Recovering ordinary lives: Occupational Therapists moving forward and grasping the nettle.

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Occupational Therapy

“A whirlwind tour of occupational therapy”

• Past
• Present
• Local service initiatives
• Future
Occupational Therapy

• Occupational therapy in mental health is concerned with helping people to recover ordinary lives that have been affected by mental ill health

• Our focus is on “occupation” and empowerment
Occupation

- Occupation refers to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do.
Occupation

• If a person is deprived of activities, or has access to only a limited range of occupations, physical and psychological health will suffer

• The absence of satisfying occupations is regarded as either a risk factor for, or a result of, mental health problems, and may be indicative of difficulties in occupational performance (Wilcock 2006)
The Past

• Occupational therapists have struggled to assert the value of their core skills in the patients recovery

• Reasons:
  – No voice at strategic levels within Boards and Trusts
  – Limited resource = unfamiliarity with what can be provided
  – Not assertive
The Past

• Acknowledged as key disciplines in vocational rehabilitation. “Occupational Therapist” - BUT

• OT’s have “sometimes been seen as performing unskilled commonsense tasks which do not merit the prestige accorded to Doctors” (Report of a Commission of Inquiry 1989)
The Past

• Use real-life environments and everyday tools

• Neglected to communicate and demonstrate the complexities of OT practice, the knowledge upon which it is based, the models employed and values and principles
Example

- Motivation: Appraisal of their ability, expectations of success, commitment, interest

- Appraisal of ability:
  - Understanding strengths and barriers
  - Self awareness
  - Belief in skills

- Motor skills, process skills and environmental factors
The Past

- Creative activities used as part of departmental treatment programme, which ignored meaning and purpose. Limited resource = overwhelmed with demand for input

- Butlins red coat

- Basket weavers

- Bunny stuffers
Goals and Values

The centrality of occupation in the thinking of occupational therapists leads to a focus on the strengths of individuals, rather than their problems, and on their contribution to recovery.
The Present

• More than at any other time the intentions and language of government match the goals and values of occupational therapy
The Present

- Mental health services are being redesigned to focus on:
  - Recovery
  - Vocational opportunities
  - Social inclusion

- Providing interventions in locations that meet needs of service users
Recovery

• “Recovery is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness” (Anthony 1993)

• “Recovery depends far more on self-help and collaboration than on being treated” (Coleman 1999)

• **Core skill**: “Collaboration with the client to promote reflection, autonomy and engagement in the therapeutic process” COT
Vocational Opportunities

• “A comprehensive range of occupational services must be provided within each Trust area” (Bamford 2005)

• **Core skill:** “To promote health through enabling individuals to achieve competence and satisfaction in daily occupations” COT
Social Inclusion

- “Everyday occupations play a significant part in maintaining structure, meaning and social inclusion”

- Core Skill: Analysing and adapting environments to increase function and social participation
Moving Forward

- How, as Occupational Therapists are we contributing to service development within SET?
- Recognise the healthy and inclusive elements of a service user’s current life and help them to sustain it
Locally within SET

• We seek to find innovative ways to deliver services that make a difference to peoples lives, health and well-being

• MAPS (Meaningful activity peer support groups)

• Recovery approach with eating disorders

• Working with senior management in developing liaison OT as link between Hospital admission and discharge

• Involvement in the Recovery Programme in Mental Health Day Hospital
MAPS Project
(Taking what the person can do and want (their strengths) as the starting point)

• MAPS offers leisure based occupations to individuals

• Driven by service users

• Collaborative approach: NIAMH, New Horizons, Artscare

• Principle – Self-help, self-efficacy, hope through activity, a focus on strengths of individuals and power of group experience
MAPS Project

(Creating conditions where the individual feels empowered)

- Collaborative – individual, NIAMH, OT
- Peer support
- Categorised under the social inclusion traffic light system
- Red: Safe environments
- Amber: Planned by individuals in community
- Green: Independent
MAPS Project

( No one size fits all )

- Friday project – weekly
- Guitar get together – Project with guest musician
- Craft project – Taster sessions and 6 week projects
- Dark and light – Visual interpretation of poems
- Creativity and positive risk taking
MAPS Project

- “Services must maintain meaningful lives” (Bamford 2005)
- “Something to look forward to”
- “Opportunity to be competitive”
- “A chance to laugh”
- “Try out new things, go to new places”
- “I have found skills I thought I’d lost”
Eating Disorders

- Recovery approach sits well with the structured process of CBT-E

- Collaboration

- Self evaluation

- Hope

- Helping the patient become inquisitive about the eating disorder and the barriers that are maintaining it
Eating Disorders
(Components of the recovery process)

1. Finding and maintaining hope-believing in oneself, having a sense of personal agency, optimistic about future

2. Re-establishment of a positive identity – finding a new identity which incorporates illness, but retains a core, positive sense of self

3. Building a meaningful life – making sense of illness, finding a meaning in life, engaging in life

4. Taking responsibility and control- feeling in control of illness and in control of life
In-patients

- Liaison role
- Follow up on goals set in unit
- Collaborate with CMHT
- Continuity of service
Recovery focused service at the Mental Health Day Hospital.

- Multidisciplinary group programme
- Twelve week closed group
- Motivation and self-responsibility
- A person's vision for recovery
- Goals in major life area
- Developing a personal recovery plan
Strategy for occupational therapy in mental health services 2007-2017

• Reassert the importance of *occupation* on health and well-being

• Develop a vision and principles that will guide occupational therapy practice within rapidly changing social and political environments

• Process of developing a delivery plan to meet the targets set by the COT strategy
Strategy – By 2010

• Occupational therapy practitioners will understand the importance of occupation to mental health and be confident in their unique professional role
Strategy – By 2013

• Occupational therapy practitioners will have extended the scope of their practice across a range of agencies to meet the occupational needs of mental health service users
Strategy – By 2017

• Commissioners of mental health services will recognise occupational therapy as a force for recovery
Occupational Therapy

- Occupational therapists are experts in doing. Helping people to develop skills and overcome barriers to recovery, in order to engage in activities that support the development and maintenance of good mental health, and that promote social inclusion.