



Clinical notice board

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Aromatherapy as an adjunct to care in a mental health day hospital

The decision to establish an aromatherapy session in a Mental Health Day Hospital was prompted by the results of a user satisfaction survey that indicated a strong demand for a complementary therapy to be introduced into the Day Hospital programme. Further discussions between staff and users revealed that aromatherapy was the preferred choice. The main reasons cited by users were that aromatherapy was perceived as being a beneficial aid to relaxation and sleep. Initially, staff expressed concerns about the clinical effectiveness of the therapy and the lack of conclusive evidence of positive outcomes. In addition, staff had doubts about the appropriateness of aromatherapy as it involves the use of essential oils and massage. It was considered that this may be too intrusive for users with severe and enduring mental health problems who make up 55% of the day hospital population. Despite these initial concerns and scepticism it was decided to adhere to the principle of user choice and provide an aromatherapy session.

A qualified aromatherapist was appointed to work for one session a week. The staff team discussed their reservations with her and it was decided to offer patients a range of massage including back, shoulders, hands, feet and head. A presentation on aromatherapy and its uses was organized for staff. This proved a great success as it addressed some of the misgivings. At the request of the aromatherapist the team organized a session covering confidentiality and information on mental health diagnosis, symptoms and medication. Relevant guidelines were developed and consent forms designed. The evaluation was based on the areas the users had cited as the reasons for them wanting aromatherapy, namely to assist sleep and improve relaxation.

Aromatherapy has now been operational in the Mental Health Day Hospital for 10 months. Three users are able to attend each session and everyone

has been offered a course of six weeks therapy. This has meant that a total of 20 users have attended. Although three users did not complete the full six weeks, the aromatherapy session has the lowest drop-out and non-attendance rate of any other group or activity in the Day Hospital.

The majority of those who have attended (14 out of 20) have severe and enduring mental illness, with schizophrenia being the most common diagnosis. This correlates with the general population attending this Day Hospital. The most striking difference amongst those who have attended the sessions is that 18 out of 20 are female. This is apparently reflected in aromatherapy generally, which appears to be more popular with females (Tisserand 1988).

Users were asked to keep a diary and grade themselves on changes in their mental health. The diaries were used in conjunction with the aromatherapist's own assessment to establish any improvements. Seventy per cent of users reported significant improvements in sleep and 80% found that their general sense of well-being and their ability to deal with stress was enhanced. The weekly diaries revealed an intense appreciation of this initiative amongst users with anxiety and depression as well as those with psychotic difficulties.

The sessions in the Day Hospital are now hugely over-subscribed. At present we have 12 people waiting to start their course and we are examining ways to try and meet this great demand for aromatherapy.

References

- Tisserand R. (1988) *Aromatherapy for Everyone*. Penguin, Harmondsworth.

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