



The American  
Occupational Therapy  
Association, Inc.

*Occupational Therapy:  
Skills for the Job of Living*

**STATEMENT OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION  
FOR THE RECORD OF THE U.S. SENATE COMMITTEE ON INDIAN AFFAIRS OVERSIGHT  
HEARING ON  
YOUTH SUICIDE PREVENTION  
June 15, 2005**

The American Occupational Therapy Association (AOTA) submits this statement for the record of the June 15, 2005 hearing. We appreciate the opportunity to provide this information regarding the relationship of occupational therapy services to the prevention of suicide among youth and commend the committee for holding an oversight hearing on such a difficult but crucial social and public health problem. It is critical for Congress to understand we are facing an epidemic of youth suicide, and its devastating effects on individuals, families and communities cannot be overstated. Since the 1950's the suicide rate has tripled nationwide (Gutman, 2005). Nowhere is this epidemic more evident than among Native American communities which have incidence rates of youth suicide that are 2.5 times the national average and continue to rise (HHS, 2001). This hearing is critical to the development of a better and more effective plan of how to address the growing problem of youth suicide across the country and specifically among Native American youth.

The American Occupational Therapy Association represents more than 40,000 occupational therapists, occupational therapy assistants, and students of occupational therapy. Occupational therapy is a skilled health, mental health and rehabilitation service that helps individuals whose lives have been affected or could be affected by injury, disease, disability, or other health risk. The profession began in the early 20<sup>th</sup> Century in response to many identified societal needs including those of patients in mental health institutions who benefited from the new strategies used by occupational therapists. Clients who benefit from occupational therapy include infants and children, working age adults, and older persons who are dealing with conditions affecting their ability to engage in everyday activities or "occupations." Occupational therapy is a covered Medicare service for treatment of an illness or injury to recover or improve function. Occupational therapy is also a covered professional service under Medicaid, SCHIP programs, private health insurance, workers' compensation, and other programs including the Indian Health Service Act.

### **Why Occupational Therapists Are Concerned About Youth Suicide Prevention**

Occupational Therapists are skilled professionals trained to work with individuals and groups to improve their ability to perform daily activities or *occupations* necessary to function more effectively at home, school, work, or in the community. An important goal of occupational therapy is to help people lead more independent and satisfying lives. Nearly 30% of AOTA members work with youth either in school-based practice, early childhood intervention or other settings. This creates not only a deep concern and depth of understanding about the problem of youth suicide but a valuable point of access for interventions targeted toward prevention. When working with Native American communities, cultural competence, or an understanding of culture and meaning, is essential to all successful intervention strategies and are critical components of Occupational Therapy Theory. Occupational therapists are also trained at group and individual engagement and facilitation skills from a clinical perspective.



The skill set occupational therapists possess, as well as the fact that they currently practice in settings that would rightly be targets for new prevention programs, make their involvement essential to success. Along with other mental health providers, occupational therapists working in schools and communities on Indian Reservations and throughout the country stand ready to use their particular area of expertise to help reduce the prevalence of youth suicide.

### **How Occupational Therapy Can Help Prevent Suicide**

The causes of suicide are multifaceted and arise from a confluence of genetic, biological, psychiatric and environmental factors. Because suicide and suicidal ideation are brought on by many disparate factors, the treatment and prevention programs must be suitably broad. Occupational therapy has demonstrated an ability to improve an individual's independence by both improving their quality of life and raising their self-esteem. In fact, the action oriented focus of occupational therapy relates well to research on suicide prevention that supports the development and utilization of skills that help individuals manage their suicidal thoughts and behavior (Gutman, 2005). One intervention strategy for which occupational therapy is uniquely suited is the development of alternate activities in which the person having suicidal thoughts can engage in to reduce stress, distract and stop the obsessive cycle of negative and suicidal thoughts (Scheinoltz, 2005). Often participation in a previously prepared or planned activity can have a significant positive impact on suicide prevention. Occupational therapy can also help individuals to regain some level of independence and function to enable people to engage in activities or occupations that provide hope and a purpose to their existence. Occupational therapists are instrumental in raising suicide awareness for young mothers, students and families and can help people develop plans that specify emergency steps to follow if they or someone they know is demonstrating early signs of illness and suicidal ideation. For individuals previously diagnosed with mental illness and at elevated risk for suicide, OT's can help improve medication compliance which is a crucial part of reducing risk. Another pillar of occupational therapy practice that relates directly to building resilience and to suicide prevention is engaging people in activities of meaning and purpose to them personally. This approach leads occupational therapists to work closely with individuals in order to determine activities that are important to their daily lives; supporting those activities and facilitating success improves resiliency, self-esteem and reduces depression as well as feelings of helplessness and a lack of hope which are clear risk factors for suicide (Amini, 2005).

### **What Occupational Therapists Have Done Recently On Reservations Around The Country**

Occupational Therapists and Occupational Therapy Assistants are currently engaged in efforts to help restore independence and function for people and communities on many reservations. Beyond the work that is regularly done in academic settings all over the country, including reservations, some special projects and programs are currently underway related to substance abuse prevention and awareness as well as efforts to celebrate, support and increase greater community knowledge about Native American culture in areas surrounding Reservations. Specifically, in Nebraska on the Omaha Reservation, occupational therapists managed and participated in a successful project that taught the community about the brain, neurological function and demonstrated what happens when one abuses alcohol and drugs including the use of inhalants which is a significant problem with Native American youth as well as a nationwide concern. And also in East Moriches on Long Island, Occupational



Therapists developed a program that highlights Native American culture and values in order to educate the local non-Indian community (Burkhardt, 2005).

### **Recommendations:**

AOTA is concerned about youth suicide prevention in all areas of our country but realize that the rate of suicide among Native American youth exceeds that of all other racial or ethnic groups. Therefore priority should be given to target the population most dramatically affected by youth suicide. AOTA and our members want to offer our service and expertise to help address this social and public health epidemic of youth suicide. We believe that occupational therapy is an underutilized service that can meet and address the mental health needs of children and youth in schools and communities that are at elevated risk for suicidal behavior.

Among the many initiatives possible to improve suicide prevention, one that is not often discussed is the importance of trained mental health and medical service providers. Although lack of funding is a clear barrier to service provision on many Reservations and other medically underserved areas, the availability of qualified professionals is another significant issue. Title VII funding for allied health professional education is an essential part of any plan that will successfully improve the availability of trained professionals to practice in medically underserved areas. Although Title VII funding is not under the jurisdiction of this Committee, the effects of changes to that program will certainly be felt by individuals and communities under the oversight of this Committee. The need for professionals to carry out the initiatives that will hopefully be developed as a result of this hearing and the Committee's work in this area of youth suicide prevention is as pressing as the need for funding and leadership.

One area where the Committee can use its direct influence is to expand, in scope and funding, loan repayment to healthcare practitioners in the Indian Health Service Act. Currently, there is a loan repayment appropriation in the Indian Health Service Act that must be strengthened if the shortage of healthcare professionals willing and able to work in Indian Country is going to be addressed in a meaningful way. Another consideration, in terms of expanding the scope of opportunities available, would be expanding internship opportunities for medical and allied health professionals under the Indian Health Service Act.

AOTA thanks you for the opportunity to present this statement and thanks you for caring about the health epidemic faced by this Nation's youth and families. Please contact Tim Nanof, AOTA Legislative Representative for more information about occupational therapy and strategies for youth suicide prevention at (301)652-6611 Ext. 2100



The American  
Occupational Therapy  
Association, Inc.

*Occupational Therapy:  
Skills for the Job of Living*

## **References:**

Gutman, S.A. (2005). Understanding suicide: What therapists should know. *Occupational Therapy in Mental Health*, 21(2), 55-77

U.S. Department of Health and Human Services, Public Health Service. (2001). National strategy for suicide prevention: Goals and objectives for action. Rockville, MD: Author

(D, Amini, M.Ed., OTR/L, CHT, personal communication, June 21, 2005)

(A, Burkhardt, OTD, OTR/L, BCN, FAOTA, personal communication, June 16, 2005)

(M. Scheinholtz, MS, OT/L, personal communication, June 13, 2005)