

Occupational Therapy Practitioners: A key member of the Community Behavioral Health team

The profession of occupational therapy was founded in public psychiatric hospitals over a century ago. The genesis of the profession was based on the observation that a person's ability to engage in their desired roles and routines, i.e., pursue recovery, could dramatically affect their mental health and overall wellbeing. Today, occupational therapy practitioners¹ are highly trained health care professionals whose education and expertise allows them to **address many of the social, emotional, psychological, and often underserved, physical and cognitive aspects of mental illness.**

The understanding of how these different aspects of **mental illness can interact with an individual's environment** enables occupational therapy practitioners to provide a unique blend of supports and services to enable a person to carry out their chosen activities on their recovery journey. Occupational therapy is provided from a client-centered, strength-based approach that focuses on identifying and implementing healthy habits and routines while supporting the reach for important goals such as successful independent living, education, and employment.

Occupational therapy practitioners are well suited to assist **individuals with both mental illness and cognitive impairments.** Cognitive impairments can affect speech, memory, language and day-to-day decision making. Occupational therapy practitioners are trained to address impairments in executive functioning that can be a major barrier to independence for someone with a serious mental illness. It is critical to note that, in occupational therapy, treatment begins by asking the client not what is the matter with them, but what matters to them. This is a basic tenet and principle of occupational therapy and mirrors the recovery movement's essence.

Certified Community Behavioral Health Centers (CCBHCs) and other new, innovative community behavioral models provide integrated care that is consistent with new service models for health care delivery. These models coordinate comprehensive services to achieve whole health. Occupational therapy practitioners possess broad understandings of both physical health and behavioral health, enabling them to easily bridge the various worlds of service provision and **making them a natural fit for the provision of integrated care.**

Occupational therapy practitioners have an **essential role to play in the full arc of service provision:** evaluation, the development of a plan of care, and the implementation of required services.

During evaluations, occupational therapists provide important insight into the **functional and cognitive concerns often associated with mental illness.** Additionally, because of their broad-based training, occupational therapists can recognize other factors that may be co-occurring with mental illness such as traumatic brain injury, or sensory processing disorders. Finally,

¹ Occupational therapy practitioners includes both occupational therapists and occupational therapy assistants

occupational therapists can evaluate (and later adapt) the lived environments of home, work, school and community to identify the strengths and barriers contributing to an individual's current status.

Occupational therapists look for **strengths upon which to build improved recovery and participation**. They understand what skills are needed to support independent living and how best to develop these skills. **This focus on day-to-day participation and how to remove barriers to recovery is key to establishing an effective comprehensive client-centered treatment plan.**

Occupational therapy practitioners play a vital role in many of the services to be provided by CCBHCs. For example, both the National Alliance on Mental Illness (NAMI) and the Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines for **Assertive Community Treatment Teams** include occupational therapy practitioners.^{2,3} Occupational therapy practitioners can assist with crisis stabilization and help reduce the need for restraints or seclusion. There is a strong body of evidence supporting occupational therapy interventions as **part of psychiatric rehabilitation, helping to provide support for employment and education as well as community integration.**^{4,5} Finally, occupational therapy practitioners work with **Veterans and service members** across settings and have specialized knowledge that enables them to work closely and successfully with those who have experienced post-traumatic stress syndrome, polytrauma, or traumatic brain injury⁶.

Finally, occupational therapy practitioners are well positioned to **work collaboratively with and support the role of peer support specialists**. Both peer support specialists and occupational therapy practitioners view clients through the lens of participation, health and well-being. The "Peer Wellness Coaching Supervisor Manual" was developed by an occupational therapist⁷ as was the NEW-R weight loss program (identified by SAMHSA as an important evidence-based intervention), which can be implemented by peer support specialists. Ultimately, occupational therapy practitioners have the expertise and training to join with peer specialists to provide consultation, strategic planning for recovery activities, and collaborative supervision in cases when day-to-day challenges for a client are outside of the peer specialist's knowledge and expertise.

² http://www.nami.org/factsheets/ACT_factsheet.pdf

³ <https://store.samhsa.gov/shin/content/SMA08-4345/BuildingYourProgram-ACT.pdf>

⁴ Substance Abuse and Mental Health Services Administration. Assertive Community Treatment: Building Your Program. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

⁵ Gibson, R. W., D'Amico, M., Jaffe, L., & Arbesman, M. (2011). Occupational therapy interventions for recovery in the areas of community integration and normative life roles for adults with serious mental illness: A systematic review. *American Journal of Occupational Therapy*, 65, 247–256.

⁶ <http://www.rehab.va.gov/factsheet/OT-Mental-Health-FactSheet.pdf>

⁷ Swarbrick, M. (2010). *Peer Wellness Coaching Supervisor Manual*. Freehold, NJ: Collaborative Support Programs of New Jersey, Institute for Wellness and Recovery Initiatives.