

Recovering Mental Health Service Delivery

*- OTs driving recovery philosophy
to practice*

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Context

- ▶ 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

Internal factors	External factors
Hope	Access to professional assistance & <u>choices</u>
Spirituality	Safety
Life meaning & purpose	Cultural competence of clinician
Trust	Social inclusion & supports
Active participation	Community integration
Coping skills	Access to meaningful activities
Self-esteem	Respect & equality
Acceptance	Advocacy & empowerment

Ahern & Fisher, 1999; Anthony, 2003; Deegan, 2003; Jacobson, 2004; Kylma, et al., 2006; McGuire, 2000; Ralph, 2000, Copeland, 2002, Oades, et al., 2005

Strengths Approach

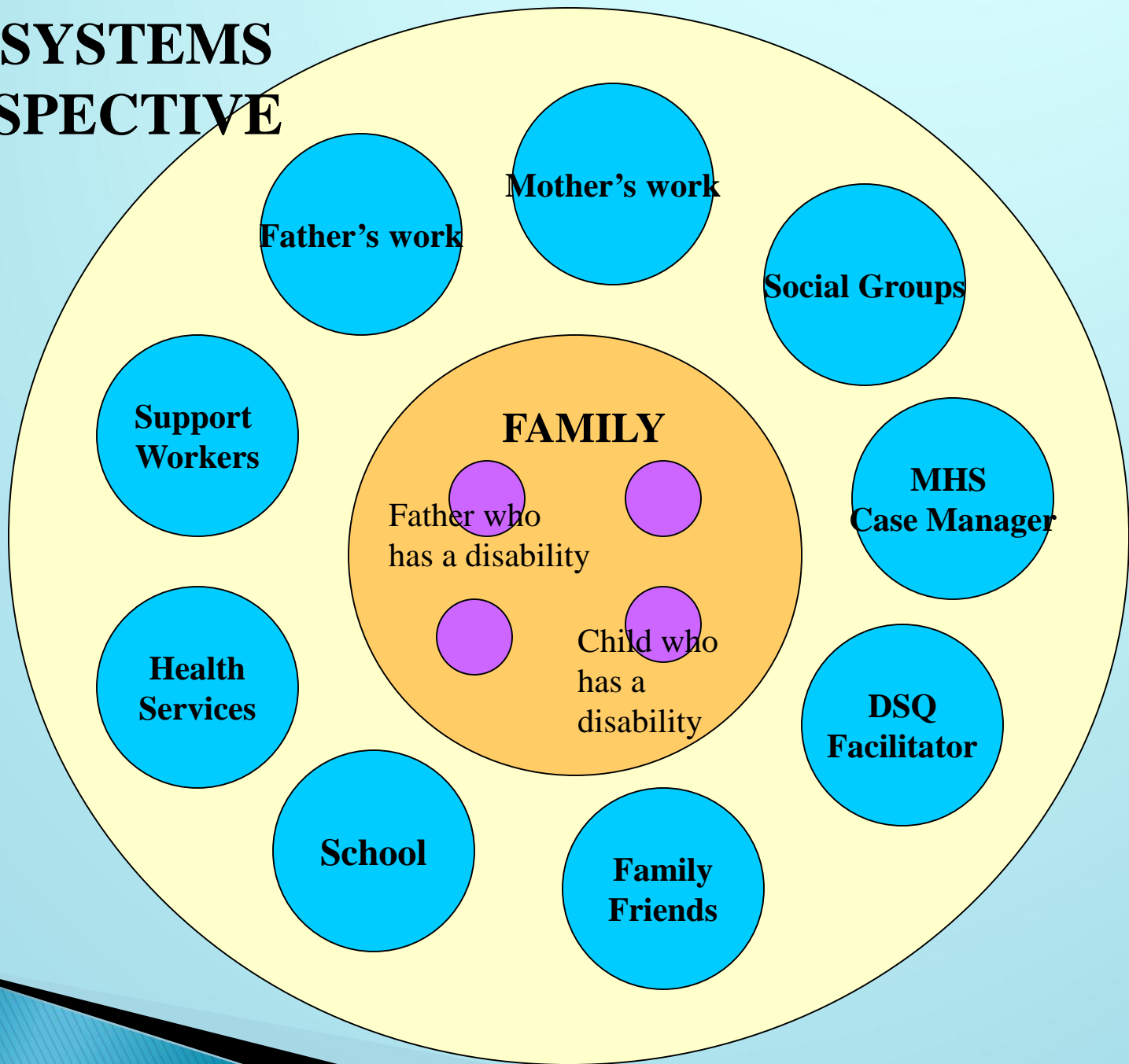
- ▶ Use of strengths & skills
- ▶ Client ownership of goals
- ▶ Developing inner resources & community supports
- ▶ Therapeutic alliance critical
- ▶ Several tools & resources
- ▶ Management to direct client care levels

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

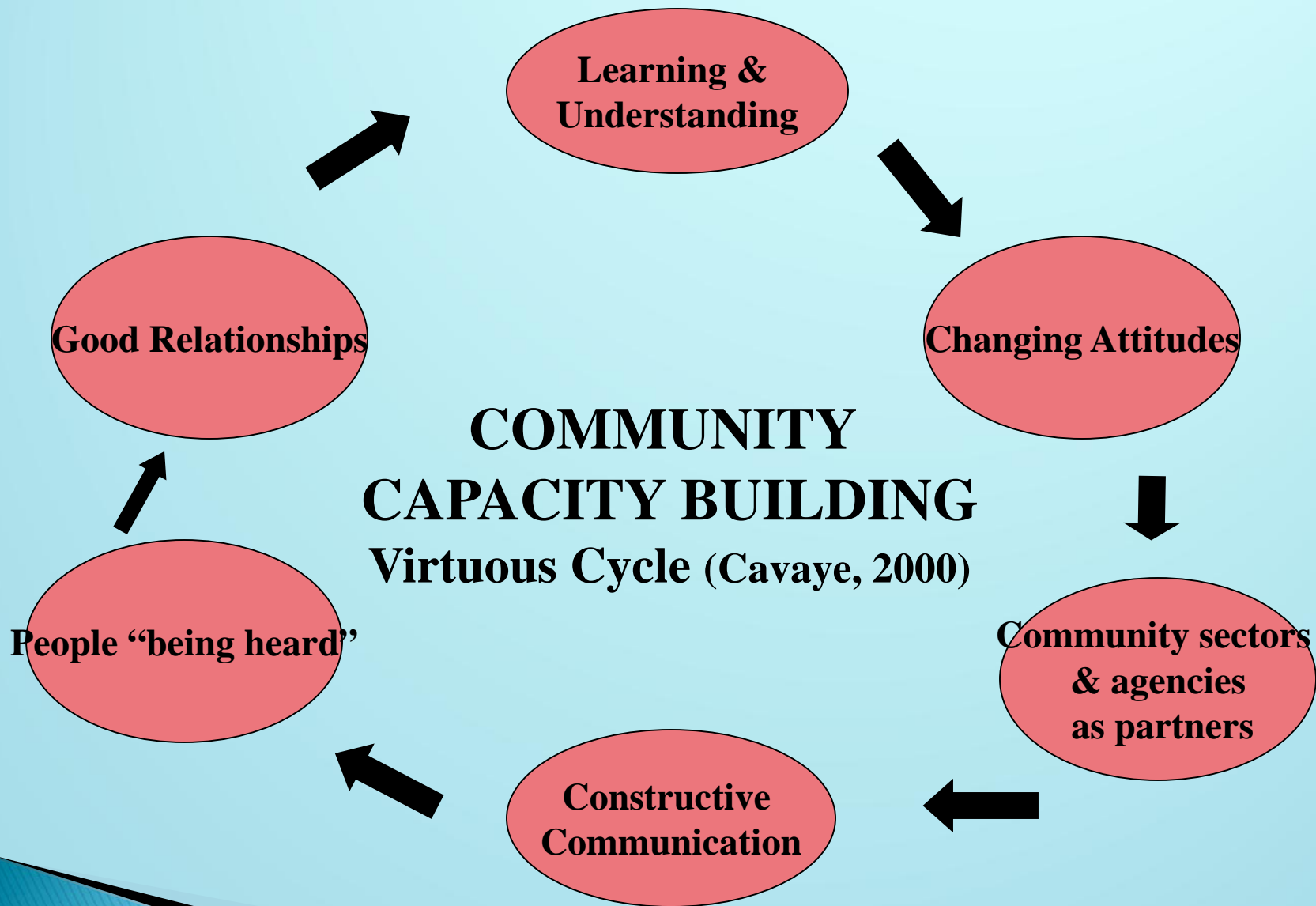
Asay & Lambert, 1999; Beutler, et al., 2004;
Korner, 1993; Myrsvold, 2006; Rapp, 1998

ECOSYSTEMS PERSPECTIVE



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



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

Ennals & Fossey, 2007; Keilhofner, et al., 2001; Lloyd, et al., 2005; Qld Health, 2005; Rickwood, 2005; Sawatzky, et al., 2006

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–focussed practice:** normalising, reframing, exceptions, picture of the future, noticing change, the possibility of changes, externalising

Burke, et al., 1992; Ennals & Fossey, 2007; Foley, 2005; Ferriter & Huband, 2003; Korner, 2005; Korner, 1993; Myhrvold, 2006;

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)

- ▶ Jacobson, N. (2004). Experiencing recovery: a dimensional analysis of recovery narratives. *Psychiatric Rehabilitation Journal*, 17(2): 21–35.
- ▶ Marty, D., Rapp, C.A. & Carlson, L. (2001). The experts speak: the critical ingredients of Strengths Model case management. *Psychiatric Rehabilitation Journal*, 24(3): 214–221.
- ▶ Korner, A. (2005). Coming out of the dark age: recognising difference, making a difference. *Psychotherapy Australia*, 11(4): 16–22.
- ▶ Myhrvold, T (2006). The different other–towards an including ethics of care. *Nursing Philosophy*, 7: 125–136.
- ▶ Ennals, P. & Fossey, E. (2007). The Occupational Performance History Interview in community mental health case management: consumer and occupational therapist perspectives. *Australian Occupational Therapy Journal*. 54: 11–21.
- ▶ Campbell, P. (2006). Changing the mental health system – a survivor's view. *Journal of Psychiatric & Mental Health Nursing*, 13: 578–580.