OCCUPATIONAL THERAPISTS LEAD RECOVERY THROUGH OCCUPATION

By: Karen Leckie

April 2011
Community mental health programs have failed to meet the needs of individuals who are living with severe mental illness or who are on the road to recovery. Many of these individuals have become severely disengaged as a result of their mental illness and remain so as a result of a lack of support for re-engagement in daily activities and occupations. This poor activity health leads to further disengagement and subsequent isolation and lack of community participation, which is counter productive to recovery. An understanding of occupation is key to this topic in that activity health is not about the practitioner ‘doing’ to the person rather actively supporting the individual to break out of their inertia (Davidson, 2010) and to engage in those occupations that will allow them to be contributing members of their communities. In order to do this, one must understand what occupation is and how to effectively engage another in it. Occupational Therapists recognize the importance of engagement in occupation as a means and not just an end along the journey to recovery. Engagement in meaningful occupation is believed to promote [mental] health and recovery (Rebeiro, 1998). As Occupational Therapists we understand the power of occupation. We believe that participation in meaningful occupation is a resource for everyday life Polatajko et al., 2007) that “sick minds, sick bodies and sick souls may be healed through occupation” (Dalton, 1919 as cited in Polatajko et al., 2007). As enablers of occupation, Occupational Therapists are well suited to play a leading role in program development to support individuals to re-engage and to promote activity health. Enabling individuals struggling with severe disengagement to discover their untapped occupational potential and experience occupational justice is the corner stone of the workbook, Action Over Inertia, written by Occupational Therapists and recently published by the Canadian Association of Occupational Therapists.

A 16-year old boy drops out of school when he feels he can’t cope with the pressure to get good grades and meet his father’s high expectations. Two or three failed attempts to return and his parents ugly divorce later that boy is in hospital. Questions of depression, anxiety, bi polar are raised
but nothing seems to fit quite right. After many different drug combinations and tests he is diagnosed with schizophrenia. After 9 months he is finally stable and able to return home. Several more attempts to return to school fail as a result of medications which make it difficult for him to get up in time and an inability to stay focused and motivated. At this point his friends have all moved on, he is not comfortable going to church, he has given up soccer and music, two things that used to be of great importance and does not know what he is to do with his time. What will happen to this boy? Now stable, what is stopping him from re-engaging in the occupations he used to enjoy? How can he break out of his inertia?

*“Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community”* (World Health Organization, 2007). In order to achieve this state individuals living with mental illness, especially those with severe mental illness must be actively engaged and supported in their journey of recovery and well-being. The complexity of bio-psycho-social factors that impact one’s mental health means the mental health care system must address a very wide range of issues (Mental Health Commission of Canada, 2009). The deinstitutionalization of those living with mental illness has resulted in an increased need for effective and efficient supports. North American and European mental health policy makers and service deliverers failed to focus on the meaningful occupational lives of this group of service users when implementing the process of de-institutionalization (Edgelow, 2008b). “The benefits of process or actual engagement in occupation-as-means to treating the whole person was relinquished to a focus on measurable outcomes and the goal of functional ability.” (Diasio, 1971; Johnson, 1971; Mosey, 1971 as cited in Rebeiro, 1998). In a time when severely mentally ill individuals were institutionalized, their occupational activities and routines were structured and cued rather then spontaneous and self-initiated as is required when living in the community. Traditional as well as
more novel evidence based approaches used in clinical and community mental health practice aimed at enhancing full community participation do not always benefit those living with mental illness who demonstrate exceptional disengagement. These individuals are sometimes deemed unsuitable to be involved and are sometimes unable to see themselves with a future of meaningful occupations (Krupa, Edgelow, Chen, et al., 2010). The Mental Health Commission of Canada (2009) states that creating a person-centred, integrated system to effectively meet the needs of the severely mentally ill population will require innovative approaches. Leaders in the mental health field are needed to design and develop evidence-based approaches for working with and enabling consumers of the mental health system to achieve a state of mental health recovery.

Despite a decline in provisions for occupational therapy services, leaders in this field have developed an innovative intervention approach that addresses the lack of services aimed to improve activity health of those living with severe disengagement. Occupational therapy offers the most experience and expertise in issues of everyday life with which other health care providers and clinicians in psychology are just starting to grapple with (Davidson, 2010). This paper discusses Action Over Inertia, a workbook compiled to guide individuals living with severe mental illness and resultant disengagement.

Action Over Inertia (2010) is a novel program developed by Occupational Therapists for Occupational Therapists (and others working in the field) in an effort to meet the challenges faced by practitioners working in the mental health system. “Recovery defines consumers, not as passive objects of treatment, but as active participants – along with their families and caregivers – in creating and maintaining their own mental health. Recovery focuses on wellness rather than illness. Recovery is not a cure. There is no timeline. It is living life to the fullest despite challenges” (Canadian Collaborative Mental Health Initiative, 2006). As noted by Davidson (2010), Action Over Inertia is an approach that is not only consistent with the recovery paradigm but is a glimpse into what we can
expect from the paradigm in the future. Participation in meaningful activity (occupation) is a significant part of recovery for people with serious mental illness. However, research consistently shows that this aspect of recovery is not being addressed. There are few which service providers can use to support consumer/survivors to address this issue (Edgelow, 2008a). *Action Over Inertia* is an “occupational time use intervention” which is designed to enable those living with mental illness to increase their time spent engaged in meaningful occupations, the goal is to increase a consumer/survivor’s sense of well-being and health (Edgelow, 2008a). *Action Over Inertia* is a step by step guide to implementing an activity health based intervention. It provides instructions and strategies for working with a client, such as the 16 year old young man introduced earlier; worksheets to help guide therapy sessions and action plans, and provides relevant assessment and evaluation tools to be used both for clinicians own personal reflection and for evaluating clients’ progress. See Appendix A, B and C for client worksheets that can help a client reflect on their current activity patterns, the benefits of current activity patterns and what others say about their activity patterns respectively (Krupa et al., 2010). Included with the workbook is a CD containing electronic copies of the worksheets and resources for easier use and mobilization of resources. The authors do encourage users to develop their own resources and utilize their own creativity and leadership potential to deliver messages about activity health to colleagues and clients a like.

These resources can be especially useful when reflecting on one’s actions and for self-assessment. It is often difficult to know if ones message is being heard and to determine if a specific approach to communicating an initiative is effective. Conveniently, *Action Over Inertia* includes worksheets specifically designed to assess activity health at both personal and system levels. See Appendix D for worksheets which can be used as a self-assessment of activity engagement and Appendix E for a worksheet to be used could be used to assess activity health at a program level including changes overtime (Krupa et al., 2010).
This program is a prime example of leadership in Occupational Therapy in mental health. Following the LEADS in Caring Environment Framework (Leaders for Life, 2010) one can clearly see how the authors of Action Over Inertia have taken on a leadership role. Dr. Terry Krupa and colleagues began working on Action Over Inertia with a two pronged goal – to raise awareness about the importance of activity health and to provide clinicians with a readily available, evidence-based resource outlining strategies to assist clients in improving their activity health. It is obvious that they individual values and principles would influence their work but more importantly they shared assumptions, principles and values about occupation and engagement as core elements to health and well-being are evident. By incorporating a case study to guide readers through the book, the authors effectively catch one’s attention. Immediately strategies have a stronger meaning as they are demonstrated through the use of a real case. This direct application of the program brings an element of veracity that is not always evident in intervention descriptions.

The clinician/researchers involved in the development of Action Over Inertia have taken it to the next level by engaging others through the distribution of the intervention manual and encouraging those with access to the book to mobilize the materials broadly. “The workbook was created by occupational therapists, for occupational therapists and other service providers, interested in addressing the disengagement from meaningful activities in daily living experienced by so many individuals living with serious mental illness” (Ontario Society of Occupational Therapists, 2011). Terry Krupa and others are working to foster the development of other by providing seminars and workshops which are designed to coach and teach others about the program. In order to achieve results, direction was set and the initial version was tested in a randomized control trial using clearly defined outcomes. The program’s vision was clearly stated and future decisions remained aligned with this and the over all vision and values of Occupational Therapy itself.
In order to achieve more effective results and increase credibility, these leaders developed coalitions and they strategically sought input from important people in their fields. For example, Larry Davidson, a well-known expert in recovery and mental health, wrote the Forward for the workbook. In purposefully building this partnership and securing his stamp of approval the credibility of the intervention was reinforced. (Krupa, personal communication March 25, 2011). Their commitment to service is noted in their desire to saturate the field (of mental health) with their materials rather then restricting their works through the imposition of copyright. The workbook was intended to be a resource that builds on and compliments the efforts of those working with those living with mental illness in the area of occupation and to inspire further innovation in the area of health through activity (Krupa, Edgelow, Chen, et al., 2010).

Finally and perhaps most importantly the leaders who developed Action Over Inertia strived towards Systems Transformation. The Action Over Inertia was developed by a team with extensive experience and expertise in the area of serious mental illness (Edgelow, 2008b), who shared a vision, to make activity health a public health issue and in turn improve the recovery of those suffering from severe disengagement as a result of mental health challenges. This vision is in tune with the current trend towards long term recovery for this population as well as advancing mental health world wide. The vision upholds the traditional Occupational Therapy value that meaningful occupations, simply those occupations that are important to the individual, have been shown to positively influence well-being, allow for self expression, and contribute to and maintain personal identity (Rebeiro, 1998). Successful engagement in meaningful occupation by improving activity health goes beyond traditional pharmacological and talking therapy to truly address all bio-psycho-social factors affecting health and specifically activity health. The workbook is a call to Occupational Therapists to truly engage people as partners in enabling their own opportunities and in shaping their own potentials to realize this population’s (severely disengaged as a result of mental health)
potential for quality of life (Townsend, 2010). By including a chapter entitled “Focusing on activity health to inform service development”, Action Over Inertia writers encourage and support innovation aimed at systematic change and apply their best practice to help shape a better (mental health) system. The program addresses a pressing issue in Canada’s Mental Health System and action based research was used to ensure reliability and validity.

When asked to comment on her work with Action Over Inertia and its leadership potential Dr. Terry Krupa (personal communication, March 25, 2011) provided the following account:

“I have had the idea of this workbook brewing for many, many years. I think the "leadership" aspect comes through most clearly in the final chapter of the book. The occupational lives of folks with serious mental illness can be abysmal. It is a national tragedy. Yet, it is difficult to have it taken seriously. I think it is because these folks are so socially marginalized that they are easy to discount and ignore in our service systems. The book was our effort to bring attention to the issue by articulating the issue clearly, by making activity-health a public health issue, and by developing a well articulated intervention that could be discussed, replicated and "tested". This latter element (testing) in particular has the power to grab the attention of the service system. The book is also meant to provide therapists with well defined strategies on raising the profile of this issue within the service system (Chapter 7). The first thing we did when we developed the initial version was to run a randomized control trial -again the highest level of evidence - according to the system. You will see that we also strategically sought input from important people in our fields. Larry
Davidson in particular is a well known expert in recovery and mental health, and securing his stamp of approval in the preface was purposeful. You will also note that the book comes with a CD that has the handouts available for printing. We were of two minds here. Most resources impose considerable copyright and restrict access to such materials without purchase. Although we encourage the purchase of the book so that people can benefit from the contents, we have been quite vocal that the materials should be shared broadly - in order to ensure that they get to the people who need it. We knew that the profile might be raised by taking the "restricted" road (in a sense you become an "expert" or a "leader" because people buy your works). We decided that we would try the alternate route - to saturate the field with the materials. We will see if that works. Finally, the book challenges OT's to become leaders by becoming secure in a knowledge base related to the issue. By the way, the case of Alex is real - a fellow I worked with some 25 years ago. I wish I could meet him now.”

Dr. Terry Krupa highlights some important elements of the workbook that were intentionally included or considered in order to ensure its success and therefore enhances its leadership capability. She notes that in ‘testing’ using a randomized control trial the results had “the power to grab the attention of the service system” and that the workbook aims to provide “well defined strategies on raising the profile of this issue within the service system” (personal communication, March 25, 2011). Most interestingly is she states the workbook challenges clinicians to become leaders in this area themselves by securing a knowledge base in the area of activity health and it’s
importance in mental health and recovery. In effect the hope is that this book will enable not only clients to live more meaningful and engaging lives but enable clinicians to promote activity-health as a public health issue and implement the strategies from *Action Over Inertia* to positively impact population health.

Megan Edgelow BSc OT, MSc Rehab, co-researcher and co-author of the *Action Over Inertia* intervention and workbook also provided the follow account, highlighting *Action Over Inertia* as a leadership initiative (personal communication, March 28, 2011):

“It is exciting to have you think of “*Action Over Inertia*” as leadership in the area of mental health practice. When I came to Queen’s in 2008 to work on my Master’s of Rehabilitation Science with Dr. Terry Krupa, I knew I wanted to be part of the creation of something tangible in the area of mental health practice. Having previously worked in Alberta as an OT with clients who had serious mental illnesses, I found myself frustrated with a lack of published OT interventions to address the occupational needs of this population.

When Dr. Krupa suggested we work with community clinicians to create a workbook that would focus on enabling occupational engagement for this population, I was excited to participate. In creating the workbook, we simply put the best practices in the area into a format that is easily accessible to both clinicians and their clients.

*Action Over Inertia* could be considered leadership in the field not because it is new material, but because it takes what we know about the power of occupation, and channels that power into a program.
Hopefully, it inspires clinicians to think outside its pages, to create their own worksheets and modify its content to suit their clients and context.

*Action Over Inertia* is really just a starting point for clinicians and clients, and is meant to enable a dialogue regarding the power of occupation, and set forth a path to enablement. Clinicians are the real leaders, taking what we are offering, and bringing it to their clients, colleagues and communities.”

Megan’s words offer insight from a different perspective. Her comments reveal how her personal experiences provided her with a drive “to be part of the creation of something tangible in the area of mental health practice” (personal communication, March 28, 2011) in order to address a gap in Occupational Therapy practice literature. By putting the best practices in this area into an easily accessible and tangible format for both clinicians and their clients Krupa, Edgelow and their colleagues challenge users of the book to be leaders themselves, to discuss the power of occupation and how it can impact their clients, colleagues and communities. In a sense the book is a means to empowerment. Not only does it serve as an avenue to share the power of occupation with clients thereby empowering them to live meaningful lives and contribute to their communities, *Action Over Inertia* empowers clinicians to become advocates and leaders in activity health as part of mental health promotion.

As Occupational Therapy students, eager to find our niche in an ever changing and increasingly competitive health care system we need to recognize the unique skills and abilities we have to offer. These skills allow us to be leaders in our practice areas and to advocate at a systems level about the power of occupation and the integral part it plays in [mental] health. As the authors of *Action Over Inertia* suggest, this workbook is a stepping stone, a starting block, ready to be leaped
from. It is a challenge to all those working with individuals, like the 16 year old living with schizophrenia, who have become severely disengaged for whatever reason (mental illness, neurological insult etc.) to embrace the power of occupation and activity and run with it, spreading its power to individual clients and throughout the system. Occupational Therapists have, and will continue to play an important role in supporting those living with mental illness, *Action Over Inertia* provides an evidence-based, user-friendly way of supporting therapists in solidifying their role and others about the importance of activity health on the journey towards recovery.
Postscript: In order to write a paper which is not only insightful but motivational it is important to first develop a plan. The Canadian Practice Process Framework (CPPF) can be used to guide one’s thinking. In writing this paper I used this framework by entering to this assignment with an open mind. I wanted to write on a topic that was relevant and meaningful to myself. I knew in order to do a good job I would have to be interested in the topic and be inspired. Mental health has impacted my own family closely. At the age of 16 my cousin was hospitalized after a ‘psychotic episode’ and was later diagnosed with schizophrenia. His journey to recovery has not been aided by an Occupational Therapists and I feel strongly that all those involved in his care could have and still would benefit from Occupational Therapy services. In talking with Dr. Cockburn I was surprised and excited to learn about a new evidence-based workbook developed by Occupational Therapist on the topic of activity health for individuals living with schizophrenia and other severe mental illness. Because it was relevant to my personal mental health experience, Action Over Inertia caught my attention and I knew I would like to research this topic further.

In order to set the stage I first wanted to look at this topic broadly. What is activity health, how does it relate to mental health and what role does occupational therapy play in promoting mental health? I learned that since deinstitutionalization, a time when those living with mental illness lived highly structured lives and had limited ability to explore their occupational repertoires, there has been a lack of published work on how health care providers can effectively assists individuals develop their own occupational repertoires now that the system is focused on long term recovery in the community. I discovered that although often used interchangeably the terms, occupation and activity hold different connotations; occupation is a personal and subjectively experienced event, while activity represents a more common sense of meaning (Edgelow, 2008b).

The next step was to formulate my objectives for this paper and come up with a plan. I decided to focus on Action Over Inertia as an example of leadership in practice. I wanted to write a
paper which provided the reader with a resource for their practice as well as highlighted leadership by Occupational Therapists. I felt this was a good fit and a reasonable challenge based on the timeline and resources available. I would need to get a copy of the workbook and research related literature as well as potentially contact the lead authors to obtain personal comments. In order to make this work I would need to be aware of my personal values and perceptions, actively engage in learning and develop some mastery in this area. I wanted to engage others and determine the most effective way to write my paper to communicate my ideas.

I set direction in order to achieve results by looking at the big picture first and then honing in on my topic. Finally I developed my own coalitions by contacting the lead authors of the workbook in order to get their opinions and support for my paper. After putting my plan to action, I constantly evaluated how I was doing in terms of incorporating important aspects that were required. I realized that sharing all the important and valuable things I had learned about activity health and the Action Over Inertia workbook would require more than a written assignment. I feel that I have accomplished my stated goal of presenting Action Over Inertia as an example of Occupational Therapy leadership in mental health. By following the steps of the CPPF I was able to systematically identify an appropriate topic related to leadership in mental health and Occupational Therapy and then put together a paper which will hopefully provide future students in Occupational Therapy with an inspiring message and the motivation to be leaders in mental health.
References


ICBC recognizes the value that occupational therapists bring to the recovery process. By working together, we can help achieve the best possible outcomes for our mutual customers. Changes to invoicing and reporting. ICBC has simplified the way you request and invoice for treatment through our new web-based application, also known as the Health Care Provider Invoicing and Reporting (HCPIR) application. In order to use the HCPIR, a vendor number is required. If you are an approved occupational therapist, you already have a vendor number. To find out how to locate your vendor number, please visit An occupational therapist is someone who enables people to become more productive and overcome obstacles when experiencing difficulties attempting to do everyday activities. They do this by helping patients with injuries, illnesses, or disabilities develop, recover, and improve the skills needed for daily living and working. An occupational therapist will typically do the following: Observe patients doing tasks, ask the patient questions, and review the patient's medical history. Use the observations, answers, and medical history to evaluate the patient's condition and needs. Occupational therapists who work with the elderly help their patients lead more independent and active lives.