

horticulture groups could be used as one such intervention to promote wellbeing amongst this population.

**Background:** Current refugee crisis worldwide – asylum applications increased by 29% in the UK in 2015. Refugees are five times more likely to experience mental health problems due to previous experiences and occupational deprivation caused by living conditions in the UK. The Care Act 2014 and the Five Year Forward View set out the need to promote wellbeing to prevent ill-health (estimated to save £3.1 billion a year).

**Method:** A thorough literature search was conducted of studies into horticulture groups with refugees over the past five years. Four relevant studies were identified and met critical appraisal criteria using the CASP. The limitations of the studies are critiqued and discussed. Further reading was conducted to understand challenges and barriers to working with this population, and occupational therapists currently working in this area were contacted to understand the current contemporary issues.

**Conclusion:** This is an exciting area for occupational therapists to develop, as occupational therapy is a perfect fit to combat the extreme occupational deprivation faced by this population on arrival in the UK. Horticulture groups are one such suggested intervention.

**Relevance to occupational therapy education and/or practice:** Recommend further research, including gathering quantitative data, to provide robust evidence of the effectiveness of occupational therapy intervention in this area to increase funding for services.

#### References

Bishop. R. Purcell, E. 2013. The value of an allotment group for refugees. 76. 6. *British Journal of Occupational Therapy*.

Eggert. L. K. Blood-Siegfried, J., Champagne, M., Al-Jumaily, M. and Biederman, D. J. 2015. Coalition Building for Health: A Community Garden Pilot Project with Apartment Dwelling Refugees. 32. 3. *Journal of Community Health Nursing*.

A. L. Erlandsson, L-K., Danneskiold-Samsøe, B., Amris, K. and Eklund, M. 2015. Satisfaction with daily occupations amongst asylum seekers in Denmark. 22. 3. *Scandinavian Journal of Occupational Therapy*.

World Federation of Occupational Therapists. WFOT. 2012. Position statement: human displacement. 66. *WFOT Bulletin*.

Hocking. C. Kronenberg, F., Nayar, S., Stanley, M., Wicks, A., Wilson, L., Wright-St. Clair, V. and Erlandsson, L-K. 2014. Addressing diverse occupational needs: what new knowledge do European and New Zealand occupational therapists seek?. 61. 2. *New Zealand Journal of Occupational Therapy*.

#### Keywords

Disadvantaged people, Mental health, Occupational therapy

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#### Poster P26

### Clicking your way through continuing professional development? Attitudes to social media use as a platform for continuing professional development (CPD) within occupational therapy

**Murray K: NHS Lothian, Ward K: University of Cumbria**

**Introduction:** This poster presents a study which explored the use of social media within the continuing professional development of occupational therapy students and practitioners. Perceived

barriers and the influence of generation theory on the use of social media were also considered.

Increasingly, social media platforms are being embraced by healthcare professionals within financially challenging climates and occupational therapists working within non-traditional settings as a cost effective mode of networking and supporting their CPD (Lawson and Cowling, 2014).

Previous literature is limited and focuses on small-scale qualitative data (Bodell and Hook, 2014) and personal experience of using specific social media platforms (Bodell *et al.*, 2009; Ezzamel, 2013; BJOT and #OTalk, 2016). More research with a larger sample group was therefore considered appropriate.

**Method:** A mixed method survey design gathered qualitative and quantitative data through an online questionnaire. Content analysis was used to code and identify themes. Descriptive statistics were used to quantify the findings and consider variations across generations.

**Findings:** Results highlighted a predominantly positive attitude to social media use within CPD. Accessibility, networking, learning and development were highlighted as advantages to its use. Time and individuals' skills and knowledge were highlighted as barriers to utilising the platforms. The results suggest that age does not impact on willingness to use social media within CPD but does impact on perceived knowledge and skills to utilise the platforms confidently.

**Conclusion:** The study highlighted a need for more structured training on professional social media use at both pre and post registration levels.

Ethical approval was received from the University of Cumbria on 2nd November 2015.

#### References

BJOT. #OTalk. (2016). Social media: Creating communities of research and practice. *British Journal of Occupational Therapy*, 79(4), 195–196. Sage Publishing. doi: 10.1177/0308022616631551 (accessed 02 January 2017).

Bodell. S. Hook A, Penman M, Wade W. (2009). Creating a learning community in today: how blogging can facilitate continuing professional development and international learning. *British Journal of Occupational Therapy*, 72(6), 279–281. Sage Publishing. doi: 10.1177/030802260907200611 (accessed 02 January 2017).

Bodell. S. Hook A. (2014). Developing online professional networks for undergraduate occupational therapy students: an evaluation of an extracurricular facilitated blended learning package. *British Journal of Occupational Therapy*, 77(6), 320–323. Sage Publishing. Doi: 10.4276/030802214X14018723138156 (accessed 02 January 2017).

Ezzamel. S. (2013). Blogging in occupational therapy: knowledge sharing, professional development, and ethical dilemmas. *British Journal of Occupational Therapy*, 76(11), 515–517. Sage Publishing. doi: 10.4276/030802213X13833255804711 (accessed 02 January 2017).

Lawson. C. Cowling C. (2014). Social media: The next frontier for professional development in radiography. *Radiography*, 21(2), 74–80. Elsevier. Doi <http://dx.doi.org/10.1016/j.radi.2014.11.006> (accessed 02 January 2017).

#### Keywords

Managers, Occupational therapy, Students

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Kelly Murray is a newly qualified occupational therapist who graduated from the University of Cumbria in 2016. Kelly is part of the #OTalk organising team and is passionate about utilising social media as part of education and within occupational therapy practice. She is also interested in the role of occupation in integration and inclusion.

Kath Ward is a senior lecturer in occupational therapy at the University of Cumbria. Her interests include educational research in higher education and the development of research capacity.

**Poster P27****A bridge to better practice: the use of the Model of Human Occupation Screening Tool (MOHOST) in adult inpatient mental health**

**Claridge M, Aitken L, Spenceley H: NHS Lothian**

The MOHOST (Parkinson *et al.* 2006) is a standardised assessment that is rooted in the Model of Human Occupation (Kielhofner, 2008), which provides a conceptual system to address issues of volition, performance and organisation of occupational behaviour in the everyday environment.

It aims to provide an overview of occupational functioning that will inform areas for further assessment, treatment and discharge planning. Being straightforward and relatively quick to complete, it lends itself well to repeated use for a measure of change and communication with other members of the multidisciplinary team.

The MOHOST was adopted as a tool within two inpatient mental health pathways: acute admissions and psychiatric rehabilitation. It provides a framework for occupational formulation and treatment planning, and as a standardised screening tool informs the use of other standardised assessments.

Within the Acute Admissions service the Single Observation MOHOST is used following interventions, offering a regular review process of patients' presentation and occupational performance. The full MOHOST is utilised to gain a broader picture of patients' occupational abilities and is completed as part of the psychiatric rehabilitation referral process.

Following referral confirmation, the psychiatric rehabilitation occupational therapists complete full MOHOST assessments at three-monthly intervals for each patient, for the Integrated Care Pathway review and to inform the focus for treatment planning. The Single Observation MOHOSTs are used following individual patient sessions.

The use of MOHOST provides a bridge between the two mental health services and enables collaborative working, a common professional language and the ability to measure change.

**References**

Kielhofner. G. 2008. *The Model of Human Occupation: Theory and Application*. 4th Edition. Baltimore, MD. Lippincott Williams and Wilkins

Parkinson. S. Forsyth K, Kielhofner G. 2006. *A User's Guide Manual for the Model of Human Occupation WScreening Tool (MOHOST)*. Version 2.0. Chicago. University of Illinois at Chicago

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**Ongoing research****Poster P28****Opening the 'can of worms': the work of occupational therapists (OTs) who broach client sexual concerns**

**Ralph P: University of Huddersfield**

Sex is a domain in the International Classification of Functioning, Disability and Health (ICF; WHO, 2001) and is an important aspect of health, wellbeing and identity, yet it is frequently seen as a 'can of worms' and omitted from client care (Couldrick, 2007) by occupational therapists and healthcare professionals generally. This research investigated occupational therapy practice in relation to supporting clients' sexual issues in predominantly physical settings, to ascertain information on both practice and experiences, alongside occupational therapists' thoughts and feelings, in order to share practice and encourage the inclusion of sexual concerns in the health services.

Underpinned by a Critical Realist paradigm, this research took a mixed methods approach, combining surveys, questionnaires and interviews. This research found that occupational therapists who broached sexual concerns adapted and applied their core occupational therapy skills to support sexual concerns, using rapport, the therapeutic use of self and their reasoning skills to find 'a way in' to broach sexual concerns, and applying activity analysis, problem-solving, creativity and improvisation in exploring challenges with their clients and seeking interventions. By exploring sexual concerns, these occupational therapists are changing the lives of their clients, addressing their unmet needs and tackling the stigma associated with this 'can of worms' by normalising their concerns and supporting them in making sex and intimacy ordinary occupations.

This research received ethical approval from the University of Huddersfield.

**References**

Couldrick, L. (2007). Sexual Expression and Occupational Therapy. *British Journal of Occupational Therapy*. Vol 68, Issue 7, pp. 315–318. available at: <http://www.ingentaconnect.com/content/cot/bjot>. Accessed on 1 December 2015

Couldrick, L. (1998). Sexual issues within occupational therapy – part 1: Attitudes and practice. *British Journal of Occupational Therapy*. Vol 61, Issue 12, pp. 538–544. Available from: <http://www.ingentaconnect.com/content/cot/bjot>. Accessed on 1 December 2015

World Health Organization. WHO. (2001). *International Classification of Functioning, Disability and Health (ICF)*. World Health Organisation. Available from: <http://www.who.int/classifications/icf/en/>. Accessed on 1 December 2015

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