

Role of Occupational Therapy in Depression

What is Depression?

- Depression is defined as “a 2 week or longer period of depressed mood, anhedonia (is the inability to feel pleasure.), disturbance in appetite, disturbance in sleep, poor concentration, poor energy, disturbance in psychomotor activity, and suicidality”

(Barney & Perkinson, 2016, Page 26)

- Occupational therapist deals with the depressive patients in mental health care set up.
- Occupational therapist tries their best to overcome the depressive feeling of the patient **by providing positive situation and wrathful pleasure.**
- Occupational therapist **involves depressive patients in meaningful and pleasurable activities,** which help the client to tackle the depression.

- Depression is the most common mental health problem seen in an individual. Depression comes under the mood disorder.
- The world health (mental) report 2001 estimates that there are 121 million people worldwide suffering from depression.
- Depression is the most common psychiatric illness in the gerontological population, and 50% of geriatric population have their first onset of depression later in life.
- Depression is a common secondary disorder to many primary illnesses that affect the older generation such as dementia, alzheimers, and stroke.

What causes it?

- There are several causes and risk factors for depression according to the National Institute on Aging (2020).
- Depression **can stem from genetics and family history or personal history of depression in early life.**
- Another **cause is brain chemistry changes.** The brain has many neurotransmitters that control mood and sleep, and when there's an imbalance this can cause depression.
- Lastly, **stress can also lead to depression.** Losing a loved one, moving to a new place, or changes in routine can trigger the illness (National Institute of Aging, 2020).

- The most important feature of a depression is the sadness of mood or loss of interest.
- Depression affects our daily lives and occupational skills.
- Level of depression may vary from slight/mild to severe.

Clinical features of Depression

1. Depressed Mood

- Loss of interest and/or pleasure in almost all activities. This sadness of mood is different from the sadness encountered in 'normal' sadness or grief.
- The loss of interest in daily activity results in social withdrawal, decreased ability to function in occupation and interpersonal areas and decreased involvement in previously pleasurable activities.

2. Depressive ideation

- Sadness of mood are usually associated with pessimism, which may result in depressive ideas like, Hopelessness, helplessness, and worthlessness. In severe cases, suicidal ideas may be present.
- The ideas of worthlessness can lead to guilt-feeling.

The other features relevant to occupational therapy are:

- Difficulty in thinking,
- Difficulty in concentration,
- Poor memory,
- Indecisiveness,
- Lack of initiation and energy.

3. Psychomotor Activity

- Agitation is common in depression.
- And often present with marked anxiety, restlessness (hand wriggling, inability to sit in one place) and a feeling of unease.

4. Biological function

Disturbance of biological functions is common, some are:

- Insomnia (or sometimes increased sleep)
- Loss of appetite and weight (or sometimes weight gain) and
- Loss of sexual drive.

How Depression hinders independence

- From an occupational therapy perspective, depression greatly **impacts an individual's ability to engage in their normal occupations** such as their activities of daily living (**ADLs**). ADL's include activities such as showering, bathing, grooming, and simply taking care of one self.
- Since depression causes **poor energy** and depressed mood, many client's have a hard time getting out of bed and performing these essential occupations that give client's independence (Barney & Perkinson, 2016,).

- Not only does decreased energy and depressed mood affect client's with depression ability to participate in ADL's, **it affects their ability to engage in instrumental activities of daily living (IADLS)**. IADLs include driving, cooking, cleaning, social interaction, and much more.

Occupational therapy assessment of depression

- The occupational therapist assesses all areas of impairments. By taking a structured or unstructured interview with the patient and caretaker.
- Occupational therapist focuses on some specific areas related to occupational therapy intervention.

Areas addressed in assessment

1. Performance skills – cognitive, perceptual, psychological, and social. And their impact on performance in areas of occupation.
2. Client factors and physical conditions or limitations that impact on functional behaviors and occupational performance.
3. Identification of the roles and behaviors that are required of the individual either by society or for the achievement of his/her desired goals.
4. Suicidal and aggressive behavior.
5. History of behavior pattern.
6. Individuals goals, values, interests, and attitudes.
7. Activities of daily living.

To assess all these areas occupational therapist may use different methods:

- Interviews
- occupational profile
- standardized tests
- clinical observation
- rating scales and Questionnaires.

These methods include different scales, such as:

- General Assessment of mental status- Mini-Mental State Examination
- Assessments of cognition and affect – Allen Cognitive level Test, Beck Depression Inventory, Elder Depression Scale, and Hamilton depression Rating Scale.

- Assessment of task performance and Assessment of occupational performance and occupational roles- Canadian Occupational Performance Measure (COPM) and Occupational Case Analysis Interview Rating Scale (OCAIRS).

Occupational therapy goals and objectives in depression

Occupational therapist formulates the short term and long term goals in the patient of depression. After assessing the various areas, OT points out the concerned areas where occupational therapist needs to work on.

- To improve the mood.
- To involve them in meaningful activity.
- To improve the activities of daily living.
- To decrease the depressive ideas by providing the mental support.
- To improve the anxiety and restlessness because of depression.
- To improve the physical strength.
- To improve the social interaction.

Occupational therapy intervention for depression

Occupational therapist understands the psychology of the patient and try to relieve the stress and depressive feeling. They try to satisfy the emotional needs of a patient.

Emotional needs:

- ✓ To be loved, accepted, to belong-
- ✓ Need for reassurance (not over solicitude).
- ✓ Need for approval as an individual.
- ✓ Need for dependency relationship.
- ✓ Need to lessen the guilt.
- ✓ Constructive externalize hostility- Within social limits.
- ✓ Without abnormal fear of retaliation.

Approaches to the patient in the initial phase of illness

The therapist must acquire the skill to deal with a depressed person. The voice of the therapist must match with the patient. **The therapist must aware about the perception, emotion, and physical response.**

- Speak slowly and what the patient can understand allowing time for him to react.
- Limit content of speech to points on which patient must focus.
- Focus patient's attention by saying his/her name.
- Move slowly.

What therapist do to satisfy the emotional needs

- ❑ Therapist anticipates minimal verbal or physical response. They **do not** become discouraged at patient's inactivity. They do not show approval or disapproval of clients' behavior.
- ❑ Therapist accepts the patient as he/she is: attention of frequent but short duration gives the patient enough support that therapist is around. They provide solitary, short term, simplified, structured activities initially to the patients. They recognize patient efforts, and avoid implying pleasure.

- ❑ Satisfy the dependency needs:- therapist must be around the patient to guide him/her in new or unfamiliar acts of short term nature. The therapist makes decisions, eliminates discussions and provide opportunities for the patient to take small decisions. Therapist do not force rather request the patient.
- ❑ Later therapist encourages the patient to participate in decision making- “let’s work this out together”, increase decision making capacity as patient can tolerate decisions comfortably and take responsibility for them. E.g. “which of these will you use” later “choose whatever you want”.

- ❑ Constructively externalize hostility: therapist provides an outlet for hostility within his/her current tolerance initially towards an object i.e. nonverbal. Provide passively aggressive activities due to fear of hostile impulses. Later, increase aggressive component of the activities.

- ❑ The relationship of therapist with the patient should be so permissible and reciprocal that the patient is able to express and ultimately accept, understand and respect the feelings.

- ❑ Patient must express dislike or disapproval within socially acceptable limits. He/she must express anger when the situation warrants it without subsequent guilt feelings.
- ❑ Occupational therapy Activities – therapist provides an opportunity for constructive use of activities- **It must be structured, organized, repetitious, meticulous and meaningful.**

□ Promote initiation or participation-

- ❖ Together with the individual therapist, **identify the reasons for lack of participation**, e.g. attention deficits, embarrassment, and depression.
- ❖ **Motivational hints-** individuals are more likely to participate in activities that address issues that are of interest or concern to them. The more ownership patients have in the activity, the more they will participate. Success, fun, positive feedback and rewards are motivating things.

- ❑ Group therapy : A depressed person avoids the social interaction and may feel reluctant to meet others because of depressive ideation. Group therapy is very helpful in depressed patients. Initially, one to one session, and then involve them in group may be helpful. Group therapy can be motivating to discuss any topic or initiation of any activity in the group. Less competition within the group help to achieve success and a feeling of worth.

- ❑ Cognitive Behavioral Therapy (CBT)-: Cognitive behavioral therapy is a popular and evidence based psychotherapeutic approach. This approach has changed the way to think and behave. CBT is based on the thoughts, feelings and emotions. CBT helps to cut down the way of processing in the smaller part and provide positive feedback. Occupational therapist uses to prefer CBT along with the purposeful activities like his/her occupation. Involvement of activity during cognitive behavioral therapy provides a real sense of occupational therapy.
- ❑ Occupational therapist tries to find out the causing factor of depression. It becomes very easy to tackle the situation if the therapist understands the depression causing factor.

- ❑ Improve Self Esteem –A depressed patient generally lacks self esteem and values. Here, the role of occupational therapist comes, they help them to regain their self esteem, values and life roles in their lives. Creative, functional, occupational, and pleasurable activities can be planned by the therapist to boost the self esteem and self importance.

- ❑ Precautions- avoid the possibility of patient harming self. Be cautious of, especially when the patient having remission. Avoid provoking undue anxiety or apprehension.

- ❑ Occupational therapist's can aid in an exercise program and or help find programs near the client's residence.

How does exercise help occupational engagement?

- Exercise has been proven to **increase levels of serotonin**, the neurotransmitter that helps the brain regulate mood, sleep and appetite.
- Exercise has also been proven to help **reduce immune system chemicals that make depression work**, and is also a way to interact with others (Mura & Carta, 2013).

- Many studies look at how exercise can help older adults with depression, and it was found that the most effective exercise that helped depression patients was supervised aerobic exercises (Mura & Carta,2013).
- Older adults who are depressed have low motivation, so it is noted that having others to hold them accountable and engaging socially is the best way to implement an exercise program.
- Also, exercise does not have to be “traditional” and can also be done on one’s own in order for it to be effective (Joshi et. al, 2016).

Getting started and being accountable for exercise

- Exercise with family and friends
- Use an apple watch or step meter to help gauge your exercise
- Exercise at the same time each day to create a routine
- Set an alarm for exercising
- Journal after exercising to see how it makes you feel better

Lower intensity exercises that can be done alone

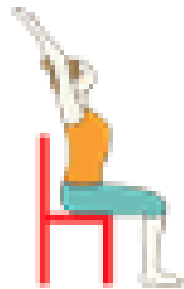
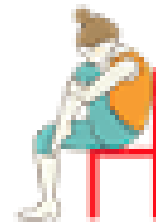
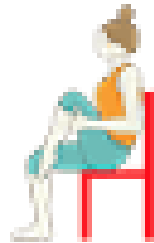
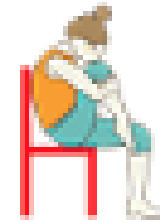
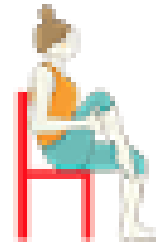
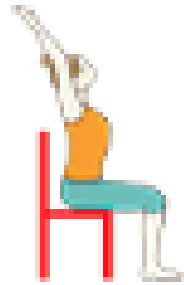
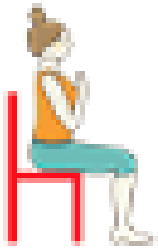
Seated exercises

- Seated exercises are perfect for older adults who have weakness in their legs, wheelchair users, cardiac patients, or for anyone starting exercises and are worried about the intensity. This makes working out possible with just a chair!
- Studies have shown that seated exercises that were performed 3-4 times a week were just as effective as lowering symptoms of depression as regular aerobic exercise (Choi & Sohng, 2018).



Yoga

- Yoga builds strength and flexibility as well as improving balance. Yoga is a great alternative to intense workouts because it is easy on the joints. Individuals with multiple sclerosis, low back pain, and unstable knees can benefit from yoga (Joshi et. al, 2016).
- Yoga has been proven to lower symptoms of depression because of its connection between deep breathing and movement (Joshi et. al, 2016).
- Poses can be used in seated and in standing. Here are some beginner yoga poses. When moving to the next pose, make sure to sync your breathing to inhale when moving to the next pose.



Walking + Gardening/ domestic activities

- If your body allows it, walking is a great exercise that can aid in decreasing the symptoms of depression, as well as gardening and other domestic activities (Joshi et. al, 2016).
- The hardest part of these activities is staying accountable and the weather. Walking with a friend or spouse can help you stay accountable.



Higher intensity exercises that can be done with others

Aerobic and strengthening exercises with others

The evidence has shown that supervised aerobic exercise that focuses on balance, cardio, and strength and resistance exercises are most effective for reducing symptoms of depression (Joshi et. al, 2016).

This type of exercise is usually the hardest to obtain because of expenses, but there are programs to help with this.



Thank you