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Activities on acute mental health inpatient wards: a narrative synthesis of the service users' perspective.

Abstract

Background: Concern about the lack of activities on mental health inpatient wards is long-standing with reports consistently finding that service users receive insufficient access to a range of activities and report high levels of boredom. There is recognition that little is known about what services users want when admitted to inpatient wards.

Aim: This review seeks to understand service users' experiences and views in relation to the provision and availability of activities, and to explore the perceived benefits and barriers to service users.

Methods: We searched multiple databases (Scopus, Medline, CINAHL, PsychINFO, and Embase) for studies that evaluated activities on acute adult inpatient mental health wards. We identified 12 papers across a range of methodological designs from which the narrative synthesis has been analysed.

Results: Findings show that the provision of activities is unsatisfactory for many service users which in turn is related to increased boredom that has a negative impact on service users' wellbeing. We explore the benefits and barriers to engagement, providing an insight into the aspects that make an activity important.

Conclusion: There are few studies exploring the needs of service users regarding activity provision, therefore there is limited knowledge about what is meaningful for individuals.

Accessible Summary:

What is known on the subject: Boredom is a big issue on inpatient mental health wards that is linked to poor patient satisfaction, feelings of frustration, and increased incidents of self-harm and aggression. This is even more so for people detained under the Mental Health Act. Where wards have a good range of activities, e.g. art, music, computer games, gardening, and exercise, service users felt less bored and had improved well-being. Over many years, studies have reported a lack of activities, especially during evenings and weekends. It has also been found that little is known about what activities service users want, or how activities might be meaningful for them.

What the paper adds to existing knowledge: This review found that very few studies have asked service users about what activities would be useful and why. By seeing what makes activities desirable and accessible we can understand how to improve the experiences of service users on wards. Overall, this data helps to understand what impact activities (or lack of activities) have on service users and staff experiences on these wards.

What are the implications for practice: Through identifying the activities most appreciated and engaged with by service users and by asking service users what activities they would like available we can inform best practice guidance for the commissioning and provision of inpatient mental healthcare. This will enable service provider organisations to target their effort and resources on supporting good practice, and to redirect resources from less useful activities.

Relevance statement: Boredom is a big issue on inpatient mental health wards that is linked to poor patient satisfaction, feelings of frustration, and increased incidents of self-harm and aggression, thus has a significant impact on nurses and staff on wards. By understanding the needs of service users on wards regarding the activities that may reduce boredom and therefore potential to reduce adverse incidence, staff will be better placed to support service users on the wards to engage in these meaningful activities.

Keywords: patient experience, activities, activity, inpatient care, boredom, mental health, service users

1. Introduction

Globally, mental health service and policy reform has attempted to reduce the use of inpatient services, moving care to the community. However, inpatient care remains a core feature of most mental health service provision in the developed world (Bhugra et al., 2017). Within England and Wales, of the 2.5 million people who were in contact with adult mental health and learning disability services in 2017/18, 4.1 per cent (103,952) were admitted to inpatient facilities. At least 37 per cent of these admissions were detentions under the Mental Health Act (MHA), an increase from 25 per cent reported in 2012 (NHS Digital, 2018).

The increased rate of detentions under the Mental Health Act has occurred alongside other pressures facing inpatient mental health services, such as reduced bed numbers, increased admission rates, and a steady rise in vacancy rates for mental health nurses and psychiatrists, which combine to create major implications for patient wellbeing, safety, satisfaction and recovery (NHS Benchmarking Mental Health Collection, 2019). As a key example, the provision of and access to a range of ward and off-ward activities has been identified as an important component in providing safe, effective, recovery-focused inpatient mental healthcare (Commission for Healthcare Audit and Inspection, 2008), but this is negatively affected by these staffing deficits and increased pressures as highlighted by the Care Quality Commission (CQC, 2017).

The National Institute for Health and Care Excellence (NICE) outline the need for service users to have access to 'meaningful' activities defined as 'culturally appropriate activities which? should include creative and leisure activities, exercise, self-care and community access activities' (NICE, 2019; p.30) that 'can help provide a structure to their day and reduce stress, frustration and boredom... help to increase their social interactions, relieve anxiety and improve wellbeing' (NICE, 2011; p.43). The definition of what 'meaningful activity' is however remains a grey area within the literature, with little agreement or exploration of what makes an activity meaningful, and how activity differs from therapeutic engagement with staff. Such activities can be seen as ways to provide service users with structure to their day and something to do with their time that they might enjoy or that reduces boredom (Swarbrick, 2006). This differs from therapeutic groups facilitated by occupational therapists or psychologists which use the activities as a means of assessment, individual treatment and discharge planning (CCQI, 2017; p.9; Fitzgerald, 2016).

While definitions remain unclear as to what makes activities meaningful, the impact of limiting access to such activities has been demonstrated, with evidence denoting a link between the insufficient access to a range of activities and the reported high levels of boredom that are experienced by service users on acute mental health wards (Folke et al., 2018; Lindgren, Aminoff, & Graneheim, 2015; Newell, Harries, & Ayers, 2012; Wood & Alsawy, 2016). High levels of boredom have been found to negatively affect the service user experience (Chevalier, Ntala, Fung, Priebe, & Bird, 2018) and to negatively impact on the ward environment (Akther et al., 2019). This links to the emerging evidence suggesting that engagement in activity is beneficial to patient outcomes. The City128 study found that the provision of activity sessions was associated with lower rates of self-harm and that comprehensive programmes of activity may act to reduce more serious self-harm and are highly valued by service users (Bowers, Flood, Brennan, & Allan, 2008; Bowers, Whittington, et al., 2008). The provision of activities has also been linked with reduced levels of restraint (Wilson, Rouse, Rae, & Kar Ray, 2018), and increased levels of recovery (Stickley, Wright, & Slade, 2018).

The benefits of activities within inpatient settings has been recognised within policy and guidance aimed at improving the quality of inpatient care, such as the Accreditation for Inpatient Mental Health Services (AIMS) (Beavon, Raphael, & Shaygan, 2017). These standards for inpatient services state that service users' preferences should be considered during the selection of medication, therapies and activities, and acted upon as far as possible. Furthermore, evidence has led to the recognition that the

activities on wards should be meaningful and culturally appropriate and provided during evenings and weekends as well as during ‘office hours’ (CCQI, 2017; NICE, 2011, 2019). Yet the provision of activities in the evenings and weekends remains an area of concern with around half of wards reportedly not providing regular activities during those times (Beavon et al., 2017).

While the negative impact of boredom and positive influence of activities has been explored, the relationship between leisure activities and service users, and the role of nurses remains unexplored (Chan, Wu, Yip, & Yau, 2012) as does our understanding of what makes an activity meaningful to service users. This has been noted within the National Institute for Health and Social Care (NICE, 2019) clinical guidelines for ‘Improving the experience of care for people using adult NHS mental health services. This guidance also reported that little was known about what services users want when admitted to inpatient wards. This sits at odds with the UK’s Department of Health guidance that all meaningful activity should be determined in consultation with service users (Department of Health, 2001). The earlier NICE guidelines (NICE, 2011) called for qualitative research to be undertaken to identify the activities and occupations that service users want on inpatient wards as a means to building an evidence base to inform a future cluster randomised trial evaluating the effectiveness of inclusion of occupations and activities preferred by the service users compared with standard care. To our knowledge, no such study has been conducted.

a. Aim

In this systematic review, we seek to explore the experiences and perspectives of service users on activities on acute inpatient mental health care wards to help identify and understand service users’ experiences and views in relation to the provision, availability, and types of activities provided.

2. Method

Details of the protocol for this systematic review may be found in PROSPERO dataset (registration number: CRD42019135477) and can be accessed at: http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42019135477

2.1. Inclusion and exclusion criteria

There were no restrictions on the types of study design eligible for inclusion. A publication date limitation of 1999-2019 was placed on the search to acknowledge the changing policies and reforms within the 1990s, e.g. National Service Framework in the UK (Boardman & Parsonage, 2009), mental health service reform in Australia (Whiteford & Buckingham, 2005), and healthcare reforms in the U.S. (Harrington & Estes, 2008). This decision was made to ensure that any findings explored reflected current services as closely as possible. Inclusion and exclusion criteria are outlined in table 1.

Table 1: *Study inclusion and exclusion criteria*

The inclusion criteria were:	<ul style="list-style-type: none"> • Peer-reviewed journal articles published in English; • Studies focused on adults (age 16-65) in acute mental health care wards (with various mental disorder diagnoses).
The exclusion criteria were:	<ul style="list-style-type: none"> • Review studies, research opinions, conference proceedings and editorials; • Studies published in languages other than English; • Studies with a population of children and adolescents or later life (65+)

	<ul style="list-style-type: none"> • Studies that were conducted in the community, psychiatric intensive care and/or forensic units; • Studies focused on psychological therapy or occupational therapy groups. • Service users with mental disorder as the secondary condition.
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2.1. Search strategy

A systematic search of relevant literature, published in English between January 1999 to April 2019 was conducted with five research databases (i.e., Scopus, Medline, CINAHL, PsychINFO, and Embase). The keywords adopted for the search included (Psychiatri* OR "Mental health) AND (Inpatient OR Hospital* OR Ward* OR Unit) & (Activit* OR "Leisure time" OR Recreation OR Exercis* OR Sport* OR Fitness OR "Free time" OR Group OR Boredom) AND (Patient* OR Client* OR Consumer OR "service user") AND (Experienc* OR Perspective* OR Feedback OR Satisfaction OR Attitude* OR Benefit* OR Reflection OR Interview* OR Perception). Reference lists of identified articles were also reviewed to find any additional relevant articles. Grey literature was excluded from this search.

2.2. Data selection and extraction

All searches were conducted on one date to ensure consistency across databases regarding the search results. Two members of the research team (UF and YL) extracted the RIS data from the databases and imported the title/ abstract data for screening into EndNote. These two members of the research team conducted independent title and abstract screening of all studies following removal of duplications. Disagreements over the eligibility of articles were resolved by a third reviewer (MB). Following title and abstract screening, both members of the team who conducted initial screening independently screened the full text of the selected articles using identical inclusion criteria. Both reviewers extracted all data using a pilot tested data extraction form. The data extraction form included information regarding the study aims, design, sample, activity typology (e.g. self-determined vs organised activities, one off vs ongoing, who involved? days of week/times of day, indoor/outdoor etc.), who delivers the activity (staff vs service users), level of service user involvement in the activity design/ organisation, and key findings/ outcomes. Additionally, all reference lists and citation indexes of all included studies and identified systematic reviews were searched for relevant studies not yet included. Any missing data was requested from study authors.

2.3. Data Synthesis

A qualitative narrative synthesis was conducted for the study findings. Two reviewers independently performed the data analysis to identify the main themes and sub-themes guided by the methods proposed by Thomas and Harden (Thomas & Harden, 2008). Two reviewers were employed to ensure that the study inclusion criteria were applied consistently, thus avoiding systematic errors, and to reduce or correct random human errors (McDonagh, Peterson, Raina, Chang, & Shekelle, 2013). After agreement was reached the themes and related content were further reviewed and cross-validated by a third reviewer to ensure the analysis was robust.

2.4. Quality appraisal

Methodological quality was formally assessed using appraisal tools suitable for the design of each study, using three appraisal measures that have been empirically developed and follow similar appraisal methods to allow consistency for the research team's assessments of quality.

For qualitative studies the Critical Appraisal Skills Programme (CASP) checklist was used (Critical Appraisal Skills Programme, 2018). The CASP checklist consists of 10 questions designed to assess quality in two stages. The first two questions are screening questions to assess if it is worth proceeding

with the remaining questions. The remaining eight questions are rated as “yes”, “no” or “can’t tell”. The Mixed Methods Appraisal Tool (MMAT) (Hong, Gonzalez-Reyes, & Pluye, 2018) was used for mixed methods studies, measuring five criteria (i.e., research questions, data collection, findings, interpretation and coherence) to assess the quality. The first two questions are screening questions to assess if it is worth proceeding with the remaining questions. The remaining questions are rated as “yes”, “no” or “can’t tell”. For studies using survey design the Appraisal of Cross-sectional Studies (Axis) was used (Downes, Brennan, Williams, & Dean, 2016). Consisting of 20 questions rated as ‘yes’ or ‘no’, quality is assessed based on methods, results, discussion and transparency of funding and ethical processes.

3. Findings

Of 8,329 citations identified during searching, a total of 4,748 unique citations were examined during the review. Of these unique citations, 90 proceeded to full-text review. We excluded 78 studies during full text screening and data extraction phases, with the most frequent reason due to the activity described in the paper being therapy rather than a ward activity. This left 12 studies for our review. This is outlined in figure one below.

Figure 1. PRISMA flow diagram

3.1. Study Characteristics

Of the twelve studies included within the synthesis the majority used a qualitative design (n=7). Two used a quantitative approach using a cross-sectional survey design, while the remaining three used mixed methods. These studies were set in the UK (n=4), Australia (n=3), Finland, Canada, USA, Sweden and Israel (n=1 each). Most of the studies included both men and women (n=8), however one study was conducted only with males (Gibson et al., 2008), while three did not state the gender of participants. Only one paper (Ratner et al, 2018) focused on a diagnostic category within analysis including only service users with schizophrenia or schizoaffective disorder diagnosis. The remaining papers either reported varying diagnoses among participants (n=6) or no data regarding diagnosis of participants (n=5). Only two of the studies included ethnicity in the demographic data presented within the paper, with ten omitting or not collecting this detail. One paper excluded participants who were under an involuntary treatment order (Fraser et al., 2015), while the other studies did not define if service users included were involuntary admissions under mental health legislation.

The studies included can be categorised into two different types of paper; those evaluating an activities group or groups (n=5) and those evaluating the everyday experiences of service users on acute inpatient mental health wards (n=7). Of those studies evaluating specific activities, two evaluated the implementation of a range of activities, while three focused on a single specific group activity including a music group, a physical activity group and a community group for the ward. Four of these activities were described as organised groups that were facilitated by ward staff (e.g. nurses or multidisciplinary teams) or external facilitators for one study. The remaining study explored whether service users preferred physical activities to be facilitated by staff or self-directed.

Of the papers evaluating an activity or programme of activities on the ward, none referred to using service user involvement or co-design methodologies when designing or implementing the activities within the ward context. Two papers collected data from service users regarding preference and attendance regarding activities within the implemented programme.

Table 2 provides a more in-depth overview of each study.

3.1.2. Study quality

Quality appraisal of all the included studies in this systematic review showed that ten of twelve were rated as good quality. The remaining two studies had lower ratings, considered as moderate to poor quality (Gibson et al., 2008; Goodwin et al., 1999). The reasons for the drop in the quality rating were because there was a lack of clear research questions.

Table 2: Description of Included Studies on Activities on Inpatient Mental Health Wards

Authors Country	Country	Study design	Description	Outcomes and effects
Hall et al. (2019)	Australia	Qualitative methods: focus groups.	Musical group (singing activity). Ran twice a week along the whole evaluation period (6-month period). Organised and facilitated by one or more staff (without formal training e.g. nurses).	Positive Outcomes: <ul style="list-style-type: none"> • Effect on mood • Improved relationships and engagement • Social connectedness and inclusion • Improved ward atmosphere Negative Outcomes <ul style="list-style-type: none"> • Noise/increased agitation
Hutcheson (2010)	UK	Mixed methods: qualitative interviews followed with a questionnaire.	Evaluation of an activity programme that offered a minimum of 17 groups weekly, including functional, sport, leisure and art groups. Organised and delivered by ward staff.	Pre and post measure of satisfaction and acceptability with levels and types of activities provided on the ward. Attendance by service users used as an indicative measure of activity popularity.
Lamanna et al. (2016)	Canada	Qualitative methods: interviews.	Evaluation of the factors affecting verbal and physical aggression by psychiatric service users.	Barriers to activities including ward rules & regulations, and resources. Exploration of the impact of the lack of activities on wards leading to aggression.
Donald et al. (2015)	Australia	Qualitative methods: interviews and focus groups.	Evaluation of the everyday service users experience of the psychiatric environment to understand environmental aspects of recovery.	Lack of activities on wards related to boredom, impacting on social relations on the unit, wellbeing/ recovery and health promotion. Lack of amenity cited as a considerable barrier.
Shattell et al. (2008)	USA	Qualitative method: phenomenological interviews.	Exploration of service users' experiences in an acute care psychiatric unit.	Lack of activities on wards & boredom on service users. Negative impact of boredom on mood and wellbeing.
Ratner et al. (2018)	Israel	Quantitative method: Cross sectional survey.	The study aimed to explore the indicators for service users' satisfaction with hospital health care using a quantitative approach. Focus on service users with schizophrenia and schizoaffective disorder diagnoses.	Measure of satisfaction with levels and types of activities provided on the ward. Activities cited as one of the weakest aspects of care satisfaction.

Fraser et al. (2015)	Australia	Quantitative method: Cross sectional survey.	The study aimed to assess service users' attitudes and preferences for physical activity among inpatient adults with mental illness by self-reported questionnaires.	<p>Considerable interest from service users to engage with physical activities, with findings that service users preferred self-directed forms of delivery for physical activities.</p> <p>Positive Outcomes:</p> <ul style="list-style-type: none"> • Improved physical health • Improved psychological well-being & stress management <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of energy & feeling too tired • Lack of motivation
Molin et al. (2016)	Sweden	Qualitative method: interviews using a grounded theory approach.	<p>Study explored experiences about everyday life in psychiatric inpatient care.</p> <p>Occupational therapists reported to deliver structured activities on the wards.</p> <p>Service users engaged in self-determined activities.</p>	<p>Experiences of staff activities prioritised over service users, with unequal and irregular structure due to a lack of activities on wards, leading to boredom seen to impact on wellbeing and recovery.</p> <p>Barriers:</p> <ul style="list-style-type: none"> • Wellness and lack of energy or feeling too tired • Ward rules and regulations or staff control
Crockett, P. et al. (2009).	UK	Qualitative methods: observations	<p>As many service users and staff as possible were encouraged to attend weekly ward-based groups to look at issues arising from the ward environment.</p> <p>Overseen by ward staff (primarily nursing staff)</p>	<p>Measure of satisfaction with levels and types of activities provided on the ward.</p> <p>Barriers to engagement</p> <ul style="list-style-type: none"> • Control vs. Expression • Intrusions • Staff confidence
Kontio et al. (2010).	Finland	Qualitative method: interviews	Exploration of psychiatric inpatient service users' experiences of seclusion/restraint.	<p>Measure of satisfaction with levels and types of activities provided on the ward.</p> <p>Lack of activities on wards & boredom on service users.</p>
Gibson et al. (2008).	UK	<p>Mixed methods:</p> <ul style="list-style-type: none"> • service user engagement and referral pathways • incident forms • patient-staff conflict checklist • feedback questionnaires 	<p>The programme involved weekly group activities for service users.</p> <p>The group programme included music therapy, a breakfast club (cooking breakfast for the ward), an art group, a relaxation group, a walking group, a social group (games and discussion), a 'combat stress' (psycho-educational) group and a community meeting (to discuss ward issues).</p>	<p>Impact of the lack of activities on wards & boredom on service users.</p> <p>Measure of satisfaction with levels and types of activities provided on the ward.</p> <p>Benefits of activities</p> <ul style="list-style-type: none"> • Social engagement and communicative aspects of groups • Improved well-being <p>Barriers to engagement with activities</p> <ul style="list-style-type: none"> • Limited numbers allowed to participate • Confidence • Being taken seriously/ listened to by staff

<p>Goodwin et al. (1999).</p>	<p>UK</p>	<p>Mixed Methods: Use of the Service Satisfaction Questionnaire and semi-structured interviews using the Survey of Service users Views</p>	<p>Exploration of psychiatric inpatient service users' experiences of the ward</p> <p>Activities identified as provided by OTs</p>	<p>Measure of a high degree of satisfaction on the wards.</p> <p>Themes:</p> <ul style="list-style-type: none"> • Sense of community on the ward • Activities leading to less boredom on the ward and improves well-being • Limited provision outside of OT time • Clash between policies and activity requests
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3.2. Findings

The data synthesised from these twelve papers can be placed within two superordinate themes encompassing *the lack of activities*, and *values/ benefits of activities*. A third theme regarding the *barriers to engagement* bridges these two-superordinate themes to place activities in context of the changing ward milieu.

3.2.1. Theme one: The lack of activities

Dissatisfaction and Boredom

The majority of studies included within the synthesis focused on the everyday experience of the inpatient ward, with boredom being central to the high levels of dissatisfaction felt by service users. The overarching consensus of the papers was that activities were rated as among the weakest aspects of the wards with consistently low levels of satisfaction being reported in both the qualitative and quantitative data shared. More than a third of service users reported feeling dissatisfaction with the activities provided on the ward (Ratner, Zendjidian, Mendyk, Timinsky, & Ritsner, 2018), a finding mirrored in another study which found that 10 of 18 service users included in the study reported that the activities provided on the ward were not acceptable, with one service user saying they were awful (Hutcheson, Ferguson, Nish, & Gill, 2010). Reasons for these levels of dissatisfaction were reported as unequal and irregular nature of activity provision across wards, with service users noting provision was hit and miss (Molin, Graneheim, & Lindgren, 2016).

High rates of dissatisfaction on the wards or poor service user experiences were often linked to the lack of activities that were provided for individuals in the inpatient setting. Participants reported that they want opportunities to *"paint, knit, listen to music, exercise, and go outdoors"* (Molin et al., 2016) however half of the studies in the review (n=6) mention the lack of activities on the wards (Donald, Duff, Lee, Kroschel, & Kulkarni, 2015; Gibson, 2008; Kontio et al., 2012; Lamanna et al., 2016; Molin et al., 2016; Shattell, Andes, & Thomas, 2008). Lack of activities was directly linked to feelings of boredom by service users (Donald et al., 2015; Lamanna et al., 2016). This was a particularly salient theme in reference to those undergoing seclusion, during which service users reported that they lacked activities, such as reading a book or magazine, listening to music, or physical exercise (Kontio et al., 2012).

Boredom was linked to an increase in aggression and incidents in three of the studies, including links between boredom and the increased incidents of self-harm (Molin et al., 2016) and increased aggression (Lamanna et al., 2016), with the introduction of a programme of activities leading to fewer containment measures on the ward, for example, restraint, seclusion, PRN medication, special observation (Gibson, 2008).

"It drives you nuts, it's so boring...you have to have some kind of distraction. Then if you don't, then you just start getting aggressive. I think that's what happens with a lot of people" (Lamanna et al., 2016).

Furthermore, the lack of activities was linked to having an impact on wellness and recovery in two of the studies. Service users reported feeling bored and complained of not having enough to do to occupy their minds and linked this boredom to having a direct influence on their well-being. Boredom led to service users feeling jittery and anxious as the lack of things to do left service users with time to ruminate, which fostered negative thoughts and hindered recovery (Molin et al., 2016; Shattell et al., 2008). Service users identified that having activities on the wards would help dissipate their stress and anxiety and could bring the participants hope and empowerment (Molin et al., 2016).

3.2.3 Theme Two: The values/ benefits of activities

Within the studies that evaluated specific activities, or activity programmes, focus was often placed on understanding which activities were enjoyed and why. This provides insight into what perceived benefits of activity are to service users, while also understanding the outcomes and purpose that service users associate with activities. These could be understood within three core themes of psychological well-being, social connectedness, and physical health.

a. Psychological Wellbeing

Four of the studies had findings directly linked to the psychological benefits of having activities on wards. Actively participating in groups was linked to having a positive effect on mood and capturing participants emotions in a positive way:

"It makes me happy and feels good" (Hall, Mullen, Plummer, Berry, & Clancy, 2019).

This was linked to the psychological benefit of being able to express emotions and talk to others (Gibson *et al.*, 2008). In one study, qualitative results showed that participation in enjoyable group activities led to a feeling of hope and purpose and provided meaning and 'something to live for'.

*"We usually sit down and make a schedule to structure the day because I feel better when I get it structured" (Molin *et al.*, 2016).*

b. Social Connectedness

Teamwork and collaboration were an important part of service users' experiences of activities on the wards. Hall *et al.* (2019) reported that service users felt that involvement in group activities with other service users was related to improved social connectedness and feeling of inclusion. As a result, this was believed to create a sense of community in the ward that led to an improved ward atmosphere. This emphasised the importance of engaging with others, particularly with other service users, with one study noting a key aspect of the activities was that they helped individuals 'learn how to make new friends' (Gibson, 2008).

Further to this was the theme of building relationships with the staff on the ward, with activities seen as a way to improve these relationships between staff and service users:

*'I think it helps staff connect with service users, and they get to know us better' (Hall *et al.*, 2019).*

c. Physical Health

Just one study in the review focused on the theme of physical activities, with results showing that 77% of participants expressed a high interest in engaging with physical activities such as walking (Fraser, Chapman, Brown, Whiteford, & Burton, 2015). Reasons to endorse physical activities include direct links to aspects of physical health such as weight control, maintaining good health and reducing risks of heart disease and diabetes, but also include the mind-body link to psychological elements such as the benefits of physical activities for managing stress and improving emotional wellbeing.

3.2.4. Theme Three: Barriers to engagement with activities

a. Ward environment

Service users emphasized the importance of the therapeutic community, safe atmosphere, and cosy environment of the closed wards where they spent most of their time:

*'A peaceful environment is also important' (Kontio *et al.*, 2012).*

This was recognised as a key need for engaging both staff and service users in activities on the ward as activities need to be held in a therapeutic environment. It was highlighted in two of the studies however the disruptive nature of the ward and the impact that this environment has on activities. One study reported that group activities had a negative effect on the ward atmosphere as they had the potential to create an unsettled afternoon (Hall et al., 2019). In another study, the disruptive nature of the ward environment, e.g. constant telephone calls and visitors, interrupted planned activities leading to agitation and disengagement (Crockett, Forrester, & Treliving, 2009).

b. Restrictions

The main barrier to accessing activities was felt to be the restrictive nature of the ward, with behavioural restrictions placed on service users meaning they could not be self-directive with activities such as showering or accessing mobile phones (Lamanna et al., 2016). This was salient with findings in another study which identified the desire of service users to engage with self-directed activities, with two-thirds of the participants preferring physical activity that can be done alone (Fraser et al., 2015).

Restrictive policies and practices on wards were felt to lead to a low-stimulus environment that contributed to the boredom reported by many service users:

"Sometimes when you sit and you don't want to do anything or there's nothing to do, your mind kind of works too much, you know? ... It gives you anxiety. Because you're thinking, 'I want to go outside' or you're thinking of the things you want to do but can't." (Shattell et al., 2008)

In one study service users felt this was due to the lack of amenity (Donald et al., 2015), however another study reported that service users felt that the opportunities for spontaneous activities were seen as limited due to the ward's rules with participants describing these restrictive rules as being like *"having a foot chain"* (Molin et al., 2016). This link to restrictions and rules imposed on service users links to the wider literature related to power and coercion in mental health settings, reflected in one study in the review in which service users reflected that when discussing activities, they wanted to engage with, they wanted to be heard and taken seriously by staff:

'I would like the discussed matters to be taken seriously and imposed where applicable' (Gibson, 2008).

c. Wellness

In three of the studies, aspects of the service users' health were identified as having an impact on engagement with activities. Lack of energy, feeling too tired and lack of motivation were the most commonly reported barriers to physical activity, alongside less common reasons such as feeling unsafe outside (Fraser et al., 2015). This was further explored by Hall et al (2019) where difficulties were reported, with issues emerging around the noise that the music activity group created. For those not taking part, the noise was reported to lead to agitation and was a concern for service users who experienced sensory overload from the noise. As a result, staff observed that some service users retreated from shared spaces, thus impacting on the sense of community that was being achieved by the group.

4. Discussion

The aim of this systematic review was to assess service user perceptions of activities provided in acute mental health inpatient wards. The findings recognise the lack of provision or availability of activities and the poor levels of satisfaction in relation to the activities on inpatient mental health wards, often

as a result of ward rules and restrictions, leading to high levels of boredom and frustration. This is an issue that is widely recognised within the wider literature (Katsakou et al., 2012; van der Post, Peen, Dekker, & Epidemiology, 2014; Walsh & Boyle, 2009; Wing & Brown, 1970), including link between boredom and increased levels of self-harm and violence/aggression (Bowers, Jarrett, Clark, Kiyimba, & McFarlane, 1999; Chaplin, McGeorge, & Lelliott, 2006). The finding that boredom leads to anxiety and 'time to think' and ruminate provides insight into the mechanisms that may lead to increase frustration and escalation to aggression where there is a lack of activity, thus demonstrating the need to recognise that these day-to-day activities are important and need as much investment as therapeutic processes and programmes.

With the backdrop of limited provision or availability of activities as the focus of most papers extracted within this search, it was important that the second superordinate theme placed focus on the positive impact of having access to activities. While national and international policy and research recognise the positive influence of service users participation in making decisions regarding their care, inclusive of what activities they want to engage in (Redley et al., 2019), involvement in designing the activity programme or schedules was not mentioned in any of the studies. Considering the lack of detail provided in relation to ethnicity, it is difficult to assess how culturally meaningful these activities are for service users from Black, Asian and minority ethnic (BAME) backgrounds. This is salient when considering that BAME populations are disproportionately represented within inpatient mental health settings, particularly under detentions of the Mental Health Act (Burki, 2018) and are more likely to be subject to containment measures (Department of Health and Social Care, 2018). Indeed, it also notable that no papers specifically focused on activities for those detained under mental health legislation and the further restrictions such measure often entail. By better understanding what makes activities meaningful for all service users, we can create a better understanding of how to improve the experience of service users on acute mental health wards, which may result in therapeutic benefits for service users, improved staff well-being, and potential cost savings to services through violence reduction and improved clinical outcomes and recovery.

The findings of this review help to build on the existing knowledge that boredom has a negative impact and that activities can have positive outcomes by acknowledging the context of the ward environment that brings challenges that impact on being able to deliver and engage in activities. On the surface of these studies, we can conclude that additional activities need to be provided to reduce boredom, and initiatives such as Star Wards (www.starwards.org.uk) demonstrate that exciting changes are possible (Janner & Delaney, 2012). However, to fully understand why such developments are not commonplace or sustained, we must view the research question in a context of the ward environment. These findings highlight the necessity for adding choice into activity planning to provide flexibility from a rigid timetable to account for individuals' changing needs regarding wellness, which was flagged as a potential barrier for service users, as well as needing to recognise the need for independence and autonomy for service users to input into such timetabling. As noted from the review, activities engagement is impacted by the restrictions and control of the ward regime and rules, an issue that has been highlighted in previous work (Alexander & Bowers, 2004). With limited service user involvement in designing activities, and the majority of activities described as organised or staff-directed, these aspects of ward life that are intended to be 'meaningful' to service users can become meaningless when controlled by staff or when the need for individual choice is not accounted for. Data in one study suggests that service users wanted to engage in self-directed physical activities, however this aspect of self-directed activities remains an unexplored area in the wider literature, adding to the narrative of limited autonomy for service users within the ward environment. This is particularly salient when considering the increasing number of service users who are detained under mental health legislation which will undoubtedly have an effect regarding attendance to activities off the ward (Rains et al., 2019). This has a particular impact on engagement with physical activities and

exercise due to the restriction that detention has on the leave required to access gyms and grounds that are often accessible only off the ward (Jones, 2008).

4.1. Limitations

While the findings of this review help identify the experiences and perspectives of service users on inpatient mental health wards regarding activities, there are limitations to consider. Firstly, the definition of what is an activity is itself limiting due to the unclear boundaries that some activities have with occupation, as often focused on by occupational therapists, and psychological therapies (Cowls & Hale, 2005; Markovich & Tatsumi, 2015; Synovec, 2015). While the research team conducting the primary searches consulted with experts in the wider team, there is likely to be subjectivity when defining the papers' core activity. As a result, some key papers in this area may be overlooked due to the parameters placed on our definition of activity.

The second key limitation to consider is that this review placed a focus on the service user perspective, however voices from those detained under mental health legislation and BAME populations remain underrepresented or not considered during analysis of such data. As a result, our ability to define what is meaningful across the range of experiences and voices continues to be limited and lacks data regarding culturally appropriate approaches to activities. Furthermore, the papers extracted may be skewed towards those implementing qualitative designs and thus fail to provide a full picture of the benefits of engaging with ward activities from a quantitative perspective. It must also be acknowledged that the search placed a focus on published, peer-reviewed research, thus omitting grey literature. As a result, this is likely to have overlooked reports by service user groups and related organisations that may further articulate the service user voice; analysis of this area of writing alongside interpreting policy approaches to this issue would benefit the field and help support future work in this area.

5. Conclusion

While the benefits of ward activities are often widely accepted, the provision of activities remains unsatisfactory for many service users with findings from this review indicating high levels of dissatisfaction as well as a lack of detailed understanding regarding what activities service users need and what they want from these activities. As is clear from the findings of this review, there are few studies exploring the needs and requirements of service users regarding activity provision, therefore there is limited knowledge about what is meaningful for individuals. Furthermore, there is no literature focused on identifying the needs of specific populations, such as those from Black, Asian and other ethnic minority populations, or those detained under legislation.

Future research should aim to investigate the experiences of participation in activities on adult acute mental health inpatient wards and the views of service users to identify recommendations for the range of activities that modern services require to meet the range of needs of service users, identified in this paper. This will help develop a sharper focus on the need to identify how best to support recovery when service users are in an acute/crisis stage, as well as identifying who is best placed to support and deliver activities in these settings. With economic and other pressures driving changes in the complexion of ward staffing and increasing recognition of the benefits of co-production in service design and delivery, future research will need to ensure that service users are at the heart of investigations and recommendations.

By better understanding what makes activities desirable and accessible we can increase our understanding of how to improve the experiences and satisfaction of service users on mental health wards. Through identifying the activities most appreciated and engaged with by service users and by asking service users what activities they would like available we can inform best practice guidance for the commissioning and provision of inpatient mental healthcare. This will enable service provider

organisations to target their effort and resources on supporting good practice, and to redirect resources from less useful activities.

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