified

- The appropriate use of SM
- The inappropriate use of SM
- Recommendation for the use of SM

Findings overview

- Participants were overall positive about the use of SM and described a range of clinical benefits
- Participants were optimistic that the use of sensory modulation approaches would lead to positive outcomes for consumers

"So if they had something with this sensory modulation where they can go and just have this peace, it will actually improve the wards a lot, so you wouldn't have to use the PRN and use seclusion so much" (nurse)

Social support: provision of or lack of

"…you've got a patient that's starting to escalate, you don't want to be trying to give them a sensory strategy and have them risk and punching on with someone, and then you've got people that are saying, "Why didn't you just give them PRN? Why did you try this stuff?" because they clearly needed PRN medication, so there's also that kind of pressure I guess, potentially that you want to go against other more experienced nurses would be saying, "You need to give them PRN,…." (Nurse)

Modelling in the workplace improves implementation

"the up-take and use of all the sensory approaches on our floor is great and nursing staffs are so on board with it. Every handover, you're sitting there, listening to them, give the account of the night before and they always – the patient utilised sensory approaches with good effects, so they're using that as the first line rather than going straight to PRN. So that's really good and that's something that I'm consistently hearing in handover, so obviously it's not just coming from some nurses who are really keen to look at them and sort of understand the sensory stuff a bit more." (OT)

Concern of about risk

"I really don't think sensory items are that high risk. I've worked in Secure for 12-13 years now and I think there's a lot of a relaxed attitude at SMHRU that goes on around cutlery, around seriously dangerous objects and then people get so worked up over a sensory item and it doesn't make sense all the time." (OT)

"Well for me, I know there are some people that could really, really use the sensory strategy but give them anything it will be coming towards your head, so while they could really use it and you really want to get engaged, it is simply not – it's not able to happen because they'll be dangerous with the items regardless of what it is, and I guess that's the real drawback, is if they're going to be either harming themselves with the item that you give them or throwing it at you, you don't particularly give it to them. So, I guess that's the only real big drawback that I can see is it the way to even go with" (Nurse)

Belief that sensory modulation approaches are effective

"So, the room is really good for, I guess, reducing rates of seclusion and restraint because that often is the first line as well as someone who's escalating and that nursing staff or whoever else is with them will take them, "Okay. How bout we try some time in the sensory room," try and de-escalate that way, rather than going to other means. So, we're really lucky to have the room itself" (OT)

Whose role is SM?

- SM is everyone's role
- SM is the OT's role
- SM is not my role
- SM is everyone's role, but the OT provides specialist expertise

"Certainly, I don't think you'll have anyone in the ward that wouldn't agree that we don't see that it needs to be something done wholly and solely by occupational therapist" (AH staff)

The work environment: workload, time and access

"about having someone that's driving it, someone that's taking responsibility for the equipment because often things get misplaced or lost and you might be on PICU and you go to find box, and, "Oh, that's missing, or "That's broken," and that's really frustrating because you may have in your mind, "Oh I'm going to go and use this," you go to get it and it's not there. It just all falls down." (Nurse)

"I guess it's not necessarily culture. You've got to find the time to get the box in if it's been put into somewhere, you have to find that it's not always stocked and people, if it's fast-moving, there's less likely to go and find the box and get the items out." (Nurse)

Everyone needs to be trained

"Everything is talked about on the ward as a multidisciplinary team approach. So, unless you have all the team trained in sensory approaches it's pretty hard" (AH staff)

"So, if someone is escalating, they're not going to come to me and ask me, "What sensory strategies can we use?" The nurses are the ones that would intervene when someone is escalating, and chances are because they haven't received that training, most of them, I don't know of any on our floor that have, they're most likely to go the PRN route or the HDU containment route instead." (AH staff)

Need for reminders

"Can we have something like sensory cheat sheet where you could just like – soothing, calming pick up the sensory sheet that says weighted blanket or weighted thing, these soothing sounds, one of these CDs." (2, p13)

Feeling of frustration

"That's how everyday works, that we have to get done but there is this pressure for and there's a need and they want it which is amazing but sometimes we just don't have time to do it and it's so frustrating, and I'd love to be able to do it more, but that's just the model that our floor works under which is a barrier to doing it but that's the way it is." (OT)

"we weren't able to talk to patients about the benefits of that because you would want to share what you know as a weighted blanket or to calm someone down but then when you go to get the stuff, it wasn't there."(Nurse)

Factors influencing implementation of SM

Factors	Barriers	Enablers
Social support	Lack of	Provision of by colleagues
Modelling	Lack of	Modelling in workplace
Belief SM is effective	Lack of	Belief SM will lead to positive outcomes

Factors influencing implementation of SM

Factors	Barriers	Enablers
Professional role	Not my role	Everyone's role
Leadership	Lack of	SM leader & expert
Inpatient OT	Lack of	OT based in MHU

Factors influencing implementation of SM

Factors	Barriers	Enablers
Access to materials & resources	Poor access to equipment & lack of maintenance	Easy access & good maintenance and restocking
Budget	Lack of funding for equipment and for maintenance	Initial and recurrent funding for resources
Knowledge & skills	Lack of training	Initial & refresher training
Confidence	Lack of	Confident in one's abilities to use SM effectively
Reminders & time	Lack of reminders Lack of time	Reminders & prompts in the workplace to use SM

Questions ?

For further information:

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