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Occupational Therapy in Community Mental Health

Objectives

- Review *Consumer Movement* and touch on major policy changes driving this movement forward now.
- Define The **Recovery Process Model** and its relationship to occupation
- Community Mental Health Programs
- The Occupational Therapy Role in community mental health

Why Community Mental Health

- Do OT's belong in the community?
- Do people with psychiatric disability belong in the community?
- What do people with psychiatric disability need to live in the community?
- Do people with psychiatric disability recover?

What is Recovery?

Medical model – DSM 5

- Identifies Schizophrenia as a continuum from Schizotypal personality to Schizoaffective disorder
- Identifies signs and symptoms that must be present for diagnosis
- Offers prevalence, prognosis, biological based etiology and the functional consequences – which is a comparison to “normal.”
- Typical treatment?
- Research focus?

What is Recovery?

DSM – 5 states the following regarding prognosis;

“The predictors of course and outcome are largely unexplained, and course and outcome may not be reliably predicted. The course appears to be favorable in about 20% of those with schizophrenia, and a small number of individuals are reported to recover completely. However, most individuals with schizophrenia still require formal or informal daily living supports, and many will remain chronically ill, with exacerbations and remissions of active symptoms., while others will have a course of progressive deterioration.

Longitudinal Studies of people with Schizophrenia over a 30 year period

- 73% led a moderately to fully active life
- 81% able to meet basic daily needs
- 68% display slight or no symptoms
- 44% employed competitively
- 21% to 57% moderate to full recovery
- Increases to 67% when studies focused on developing countries
- There is a full range of recovery – from absence of symptoms to continued incapacity.
- Symptoms and cognitive decline are noted within a very short time of the onset, after that there is no more decline.

Not a steady downward course

(Davidson and McGlashan, 1997)

Social Model of Disability

- Identifies that there is some form of impairment
- States that "normality" is socially constructed
- That the environment is what creates disability, not the impairment
- Proposes a model of human variation especially given that 1 in 5 people will have a disability before they reach age 65...then after age 65? "Temporarily Able-bodied"
- Everyone has basic human rights that must be guaranteed regardless of disability

People with Psychiatric Disability

- Nationwide there are over 500,000 people with psychiatric disability living in nursing homes. These are people between ages 20 and 65 and most transition to long-term status. (About 3% of all people with psychiatric disability)
- Others live in community settings with family
- Some live independently
- Others live in jails – between 44% and 64% of people incarcerated have a psychiatric disability
- Stigma, shootings, power of media, disadvantage with work, reimbursement for services, health care disparity

(Grabowski, et. al, 2010)

Policy Related to the Increase in Community Based Care in Psychiatry

- 1973 – Section 504 of the Rehabilitation Act
- 1990 – The American with Disabilities Act
- 1999 – The Olmstead Decision - Georgia
- 2009 – Money Follows the Person
- 2002 – New Freedom Commission
- 2011 – State's sued for on behalf of people living in institutions
- 2010 – 2014 – The Affordable Care Act

Currently the state of Illinois needs to move people out into the community. Goal of 4500 people with psychiatric disability by 2016. So far about 276 people.

Consumer Movement/ Psychiatric Survivor Movement

- Concept is consumers and family members
Drive the System of Care – involved in all aspects of planning and implementation
- Consumers as staff, colleagues and experts
 - Consumers on advisory boards, governing boards
 - Consumers **Direct** their own care
 - Consumers have rights to **reject** professional advice
 - Consumer run services

What is your definition of Recovery?

- From physical illness?
- From injury or medical incident (stroke)?
- From Addiction ?
- From Eating Disorder?
- From severe mental illness?

Model of Being In Recovery

(Larry Davidson, 2009)

1. Renewing Hope/Commitment to self
2. Being Supported by Others
3. Finding One's Niche in the Community
4. Redefining Self
5. Incorporating Illness
6. Managing Symptoms
7. Assuming Control
8. Overcoming Stigma
9. Becoming an Empowered Citizen

Resilience

(Yates and Masten, 2004)

Defined as "patterns of positive adaptation in the context of risk or adversity." This is a process, not a personality trait

- Competence (use resources to adapt)
- Adversity
- Assets (resources – social capital, money, housing, job, treatment resources)
- Risks
- Protective processes and vulnerabilities

Integrated Health Care

- People with mental illness have a life span that is 25 years shorter than the average
- People who are both living in the community but also coming out of nursing homes have on average 4 co-morbid diagnosis.
- 10 in 10 campaign by NIH for people with mental illness
- Affordable Care Act will improve health disparities for all people with disability through Medical Care Homes and Primary Care initiatives

Community Mental Health

- Financially supported through States and Medicaid
- Additional support through initiatives such as Money Follows the Person and the Community Choice First provision of the ACA – geared toward rebalancing payments toward community care.
- Most services are driven by contract agreements with the state and community providers (individual or organizations).

Community Mental Health

- Organizations are made up of teams of people. Teams depend on the service provided.
- Assertive Community Treatment
- Community Support Teams
- Psychosocial Rehabilitation Programs

- Teams include Nursing, Social Work, CADC, others with various degrees that qualify them as QMHP's in their state.
- Although people have all different levels of education, few have professional training in rehabilitation

Living Outside Schizophrenia

(Larry Davidson, 2003)

- At least one other person is crucial to recovery
- The simple yet genuine gesture of friendship makes a significant difference
- Give and take of friendship, rather than always taking. Helping someone out.
- "I wasn't out there by myself"
- When I do a good job it makes me feel good.
- Overcoming the despair of stigma, failure and negative symptoms.
- In a contest of wills with the world
- Fear of making mistakes

Trends with People moving out of Nursing Homes and Institutions

- Many report difficulty with ADLs and IADLs
- Many report loneliness and social isolation
- People desire connection with people who don't have a psychiatric disability
- Do not have an occupational identity, occupational participation, purpose in life

Resulted in a demand for Occupational Therapy Services.

Occupational Therapy Qualifications...

- Focus is not only on the impairment but also the person's environment and the occupations they wish to engage in
- Have an educational background that includes physical, medical and psychological training.
- OT is equipped to help with lifestyle changes - to address the health and wellness strategies into daily life activities

Where will OT's work

- This is not clinic work
- There are no clinic hours
- Billing for services will vary by state. The trend is to move toward paying for outcomes rather than services
- You work where the person lives – home, community, drop in centers, job...where ever they need you to be
- Focused on overcoming barriers to occupation

Look for jobs

- Look for jobs through the mental health authority of your state.
- Look for jobs for QMHP's in many states
- Know your states Medicaid rule for providers. Is occupational therapy included in the rule?
- Find OT's in your state that are working in mental health. Look on your state association websites or get involved in the forums for AOTA

Watch for trends in your state

Illinois is currently looking to hire Occupational Therapists on a large scale because they see the value given the law suits and the issues for people with psychiatric disability living in the community
Other states are also dealing with Olmstead and related lawsuits. They are watching Illinois and other states moving to community and consumer based services.

Take Home Messages

- Community Mental Health is fun! And what we are trained to do!
- It is a myth that you cannot get paid for your services. If they want you they will pay. Negotiate but DO NOT present yourself as better, instead do your homework and know how you will fit on the team to support the mission
- The door is wide open in Illinois – Come work with us 😊

If interested in working in Illinois

Contact Katherine Burson – Statewide Director of Rehabilitation Services for the Illinois Department of Mental Health

Katherine.burson@illinois.gov

Marcia Northern is director of Personnel and will keep a list of interested therapists. She will match therapists with community service providers as well as state hospitals if people have interest in working there

Marcia.northern@illinois.gov

See handout for application instructions

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