

**Facilitating Recovery through Better Integration of Mental Health Occupational Therapy in Family Practice: Challenges and Opportunities**

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**Conflict of Interest Disclosure**

- None

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**Objectives**

- To examine challenges and opportunities, as well as best practices regarding the integration of mental health occupational therapy (MHOT) services in primary care/family practice (FP)
- To better understand the specific contribution of MHOT in primary care/family practice
- To better understand the OT- FP referral and consultation process

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**Occupational Therapy & Family Practice in Collaborative Mental Health Care**

- Canadian Association of Occupational Therapy and the College of Family Physicians of Canada were among 12 national organizations involved in the Canadian Collaborative Mental Health Initiative (CCMHI)
- CCMHI- improving mental health care process and outcomes in primary care through interdisciplinary collaboration

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**Integration of mental health occupational therapy services in primary care has been slow to occur**

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**National Physician Survey 2007**

<b>Regular Collaboration-FPs</b>	<b>Formal Arrangements-FPs</b>
• Psychiatric Nurses: 23.1%	• Psychiatric Nurses: 6.5%
• Other nurses: 56.5%	• Other nurses: 14.7%
• Dieticians: 52.2%	• Dieticians: 13.5%
• Occupational Therapists: 46.9%	• Occupational therapists: 10.5%
• Physiotherapists: 67.4%	• Physiotherapists: 12.0%
• Psychologists: 46.3%	• Psychologists: 10.1%
• Mental health counselors: 39.3%	• Mental health counselors: 10.2%
• Addiction counselors: 29.3%	• Addiction counselors: 7.5%
• Social workers: 54.1%	• Social Workers: 13.2%
• Pharmacists: 73.5%	• Pharmacists: 10.7%

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**CFPC-eNews Question of the Month**

- 1. Regarding the occupational therapist's (OT's) role in mental health care, which statement best describes your knowledge?

9% I understand clearly the role of the OT in this area  
 45% I have some idea of the role an OT can play  
 46% Uncertain

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**CFPC eNews-Q of M-2**

- 2. Regarding access to OT mental health services in your practice, which statement best describes your practice?

9% The shared care model I participate in enables me to access this service  
 22% I refer my patients to OT provided through a community based service  
 2% I refer primarily to private OT  
 22% I am unable to access this service in my community  
 45% I am not sure of the availability of this service in my community

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**CFPC eNews-Q of M-3**

- 3. Regarding timeliness of access to OT mental health services in your practice, which statement best describes your experience?

10% I get timely access to this service  
 13% There is a waiting list, but it is acceptable  
 16% There is a long waiting list and I feel this has a negative impact on access  
 61% Uncertain

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**Understanding occupational therapy**

- A health-care discipline traditionally associated with *rehabilitation and disability*
- In the context of health conditions that are potentially *disabling* the profession is concerned with *function, activity performance and experience, social participation*

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**Understanding occupational therapy**

- *Occupation* defined broadly – “what people do” that is personally and socially meaningful
- Classified according to categories of self-care, leisure and productivity
- O.T. has a long history of working to meet the needs of people with mental illness across the life-span

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**Training and preparation of occupational therapists in Canada**

- Graduate level (Masters degree); minimum of 1000 hours of fieldwork
- A regulated health profession - College of Occupational Therapists of Ontario
- Authorized to perform the controlled act of psychotherapy

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**Integrating mental health O.T. in primary care – examples and issues**

- Literature review – multiple library databases, google scholar
- Google search of examples
- CAOT position papers, practice guidelines,
- CAOT and CIHI for workforce information

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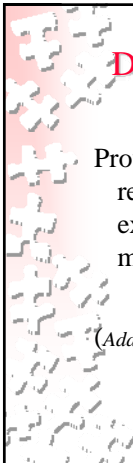
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**Defining a role for O.T. in primary mental health care**

Providing non-medical, social and rehabilitation services for those who experience or are at risk for experiencing mental health related disability

*(Adapted from McColl, 2008)*

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**Examples of mental health-related O.T. services in primary care**

- Functional and role assessments/interventions to support community living
- Employment-related support and interventions
- Lifestyle design/Time use planning
- School/Academic Liaison
- Addressing home/community personal safety issues
- Assessment for disability insurance claims/disability tax credits
- Assessment of driving abilities

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**Integration of mental health O.T. in primary care: Issues and challenges**

- Rehabilitation vs. medical perspective
- Accountability and governance
- Leadership
- Expertise of individual therapist
- Referral-consultation process
- Moving towards a population based approach

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**Enablers-What the literature and lived experience tell us**

- Importance of the relationship-clear understanding of respective roles and responsibilities, trust
- Importance of structured communication
- Case based/problem focused approach
- Shared goals

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**Referral-What the family doctor needs to do**

- Location: home vs clinic/community center
- Specificity of the referral and consultation in relation to providers= fostering of relationship, for example
  - For the referral: a checklist of the kinds of intervention the OT can offer

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**Consultation-What the family doctor needs to know**

- The specific services offered eg. education, skill development, environmental modifications, devices/equipment
- Frequency of contact with OT
- Estimated time frame of intervention
- How to best communicate with OT
- All on one page

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**The referral process-What the OT needs to know**

- Basic demographic information
- Nature of daily living/function/activity issues of concern
- Broad statement of goal of O.T. services
- Consent for referral
- Specific issues/considerations for the delivery of service

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**Conclusions**

- Incomplete understanding of the role and availability of services of MHOT in primary care/family practice
- Challenges include: differences in approach to care, issues of accountability & governance, funding models for care
- Enablers include: a climate fostering establishment and maintenance of the relationship, good understanding of roles, shared goals, a case based/problem based approach
- Further research needed around efficiency

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