Transitions in Mental Health

Slide 1:
This PowerPoint focuses on mental health and how the concepts are applicable across many different populations and life span transitions.

Slide 2:
There are many lifestyle habits and life events, that can have negative impacts on mental health. Some examples of these include stress at work, gender discrimination, social exclusion, unhealthy lifestyles, and poor physical health.

Slide 3:
Ask the audience: What are some ways that you can tell your client is having a difficult time with a transition? What might you look for? (sleep disturbances, appetite changes, increased anxiety, increased depression, lack of motivation, inability to feel pleasure in activities that used to be enjoyable)

Slide 4:
Example: A 50 year male with schizophrenia is transitioning from supported employment to regular employment as a dishwasher. The client reports that he has an increase in positive symptoms, specifically delusions and hallucinations, when he is working and they distract him and sometimes he gets behind on dishes. The client reports these symptoms started once he started his new job as a dishwasher and the symptoms make it difficult for him to work.

Slide 5:
The focus of service provision is no longer found in inpatient facilities which historically provided a more traditional role for occupational therapists. Likewise, outpatient services are focusing more on community-integration and are therefore scaling back on the clinic-based services that they provide.
These trends are redefining the role of the occupational therapy practitioners as this shift in paradigm for mental health service delivery offers us a myriad of opportunities as well as challenges to use best-practice strategies.
Some of the occupations that are focused on for recipients of services include:

- Mastering independence in ADLs and IADLs
- Successfully residing in community-based housing that offers the least restrictive environment
- Choosing, getting and keeping jobs
- Pursuing education, (i.e., literary, GED, post-secondary options)
- Achieving age-appropriate social participation
- Attaining a role as a community member
Slide 6:
*Ask the audience:* What activities do you think would be most impacted? Listed are some examples
- ADLs: bathing, hygiene
- IADLs: Parenting, management of medication, management of money, home management
- Education: cognition, problem solving
- Work: interests and pursuits, assertiveness, time management
- Play: social awareness
- Leisure: healthy hobbies and positive coping skills
- Social Participation: interpersonal skills, assertiveness
- OT practitioners can help by adapting the environment at home, work, and school to promote an individual's optimal functioning
- OT practitioners can use these areas as a means for intervention strategies.

Slide 7:
Impact of mental health on our roles (some key areas):
- leisure
- self care
- social participation
- promoting, preventing, and adapting to change in mental health

Slide 8:
Recovery is the new frontier in community-based mental health services. It emphasizes the benefits for the individual to strive to become re-integrated within their community of choice by accessing as many non-clinical services as possible. The philosophy emphasizes the relationship between participation and well being and identifies some key factors that can enhance the recovery process.

Slide 9:
The Patient Protection and Affordable Care Act (aka ObamaCare) has several provision related to mental and behavioral health.
- Insurers cannot refuse coverage to an individual with a preexisting condition (including mental illness)
- Preventative services are provided at no additional out of pocket cost
- Mental and behavioral treatment one of 10 essential benefits required in new insurance policies sold on the federal health exchange as well as to patients on Medicaid.
- Children may remain on their parent’s health insurance until 26 years of age. This is important for mental health as many mental illnesses and substance abuse develops in young adults.

MHPAEA
- Requires the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care.
American with Disabilities Act
- The federal rights of persons who have disabilities as it pertains to public access, employment and education
- Although often seen as accommodation for people with physical disabilities, the ADA applies equally to individuals with physical and mental illness

IDEA
- Federal law that mandates all children, including those with mental illness, have the right to a free and appropriate public education in the least restrictive environment
- Provides supportive services for children in school

Fair Housing Act
- Prohibits discrimination in housing

State Laws
- Example- Timothy's Law in New York State provides parity for both inpatient and outpatient mental health services

Slide 10:
The focus on occupations, client factors, performance skills, performance patterns, context (and environments) and activity demands (from the OT Practice Framework) is very consistent with the philosophy of ‘recovery’ embraced by other disciplines.

Slide 11:
Less reliance on the medical model and more reliance on the recovery model and community-based services. A primary goal of the recovery model is to facilitate resiliency, health, and wellness in the community of the individuals choice, rather than to manage symptoms.

Peer support/peer advocacy: Individuals who are recipients of mental health services and have been successful in recovery, provide input in the planning, development, and evaluation of services.

Trauma-Informed Approach: The trauma-informed approach was designed to address the consequences of trauma in the individuals and facilitate healing.

Slide 12:
Personnel shortages: not enough professionals, especially OT practitioners
Students who identify an interest in mental health practice have a difficult time obtaining intervention settings for training
Funding: Limited resources for mental health budgets. Only negligible amounts are invested in promotion and prevention of mental health and mental illness.
Stigma and discrimination: Stigma is the main contributor to discrimination and exclusion.
Burden: High prevalence. Mental health problems affect about 25% of our population
Slide 13:
Ask the audience: What can OT practitioners focus on when working with clients who are having a difficult time with a transition? See below for ideas
- Teach health coping skills to deal with stress, anxiety, depression, and other mental health symptoms associated with transitions
- Identify and implement healthy habits, rituals, and routines to assist with healthy and smooth transitions
- Help clients to manage money, time and other tasks
- Encourage long-term planning and goals in addition to short-term
- Help clients to identify personal values, needs, desires, and goals

Slide 14:
The emphasis of social and community aspects of transitional mental health services includes consideration of both prevention of negative events and the promotion of positive events.

Slide 15:
Ask the audience: How might we prevent these things?
- Coping Skills
- Stress management
- Emotional regulation
- Vocational pursuits and training
- Role competence
- Increasing social support (peers and family if possible)
- Fostering positive self esteem and positive relationships
- Money management

Slide 16:
For promotion this means encouraging active involvement in various occupations and meaningful activities that will support recovery.

Slide 17:
- The COPM is an interview used to assess a person’s level of skill and satisfaction within three domains of function: self-care, productivity, and leisure.
- The BDI-II is a self-report questionnaire used to assess the severity of depression.
- The RTI is a performance rated scale that assesses one’s proficiency with ADLs & IADLs.
- The TWI is a self-administered inventory used to explore both work and leisure interests.
- The ACIS is used with adults in a group format to measure communication & interaction skills.
- The AIPSS uses videotaped samples of social behaviors and the person being assessed is asked questions to interpret what they viewed.
Now we will examine a case scenario, “Bernardo” in order to apply some of the tools and concepts we have discussed in the previous slides. The main focus of this example is not the physical limitations but the psychosocial effects experienced from life-altering changes.

Bernardo is experiencing some anxiety due to the stress his wife is under from working full-time at her job and fulfilling the role of Bernardo’s main caregiver. For this very reason, he is highly motivated to get back on track and do whatever it takes to return to work.

Ask the audience: What other challenges do you think Bernardo may be faced with?

The OT practitioner must build a strong rapport with the client so that while increasing their awareness into their condition you emphasize the fact a new life, although different, is not a bad life. The OT practitioner must work with the client so that they may still continue to engage in meaningful occupations in order to maintain a positive self-esteem.

Environmental assessment performed at work to discover new opportunities

Here is a second case study for you to develop ideas and a discussion. There will be a background but we would like you as a group to develop goals, strengths, weaknesses, OT practitioner role, and positive outcome for this case study.
What are some strengths Vanessa has?
- high school diploma
- supportive and stable family
- Vanessa does have friends from high school

What are some challenges that Vanessa has?
- lack of motivation
- poor grades in high school
- weak social support
- history of mental illness in family

What goals would you make for Vanessa?
- STG (These are suggested goals for Vanessa, they are just possible ideas)
  - Apply to the three jobs
  - Apply to a local community college
  - Develop 1 new hobby
  - List 3 healthy coping skills that can be used to decrease feelings of anxiety and depression
  - Exercise for at least 30 minutes 4 times a week for 2 weeks
- LTG (These are suggested goals for Vanessa, they are just possible ideas)
  - Obtain employment in a position that Vanessa expressed interest in.
  - Maintain employment at one job for at least 6 months.
  - Take 2 classes at community college
  - Partake in hobby for at least one month
  - Partake in 3 coping skills for at least 2 weeks and journal at least 4 times a week to discuss how you feel after you use the coping skills
  - Exercise for at least 30 mins 4 times a week for one month

What is the role of the OT working with Vanessa?
- The role of the OT practitioner working with Vanessa is to focus on meaningful occupations with her. The OT practitioner can help Vanessa to develop more meaningful and healthy hobbies as well as coping skills to help her to decrease her anxiety and depression. The role of the OT practitioner is quite a major one since Vanessa really needs to be more motivated to be more independent and responsible as she transitions into adulthood. By helping to develop meaningful occupations, Vanessa will be able to make this transition much more easily. The OT practitioner can make Vanessa goals that are measurable and obtainable to help motivate her. These goals will be client centered and holistic.