A study of a single-observation assessment tool for use in mental health

Key findings

- Results of our study provide initial evidence of the measurement properties of the MOHOST-SOF and use in clinical practice.
- The majority of the items work as anticipated; most clients were measured reliably and there was no confusion regarding the selection of a rating for each of the items.
- Our findings support that MOHOST-SOF measures occupational participation as defined by MOHO. Item responses were organised in a manner which represents a logical hierarchy indicating the scale captures the hypothesised construct (occupational participation as) which support the scale’s validity.
- Our study indicates that the MOHOST-SOF can be used as an outcome measure for individual client change; however the MOHOST-SOF does provide less information than its full MOHOST counterpart, and this may be an important consideration for practitioners.
- People with mental illnesses in our study demonstrated a statistically significant improvement in their occupational participation in self-care tasks after receiving a 4-6 week occupational therapy intervention. The MOHOST-SOF was used to measure this change.
- Some issues were identified for future consideration. Approximately 13% of clients were misfitting (i.e. were outwith the scale covered by the items, and were therefore not measured accurately).
- Some items exhibited misfit to the Rasch model or were unstable over time.
- The MOHOST-SOF helps practitioners to understand and measure the benefits of occupational therapy.

Project aims

This study analysed a data set of Model of Human Occupation Screening Tool Single Observation Form (MOHOST-SOF) scores completed pre-post intervention for a group of mental health service users.

The purpose of the analyses were as follows:

- To determine the reliability and validity of the MOHOST-SOF by means of Rasch analysis.
- To use the MOHOST-SOF to detect change in participation in self-care over a 4-6 week period.

Background

Disruption to occupational participation is a characteristic of chronic mental health problems and a known barrier to efficient service outcomes including timely discharge and service user outcomes related to recovery and independent living. The measurement of occupational participation is of key interest to occupational therapists. Valid and reliable measures of occupation are required by clinical practitioners to guide their practice, and for clinical research and audit.

The MOHOST-SOF (Single Observation Form) is a single-observation version of the full MOHOST assessment (Parkinson et al 2002). It is found within the MOHOST manual and titled “Model of Human Occupation Screening Tool Data Sheet (Single Observation)”. The MOHOST-SOF has the same items and questions as a full MOHOST but it was designed to provide a snapshot /single observation of a person engaging in an occupation. Whereas the full MOHOST was designed to be completed after multiple observations of an individual, the MOHOST-SOF was designed in response to therapists’ calls for a less time-consuming test that could be completed in one session.

The MOHOST-SOF is popular with therapists, but to date its psychometric properties have not been tested.
Methodology
The secondary data analysis was carried out by a practice-academic partnership of the participating London NHS trusts and Queen Margaret University, Edinburgh. In order to demonstrate the occupational therapy impact on self-care, the MOHOST-SOF was used. The instrument consists of 24 items, four items for each of the following variables:

- Volition (referred to as “Motivation for Occupation”).
- Communication and Interaction Skills.
- Motor Skills.
- Habituation (referred to as “Pattern of Occupation”).
- Process Skills.
- Environment.

These items are rated on a four-point rating scale that indicates the influence of the variable represented by the item on the client’s occupational participation. A score of 4 indicates a factor that facilitates participation, 3 is a factor that allows participation, 2 is an inhibiting factor and 1 denotes a factor that restricts participation. When used for the assessment of single activity, the score is based on observation. The study process involved an analysis of clinical records related to occupational therapy self-care assessments, goals and outcomes. MOHOST-SOF scores were extracted at baseline (initial occupational therapy assessment) and at four to six weeks following a period of occupational therapy intervention. Data were retrieved from clinical records. We examined the MOHOST-SOF using a Rasch model.

Recommendations for practice
- Practitioners limited by time constraints should consider the use of the MOHOST- SOF in clinical practice in its current form as a quick and easy to use assessment.
- The MOHOST-SOF is a suitable tool for assessment of occupational functioning in clients with mental health challenges.
- The MOHOST-SOF is adequate in terms of its validity and reliability, and it can be used to measure change relevant to occupational therapy interventions.
- Practitioners are advised that a MOHOST-SOF will provide less information than a full MOHOST and should bear this in mind when selecting their assessment.

Recommendations for policy
- The positive results achieved over a relatively short space of time for this group of mental health service users demonstrate the value of occupational therapy.
- MOHOST-SOF scores provide valid, reliable and sufficiently robust scores for outcome measurement and are recommended for use in the United Kingdom.
- Services should be supported to utilise outcome measures and tools as standard practice in rehabilitation service delivery, and to routinely measure the effectiveness of their interventions.
- Occupational therapists should be supported to use occupation-focused outcome measures. The MOHOST-SOF is an occupation-focused tool which can be used quickly and effectively to meet demands.

Publication

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References