

OT in Psychiatry

Introduction



- Occupational therapy (OT) is a **holistic and client-centered health profession** concerned with promoting health and well-being through occupation.
- The primary goal of OT is to **enable people to participate in the activities of everyday life**. Occupational therapists achieve this goal by working with people and communities to enhance their ability **to engage in the occupations** they want to, need to, or are expected to do, **or by modifying the occupation or the environment** to better support their occupational engagement.

- OT has been used along with other medical treatments in treating patients with psychiatric and cognitive disorders and proven to be **useful and effective** in managing symptom and enhancing and/or maintaining functional performance for persons with mental health problems.

(Occupational Therapy in Mental Health: A Vision for Participation, Catana Brown PhD, OTR/L, FAOTA, Virginia C. Stoffel PhD, OT, FAOTA, 2011).

occupational therapy interventions in community mental health



Include:

- Evaluating and adapting the environment at home, work, school, and other environments to promote an individual's optimal functioning
- Providing educational programs, experiential learning, and treatment groups or classes to address assertiveness, self-awareness, interpersonal and social skills, stress management, and role development (e.g., parenting)

- Working with clients to develop leisure or avocational interests and pursuits.
- Facilitating the development of skills needed for independent living such as using community resources, managing one's home, managing time, managing medication, and being safe at home and in the community.
- Providing training in activities of daily living (e.g., hygiene and grooming).
- Consulting with employers regarding appropriate accommodations.

- Conducting functional evaluations and ongoing monitoring for successful job placement.
- Providing guidance and consultation to persons in all employment settings, including supportive employment.
- Providing evaluation and treatment for sensory processing deficits



What do occupational therapists do?

- Work with clients and their families to identify the occupations and **activities that are important** for family and personal life.
- **Help to plan**, initiate and track short and long term goals that enable participation in those activities.
- **Teach practical ways to cope** with the effects of mental illness e.g. relaxation techniques.
- Work with clients to **better understand the impact** of mental illness.

- Help **replace unhealthy activities**, such as substance abuse, with healthy, meaningful activities.
- **Assess skills, interests, values, and strengths** in order to help clients maintain, modify or find appropriate employment.
- Implement activities that **teach valuable skills** e.g. social skills training with a peer support group.
- Help structure lives and **organize daily activities** so that clients can balance everything they want, need or are expected to do.

- **Typical interventions focus on:**
 - Enhancing key skills
 - Adapting environments or activities
 - Identifying and avoiding causes for relapse



Problem areas in psychiatric patient:

- Motor (e.g. Psychomotor activity)
- Sensory (e.g. Hallucination, Delusion)
- Cognitive (e.g. Decision making, Problem solving)
- Intrapersonal (e.g. self-concept, feelings)
- Interpersonal (e.g. socialization, communication)
- Self-care (e.g. Basic and instrumental activities of daily living)
- Productivity (e.g. Work, job)
- Leisure (e.g. Interest, enjoyable activities)

The roles of occupational therapy in mental health are:



- Make the patient independent in daily living skills.
- Help to improve social interaction and participation.
- Help to improve behavior.
- OT uses occupation/activities to promote wellness and quality of life.
- Occupational therapist engages the patients through activities, to help people overcome limitations or restrictions across areas of self care, homemaking, work, study, leisure and social participation.
- The OT focuses on the capacity building with the aim of an individual making choices regarding his/her own desired goal of outcomes.



Comprehensive occupational therapy evaluation (Interview with patient and caretaker.) includes:

- History – personal history, education, occupational history, social history, and family history.
- Patient's appearance
- Attitude towards examiner
- Mood and affect – depressed or euphoria.
- Thought – relevant or not. Any form of delusion.
- Perception – any type of hallucination.
- Speech – appropriate or not.
- Orientation –time, place, and person.
- Memory- immediate, recent, and remote.

- Insight – about his illness.
- Problem solving and judgement
- Behavior and psychomotor activity.
- Activities of daily living- independent or dependent.
- Interest and hobbies .



Psychiatric evaluations that OTs should know:

The evaluation process for psychiatric patients typically includes longer interview assessments, along with those based on the concept of the Model of Human Occupation (MOHO). Some common assessment tools include:

- Occupational Performance History Interview (OPHI) – a lengthy assessment which allows a therapist to learn a patient’s occupational adaptiveness over time.
- Performance Assessment of Self-care Skills (PASS) – measures performance in ADLs, both simulated and in real-time.
- Montreal Cognitive Assessment (MoCA) – assesses mild cognitive dysfunction.
- St. Louis University Mental Status Examination (SLUMS) for Dementia – screens for the presence of dementia or another cognitive decline in patients.

- Mini-Mental Status Examination (MMSE) – gives an immediate snapshot of a person’s cognitive performance at the present moment. Often completed at a later date to show stabilization.
- Bay Area Functional Performance Evaluation (BaFPE) – determines functional performance and cognition during self-care and social interactions.
- Kohlmann Evaluation of Living Skills (KELS) – determines whether an individual can safely live alone in the community.
- Allen Diagnostic Manual (ADM) – determines the level of cognitive decline, while also recommending appropriate cognitive activities for treatment.
- Canadian Occupational Performance Measure (COPM) – determines an individual’s goals along with the evolution of their self-image over time.

- Minnesota multiphasic Personality Inventory.
- Allen cognitive level screen.
- Bay area functional performance evaluation.
- Assessment of Motor and Process Skills (AMPS)
- Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS).



Occupational therapy interventions

Treatments will vary among diagnoses, however, the majority of treatments done within inpatient mental health settings are psychoeducational group therapy. This group therapy can cover a range of topics including but not limited to the following:

- role functioning
- leisure engagement
- work or vocational training
- interpersonal communication
- parenting skills
- medication management

- symptom management
- community navigation and re-integration
- relapse prevention
- emotional regulation and coping skills
- household safety
- personal safety and wellness
- laundry
- meal preparation and nutrition
- self-care tasks/ADLs

Goals must be within the capacity of the client.
Client's goals are generally set on 2 to 3 levels.
i.e. short term goals, intermediate goals, and
long term goals.



Model of practice and approaches

- Occupational therapists in mental health prefer to use the functional model of disability, in which the emphasis is on what the client can and cannot do, rather than any illness they may have.(world federation of occupational therapists 2006).



1. Humanistic approach

- The humanistic approach is the most common approach used by the mental health occupational therapist.
- In this approach, occupational therapist **tries to think what patients feel and what problems he/she has and which is the causing factor.**
- How to approach to the patient?

The therapist should start interviewing or treatment with the authoritative, assertive, affirmative manner. The therapy session must take place in a safe and uncluttered environment to avoid distraction. **The primary goal is to make healthy relation and a good rapport with the patient.**



2. Client Centred Approach

- There are possibilities that the patient's belief and attitudes may be different from the therapist. The patient may want to live alone or not ready to take any medication or not interested in participating in the group.
- This approach **helps to plan the activities according to the client's preference.**

- OT prefer to engage the clients in the whole process of change by allowing them to take more control of their lives.
- This approach may help the OT to make a therapist-patient partnership to be extremely creative in finding solutions to the most difficult problems.

3. Cognitive approaches

- Cognitive behavioural therapy (CBT) is a popular and evidence based psychotherapeutic approach, which focuses on five key areas.
 - Thoughts
 - Behaviour
 - Mood and emotion
 - Physiological response
 - The environment
- Cognitive behaviour therapy suggests that changes in any factor can lead to an improvement or deterioration in the other factors.
- For example, if we exercise (behaviour), we feel better (mood); if we feel nervous (mood), we may experience sweat more (physiological response); if we find large social gatherings difficult (social interaction), we may avoid them (behaviour).



4. Client-centred Group therapy

- Group therapy includes different subtypes of groups, they are – parallel, project, egocentric, co-operative and mature groups.
- Most of the groups fall into 2 categories. First is supportive and second is explorative.
- Supportive : strengthening ego, use of defence mechanism, help to cope with long term problems. E.g. chronic anxiety and depression.
- Explorative : Closed group, change attitudes, promote insight, resolve conflicts, integrate conscious and unconscious mind.

5. Physical Activity

- Physical activity positively influences depression, anxiety, emotion and mood, self-esteem and cognitive function.
- Physical activity and exercise have also been suggested as an adjunct treatment for other serious illnesses, such as schizophrenia and drug dependence.
- Evidence suggested that rhythmic aerobic forms of exercise such as brisk walking, jogging, swimming, cycling or dancing are most effective for overall health gain.



6. Anxiety management

- Anxiety has various causes in different age group. Anxiety management and relaxation techniques can be used to treat the patient with a mental disorder.

7. Reminiscence

- It is the process of remembering –especially the process of recovering information by mental effort.
- An occupational therapist can focus on past positive experiences to solve current problems. It helps in resolving conflicts or maintain self-esteem. As well as help to improve social participation. Material can be used to trigger reminiscence includes- videos, audio clip, and photos.



8. Reality Orientation

- It aims to stimulate people to relearn basic facts about themselves and their environment.
- The person is always addressed by his/her preferred name and cues, such as clocks, notice boards, and calendars can be provided.



9. Environmental Adaptation

- Occupational therapist also helps to adapt the person's environment to promote function at the optimum level.
- The occupational therapist can modify the environment by using the colour, plants or ornaments to act as environmental cues, in the patient with the problem of orientation, mood or thought.



10. Assistive technology

- Occupational therapist may prescribe assistive devices to improve the function of a patient.
- Assistive aids range from very simple tools, such as memory aids and simple to use telephones.



Occupational therapy Activities for patients with mental health

- An activity is at the core of occupational therapy practice. The occupational therapist uses a wide range of activities. It includes **personal care, everyday tasks, work related activities, and creative activities.**
- Everyday activities as a part of therapy allow the client to develop or regain skill to a necessary level of function. Learning a new skill can change the way in which a person sees himself, build confidence and enhance personal and social identity.
- For example, learning to operate a computer can help a young person to find work, and will raise his self-esteem.



Characteristic of OT activities in psychiatric setup:

- Structured activity preferred over unstructured.
- Short term activities.
- Simplified activities.
- Activities provide an outlet for hostility.
- Use familiar activities initially.
- Familiar activities bridges to new situations.
- Goal directed activities.
- Graded activities to meet clinical change.
- Activities include – crafts, art, and pottery, creative writing, table games.

- **Activities for intrapersonal issues-**
 - Use of projective activities – inner conflicts
 - Nonpersonalized project (that are not based on a user's past behaviour.)
 - Role playing and psychodrama – to express his/her hostile feelings.
- **Activities for interpersonal issues-**
 - One to one interaction
 - Unfamiliar activities with step by step instruction.
 - Trust and motivation.
 - Group therapy

- **Activities for self-esteem** (your overall opinion of yourself)
 - To foster the sense of personal worth and development of own standard of values, the patient is encouraged and give respect for expressing his feeling. As the session progresses decision making can be given to him.
 - Weight training and resistive physical exercise improve self-esteem. Increased muscle tone and body line lead to improved physical self-perception and body image.

- **Activities for Self-concept and Identity**

(identifies both personal and social identity)

- Body movements: dance, circle game in response to sound, rhythm, spot marching.
- Physical contact games and group activities like ball games.
- Touching parts of one's own body.
- Tracing a body- human form or drawing human figures.
- Clay modelling, painting body parts.

- **Activities for self-disciplines-**(the ability to push yourself forward, stay motivated, and take action)
 - Calculating attendance.
 - Game activities (with rules) like bingo, chess etc.



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