



## Report of the Professional Issues Forum on **Occupation and Mental Health Care** Charlottetown, PE CAOT Conference 2004

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### **Introduction**

The CAOT Professional Issue Forum on Occupation and Mental Health Care was held at the Delta Prince Edward Hotel, Charlottetown PEI, on June 25, 2004 from 8:30-11:30. There were 59 participants including panelists, invited representatives of CAOT, constituent and stakeholder groups, and conference delegates.

### **Format**

The forum, facilitated by Tina Pranger, consisted of panel presentations, roundtable discussion and a summation of critical issues for inclusion in a CAOT position statement on Occupation and Mental Health Care.

### **Presenters**

Tina Pranger PhD, OT(C), Director of Mental Health, Social Policy Development Division, PEI Department of Health and Social Services

Phil Upshall, National Executive Director, Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

Mari Basiletti, BFA, Dip. OT, OT Reg. (PEI), Hillsborough Hospital, Provincial Health Services Authority, PEI

Debra Coleman, Consumer, Canadian Mental Health Association, Nova Scotia Division

Carol Tooton, Executive Director, Canadian Mental Health Association, Nova Scotia Division

### **Objectives**

With a broad cross-section of principal stakeholders, the Forum aimed to develop recommendations and actions for occupational therapy practice, education, research and advocacy in mental health services in Canada. The Forum was structured around the discussion paper by the Canadian Alliance on Mental Illness and Mental Health; "A call for action: Building consensus for a national action plan on mental illness and mental health" (2000).

### **Specific objectives were to:**

1. identify strategies to achieve comprehensive, integrated, and coordinated services for mental illness, prevention and mental health promotion.
2. identify research priorities and actions to facilitate knowledge transfer to clinical practice.

3. generate recommendations to address barriers to access prevention, health promotion, treatment and rehabilitation services.
4. identify and explore policy issues related to mental health promotion and prevention, and illness care by all levels of government.

## Presentations

### **Phil Upshall** — Call for Action: Building Consensus for a National Action Plan on Mental Illness and Mental Health for Canada

Phil Upshall presented an overview of the structure, focus and work of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH). CAMIMH was founded in 1998 as a national coalition of 15 professional, consumer and grassroots organizations including CAOT. CAMIMH's priorities are to profile mental health and illness on health and social policy agendas, build broad stakeholder consensus and develop and implement a National Action Plan. CAMIMH has identified the need to break down the persistent barrier of stigma, develop a structure for sectors to work together, clarify differences between mental health and mental illness, and address mental health and mental illness as public health issues with significant social and economic burden.

The four pillars of the National Action Plan and component targets include:

1. **Public Education and Awareness:** reduce stigma and develop a better understanding of best practices
2. **Research:** develop a national research agenda, promote more research funding, create a supportive environment for researchers, and involve consumers and others in knowledge development and dissemination.
3. **National Information System:** develop a framework for data collection across provinces and benchmarks for data collection.
4. **National Policy Framework:** consider mental health and mental illness in all federal policies, obtain agreement on national guidelines for mental illness care and mental health promotion, promote self-help, and facilitate integration and collaboration across and within front line service components.

### **Tina Pranger** — Cross Country Check Up: Overview of Key Federal, Provincial and Territorial Government Priorities and Initiatives

Tina Pranger reviewed some of the key government initiatives in 7 areas with examples from across the country.

1. **Service Delivery**
  - focus on serious mental illness
  - involvement of mental health in primary health care
  - integration of mental health & addictions
  - Aboriginal mental health
2. **Planning & Standards** - provincial plans and standards, federal commissions
3. **Prevention & Promotion** - e.g. provincial suicide prevention strategies & mental health determinants of health document
4. **Early Intervention** - e.g. Early psychosis intervention & children's mental health.
5. **Legislation** - e.g. Privacy legislation, Youth Criminal Justice Act & Criminal Code Amendments

6. **Technology** - e.g. Tele-mental health & electronic client records
7. **Research** - e.g. Best practice, indicators and outcomes

### **Mari Basiletti — Bridging Mental Health and Occupation**

Mari Basiletti presented the results of her survey of PEI mental health occupational therapists on their roles, barriers, challenges and ideas for future directions. Current roles included acute in-patient care, long term support, community outreach, caregiver support, primary prevention and workplace wellness. Occupational therapists identified the following barriers and challenges:

1. System issues included shorter length of hospital stay and increased acuity in the community, absence of mental health occupational therapy in home care, need for more human resources in mental health, no funding for primary prevention, and public stigma and discrimination.
2. Therapist issues: Occupational therapists limit themselves and are stuck in traditional roles. Health providers and the public lack knowledge about occupational therapy services in mental health and mental illness. Time and resources are limited for occupational therapists to address community re-integration issues with their clients
3. Client issues: inadequate financial resources for consumers, lack of public transportation in rural areas, inadequate housing options, social and leisure resources. In addition, fitness and wellness programs are not accessible. Many consumers have a poor quality of life.

Occupational therapists identified a number of ideas for bridging mental health and occupation. There is a role for increased involvement in community integration/case management and outreach. Opportunities exist for collaboration with consumer groups, self help and mutual aid groups to advocate for access to productive and leisure occupations, public transportation, better housing, and creation of inclusive prevention and wellness programs. Occupational therapists need to raise their research profile. A need for research on occupation and recovery, evidence-based practice and demonstration of outcomes was identified.

### **Carol Tooton and Debra Coleman — Community Perspective**

Carol Tooton presented from a community organization perspective (the Canadian Mental Health Association) and Debra Coleman spoke about her own experiences as a mental health consumer. There is recognition of the importance of community services however, these differ across provinces due to various definitions of “community.” There is limited political will to implement community services although some legislation has tried to include this. The prevalence and burden of mental health problems is significant, and there are problems with both personal and systemic access. The public wants information on illness and treatment choices, what services are available and how to access services. Research demonstrates that clients in community mental health programs have improved functioning, experience fewer crises, and have fewer days in hospital. They need basic housing and income, and benefit from intensive case management. Collaboration among all stakeholders including consumers and non-government organizations was recommended to have a strong voice for a national strategy on mental health.

### **Roundtable Discussion**

Forum participants chose among the following four topics to discuss in-depth in small groups: Systems of Care, Supporting Families and Caregivers, Research and Knowledge Transfer, and

Public Education and Awareness. Each group also identified critical issues and key messages which will be included in the CAOT Position Statement on Occupation and Mental Health Care.

## **Summary of Discussion**

### **I. Systems of Care**

There are significant discrepancies in availability of mental health services in Canada, which is particularly limited in rural areas and smaller cities; there is fragmentation of services and a need for continuum of services. Shortages and limited training opportunities are challenges for occupational therapy, in addition to lack of role clarity. A comprehensive, continuum of services and supports including prevention, mental health promotion, treatment, and rehabilitation could be achieved through integration among team members and systems, access to funding, and establishment of standards and research. Collaboration is critical among all stakeholders; professional groups, levels of government non-governmental community agencies, and national and provincial occupational therapy organizations.

### **II. Supporting Families and Caregivers**

Caregiving places demands on emotions, time and resources for those providing care. Individuals with mental illness and their support networks require a range of services depending on their individual needs (e.g. crisis intervention, rehabilitation, housing, employment, childcare, respite care). The client's relationship with family and with voluntary caregivers is different, as are the expectations for involvement in their care. However, both family and voluntary caregivers act as listeners, supporters and advisors. They participate in early identification and advocacy, provide information about clients' function and links to community supports and services. A number of gaps in meeting the needs of caregivers were discussed including identification of caregiver needs, respite, funding and awareness of available resources. Appropriate services (e.g. rehabilitation, home care, long-term care) are limited. All of these gaps place a greater responsibility on the family for client care. Stigma was identified as a significant barrier.

The involvement of consumers and family is needed at all levels of mental health and mental illness services; planning, implementation and evaluation. This can be realized through strategies such as formal recognition of the role of family and caregivers and sustainable funding.

### **III. Research and Knowledge Transfer**

Support for research in mental illness and mental health in Canada is inadequate. Less than 5% of Canadian health research dollars is directed towards mental health, yet mental illness directly affects 20% of Canadians. In addition to a lack of coordination among funding bodies, an organized research agenda for mental health does not exist. Collaborative, interdisciplinary, team-based research is required. Consumers should be partners in the research process. Occupational therapists need to increase their involvement in major research initiatives focusing on occupation and mental health, intervention and evaluation studies, systems cost and quality of life issues, and the role of the community/environment in fostering engagement in occupation. Funding for occupational therapy research in mental health is needed.

#### **IV. Public Education and Awareness**

Research demonstrates that “stigma all too often results in people delaying seeking treatment and families denying that a family member may have a mental illness...Due to stigma and the inadequacy of services available to meet the needs of individuals and families affected by mental illness, there has been a feeling of powerlessness among the "grassroots" to change the situation” (CAMIMH, p. 6). The following strategies were suggested to reduce stigma associated with mental illness: education about mental health and mental illness in elementary and high school programs, integration of a mental health check during annual visits to family physicians, media education, report cards and publicity for communities that support persons living with mental illness, and actions to support consumer involvement in service planning, implementation and evaluation.

#### **References**

Canadian Alliance on Mental Illness and Mental Health. (2000). A call for action: Building consensus for a national action plan on mental illness and mental health.

Health Canada. (2002). A report on mental illnesses in Canada. Ottawa, ON: Health Canada.