OCCUPATIONAL THERAPY IN MENTAL AND BEHAVIORAL HEALTH
AOTA is the national professional association established in 1917 to represent the interests and concerns of occupational therapists, occupational therapy assistants, and students of occupational therapy and to improve the quality of occupational therapy services. AOTA represents 213,000 occupational therapy practitioners and students in the United States.

AOTA’s major programs and activities are directed toward assuring the quality of occupational therapy services; improving consumer access to health care services, and promoting the professional development of members.
What is occupational therapy?

**OT** services center around the ability of one to participate meaningfully in occupations (education, play, leisure, work, social participation, activities of daily living [ADLs], instrumental ADLs, sleep and rest) within a variety of environments, such as school, home, community, work, residential, and health care settings.

The actual “doing” of occupations is believed to be transformative, promoting adaptation, creating personal and social identities, connecting people to their communities, and enabling ongoing personal growth and development.
# Professional Requirements

| Occupational therapists have earned either a clinical doctorate or a Master’s degree, receive certification from the National Board for Certification in Occupational Therapy (NBCOT), and are licensed in all 50 states | Occupational therapy assistants have earned an Associate’s degree, receive certification from NBCOT, and are licensed in all 50 states. Can deliver OT services under the supervision of and in partnership with an occupational therapist. |
OT in Mental Health

Occupational Therapy is a component of interdisciplinary care that complements mental health treatment.

OT practitioners are trained to:

- Identify the specific individual and environmental changes necessary to achieve goals
- Use strengths-based strategies for improving functional capacity across an array of domains based on consumer priorities
- Address health and wellness needs, recovery support, and social determinants such as housing and educational/vocational goals
Why OT in Interdisciplinary Teams?

+ Improve day-to-day independent living skills and functional capacity to mitigate the impact of mental illness

+ Bring the coping skills learned from treatment into people’s daily lives

+ Reduce symptoms of mental illness through engagement in healthy roles and routines
What do OTs DO?

Occupational Therapy is highly person-centered and consumer directed.

Practitioners identify individual goals, engage around strengths and address the areas of deficit in a manner that complements clinical treatment for mental health and addiction.

- **Cognitive Assessment:** identifies barriers to activities such as taking medication, completing activities of daily living, participating in certain types of cognitive therapy, etc.

- **Functional Assessment:** identifies what motivates successful functional performance for a specific activity, breaks down all of the tasks into distinct steps that can then be practiced.

- **Sensory Profiling:** determines sensory processing patterns and intervention strategies to develop interventions that match client needs and environmental demands.

- **Goal setting and Skill Development:** Develop goals and implement interventions based around activities that have been identified as meaningful to the client.

- **Strategy Training:** practice for those activities that are particularly problematic, with slowed down problem-solving at each step.

- **Activity-based social skills interventions:** group interventions designed to improve social behaviors and decrease problematic behaviors.
OT practitioners were originally part of the integrated team for the Assertive Community Treatment (ACT) model to serve those with Serious Mental Illness.

Occupational therapists are identified as one of the professionals that may be represented among a team of professionals in Certified Community Behavioral Health Centers (CCBHCs).

Occupational therapists were also included among the professions to be considered for integrated multidisciplinary teams by applicants for SAMHSA’s 2015 Primary and Behavioral Health Integration (PBHCI) program.
How OTs Work

OT practitioners help people resume past roles or master new ones by:

1. Identifying concrete goals, assessing capacity and identifying barriers
2. Goal setting and skill development
3. Promoting participation
4. Improving performance
   - Design the compensatory strategies and accommodations based on individual needs
   - Use activity analysis to break down the skills so that they can be gradually mastered

<table>
<thead>
<tr>
<th>Examples</th>
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<tr>
<td>☑ Treatment engagement</td>
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<td>☑ Improved medication adherence</td>
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<td>☑ Employment and Education</td>
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<td>☑ Wellness and health promotion in integrated care</td>
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<td>☑ Structured wellness planning for peer support specialists</td>
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<td>☑ Health promotion for older adults</td>
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<td>☑ School-based mental health promotion</td>
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<td>☑ Identifying and intervening with those experiencing First Episode Psychosis (FEP)</td>
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<td>☑ Transitions from institutional settings to community living</td>
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<td>☑ Services for Veterans</td>
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Wellness Programming

**OT practitioners can:**

- Assess functional capacity
- Develop individualized programs and materials
- Create a stepwise, manualized framework for all kinds of skills, (e.g. any activity of daily living).

**Support Peer Leaders**

- Co-lead wellness groups with a peer and then provide support and assistance for the peer to take over the group
- Guide the approach for an individual who is not doing well,
## Evidence based OT Wellness Interventions

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<tr>
<th>Nutrition and Exercise for Wellness and Recovery</th>
<th>Whole Health Action Management</th>
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<tr>
<td>![Checkmark] <strong>NEW-R</strong> is designed for persons with mental illness who are overweight or obese</td>
<td>![Checkmark] <strong>WHAM</strong> is intended for peer delivery</td>
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<tr>
<td>![Checkmark] Eight week program is focused on “being intentional”</td>
<td>![Checkmark] Encourages increased resiliency, wellness, and self-management</td>
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<tr>
<td>![Checkmark] Changes in intake, being aware of what you eat, and physical activity</td>
<td>![Checkmark] Groups promote mutual support as individuals work toward achieving and maintaining their health goals.</td>
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School-Based Interventions

- Activity-based social skills interventions improve social behaviors and decrease problematic behaviors.

- Promote positive behavior and building social support for all children, while nurturing those with special needs and identifying those at risk for mental health problems.

- School-based stress management programs, during and after school, have demonstrated the ability to decrease stress and increase coping skills.
Supported Employment and Education

Identify individualized compensatory strategies and accommodations to support individual success

Supporting paid and unpaid employment and education

- Cognitive Training
- Social Skills Training
- Improve independent living skills
- Compensatory Strategies and Accommodations

Address “wrap around” skills such as self-care, following a scheduling, and taking public transportation

Set goals for targeted skill development. Use of activity analysis to break down required skills
**First Episode Psychosis (FEP)**

<table>
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<th>Psychosis symptoms often lead young adults to suddenly isolate themselves and lose relationships as well as involvement in preferred activities</th>
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<tr>
<td>OT focuses on functional performance and occupational engagement—staying in school, keeping a job, maintaining relationships</td>
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<td>Those experiencing a FEP who remain engaged have a better chance of avoiding long term disability.</td>
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<td>Non-pathologizing and solution-focused occupational therapy interventions may be more readily received by young people</td>
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*AOTA® The American Occupational Therapy Association, Inc.*

*Living Life To Its Fullest® Occupational Therapy*
Transition Planning and Support

Enhance care coordination and discharge planning for people leaving the hospital or transitioning from institutions to independence

Improve health literacy

Identify and address deficits that can lead to readmission

- Accommodate cognitive impairments
- Identify and address visual impairment
- Improve independent living skills

Support the development of self-management skills—including medication management and ADLs—and plan for contingencies
Veterans Services

OT has long been utilized in Veterans Administration (VA) hospitals

OT practitioners can bring an understanding of traumatic brain injury interventions to the community-based mental health setting

Innovative approaches to high-adrenaline, pro-social activities can promote enhanced engagement and improved outcomes
Why OT in MH?

- Practitioners bring unique skills, capabilities, and perspectives
- Spans the boundary between the behavioral and medical arenas
- Understands how mental illness and substance use disorders impact people’s functioning within their daily lives
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