Recovering Mental Health Service Delivery
– OTs driving recovery philosophy to practice

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Fertile ground for OT

Guiding frameworks: recovery, community capacity building, occupation

Recovery and OT frameworks – pieces of the same puzzle

Vignettes

Nourishing and exercising the cow
Objectives

- Brief theoretical discussion
- Use of vignettes/case examples
- Build the bridge between theory & practice
- Secondary gains ➔ enhance the OT profile in MHS
Themes

- Living and breathing recovery (strengths & stories)
- Capacity building (making it stick)
- Occupation & valued roles
**Recovery defined**

- Individual journey separate from illness identity
- Ownership
- Key elements

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<th>Internal factors</th>
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<td>Access to professional assistance &amp; choices</td>
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Strengths Approach

- Use of strengths & skills
- Client ownership of goals
- Developing inner resources & community supports
- Therapeutic alliance critical
- Several tools & resources
- Management to direct client care levels

Barry, et al., 2003; Marty, et al., 2001; Rapp & Goscha 2004;
Key components of therapeutic alliance

- A catalyst
- Conscious use
- Two parts:
  - (a) Engagement (location, conversational style, concrete task)
  - (b) Relationship (empower, contextualise, self-disclosure, accompaniment, reinforcement & celebration)
- “Mature empathy”
- More than a chat over a coffee every fortnight

Asay & Lambert, 1999; Beutler, et al., 2004; Korner, 1993; Myrnvold, 2006; Rapp, 1998
Community Capacity Building

- Person, local community, volunteers, agencies, infrastructure
- How it all comes together to support individuals to live & stay well
- Fits with the Ecosystems perspective
- Community comprises of several external factors for recovery
- Need access to developing valued social roles
COMMUNITY CAPACITY BUILDING

Virtuous Cycle (Cavaye, 2000)

- People “being heard”
- Constructive Communication
- Changing Attitudes
- Community sectors & agencies as partners
- Good Relationships
- Learning & Understanding
Occupation

- Occupation – core part of being human
- Engagement changes physical & social environments (integrates relationship with the community)
- Access to meaningful occupation allows for emotional needs: purpose, satisfaction, fulfilment & pleasure
- Includes basic survival needs & higher level needs (consider Maslow’s Hierarchy of Needs)

Kennedy-Jones, et al., 2005; Watson, 2006; Wilcock, 2003
Principals Familiar to OTs

- Australian Occupational Performance Model:
  - Keilhofner’s Model of Human Occupation
    - (Occupational Performance History Interview)

- Both interlink with Recovery Approach

- Common concepts: spirituality, the individual, strengths, valued occupational roles, meaning & purpose, significant others/family, environmental contexts

Other Familiar Practice Theories

- Developmental Model
- Social Role Valorisation
- Least Restrictive Alternative
- Family Centred Practice
- Solution Focused Practice
- Narrative Therapy

Berg & Steiner, 2003; Capra, 1996; Dejong & Berg, 1998; Funnell, 2001; Miller, et al., 1996; Osburn, 1998; Payne, 2000
Pulling it Together

- The power of narrative
- Involving family & carers
- Empathy & discomfort with difference
- Discomfort with sorrow & emotional pain
- Solution-focused practice: normalising, reframing, exceptions, picture of the future, noticing change, the possibility of changes, externalising

Being Mindful in Practice

1. How can I be a good clinician and allow the client to have ownership of their recovery?

2. How can I do this in a safe way?

3. How can I communicate this to clients, families/significant others, carers & colleagues?
Vignette 1: Annabelle

- **Key issues**: pregnant, drug misuse, evictions, psychodynamic issues, domestic violence, financial, care for son, ambivalent about MHS

- **Agencies involved**: Dept Child Safety, Centrelink, Dept Housing, Dept Corrections, GP, Detox Program—BIALA; Police Service; Courts, NGO support worker

- **What’s important to client**: drug use, basic survival needs, telling her story, venting anger & frustrations

- **What’s important to CM**: impact of drug misuse, relapse prevention, monitor mental state, capacity to care for baby & son, linking with community supports

- **Strategies**: space to tell her story, express sorrow & anger, motivational interviewing, practical support & alternatives for supports, allowing client to choose & direct sessions when safe, clarifying responsibilities of all regarding risk & mental health concerns in a non-threatening, non-punishing way.

- **Principles**: narrative, solution-focused, psychodynamic theory, capacity building
Vignette 2: Todd

- **Key issues**: seriously affected by mental illness; ADLs & volition
- **Agencies involved**: GP, Diabetes Association, specialists, Older Person’s Psychiatric Services, NGOs

- **What’s important to client**: dog, carer role, socialising with neighbours, smoking, mealtimes

- **What’s important to CM**: medical issues; preventing relapse; minimising distress of ongoing symptoms; functional capacity, quality of life, meaningful activities

- **Strategies**: anxiety management strategies, relapse prevention plan, liaising with other service provides day-to-day & crisis support & prevention planning; maintain carer role & social networks; independence & ADLs

- **Principles**: functional approach (Aus–OPM), occupational roles (MOHO), LRA, capacity building
Vignette 3: Maree

- **Key issues**: first episode psychosis; vulnerability to predatory personalities; student on working Visa, cultural influences
- **Agencies/others involved**: TAFE; local GP, immigration department, mother, interpreter
- **What’s important to client**: studies/career, social network, income to survive, Australian residency, not being labelled/cultural factors
- **What’s important to CM**: relapse prevention; functioning in student role; ADLs, symptom & medication management, safety, trust
- **Strategies**: rapport, negotiated options with TAFE (recent discharge), respectful of cultural views about mental illness; made meaningful to Maree’s priorities & cultural value system
- **Principles**: function (Aus–OPM), therapeutic alliance, occupational roles
Vignette 4: Charlie

- **Key issues:** ongoing symptoms; marijuana misuse; occasional binge drinking resulting in fights/arrest
- **Agencies/others involved:** Centrelink, GP, mother, girlfriend
- **What’s important to client:** relationship with mother & girlfriend; having friends; marijuana; being believed (delusions)
- **What’s important to CM:** relapse prevention; monitor mental state; meaningful occupations for client; income source to pay rent; rapport & trust
- **Strategies:** listen to client; giving feedback; supported him to do reality testing; support to access Centrelink; education & information about mental health, understanding own early warning signs
- **Principles:** therapeutic alliance; family-centred
“Never underestimate the power of concern”

Korner
References (a sample)