

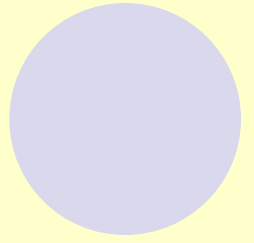
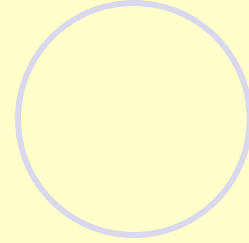
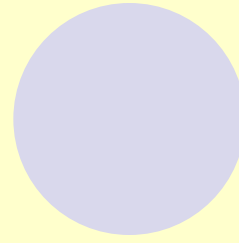
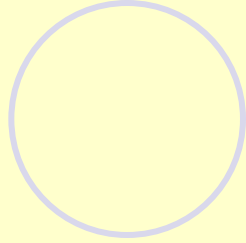
Mental Health Occupational Therapy Practice: International Experience

**COTEOC International Forum on Occupational Science
Workshop Occupation and Mental Health
October 23, 2013
Mexico City**



**OCCUPATIONAL
THERAPY**

**E Sharon Brintnell
Professor
University of Alberta
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Schematic for Generic
**MENTAL HEALTH SERVICE
MODEL**

Occupational Performance Analysis Unit (OPAU) A Generic Systems Approach to Occupational Therapy in Mental Health

Prepared by
ES Brimwell Professor and Director
Department of Occupational Therapy
Faculty of Rehabilitation Medicine
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April 10, 2008
MH Working Group
Modified June 10, 2009, 2011
A work in progress



ANY PART OF THE SYSTEM
CAN BE ACCESSED DIRECTLY
AND/OR INDEPENDENTLY
Terminology may require editing in
medium and low resources
countries

OT's Knowledge - Functions Occupation

Impact of impairment (psychopathology) on Activity
(limitations) and Participation requirements
Interface medical & social models
Engaging principles for collaborative client-centred
process
Exploring Meaning in Lifestyle
Environmental Impact Analysis
Implementing Recovery and Strength models



Individual & Case Management

Determining:
Screening of Mental status impact on risks &
Functional impacts of interaction of co-morbidity
Resource needs and making referral
Prevention strategies:
Lifestyle analysis
Energy (mental & Physical) conservation and
expenditures patterns for healthy living
Functional resource management

Primary Health
Care Triage &
Risk Assessment
PHIEAP
FES

One based On the
Job Rehabilitation
and Recovery
PEEAP
WCB
Employer
FES

Role related/e.g. Bread winner

Actions
Share findings workplace Family
Environmental scan (PEO)
Collaboration with
a) HR & supervisory team on
Implementation of RTW
b) family support network on RTR &
Communication
Implement in collaboration with worker



Role Performance Enhancements:

Address PEO Analysis
Consult with Family & Support network
Implement Occupational Performance
accommodation strategies: physical and
psychosocial requirements
Follow feedback schedule with client,
support network, case managers
liaison with PHC network
Shelter considerations
...

Worker Performance Enhancements:

Collaborative relationships
Address PEO Analysis
Consult with managers
Implement accommodation strategies:
physical and psychosocial requirements
Follow feedback schedule with worker,
manager, worker rep,
liaison with PHC network
...

Services

Occupation focused
Evidence Based
Secondary prevention
Return to Life Roles Support
Environmental Analysis
Recovery Supports

Assessments

Comprehensive Systematic Holistic Lifestyle
oriented, functional
Roles & Productivity analysis
Prior work profile/d asset strengths and resources)
evaluations & analysis
Environmental scans
Intervention Focus
Individualized
Integrated
Goal oriented
Skill development & Stress reductions
Relevant

Acute/Post Acute Early
Intervention
Return to Life Roles
(RLR) Expectation
PHIEAP
WCB
FES
NGO

Prevention &
Health Literacy
PHIEAP
Employer
RTW/RTR principles
and actions
PEEAP
Employer/Social
Networks

Consultations and Training

Educational activities in Schools,
workplace & NGOs
Disability Awareness
Workplace climate Analysis
Strategies of Productivity
enhancements (work/home)



Education

Increasing general awareness on Life -
roles and Lifestyle interactions
Disability issues for
Human Resources, Managers, Families
& Support networks
Determining Functional (occupational
performance needs and connecting
with community resources
Environmental accommodation
...

FUNDING SOURCES

National/Province/State Health Services/
Insurance: PHH
Private Insurance/Employer Assistance
Programs: PH & EAP
Fee for Service: FES
Workers Insurance/Compensation Based -
WCB
Non Governmental Organizations-NGO
Social Security Services-SSS

OT Systems Approach in Mental Health

- Principles: Client is always the first point of connection**
1. Client-centred and responsive service using OTs as case managers for Primary
Care (dual diagnosis) networks/ rural health centres/ hospitals
 2. Occupation focus within interdisciplinary and evidence-based approach
(Independent Living Scales, Allan Cognitive Levels) and skill enhancement
programming (SC-Productivity; Leisure or from Role needs perspective)
 3. Conceptual base for services (theory driven) - e.g. Canadian Model of
Occupational Performance-Engagement (CMOP-E), Person-Environment
Occupation (PEO) & Recovery Model
 4. Outcome oriented through goal attainment process: e.g. Canadian Occupational
Performance Measure (COPM) & (OPLAP)
 5. Home/Workplace collaboration with family members, employers, worker,
human resources and employer representatives (unions) onsite/ or Family & Social
support networks
 6. Psycho-education on coping with environmental/workplace/home conditions
and demands (job roles)
 7. Early identification in workplace/absence/return triggers
referral mental health screens primary/secondary
 8. Early intervention based on risk assessment using PEO analysis
 9. Timely feedback and monitoring schedule on client outcomes when 3rd party
 10. Monitoring and service evaluations

Vision

A world in which mental health is valued, mental disorders are effectively prevented and in which persons affected by these disorders are able to access evidence-based health and social care and exercise the full range of human rights to attain the highest possible level of health and functioning free from stigma and discrimination.

Cross-cutting Principles

Universal access and equity

All persons with mental disorders should have equal and equitable access to health care and opportunities to achieve or recover the highest attainable standard of health, regardless of age, gender, or social position.

Human rights

Mental health strategies, actions, and interventions for treatment, prevention and promotion must be compliant with international human rights conventions and agreements.

Evidence-based practice

Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and good practice.

Life course approach

Mental health policies, plans, and services need to take account of health and social needs at all stages of the life course, including children, adolescents, adults, and older adults.

Multisectoral approach

A comprehensive and coordinated response of multiple sectors such as health, education, employment, housing, social and other relevant sectors should be utilized to achieve objectives for mental health.

Empowerment of persons with mental disorders

Persons with mental disorders should be empowered and involved in mental health policy, planning, legislation, service provision, and evaluation.

Goal

To promote mental well-being, prevent mental disorders, and reduce the mortality and disability for persons with mental disorders

Objectives and Targets

1. To strengthen effective leadership and governance for mental health

T 1.1: 80% of countries will have updated their mental health policies and laws (within the last 10 years) by year 2016.

T 1.2: 80% of countries will be allocating at least 5% of government health expenditure to mental health by year 2020.

2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

T 2.1: The number of beds used for long-term stays in mental hospitals will decrease by 20% by year 2020, with a corresponding increase in the availability of places for community-based residential care and supported housing.

T 2.2: The treatment gap for severe mental disorders will be reduced by 50% by year 2020.

3. To implement strategies for mental health promotion and protection including actions to prevent mental disorders and suicides

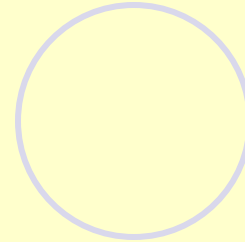
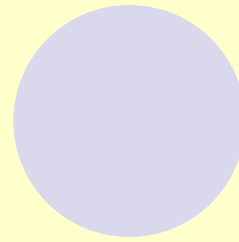
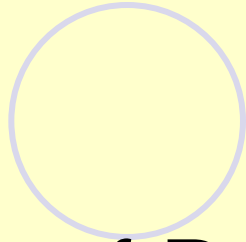
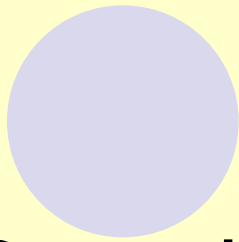
T 3.1: 80% of countries will have at least two national, multisectoral mental health promotion and protection programmes functioning by year 2016 (one universal, one targeted on vulnerable groups).

T 3.2: Rates of suicide in countries will be reduced by year 2020.

4. To strengthen information systems, evidence and research for mental health

T 4.1: A global observatory for monitoring the mental health situation in the world will be established by year 2014.

T 4.2: 80% of countries will be collecting and reporting at least a core set of mental health indicators annually by year 2020.



Domain of Profession

Professional/ clinical reasoning

Occupation focus (task analysis)

Enablement

**WHAT DO OTS DO IN MENTAL
HEALTH ?**

Occupational Therapy and Mental Health

The purpose of occupational therapy is described by AOTA's motto,
“Occupational therapy: living life to its fullest.”

Skills for the Job of Living

<http://psychcentral.com/lib/occupational-therapy-and-mental-health/>

Occupational Therapy and Mental Health

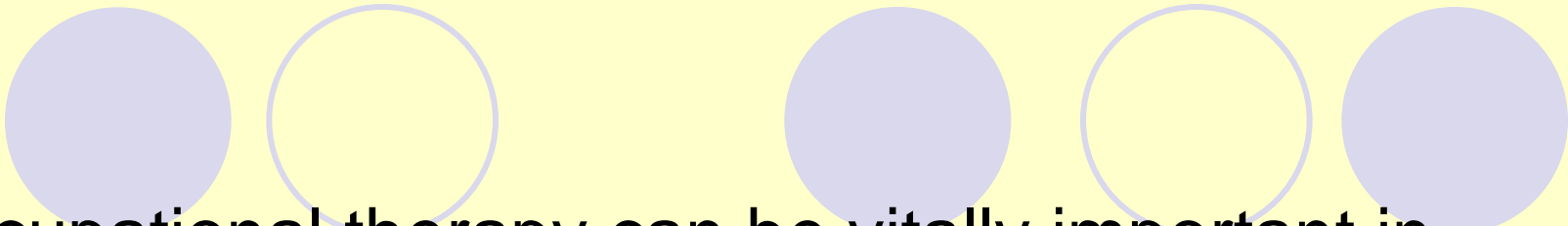
Assessments and Treatments

Common to all areas of practice

- Activities of daily living (e.g., bathing, dressing, eating)
- Instrumental activities of daily living (e.g., driving, money management, shopping)
- Education
- Work (paid and volunteer)
- Play
- Leisure

Occupational Therapy and Mental Health

- Leisure
- Social participation
- Motor processing skills
- Mental and cognitive processing skills
- Communication and interaction skills
- Habits, roles and routines
- Performance contexts (e.g., cultural, physical, spiritual)Activity demands
- Client factors (e.g., difficulties due to body structures or functions)
- Occupational self-assessment”



Occupational therapy can be vitally important in the overall mental health treatment process.

Following are some common interventions:

- Life skills training
- Cognitive rehabilitation
- Supported employment
- Supported education
- Social and interpersonal skills training
- Life balance intervention
- Modalities such as biofeedback and mindfulness-enhanced therapy

Individualized Psychoeducational and Therapeutic Session

May required additional post
graduate education / certification
for advanced skills

Part of Collaborative Process



Occupational therapists collaborate with Client , family and many other professionals to help individuals on their road to recovery.

Role of the occupational therapist may overlap with other team members,(Mental Health Therapist)

The occupational therapist provides a unique occupation based focus and theoretical and clinical contributions to the recovery and treatment team.

Part of Collaborative Process



Occupational therapy should be considered a vital part of a comprehensive and integrated treatment program.

Full range of service from Acute to community recovery

Therapeutic Use of Self (the Interactional Self)

Is the most powerful tool you have,

Culture as Context

Increasingly the importance of “context” is emerging throughout the (OT) literature as a consideration in occupational therapy (OT) program planning.



Christianson & Baum 2004

Dunn, Brown, Younstrom 2003

American Occupational Therapy Association 2002



Culture and Mental Health

Cultural experiences can mask
mental illness

It is a key area to monitor in diverse
society

The first OTs in Canada



OCCUPATIONAL THERAPY STUDENTS
UNIVERSITY OF TORONTO
1918

Our communities

Increasingly becoming more culturally
diverse

Thus requiring health professionals to have
greater sensitivity and awareness.

What do we understand to be a cultural
consideration ?

How do we begin to develop an
understanding of “other” so that we may be
sensitive to meanings and perceptions of
health ?

Answer

- Achieve a greater understanding of our own values and beliefs
- Be respectful of, interested in and understanding of other cultures without being judgemental
- Broaden our views through experiences in other cultures
- Gain knowledge of wellness and illness



Current OT Thinking Culture as Context

- Contexts is defined as: “a set of interrelated conditions that surround a person.”

It can also draw on environmental factors and surroundings.



Context of the Person Including Self - Therapist

- 2 primary Contexts identified in OT:

Temporal- chronological age,
developmental stage, life
cycle & health status

Environment – physical social & cultural

One of the most influential contexts is “culture”.



Cultural Expressions

Norms & Values
Beliefs & Behaviors
Traditions (food) & Symbols
Lifestyles - Rituals & Gender Roles

Cultural Associations (identity building)

Ethnicity & Social class
Religious, Political, Geographic region
Schools, Clubs & organizations
Work /Career/ Positions



Shared set of understandings between persons similarly socialized



FUNCTIONS OF CULTURE

Culture is learned, shared, compelling, interrelated set of symbols whose meaning provides

a set of orientations for members of society. These orientations provide solutions to issues and problems that must be solved if society is to remain viable.

Terpstra & David, 1991

SOCIETAL PROBLEMS

- Obtaining food, clothing shelter
- Protection from enemies and natural disasters
- Regulation of sexuality
- Child raising & instruction in socially approved behaviours
- Division of labour
- Providing social controls against deviant behaviour
- Providing incentives to motivate persons to want to do what they should
- Distributing power and legitimizing its use to set priorities, make decision to obtain society's goals
- Providing a sense of priorities (values) and an overall sense of worth (religion) to social life

OT conceptual Frameworks include “culture” in some dimension

MODEL of HUMAN OCCUPATION
KIELHOFNER ET AL.

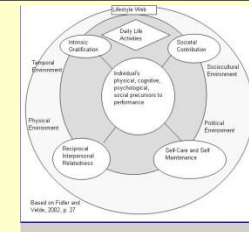
CANADIAN MODEL of
OCCUPATIONAL PERFORMANCE
CANADIAN OCCUPATIONAL THERAPY
ASSOCIATION

OCCUPATIONAL THERAPY
PRACTICE FRAMEWORK,
AMERICAN OCCUPATIONAL
THERAPY ASSOCIATION

ECOLOGY MODEL OF OCCUPATION
DUNN, BROWN & YOUNGSTROM

LIFESTYLE PERFORMANCE MODEL
VELDE & FIDLER

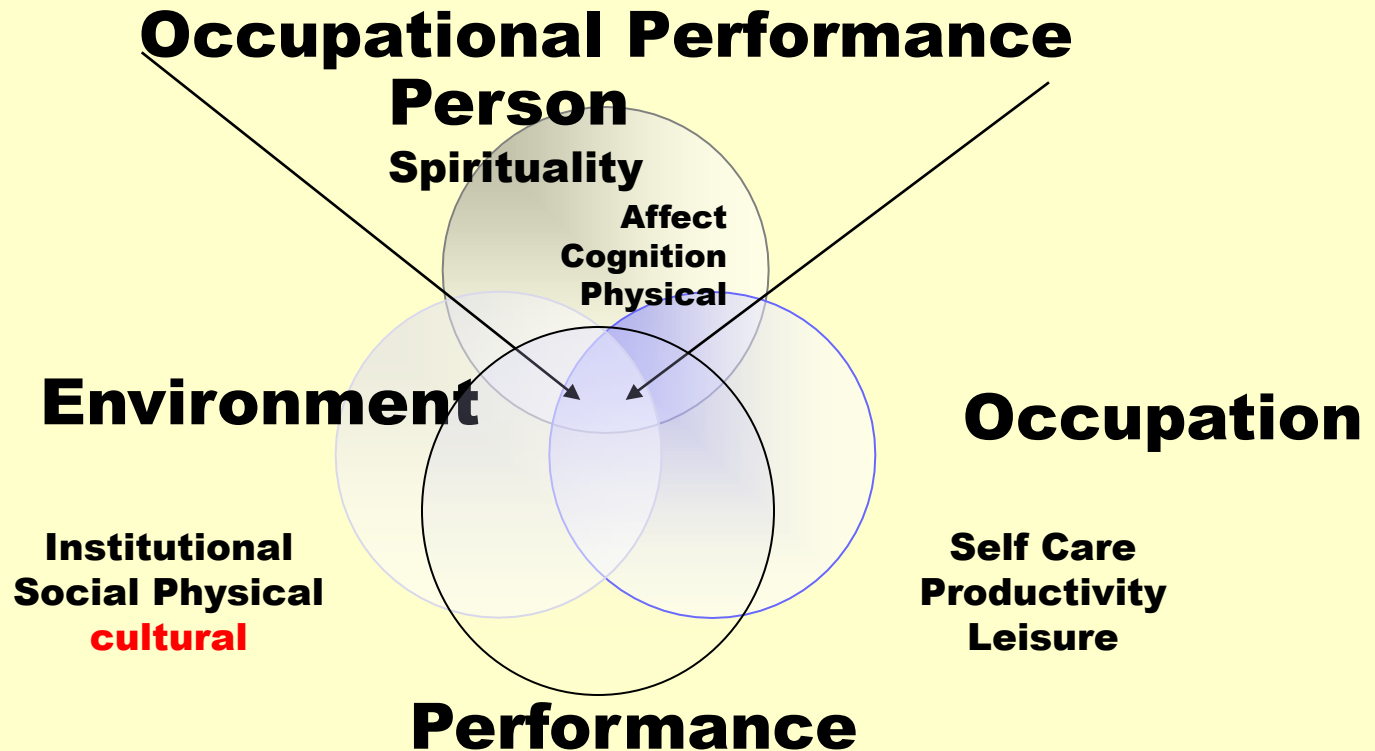
PERSON ENVIRONMENT OCCUPATION
Law et al.



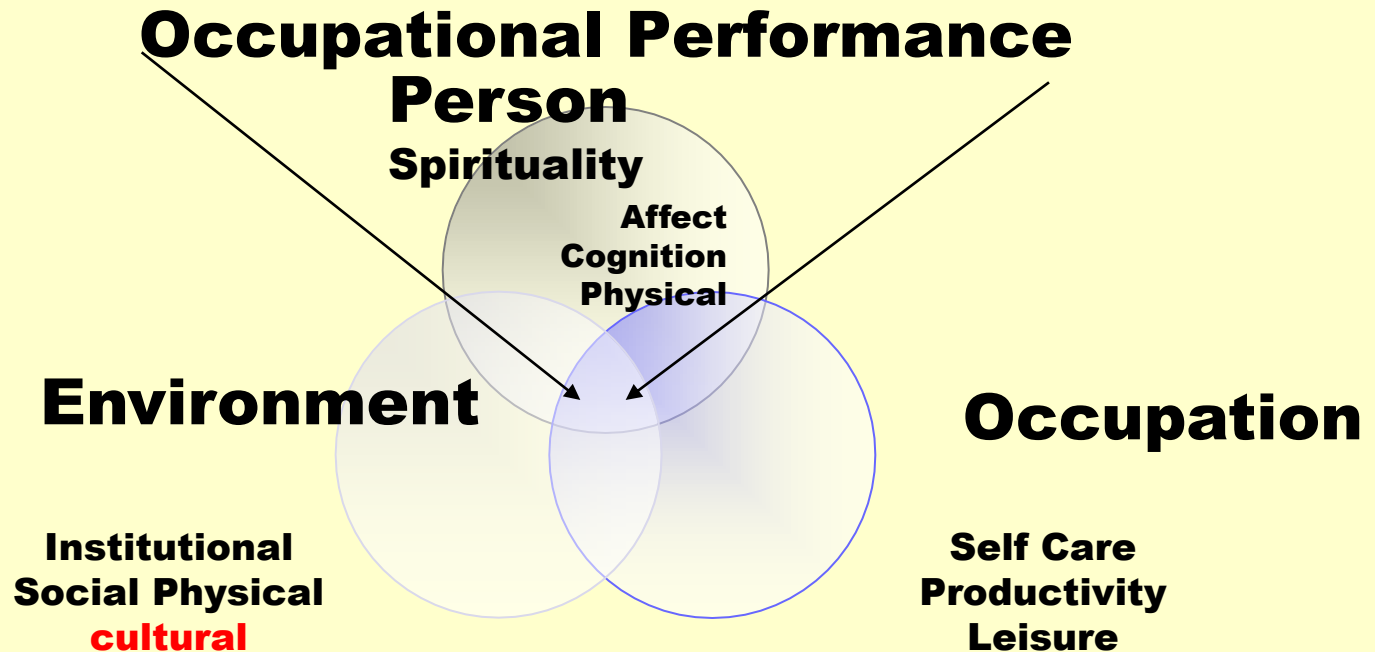
PERSON ENVIRONMENT OCCUPATION
PERFROMANCE

Christiansen & Baum

Person Environment Occupation Model - PEOP



Person Environment Occupation Model - PEO



Interactional Analysis

Cultural Impacts in Practice Beyond the Client/Patient



In every practice specialization, culture is reflected in the climate of our workplaces, in the perspectives that our clients come with and those that we as individuals not just therapist hold.

All these cultural orientations interact and assert themselves on the dynamics of the OT process.

OT PRACTICE

MODEL CONSTRUCT COMPARISON ON CULTURE

GENERALIST

SETTINGS

SPECIALIST

MODEL CLASSIFICATIONS

OCCUPATIONAL
THERAPY
PEO

PERSON

SPIRITUALITY

ENVIRONMENT

culture

OCCUPATION

WHO -
ICF

BODY FUNCTION OR
STRUCTURE

ENVIRONMENTAL
FACTORS

culture

ACTIVITY/
PARTICIPATION

OCCUPATIONAL
THERAPY
CMOP

PERFORMANCE
COMPONENTS

Spirituality

ENVIRONMENTAL/CONTEXTUAL
FACTORS

culture

OCCUPATIONAL
PERFORMANCE

OCCUPATIONAL
THERAPY
FRAMEWORK

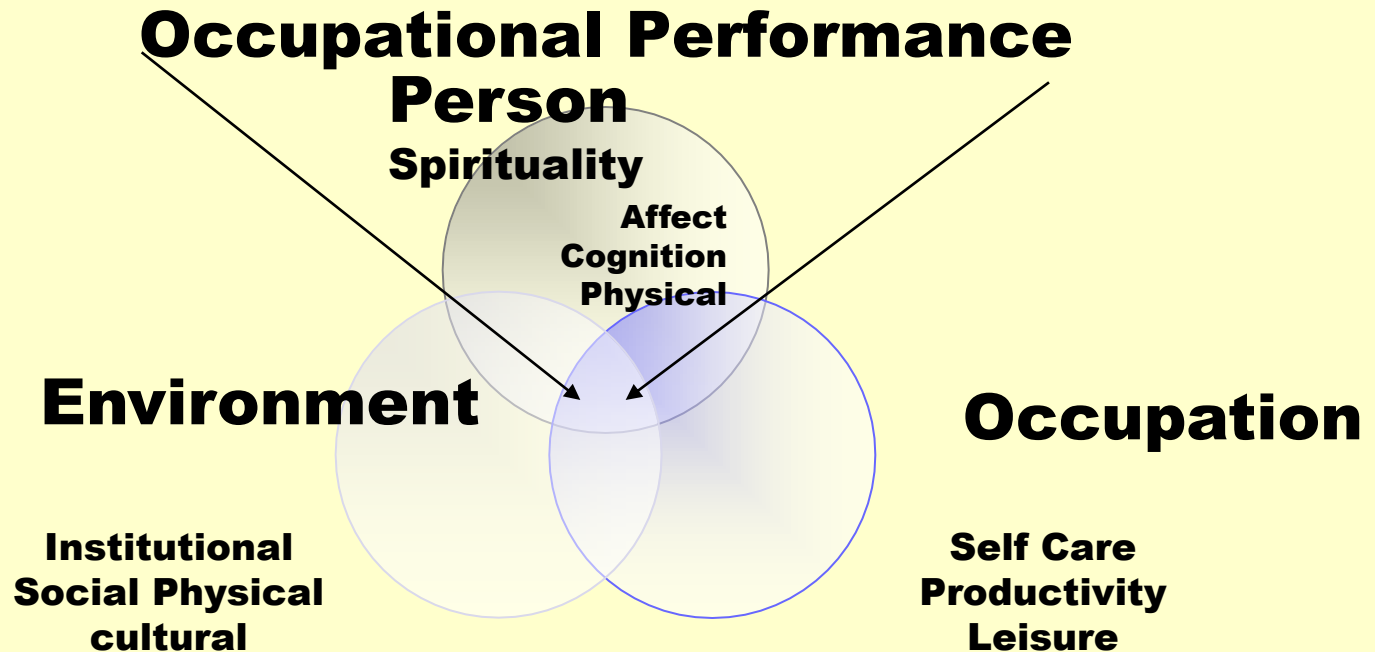
CLIENT FACTORS

CONTEXTUAL FACTORS culture

ACTIVITY DEMANDS

AREAS OF
OCCUPATIONAL

Person Environment Occupation Model - PEO



Interactional Analysis

Mental Health Practice Has Other Sets Of Challenges

Demands greater understanding and knowledge of mental illness as well as its expression within specific cultures.



Community 1940's

**Many with invisible limitations
participation**

Applications in Practice

Enhance communication:

- Determine Language fluency and use interpreter
- Ask client how they wish to be addressed
- Allow client to choose comfortable seating and positioning for eye contact and determine personal space needs
- Beware of cultural interpretation of body gestures and language
- Speak directly to client even if interpreter present

● Spector, R E (2000)

Applications in Practice



Enhance communication:

- Avoid slang, jargon and complex sentences
- Use open ended questions and alter phrasing as required to ensure understanding
- Determine reading ability before using written material
- Check client's understanding often and do not assume

● Spector, R E (2000)

OT Global



Cultural Features in Mental Illness.

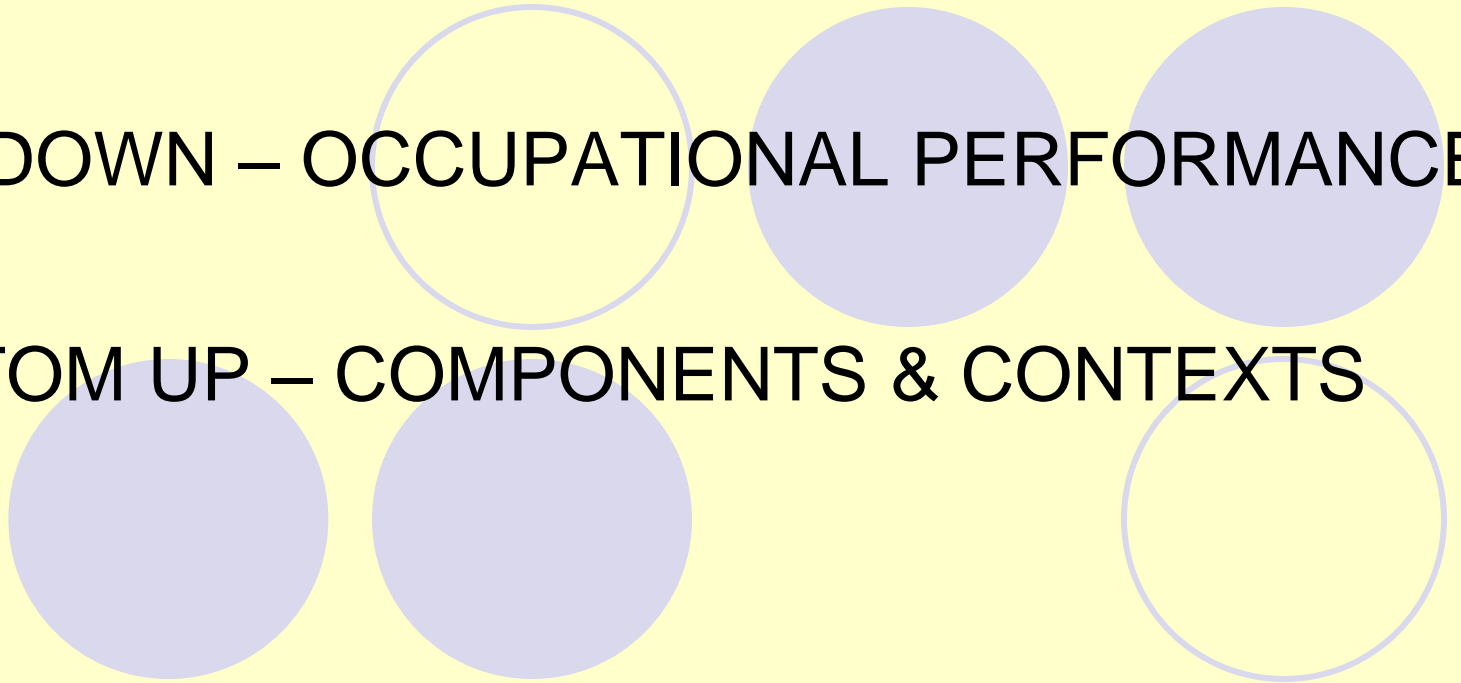
- In mental health, clients from different cultures may display phenomena which can be misperceived as illness- bound
- Prepare for client by readings in transcultural psychiatric
- use the client as a resource
- Meaning is personal and symbols can be misinterpreted-check it out
- Actions as displayed in activity engagement can communicate information – piano man
- DSM IV TR Appendix I Cultural Features- See TEXT



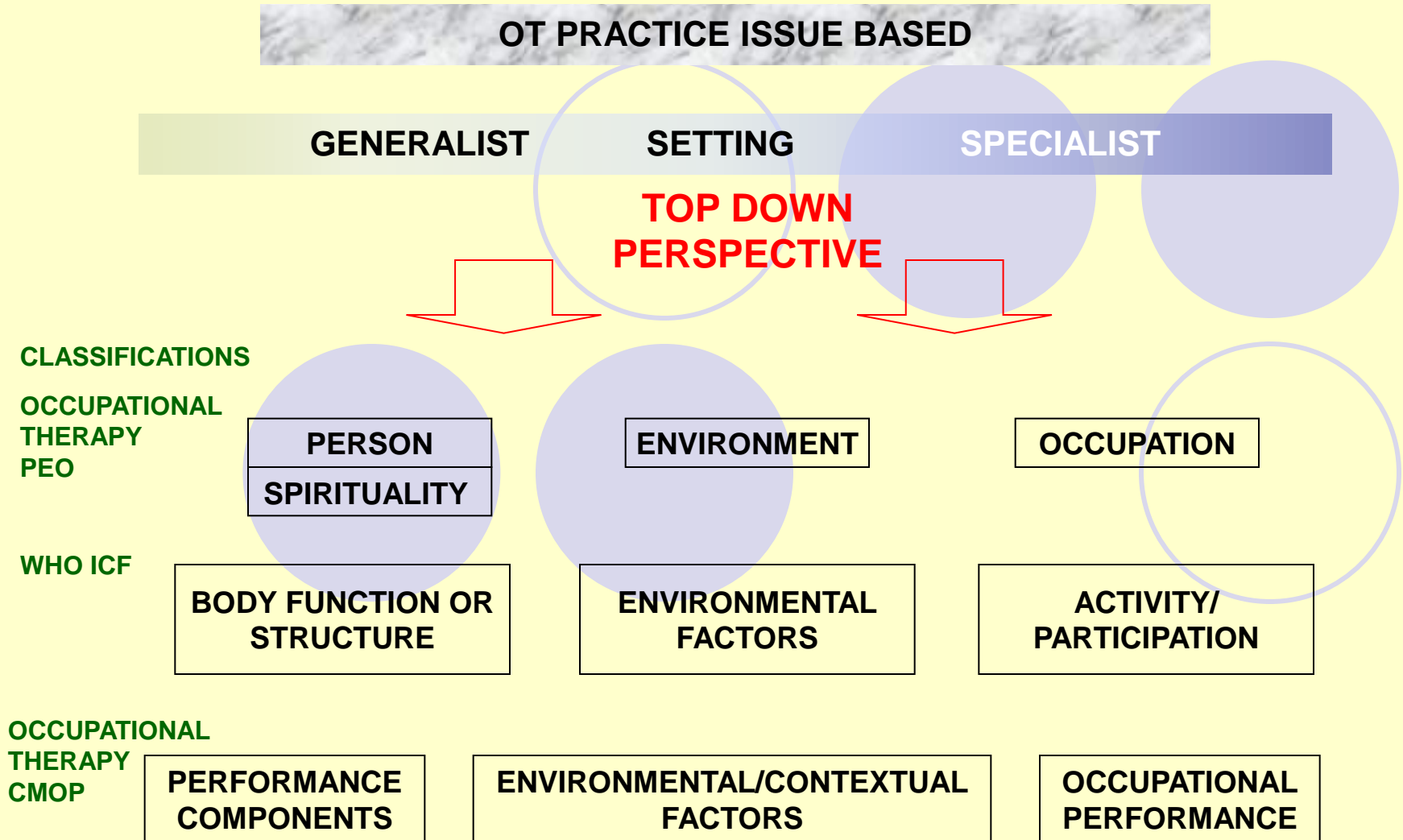
CULTURAL ASSESSMENTS

TOP DOWN – OCCUPATIONAL PERFORMANCE

BOTTOM UP – COMPONENTS & CONTEXTS



OT PRACTICE (SERVICES)



The Beginning
OF
Occupational
Therapy
Profession

In parallel
Canada & USA



CANADIAN NATIONAL EXHIBITION CIRCA 1919,
TORONTO ONTARIO

OT PRACTICE (SERVICES)

OT PRACTICE ISSUE BASED

GENERALIST

SPECIALIST

CLASSIFICATIONS

OCCUPATIONAL
THERAPY
PEO

OCCUPATIONAL
THERAPY
CMOP

PERSON

SPIRITUALITY

ENVIRONMENT

OCCUPATION

PERFORMANCE
COMPONENTS

ENVIRONMENTAL/CONTEXTUAL
FACTORS

OCCUPATIONAL
PERFORMANCE

PHYSICAL AFFECTIVE
COGNITIVE

PHYSICAL SOCIAL
CULTURAL INSTITUTIONAL

OBJECTS/PHYSICAL PROPERTIES SPACE
SEQUENCING & TIMING SOCIAL
VIRTUAL

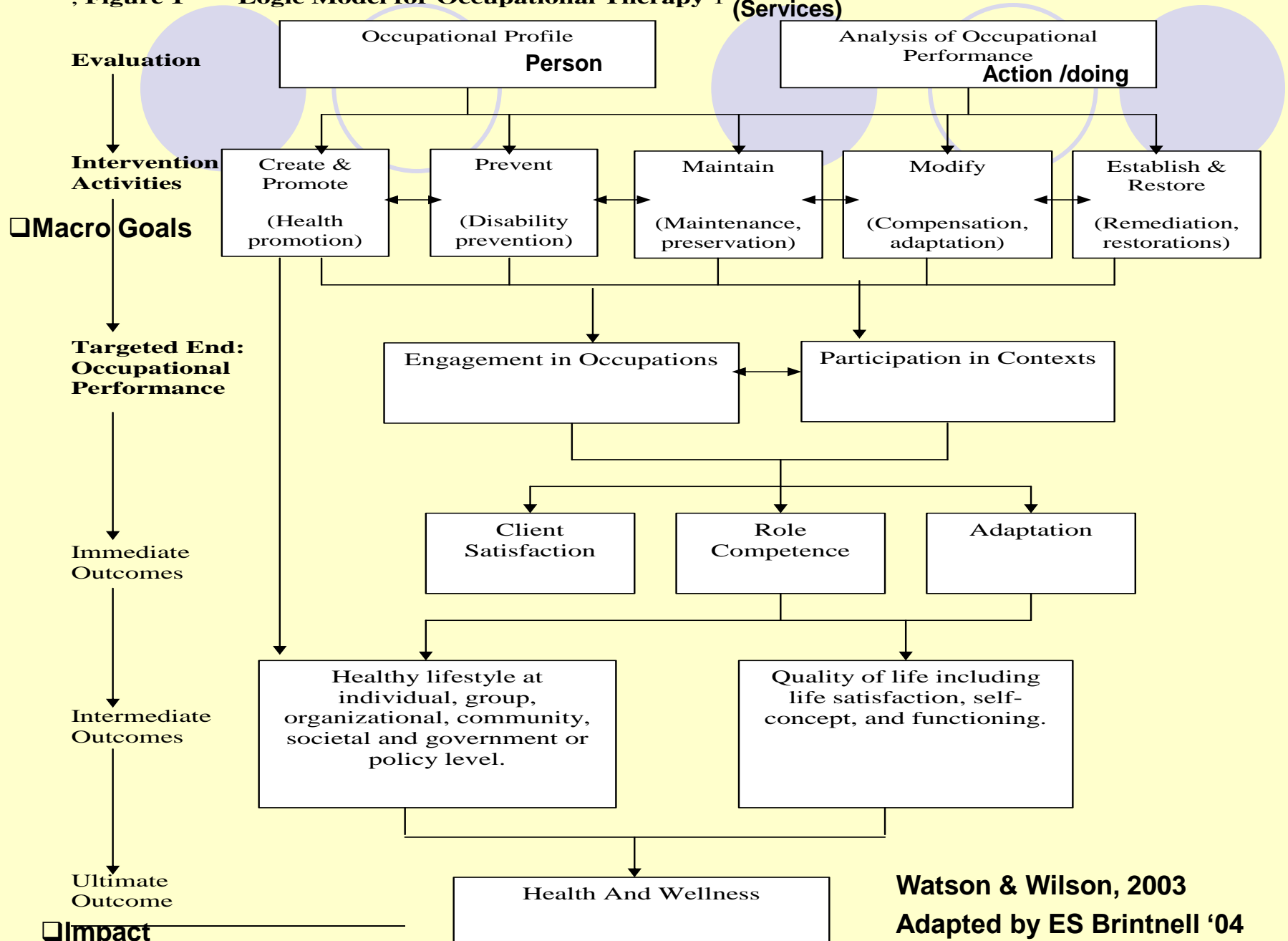
BOTTOM UP



Occupational therapy is
complex in its service delivery

There is a multilevel analysis
going on through on throughout
the occupational therapy process

, Figure 1 Logic Model for Occupational Therapy 1 (Services)



References

- American Occupational Therapy Association.(2002) Occupational Therapy Practice Framework: Domain and Practice. Bethesda MD: AOTA Press.
- Bruce, M. G., & Borg B. (2002) Psychosocial Frame of Reference: Core for Occupation – based Practice. Thorofare NJ: Slack Inc
- Canadian Occupational Therapy Association (2002). Enabling Occupation: An Occupational Therapy Perspective. Ottawa: COAT Publications ACE.
- Christiansen,C., Baum, C. & Bass-Haugen, J (2005). Occupational therapy: Performance , participation and wellbeing (3rd ed) Thorofare,NJ: SLACK Inc
- Dunn, W., Brown,C., Youngstrom, MJ. (2003). Ecology Model of Occupation In (eds) P., Kramer, J., Hinojosa, & C.B. Royeen, C.B Perspectives in Human Occupation: Participation in Life. Philadelphia Lippincott William & Wilkins pp 222-263.
- Law,M.,
- Terpstra, V., & David,K.(1991). The Cuktural environment of international Business. Cincinnati,OH:South-West Publishing Co.
- Velde, B.P. and Fidler, G., (2002). *Lifestyle Performance: A Model for Engaging the Power of Occupation*. Thorofare NJ: Slack Inc. Chapters 10 (pp. 113-124) and 14 (pp. 147-156).
-
- Watson, D.E. & Wilson S. A. (2003). Task Analysis: An Individual and Population Approach. Bethesda MD: AOTA Press.
- WHO (2001). International Classification of Functioning, Disability and Health (ICF).Geneva.