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## CAOT Position Statement: Occupational Therapy and Mental Health Care

*It is the position of the Canadian Association of Occupational Therapists (CAOT) that occupational therapy is a core component of an integrated mental health system. Occupational therapy's understanding of the relationship between person, environment, and occupation uniquely positions the profession to provide quality mental health services in environments where people live, work and play. Occupational therapists use evidence-based interventions to adapt environments, modify tasks, teach skills, and empower clients to enable meaningful engagement and participation in life.*

*The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community," (WHO, 2017). Mental illness refers to a wide range of disorders that affect mood, thinking and behavior. Poor mental health and mental illness can be associated with distress and/or impairment of occupational functioning, with symptoms varying from mild to severe.*

### Recommendations for occupational therapists

- Promote the person as the center of his/her own recovery. This client-centred approach reflects the current evidence-informed focus on recovery-oriented services and trauma informed practice. To support mental health practitioners to implement recovery-oriented services, the Mental Health Commission of Canada released *Guidelines for Recovery-Oriented Practice* in 2015, which correspond with the strategic priorities outlined in their mental health strategy for Canada, *Changing Directions, Changing Lives* (2012).
- Enable the person in recovery to identify and develop plans to engage in meaningful occupations as a means of enhancing mental health. By using a variety of evidence-based interventions, occupational therapists promote recovery and self-determination in the person's environments where purposeful and meaningful occupations occur. Environments could include home, work and/or community. Occupations could include work, education, volunteering, home management, parenting, leisure, self-care, and/or self-management among others.
- Develop opportunities to collaborate with stakeholders, including persons living in recovery, families, government, non-government agencies and employers to:
  - a. Support the Mental Health Strategy (2012) and Framework for Action (2016) as set out by the Mental Health Commission of Canada
  - b. Improve mental illness treatment and mental health promotion services
  - c. Advocate for access to productive and leisure occupations, public transportation, stable housing, food stability, and creation of inclusive prevention and wellness programs
  - d. Address issues contributing to stigmatization of people in recovery
  - e. Improve knowledge and practice in mental health services

### Researchers and educators

- Use research evidence to inform best practices and inclusion of the experiences of persons in recovery or experiencing mental health issues as a key element to research.
- Develop new research evidence to validate emerging assessment and intervention methods using research tools that provide inquiry processes that serve occupational therapy practice and occupational science.
- Collaborate with research partners including persons in recovery, other professions, and mental health related associations
- Articulate the role for occupational therapy in a variety of practice areas including suicide prevention, culturally sensitive practice, sensory processing and modulation, trauma informed practice, family systems and spirituality based practice.

### CAOT Initiatives:

#### 1. Advocacy:

- Advocate for occupational therapists to be integrated members of interdisciplinary teams practicing to their full scope in the provision of addiction and mental health services.
- Promote access to occupational therapy services by

advocating for involvement of occupational therapists in an integrated mental health system including primary, acute and chronic care, rehabilitation, addictions, suicide intervention and forensic care, with children, adolescent, adult and seniors.

- Foster support for recovery, rehabilitation and prevention services in homes, schools, workplaces and community environments.

## 2. Collaborate with:

- Governments, mental health professional associations that support mental health care and occupational therapy's role.
- Stakeholders to promote the role of occupational therapy in addressing mental health in priority populations such as Veterans, the Canadian Armed Forces, older adults, First Nations, Inuit and Metis.
- Regional chapters of CAOT to promote a cohesive approach to advocacy and support learning opportunities related professional development

## 3. Professional Development:

- Provide professional development activities for CAOT members including webinars and workshops on mental health.

## Background

Occupational therapists provide a variety of services in different practice contexts such as community, inpatient and outpatient clinics, forensic mental health, assertive community treatment teams, long term care, homeless shelters, schools, and workplaces. These services span across the age spectrum including children, adolescents, adults and seniors; and diverse roles such as case manager, consultant, interventionist, manager, educator, therapist, and program developer.

Addressing mental health is everyone's responsibility. Mental illness and addiction affect 1 in 5 Canadians at any given time, with 70% of mental health problems presenting in childhood or adolescence (Smetinan et. al, 2011, Government of Canada, 2006). *Strengthening the Case for Investing in Canada's Mental Health System* (2017), a report by the Mental Health Commission of Canada (MHCC), estimates that the economic impact of mental health issues on the Canadian economy is measured at \$50 billion per year, with mental illness being the leading cause of disability in Canada. To address this issue, the 2017 Federal Budget has allocated \$5 Billion over 10 years for increasing mental health services.

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) has issued a national mental health action plan in its report *Mental Health Now! Advancing the Mental Health of Canadians: The Federal Role* (CAMIMH,

September 2016). CAMIMH's guiding principles include framing mental health and mental illness within the determinants of health, enhancing access to mental health services due to the high need of Canadians experiencing the impact of mental illness and mental health, and timely, collaborative, and culturally appropriate access to mental health promotion and interventions of mental illnesses across the lifespan. CAMIMH outlines a five-point action plan aimed at funding, structure, innovation, system performance and health outcomes. A primary concern is directing timely access to care and increasing capacity across models of care such as primary care, acute and specialized services, community based programs, early intervention, criminal justice system and veteran services.

The Mental Health Commission of Canada has been influential in the vision of mental health services within Canada. The Mental Health Commission of Canada (MHCC) published a mental health strategy, *Changing Directions, Changing Lives* in 2012 that highlights six strategic directions, including promotion of mental health and prevention of mental illness and suicide, fostering recovery and well-being, access to appropriate services, reduction of risk factors with diverse populations, targeted strategies with First Nations, Inuit and Metis and, mobilising leadership. Occupational therapists have a holistic approach that enables contribution in all of these areas. As mental health professionals, occupational therapists are experts in the occupational dimensions of peoples' lives and are able to support clients to learn effective coping skills, foster meaning and hope in life, and establish social roles that will lead to fulfilling and meaningful lives.

Occupational therapy's contributions related to the area of mental health will now be discussed using the MHCC mental health strategy's six strategic directions:

**Strategic Direction 1:** Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible.

Occupational therapy as a profession defines the word occupation as "the general concept of occupying oneself and seizing control of one's life," (CAOT, 1997; Townsend, E. A. & Polatajko, H. J., 2007). Occupation is seen as a basic human need that is a determinant of health. Occupational therapists are concerned with the occupational marginalization that occurs with mental health issues through underemployment, unemployment, stigma, and barriers to access services. Occupational therapists work to address barriers in the environment and within individuals that hamper engagement in activities throughout the lifespan, in work and educational settings, in play settings, at home, and in the community. Suicide

and suicidal thinking are barriers to occupation, exempt to no country including Canada. Suicide is present in Canadian occupational therapy practice, as was resoundingly shared by members at the CAOT Professional Issue Forum in 2014 on Occupational Therapy and Suicide Prevention (CAOT, 2014). In the search for lack of fits, occupational therapists uncover the crisis of meaning present in suicidal thinking and are charged with how to address this occupational barrier (with or without training, guidance, or support).

**Strategic Direction 2:** Foster recovery and well-being for people of all ages living with mental health problems and illnesses, and uphold their rights.

Occupational therapists are positioned in alignment with recovery-oriented care and foster well-being through their therapeutic process, regardless of the presence of addiction and/or mental health concerns or mental illness. Recovery is characterized as the ability to have increasing responsibility and control of one's life in order to have hope, a positive identity, and a satisfying, hopeful and contributing life even when there may be ongoing limitations (MHCC, 2012). Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery-oriented services are person-centered and promote the resilience and personal strengths of individuals and their families. Occupational therapists support clients to embrace their visions of future possibilities as a means to reaching their full potential. This is accomplished by supporting clients to set individualized goals and develop skills through occupation to meet their personal recovery needs (Haracz & Ennals, 2015). As previously mentioned, the MHCC has released *Guidelines for Recovery-Oriented Practice* (2015).

**Strategic Direction 3:** Provide access to the right combination of services, treatments and supports, when and where people need them.

Occupational therapists are identified as a key member of a recovery-oriented mental health services. Access to the right combination of services, treatments and supports includes access to occupational therapists. Occupational therapists provide a unique voice to the multidisciplinary team: a focus on improving well-being and mental health through meaningful activity engagement. One of the core tenets of occupational therapy practice is the understanding that a dynamic interaction exists among people, their occupations and roles, and the environments in which they live, work, and play. To maximize mental health an individual requires a balance between their capabilities and the demands of the environment and tasks, which

includes having services which provide a 'just right' level of support. Occupational therapists work to maximize individual capacity and minimize barriers by supporting connections with services in a variety of contexts:

- **Productivity:** Employment assessments, interventions, and return to work (paid and unpaid) supports are an area of practice in which occupational therapists provide their expertise to persons in recovery, to employers, and to agencies providing employment programs. Paid employment and volunteering contribute to personal identity (Fegan & Cook, 2012), which is important for individuals in identifying and defining meaningful roles (e.g. parent, employee, friend, volunteer, son-daughter, and student). Occupational therapists can support persons in recovery as they redefine their roles and decide how to use their time.
- **Leisure:** Leisure is an occupational performance area that encompasses occupations that people choose to do, as they are satisfying and bring pleasure. Leisure occupations can be without pressure and time constraints; have personal value in meeting individual needs; and provide an opportunity for increased quality of life and engagement with others (Craig and Pieris, 2006).
- **Self-care:** For occupational therapists working in mental health and recovery programs, self-care extends beyond the practical skills of managing physical health to developing mental health coping strategies and skills for managing emotions, interpersonal demands, and self-soothing activities. The issues of perceived control (Eklund, 2007), occupational meaning/satisfaction (Eklund & Leufstadius, 2007), balance and time use (Edgelow & Krupa, 2011), sleep hygiene, goal-setting (Katz & Keren, 2011), self-mastery (Gibson et al, 2011; Reid, 2011) and mindfulness (Reid, 2011) are all important skills for developing effective self-managements strategies.

**Strategic Direction 4:** Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities.

Diversity in Canada extends beyond race and ethnicity but spans language, gender, religious affiliations, sexual orientation, abilities, and economic status. Occupational therapy's holistic approach is sensitive to the unique cultural, social, institutional and physical environments within which individuals participate in occupation and the unique elements that construct meaning and value for those occupations. Occupational therapists contribute to services for various populations across the mental health spectrum including Veterans, the Canadian Armed Forces, individuals involved with the justice

system, those experiencing homelessness and new Canadians. For example, as part of multidisciplinary teams, occupational therapists in the forensics system contribute to the assessment, risk mitigation, recovery plan, and treatment and interventions of individuals living with justice issues and mental illness (Connell, 2015; Chui, A. et. al., 2016; Wigglesworth, S. & Farnworth, L., 2016; Craik et. al., 2010). For individuals experiencing homelessness, their occupations are often focused on survival and meeting basic needs (Illman et. al., 2013; Thomas et. al., 2011). The Professional Issue Forum on Poverty and Homelessness held at the 2016 CAOT conference clearly identified advocacy by occupational therapists in partnership with other health care professionals as a priority area to address risks and promote access to services designed to address social determinants of health for those experiencing poverty and homelessness. This approach allows a reduction of risk factors including lack of structure, social isolation and poverty, and enhancement of protective factors that promote health and wellness. Occupational therapy is a key player in enabling individuals to engage in paid work and other productive roles that impact mental health and wellness and promote acquisition and maintenance of safe housing.

**Strategic Direction 5:** Work with First Nations, Inuit, and Métis to address their mental health needs, acknowledging their distinct circumstances, rights and cultures.

*Advancing the Mental Health Strategy for Canada: A Framework for Action* states, “First Nations, Inuit, and Metis nations and communities may face shared challenges, important differences in culture and history must be honoured,” (MHCC, 2016). Reviewing occupational therapy’s role in the context of the historical issues of colonialization, residential schools, cultural suppression, and subsequent marginalization inspires the profession to both review the culturally sensitive underpinnings of the models of practice and to promote the person-centered philosophy. Stedman and Thomas (2011) encourage occupational therapist to reflect on their personal practice to ensure that engagement with an individual addresses spiritual and cultural meaning. Addressing the mental health needs of First Nations, Inuit, and Metis requires occupational therapists to hear and comprehend the significance of the historical context of current presentations. Hammell (2001) encourages occupational therapists to adopt the concept of intrinsicity, stating: “This intrinsic source of meaning, influenced by environmental context, constitutes the essence of the self; the source of volition and self-determination and of choices based

upon personal values and priorities: the foundation for the client-centered practice of occupational therapy,” (p.193).

**Strategic Direction 6:** Mobilize leadership, improve knowledge, and foster collaboration at all levels.

A core concept of occupational therapy centers around the belief that occupation is the very essence of being human, and occupation is known to have an influence on our health and well-being (Townsend & Polatajko, 2007). As an extension, occupational therapy values occupational justice – the belief that all individual should have the right to opportunities and resources (personal, environmental and societal) which enable them to engage in a variety of purposeful occupations that are culturally and personally meaningful. Canadians continue to experience occupational injustice associated with the presence of a mental health problem or mental illness. By adopting an occupational justice framework, the profession has the opportunity to identify environmental and systemic barriers that prevent engagement in occupations that promote health and quality of life (Townsend et. al., 2007). Further to this, it is possible that occupational therapy should deliberately recognize avenues of influence, act to address occupational injustice within these avenues and reframe practice and actions to have simultaneous impact on individual and societal outcomes (Wolf et. al., 2010).

## Glossary of Terms

**Enabling(verb) – Enablement(noun):** Focused on occupation, is the core competency of occupational therapy – what occupational therapists actually do – and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power in equities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2013).

**Enabling occupation:** Refers to enabling people to ‘choose, organize, and perform those occupations they find useful and meaningful in their environment’ (CAOT 1997, 2002).

**Occupations:** Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002)

**Occupational therapy:** The art and science of enabling engagement in everyday living through occupation; enables people to perform the occupations that foster health and well-being; enable a just and inclusive society so that all people may participate to their potential in the daily occupations in life. (Townsend & Polatajko, 2013).

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