

Making Therapeutic Activities Meaningful for Patients with Neurodevelopmental Needs on an Acute Ward: Looking Beyond Activity Provision



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BACKGROUND

Therapeutic activities are a fundamental component of recovery-oriented inpatient mental healthcare, promoting wellbeing, social interaction, skill development, and structured daily occupation. However, attendance alone does not necessarily reflect meaningful participation. Patients with neurodevelopmental conditions may experience difficulties related to sensory processing, social communication, attention, executive functioning, and preference for routine, which can affect engagement with standard ward-based activity programmes. Identifying and addressing these barriers is essential for providing person-centred, inclusive, and equitable care within acute psychiatric settings.

AIM

This audit evaluated patient participation in therapeutic activities on an acute adult mental health ward and explored barriers to engagement among individuals with neurodevelopmental conditions, including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and acquired brain injury. We hypothesised that although therapeutic activities would be available to most patients, meaningful engagement may be limited by unmet sensory, communication, and cognitive needs.

METHOD

A one-week audit was undertaken on an acute male mental health ward involving 15 inpatients. Data were collected from activity timetables, nursing documentation, occupational therapy records, psychology notes, and leave records.

The audit assessed:

- Availability of therapeutic activities
- Patient attendance and participation
- Provision of individualised activities
- Documentation of reasons for non-participation
- Opportunities for community leave
- Engagement among patients with neurodevelopmental conditions or acquired cognitive impairments

DATA SOURCES REVIEWED

- Nursing notes
- OT documentation
- Ward activity schedules
- Activity coordinator notes
- Leave records
- Electronic medical record (pink notes)

Neurodevelopmental Subgroup Findings

- Of the 15 patients audited:
- A subgroup of patients had neurodevelopmental conditions or acquired cognitive impairment, including autism spectrum disorder, ADHD, intellectual disability, and acquired brain injury.
 - Engagement within this subgroup was highly variable, ranging from no activity participation to frequent attendance.
 - Several patients benefited from individualised activity provision, suggesting that personalised approaches may support engagement.
 - Some patients attended few or no activities despite opportunities being available, indicating that attendance may be influenced by factors beyond activity availability alone.
 - Documented barriers included difficulties potentially related to sensory processing, communication differences, cognitive challenges, anxiety, and activity relevance.

Key Comparison

Ward-wide findings

- 80% offered activities
- 60% attended at least one activity
- 67% received individualised activities
- 53% offered community leave
- 40% attended no activities

Neurodevelopmental subgroup

- Demonstrated greater variation in participation than the wider ward population.
- Appeared more likely to require tailored approaches to support meaningful engagement.
- Highlighted the importance of understanding individual barriers rather than interpreting non-attendance as a lack of motivation.

RESULTS



ACTIVITY ENGAGEMENT

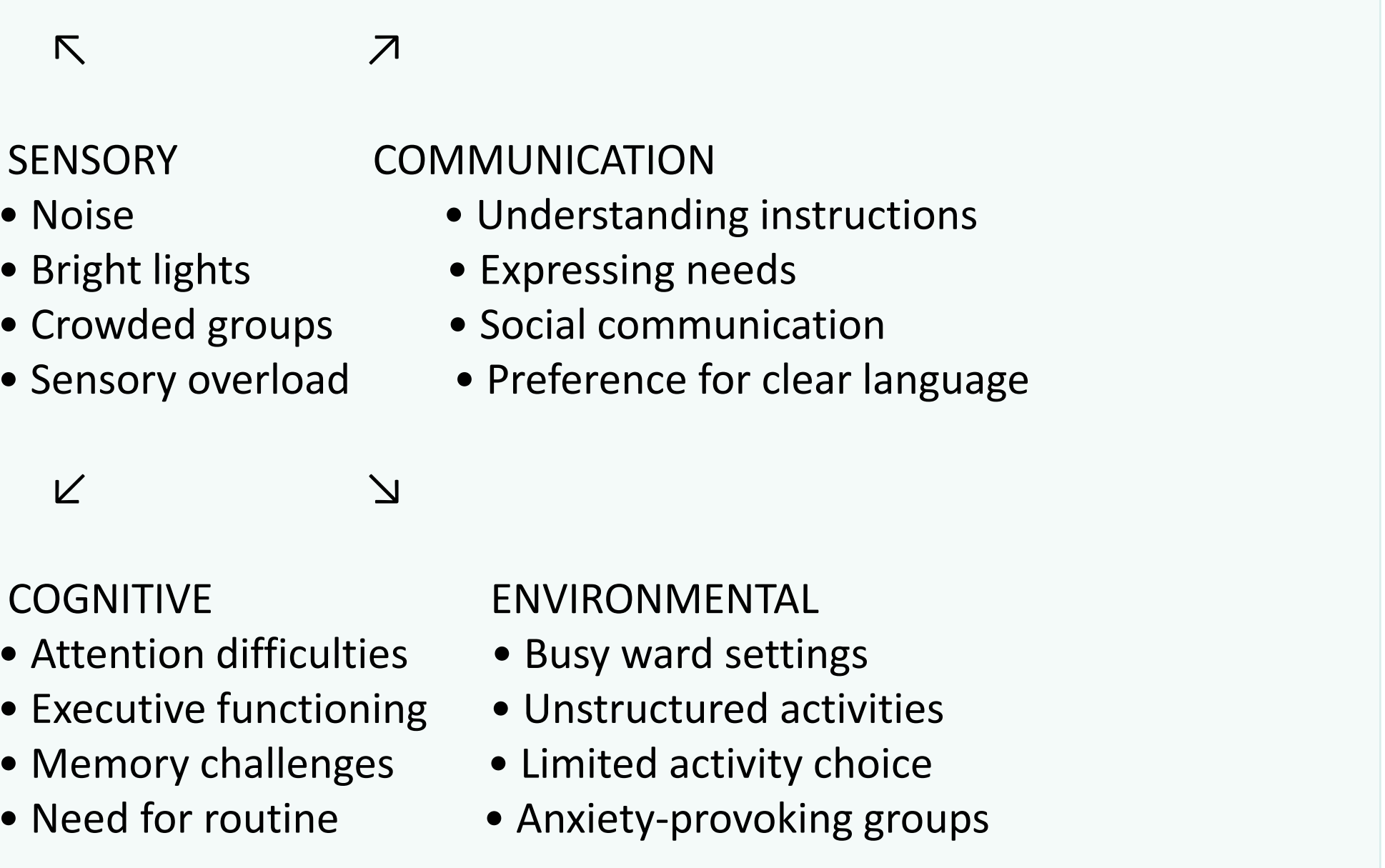


Figure 1. Key audit outcomes across the sample

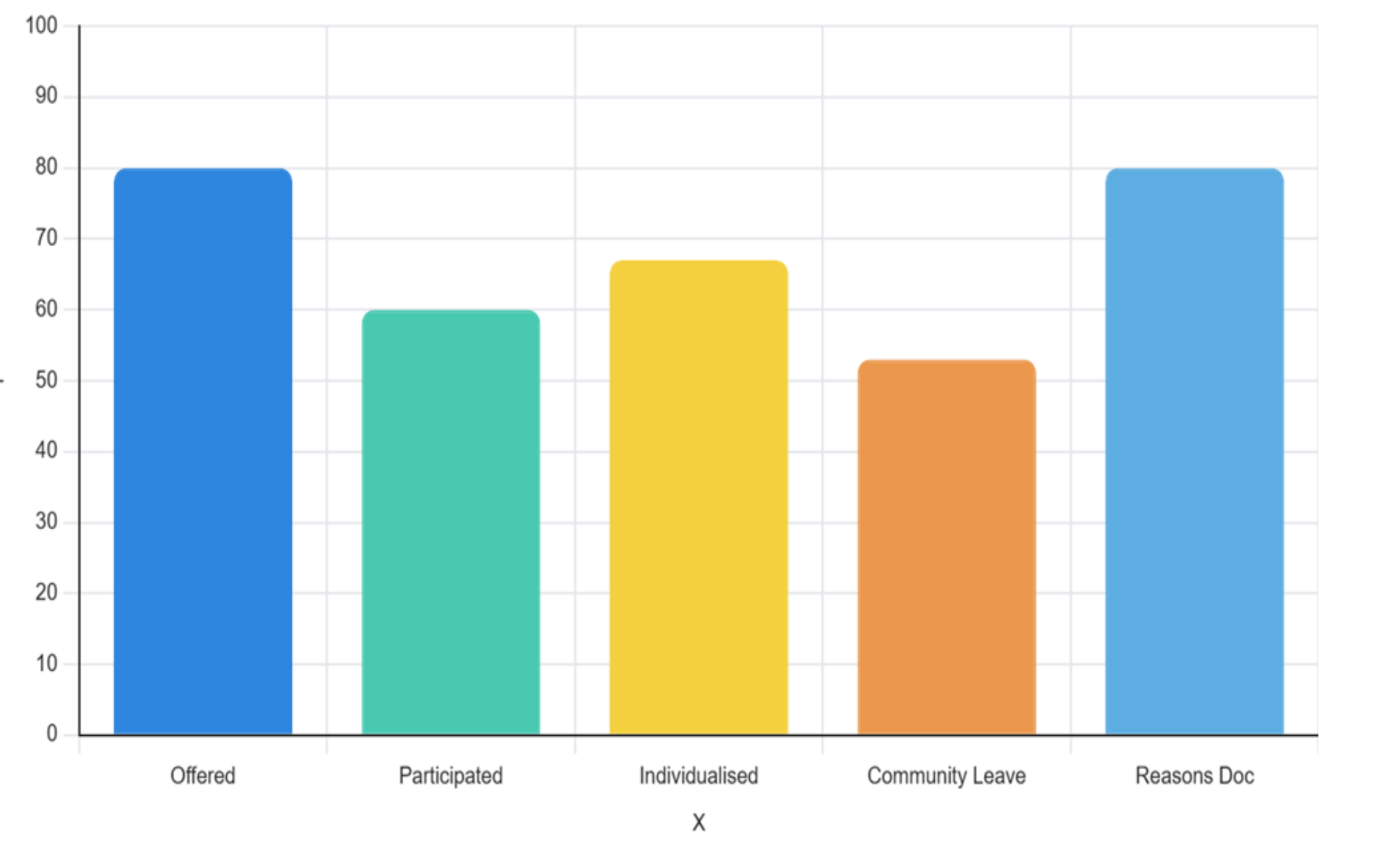
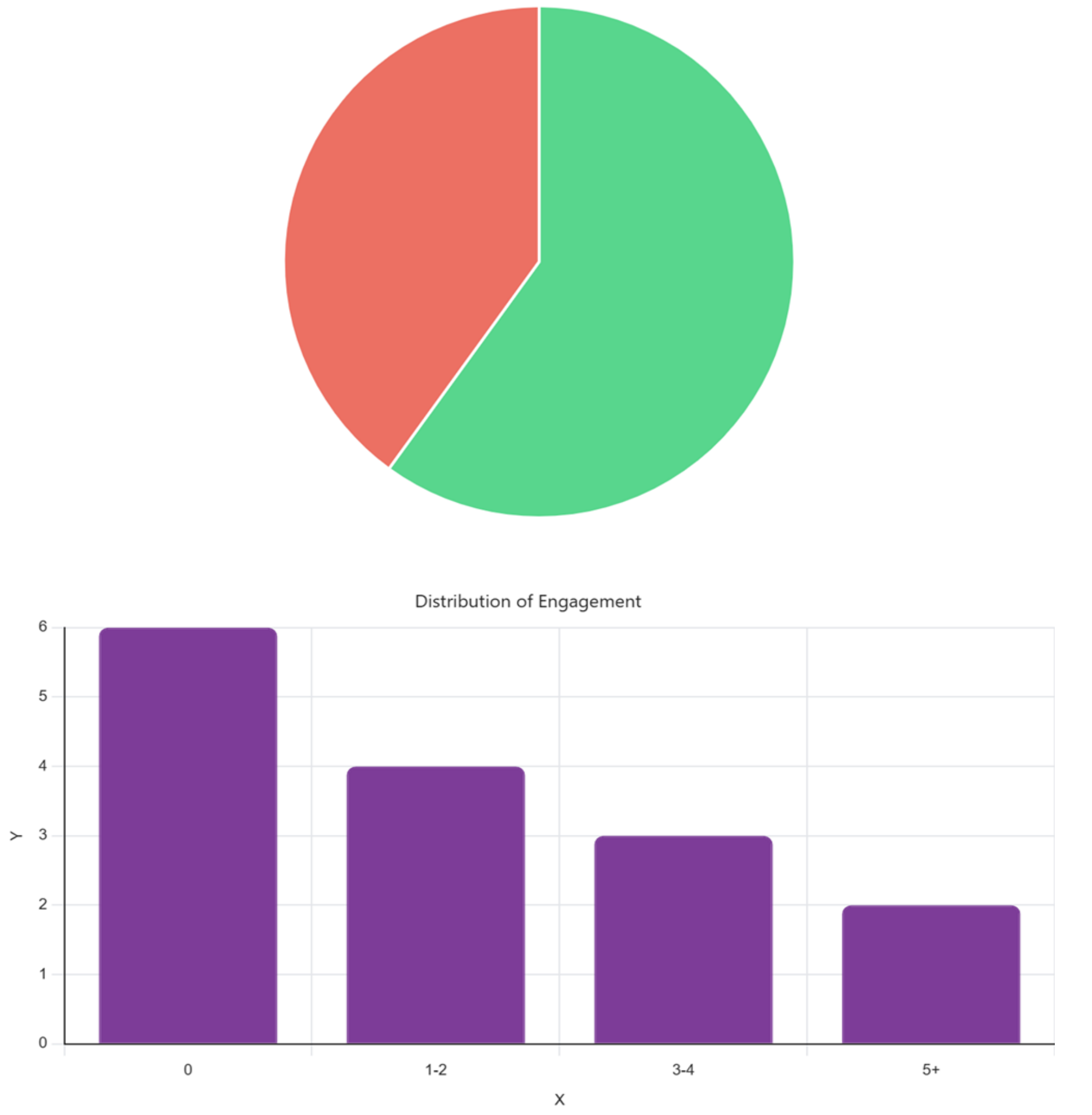
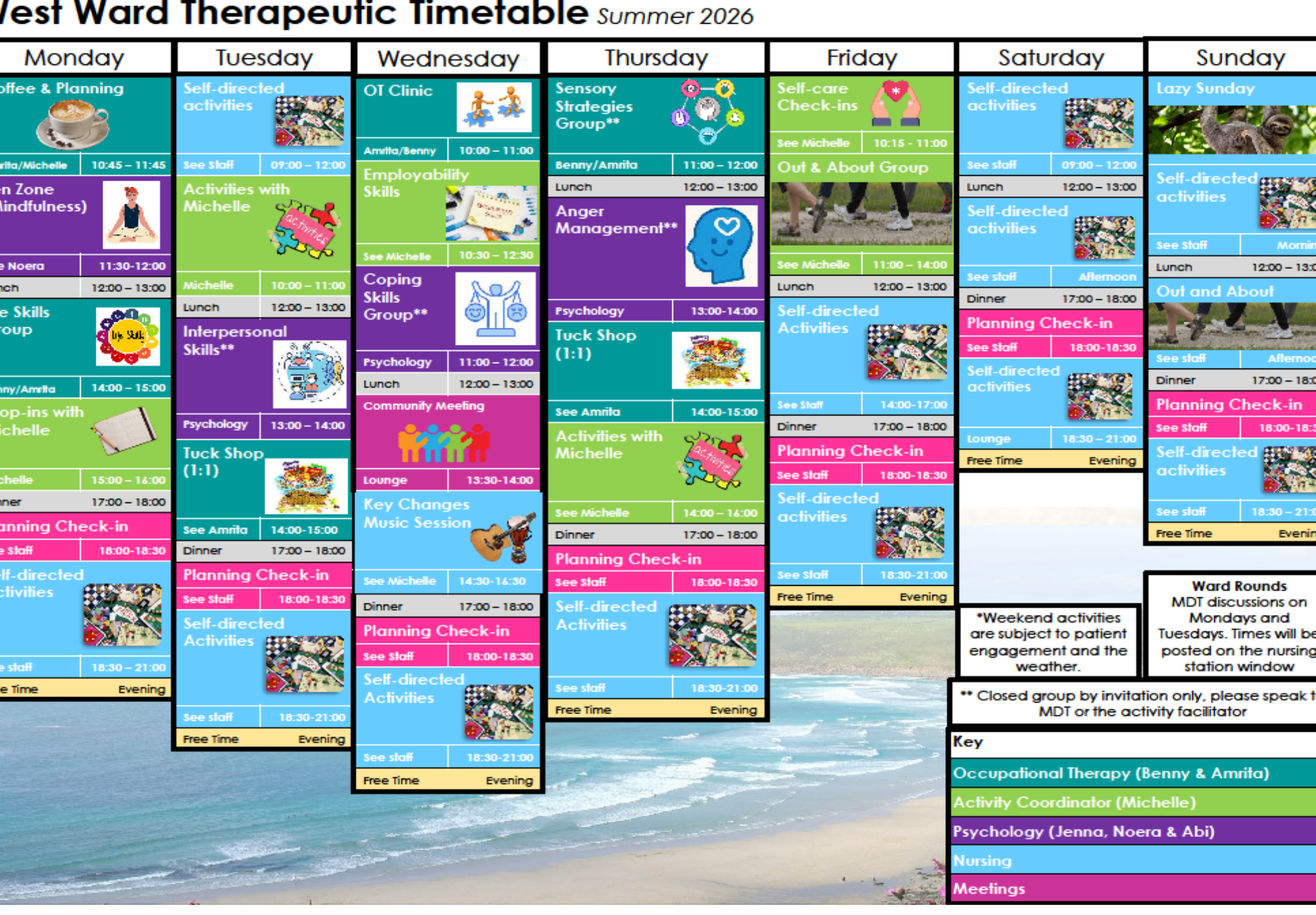


Figure 2. Overall activity participation vs. non-participation



“Equality is offering everyone the same activity. Inclusion is adapting activities so that everyone has a realistic opportunity to participate.”



DISCUSSION

Engagement in ward activities varied considerably across the patient group. Six patients (40%) did not attend any activities during the audit period, while only two patients attended five sessions within the week. This variation raised important questions regarding the factors influencing participation and whether existing activities adequately meet the needs of all patients.

From a neurodevelopmental perspective, barriers to engagement may extend beyond the effects of acute mental illness. Patients with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), intellectual disability, or cognitive impairments often experience sensory, communication, cognitive, and environmental challenges that can affect participation in traditional ward-based activities.

Group sessions may be overwhelming for individuals with sensory sensitivities, while unstructured activities can be difficult for those who benefit from routine, predictability, and clear expectations. Busy ward environments may increase anxiety, and difficulties with attention, executive functioning, or social communication may further reduce engagement. Consequently, declining an activity should not automatically be interpreted as a lack of motivation or unwillingness to participate.

Although the number of patients with neurodevelopmental diagnoses was too small to allow firm conclusions, the findings highlight the importance of adopting an individualised, person-centred approach to activity planning. Providing flexible activity options, adapting environments, and considering sensory and communication needs may improve meaningful engagement and support recovery for a broader range of patients.

CONCLUSION

- Although therapeutic activities were routinely available on the ward, participation among patients with neurodevelopmental needs was inconsistent. The findings suggest that meaningful engagement is influenced not only by activity provision but also by the extent to which activities accommodate individual sensory, communication, cognitive, and behavioural needs.
- Recovery-oriented inpatient care should therefore move beyond measuring attendance alone and focus on creating opportunities that are personalised, accessible, and neurodiversity-informed. Small reasonable adjustments may have a significant impact on engagement and recovery outcomes.

RECOMMENDATIONS

- Introduce early personalised activity planning on admission.
- Routinely document barriers to participation and strategies to overcome them.
- Increase patient involvement in activity selection and programme design.
- Consider environmental and sensory factors that may affect engagement.
- Expand access to tailored and community-based therapeutic opportunities.
- By adapting therapeutic programmes to better meet individual needs, inpatient services can enhance engagement, improve patient experience, and support recovery outcomes for people with neurodevelopmental conditions within acute mental health settings.

Community Meeting	• A weekly get together to discuss what is going well, and what needs improving	Other Activities: Should you find yourself with time on your hands, then why not try: playing cards, board games, read a book, arts & crafts, start a scrap book, play table tennis listen to music, perhaps arrange a movie night! There are leisure and creative 'grab and go' boxes filled with resources available for use on the ward. Please ask ward staff about these Leisure box: sudoku, crosswords, word searches, chess, dominoes, checkers, draughts, 'tago game', cards, uno, scrabble, quizzes Creative Box: Painting, Drawing, Mindfulness colouring, sketching, 3D mindfulness puzzles
Coffee and Planning	• A weekly get together to discuss the plans for the week's activities, what people would like to do, and how we might go about achieving this	
Planning Meeting	• A daily meeting to organise your day, plan activities and consider your section 17 leave	
Zen Zone (Mindfulness)	• Mindfulness means living in the present moment. Essentially, it means being (intentionally) more aware and awake to each moment and being fully engaged in what is happening in one's surroundings - with acceptance and without judgment. • This is facilitated by the psychology team.	
Fitness (including Gym)	• A range of activities to enhance health and fitness, with the option of 1:1 personal training sessions • Gym attendance is dependent on medical clearance	
Interpersonal Skills	• Focuses on building skills to develop healthier relationships. It explores different communication styles, verbal and nonverbal communication, and introduces skills to support in communication with others.	
Kind Mind	• This group is run by the psychology team and focuses on compassion. • It explores self-compassion, compassion from others, and compassion to others, and introduces skills to practice these.	
Key Changes Music Sessions	• An opportunity to engage in a music session where you are supported by a music producer to create and record your own music	
Out & About	• Visiting local places and amenities • A chance to utilise or develop your: social interaction, shopping, or money management skills	
ADL Cooking Skills	• A closed group for patients with manageable risks that are looking to maintain or develop their kitchen-based skills in ADL kitchen • Previous sessions have baked: Victoria sponges, cheese straws, cookies, and so on	
Anger Management Group	• Covers various topics from psychology, with the aim of improving and maintaining clients mental health and well-being	
Sensory Strategies	• Led by the Occupational Therapist aiming to offer sensory strategies to better manage crisis moments	
Activities with Michelle	• An opportunity to explore and engage in a variety of games, activities, hobbies and interests facilitated by the Activity Coordinator	
Living Skills	• Led by the Occupational Therapist aiming to increase skills required for successful discharge into the community • May include: Budgeting, time management, balanced living	Patient Involvement: If you would like to provide feedback or ideas for the timetable then please attend the community meeting. Once a month a service user will be asked to attend the People's Council Meeting: a meeting with hospital managers to improve services.

ACKNOWLEDGEMENTS

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