



OT staff on ward 39 at Royal Alexandra hospital use RITA to digitally enhance quality of life and wellbeing of patients with acute functional mental illness

RITA was introduced to support Occupational Therapy (OT) staff and their patients on ward 39. Ward 39 is an acute admissions ward for people who are 65 years and older who present with acute functional mental illness such as psychosis, depression, anxiety, memory impairment and to a lesser degree dementia.

OT staff have been instrumental in using RITA successfully on the ward for both 1:1 activity and group work. It has been an excellent opportunity to use RITA and see its benefits which has included meaningful activity, social engagement, confidence building and building on therapeutic relationship.

Patients have responded exceptionally well to RITA, more so than was anticipated due to the patient group suffering with mental illness of a functional nature. It is acknowledged that some apps were not suitable for the patient group due to their simplicity which are more akin to people with dementia.

RITA was used initially on a 1:1 basis as a way of getting to know patients and building on the therapeutic relationship. These sessions were used to build confidence and encourage patients to attend group activities. One lady, repeatedly refused to participate in group sessions, concerned that she would “show herself up” and get answers wrong to quizzes etc. We used RITA with this lady for a period of time to build the therapeutic relationship and her confidence and this then led to an opportunity to invite her to attend group sessions knowing that she was able to answer quizzes/crossword clues without difficulty. It was her perception that she would get all the answers wrong.

RITA has been used for bingo and quizzes; the visuals are an excellent way of allowing people to engage who have sensory impairment such as poor hearing. The repeated use of RITA has also brought familiarity for patients. When they see it set up and are passing, they ask to get involved or OT staff are able to use the visual prompt to encourage their involvement.

RITA was set up in the dining area of the ward which is open and spacious. Patients walk past this area allowing them to see what activities are taking place and staff can encourage their involvement.

Activities such as Bingo and Quizzes are big hits and it is not uncommon for a group of patients to have been chatting and ask an OT support worker to facilitate a session for them. It is fantastic to see patients initiating activity and structure to their day. RITA has been pivotal to patients initiating and engaging in their own relationships and patients have been seen to invite newly admitted patients to groups. It was amazing to see how many patients within the ward wished to attend.

RITA is a good tool to encourage patients to engage in activity rather than self-isolating. Some patients were able to use RITA on their own which they enjoyed. Patients with hearing impairment are more able to engage because they have the visual cues to support engagement. RITA has also been a good tool to support patients who are anxious or distracted by unhelpful thoughts; it acts as an alternative focus. It is straight forward to use and some patients can use it independently enabling use in evenings and on weekends. Also, when patients do not wish to attend a group activity, they have asked to use RITA instead.



Scenario	Action	Outcome
When invited to OT groups, one patient would indicate that they would attend when asked but never did (newly admitted)	OT support worker used RITA on a 1-1 basis with the patient, building on therapeutic relationship and confidence building. Patient was very anxious that she would “show herself up” by getting answers wrong in larger groups.	Patient then regularly attended OT groups without encouragement as well as seeking out groups. She took on a very active role within groups as well as supporting others to join OT groups within the ward. Her general and social anxiety improved.
In the early days, OT staff were exploring RITA in the dining room allowing patients to see/hear what was going on if they passed	Patient approached OT staff having seen them with RITA. He had disengaged from OT groups as well as staff within the ward. RITA was a tool to initiate conversation regarding music which he initiated. This included his preferences and personal history around music.	Tablet was then utilised to look up other artists that he enjoyed listening to. The session lasted approx 1 hour. The gentleman did then start to re-engage with OT groups on the ward. This was a positive because he had been self-isolating for a period of time.
One lady enjoys quizzes/puzzles. Initially her attendance in groups was very limited but she was happy to use RITA independently while a group was running	Patient was able to engage by herself in a meaningful activity and having the independence to do so. Activities were stimulating and challenging of cognitions i.e. word searches/quiz. Promoted wellbeing.	Patient frequently asks to use RITA independently. Attendance at OT groups increased.
One lady’s mood was very low and motivation to engage poor. She had previously enjoyed playing bingo and met her husband through this activity	Patient readily agreed to engage in ward activity of bingo. There was a noticeable improvement in her mood and eye contact during the session.	Patient regularly attended these sessions; she was diabetic and could not then receive the prize of chocolate when winning – on one occasion she reminded OT staff that she had not got her prize – it was good to see her being reactive rather than passive.
Group activity of Bingo. One lady who was very confused attended. She had previous enjoyment of playing bingo. Diet and fluid intake poor	OT offered 1-1 support to the patient while OT support worker led group. At times she was able to recognise numbers and crossed these off, this boosted confidence. OT was also able to encourage fluid intake of tea during activity, therefore intervention was not solely focused on fluid intake.	OT assessment – level of confusion, presentation, visual impairment. Some fluid intake, although minimal. Patient enjoyed the 1:1 contact and mood brightened.
Bingo group was being held on ward	Patient who had been in the ward for a prolonged period asked if he could take the lead in calling out bingo numbers for the group. Patient showed awareness of others, took his time to allow others to cross off the numbers and added some humour. Other patients responded well to him.	Patients’ mood was brighter. Confidence building. Staff member could provide more 1:1 assistance to others within group.

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