



VISION 2025

**Mental Health Practice:  
Reflecting on the Past  
Visualizing the Future**

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**Introduction**



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**Learning Objectives**



- Identify 2 current trends supporting mental health practice
- Describe 2 roles for practitioners in contributing psychosocial perspectives in emerging practice areas
- Identify 1 personal goal and strategy to maximize well-being & full participation in life for all people and populations

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## Psychiatry & OT Early collaboration

### Rise of moral treatment

- Relationship building, respect, pleasant humane environment
- Establishing healthy routines, participation in meaningful occupations

### Adolph Meyer

- Mind-body connection, problems of living, disorganized habits
- Therapeutic use of occupations
- Graded approach, use of crafts
- Individualized daily routines
- Habit training
- Individual responsibility to participate in recovery

(Christiansen & Haertl, 2014; Anderson & Reed, 2017; AOTA, 2017)

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## Psychiatry & OT Historical Contributions

- "There is no other remedy known to the present time that is more productive of good results than occupation" (Moher)
- "pts with functional nervous disease....victims of misguided habits, right kind of work, properly carried on ...would be a valuable remedy " (Hall)
- "it seems almost trite to discuss the therapeutic value of occupation for the insane, so thoroughly has practical experience demonstrated that it is the most powerful single means at our command in curative treatment" C. Floyd Haviland
- "Occupation is regarded as one of the most valued therapeutic measures" (Dunton)
- "as OT progresses, patient becomes immune to noise....and we may be sure that other tolerances...have been acquired" (Hall)

(Quiroga, 1995, pp 53-107)

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## Psychiatry & OT Turning Points

### Reconstruction aides in WW I: normalizing and purposeful activity

- "early ward occupation... learning by doing, re-education, restoring thought, will, feeling, and lost or impaired function" to prepare for return to duty or productive civilian life"

(Salmon, 1917a; Anderson & Reed, 2017, pp 62-63)

**OT and psychiatry:** closely allied in diagnosis and treatment in a mutually beneficial relationship

- Prescription of activities: prevocational, hospital industries, recreation, art, music, dance, drama, sports, games, crafts (Fidler, 1994, pp 978-980)



Camp Grant, Rockford, Illinois. Circa April 1919

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## Psychiatry & OT



Base Hospital, France. Some of the things made at the base. Many of these articles are made from "salvage." Circa 1918.

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## Psychiatry & OT Turning Points

### Effects of Freudian theory 1930's

- Advent of psychoanalytic and psychodynamic psychotherapy (talking therapy)
- Focus on internal issues (thought & behavior) vs. external forces (activity and environment)
- "as psychiatrists became more self-reliant in their care and treatment of hospital patients, they have become less impressed with value of OT"  
(Bartermier, 1964; Quiroga, 1995; Fidler, 1994)

### Psychotropic drugs and deinstitutionalization

- Rapid changes in behavior reduced reliance on lengthy psychotherapy & hospitalizations
- Decreasing symptomatic behavior led to deinstitutionalization
- Recognition of need for coping, performance skills for community living
- OT's continued relevant component in hospital programs
- Lack of leadership from psychiatry, increasing popularity of verbal therapies, diminished resources
- Exploration of activities in psychodynamic terms, decreased value of "doing" vs. "talking"

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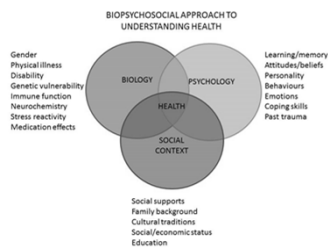
## Psychiatry & OT Turning Points

### Community Mental Health Act, 1963

- Increased need in community with deinstitutionalization
- Focus in psychiatry not on functional problems of serious mental illness  
(Fidler, 1994)

### DSM III R (1990's) expansion of Axis 5 - current & past functioning

- Recognition of importance of daily performance
- Transition from psychoanalytical theory based on insight to community living problems
- Understanding the relevance and acquisition of performance skills  
(Fidler, 1994)




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### Occupation & Health

**“ to help all individuals develop and maintain positive mental health, prevent mental ill health, and recover from mental health challenges to live full, productive lives”** (AOTA, 2016)

- Research from field of **positive psychology confirms participation in meaningful occupations that result in positive emotions helps develop resilience, and fuels mental well being.** (Donaldson, Csikszentmihaly, & Nakamura, 2011; Frederickson, 2004; Seligman & Csikszentmihaly, 2002; AOTA, 2016)
- “The actual **“doing” of occupations is believed to be transformative**, promoting adaptation, creating personal and social identifies, connecting people to their communities, and enabling ongoing personal growth and development. (Krupa, Fossey, Anthony, Brown & Pitts, 2009, p 156; AOTA, 2016)
- Evidence based review in pediatric OT practice-**activity based interventions involving play, leisure, and recreation help improve social interactions, self-esteem, and positive feelings, and reduce behavioral problems.** (Bazyk & Arbesman, 2013; AOTA, 2016)
- **OT preventative lifestyle interventions, Lifestyle Redesign, shown to promote mental wellbeing in older adults in community.** (Clark, et al., 2012; AOTA, 2016)

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### Federal & State Initiatives Supporting OT

- Primary Care
- Integration of Primary Care & Behavioral Health
- Population Health
- Federal Behavioral Health Models
- Recovery Model

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### Healthcare Delivery System Reform

**Goals of health care reform “Triple Aim”**

- Improving individual experience of care
- Improving health of populations
- Reducing per capita costs of care (Berwick, Nolan & Whittington, 2008, p 760)

- Unsustainable public/private health care spending growth
- Increased prevalence of chronic health conditions (75% of HC costs)
- Increasing demand for HC services due to aging population
- Growth of people with health insurance
- Value based reimbursement
- ACA and other HC reform initiatives have promoted increased integration & coordination of care delivery (Centers for Disease Control and Prevention (CDC), 2009; Grundy, Hagan, Hansen & Grumbach, 2010; AOTA, 2014)

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## The Importance of Primary Care

- **Integrated, accessible health care**
  - Address majority of personal healthcare needs
  - Develop partnerships with patient
  - Practice in context of family and communities. (IOM, 1994, Patient Protection & Affordable Care Act (ACA), 2010; AOTA, 2014)
  - Reduce costs and improve population health (IOM 2010; AOTA, 2014))
- Refocus on delivery of primary health care
  - aging population, rise in chronic conditions, telehealth, self-management, competition, efficacy of providers, aging of population
- Coordinated care from inter-professional delivery teams
- Focus on prevention & wellness
- Self management of chronic disease
- Transitions between facilities, reducing readmissions
- New models of accountable care (Institute for Healthcare Improvement)

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## Contributions of OT in Primary care

“Successful participation in occupations can contribute to effective management of chronic conditions, improve health and wellness...to achieve goals of new primary care models” (Metzler, Hartmann & Lowenthal, 2012; AOTA, 2014)

\*% of people with chronic conditions have significant limitations in daily activities (CDC, 2009, AOTA, 2014)

- **Occupational Therapy Practitioners**
  - identify factors that support participation in daily life and internal and external barriers to performance
  - Recognize and address the impact of daily habits and routines on managing health conditions and developing healthy lifestyles. (AOTA, 2104)
- **Examples of interventions may include**
  - Self-management of chronic conditions and prevention of secondary complications
  - Self management of psychiatric conditions and promotion of mental health
  - Pain management
  - Health promotion and lifestyle modifications for prevention
  - Safety and falls prevention
  - Promoting & ensuring access to community resources for social participation & community integration
  - Family and caregiver assistance and support (CAOT, 2013; AOTA, 2014)
  - “Wellness navigators” providing resources and emotional support to individuals, families and community groups. “falling through cracks of HC systems” (Moore, 2013; Metzler et.al.2012; AOTA, 2014)

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## Integration of Behavioral Health & Primary Care

- **Goals**
  - Advocate for the whole person
  - Reduce stigma
  - Integrate care
- Can occur in primary care and BH settings:
- Common medical conditions co-exist with behavioral health issues in both settings
  - WA Community behavioral health program fully integrated into a managed health care system for Medicaid clients (SB 6312, 2014) )
- How are OT practitioners qualified?
- What could we do?




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## Population Health

**Definition**

- Meeting needs of a defined population through healthcare systems and public health approaches
  - “Health outcomes of a group of individuals”
    - nations, communities, employees, ethnic groups, disabled persons, prisoners, other defined groups. (Kindig & Stoddart, 2003, p381; Braveman, 2016)
  - Multiple factors contribute to health outcomes including
    - medical care, public health interventions,
    - socioeconomic factors ( income, education, employment, social support, culture), physical environment (urban design, clean air and water)
    - genetics and individual behaviors (Kindig & Stoddart, 2003, p 381)
- Center for Medicaid and Medicare Services (CMS) identified population health as key goal of State Innovation Models to transform health systems (CMS, 2014; Braveman, 2016)

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## Population Health & OT

- **Populations (OTPF)**
  - “collectives of groups of individuals living in a similar locale -e.g. city, state, or country- or sharing the same or like characteristics or concerns” (AOTA, 2014a,53, Braveman, 2016)
  - “Improving the health of the population and achieving the Triple Aim contributes to OT becoming a more powerful profession and achieving our vision for the future” (Braveman, 2016)
- **2 perspectives**
  - Begin in community and consider needs of populations and integrate into clinical care
  - Begin with the individual needs, identify the social or community factors that are impacting health and address through policy or systems changes (Alper, 2014, p 26; Braveman, 2016)
- **King County Health & Human Services Transformation Plan Familiar Faces Initiative, Vital Program, Seattle**
  - High utilizers of jail system with behavioral health issues
  - Individual OT interventions within a population health approach 

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## Population Health Interventions

<p><b>Individuals</b></p> <ul style="list-style-type: none"> <li>• Anger management &amp; conflict resolution</li> <li>• Ensuring health literacy</li> <li>• Transitional or independent living skills</li> <li>• Social participation activities</li> <li>• Education/training on eating habits and activity levels to reduce obesity</li> <li>• Fall prevention programs for seniors</li> <li>• Stress management and adaptive coping strategies to enhance resilience</li> <li>• Leisure participation for people with dementia (AOTA, 2013)</li> </ul>	<p><b>Populations</b></p> <ul style="list-style-type: none"> <li>• Implementing community wide screening program for depression</li> <li>• Addressing health and occupation needs of the homeless                             <ul style="list-style-type: none"> <li>– eliminating barriers</li> <li>– opportunities for engagement</li> </ul> </li> <li>• Needs assessment and implementation of strategies to reduce health disparities                             <ul style="list-style-type: none"> <li>– lifestyle management programs</li> </ul> </li> <li>• Promoting policies that establish opportunities for rehabilitation in the community for people discharged from inpatient psychiatric programs (AOTA, 2013)</li> </ul>
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## OT Recognized in Federal Behavioral Health Programs

- In 2016, Congress reauthorized the Behavioral Health Workforce Education Training Grant (BHWET) program. The reauthorization of the BHWET program made occupational therapy education programs eligible to receive grant funding to establish mental health specific fieldworks. As of 2017, the Health Resources Service Administration included occupational therapy education programs in the competition for these grants: <https://bhwh.hrsa.gov/fundingopportunities/?id=67ee4161-1b08-433d-8224-d1e009af2663>
- In 2015, the Substance Abuse Mental Health Services Administration (SAMHSA) included occupational therapist in the staffing suggestions for new Certified Community Behavioral Health Centers (CCBHC). Occupational therapists are listed in Section 1.b.2 in the CCBHC criteria, along with other mental health professionals. The criteria can be found at: [http://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001\\_0.pdf](http://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001_0.pdf). Occupational therapy practitioners are currently providing services in several of the 8 states that were awarded CCBHC demonstration grants.
- SAMHSA also included occupational therapists in their list of suggested staff for programs receiving Primary Behavioral Health Care Integration grants for FY 2015, recognizing the important role of occupational therapy in bridging physical and behavioral health care services. <http://www.samhsa.gov/sites/default/files/grants/pdf/sm-15-005.pdf>
- In 2013, the Center for Medicare and Medicaid Services (CMS) included Occupational Therapy as a core component of quality mental health by requiring that occupational therapy services be offered any community mental health center that wishes to bill under Medicare partial hospitalization. <http://www.cms.gov/fgs/files/fer-2013-10-29.pdf>

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## Recovery Model

- SAMHSA: 4 major dimensions that support a life in recovery
  - Health—overcoming or managing one’s disease(s) or symptoms
    - abstaining from use of alcohol, illicit drugs, and non-prescribed medications
    - making informed, healthy choices that support physical and emotional well-being
  - Home—having a stable and safe place to live
  - Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors
    - independence, income, and resources to participate in society
  - Community—having relationships and social networks that provide support, friendship, love, and hope (SAMHSA, 2012)

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## How OT Can Facilitate Recovery

- Vision of participation and core OT beliefs are strikingly similar in fostering recovery
- Empowerment, self determination, hopeful view of the future
- Fit between abilities/skills, demands of the occupation and the environment
- Supporting constructive decision making to identify habits & routine’s, people and places that
  - support well-being and optimal performance
  - promote occupational role function
  - facilitate engagement in meaningful occupations

(Brown & Stoffel, 2011)

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## Examples of Exemplary Practice Promotion, Prevention & Intervention

- **RENEW (Recovering Energy through Nutrition and Exercise for Weight Loss) Program**
  - Targets weight management and health needs of people with psychiatric disabilities. RENEW addresses weight loss through education and skill building to improve diet and physical activity. (Brown, 2011; AOTA, 2016)
  - Modified version: Nutrition and Exercise for Wellness and Recovery (NEW-R)-revised, peer-led version (Brown, et al, 2015; AOTA, 2016)
- **“Participatory Needs Assessment to Identify Correctional Workplace Health Interventions”**
  - Correctional officers
    - shorter lifespan, higher risk for depression, suicide and chronic diseases as compared to other workforces and the general population
  - Community-based participatory research teams of correctional / jail officers, sheriff’s deputies, OT
  - Explore workplace health needs & develop evidence based workforce interventions
  - Building programs at city and state facilities to bridge workplace health to reentry/transition services: pre- and post-release.
  - **Re-entry philosophy**
    - provide opportunities for the inmates to become a more productive citizen upon their reentry...
    - “Every day of accepting reentry philosophy, has the potential to reduce the job difficulty of officers.” Lisa Jaegers, PhD, OTR/L, Assistant Professor, Saint Louis University, [lisa.jaegers@health.slu.edu](mailto:lisa.jaegers@health.slu.edu); <https://www.umsl.edu/research/CPH-NEW/symposium-corrections-worker-health.asp>

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## Examples of Exemplary Practice

- **Action Over Inertia: Addressing the activity- health needs of individuals with mental illness**
  - An occupational time-use intervention to encourage occupational balance and participation with individuals with SMI living in community (Krupa, et al. (2010); Krupa et al.2010); AOTA,2016))
- **Transitioning from Nursing Homes to the Community**
  - OT’s at Trilogy Behavioral Healthcare support people with serious mental illness moving from nursing homes to independent apts. (Thanos, 2014; Thanos & Ritter, 2014; AOTA, 2016)
- **Development and Use of Community Living Skills (CLS)**
  - Group protocols for functional skill development in acute mental health settings
  - OT’s at John Hopkins implement IADL training for inpatient and day hospital
    - health mgmt, community navigation, home mgmt, budgeting, money mgmt, meal preparation, grocery shopping (Lichenstein, Spense, Schwaetzschild & Synovek, 2015; AOTA, 2016)
- **Promoting Health and Wellness for People in Mental Health Recovery**
  - Guide for community sites to conduct health fairs for SMI
    - provide health screenings, education, and resources to support management of chronic health conditions (Swarbrick et al. 2014; AOTA, 2016)
    - [www.integration.samhsa.gov/health-wellness/wellness-strategies/UIC\\_CSPNI\\_Health\\_Fair\\_Manual.pdf](http://www.integration.samhsa.gov/health-wellness/wellness-strategies/UIC_CSPNI_Health_Fair_Manual.pdf)

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## Examples of Exemplary Practice

- **Early Detection & Identification For the Prevention of Psychosis (EDIPPP)**
  - National, multi-site initiative focused on early detection and intervention in adolescents
  - Community outreach, & education, supported education & employment (Downing, 2006, 2011; Rugg, McFarlane, Downing, Cook & Woodberry, 2012; AOTA, 2016). Training [222.piertraining.com](http://222.piertraining.com); [www.nasmhp.org](http://www.nasmhp.org)
- **Yoga to Reduce Combat Stress**
  - Sensory enhanced 3 week yoga intervention to reduce anxiety among deployed military personnel at risk for Post Traumatic Stress Disorder (Stoller, Greuel, Cimini, Fowler, & Koemer, 2012; AOTA, 2016)
- **Promoting Mental Health in Older Adults**
  - Living Legends program using life review and intergenerational exchange to promote occupations among community-living older adults at risk for depression (Chippendale & Boltz, 2015; AOTA, 2016)
- **Reduce Depression in Stroke Survivors**
  - Occupation focused 12 week cardiac rehabilitation program promotes self-management strategy to enhance self-efficacy. Goal to increase sense of well-being and promoting occupational performance (White & Buyting, 2011; AOTA, 2016)

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### Personal Goals & Strategies

- What is one area in your environment (personal or professional) that you think would benefit from OT?
- How could you explore this area?
- What is one strategy to get started?




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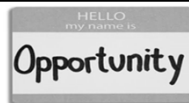
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#### Practice settings for services

- Primary Care clinics
- Integrated Primary Care & Behavioral Health Clinics
- Non medical community centers
- Substance use recovery programs
- Psychosocial rehab/clubhouses
- Retirement/Continuing care communities
- Jails & prison system
- School systems
- Day care centers
- Residential, transitional/ supported housing & group homes
- Shelters: homeless, domestic violence, youth
- Public health clinics
- Community boards, state and local level

#### Roles

- Direct intervention
- Consultation
- Health educator
- Self management skills for chronic conditions
- Caregiver support interventions,
- Transition planning, readmissions
- Case management, care coordinator
- leadership roles in health departments, committees, boards\policy areas
- Nonprofit organizational leadership

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### Past and Future

"Achieving health, well-being, and participation in life through engagement in occupation (AOTA, 2014)



- Demands personal commitment to identifying individual & community needs
  - promoting distinct value of OT
  - exploring resources
  - providing services where clients live, work and play
- Maintain strong focus in traditional as well as emerging practice areas
- Using OT skills in alternative roles



- Where can I make a contribution?

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## Questions



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