

**CAOT POSITION
STATEMENT:
OCCUPATIONAL
THERAPY TO
PREVENT AND
SUPPORT RECOVERY
FROM SUICIDE**





CAOT Position Statement: Occupational Therapy to Prevent and Support Recovery from Suicide

Vision: All people have access to occupational therapy to thrive in meaningful occupations that promote living, prevent suicide, and improve quality of life.

CALLS TO ACTION

- 1. Advocate for life promotion through occupational therapy among persons and communities at high risk for suicide.**
- 2. Promote equitable access to occupations to increase living opportunities and decrease death by suicide.**
- 3. Embed suicide prevention, intervention, and postvention within occupational therapy curriculum and professional development across all practice settings.**
- 4. Lobby for systematic access to occupational therapy to promote life through occupational engagement in a cost-effective manner.**
- 5. Fund occupational therapy to be integrated in social and healthcare initiatives to promote occupations beyond surviving.**

BACKGROUND

OCCUPATION – “Includes the everyday and extraordinary doings of individuals and groups, which have implications for individuals, societies, and the Earth. Occupations are underpinned by a range of purposes and meanings and carried out in various ways or forms” (Egan & Restall, 2022, p.310).

OCCUPATIONAL THERAPY ROLE - “...what occupational therapists do is defined as promoting access to, initiation of, and sustained participation in valued occupations within meaningful relationships and contexts” (Egan & Restall, 2022, p.1).

This position statement is universally focused on prevention and recovering from suicide rather than an intentional concentration on high-risk groups.

Occupational therapy promotes a focus on occupations, such as activities of daily living, restorative pursuits, ways to connect and contribute to society, engagement in meaningful doing, and exploring ways to connect the past and present to a hopeful future (Hammell, 2009). Participation in occupation is a human right (WFOT, 2019) that creates meaning in a life worth living.

“Occupational therapists help people to live, not only to stay alive” –
Focus Group Participant (Personal communication, April 13, 2022).

Within Canada, suicide is one of the top 10 causes of death (Mental Health Commission of Canada [MHCC], 2019). Furthermore, for each suicide, many others may be significantly affected, and this loss can increase their risk of suicide (Cerel et al., 2019). The impact of suicide is understood through the ripple effect of pain and suffering, as well as through the economic impact. Within Quebec, Canada, a study by Vasiliadis, Lesage, Latimer and Sequin (2015), demonstrate “implementation of suicide prevention programs at the population level in Canada is cost-effective” (p. 147). The high suicide prevalence and suicidal risk warrant a public health, community approach to address suicide prevention (PHAC, 2016; WHO, 2014). While occupational therapists and occupational therapy assistants have a role to play in suicide prevention their contributions are often under-utilized if not altogether absent, anticipating heightened systems costs and poorer individual and community outcomes (Hewitt, Hébert, Vrbanac and Canadian Association of Occupational Therapists, 2019).

This position statement outlines (a) *why* occupational therapy is critical to suicide prevention, (b) *what* unique skillset occupational therapy contributes to prevent, intervene, and recover from suicide, and (c) *how* occupational therapy works to promote living and prevent suicide. Shanda’s story then provides an example of the value of occupational therapy to facilitate recovery and promote safety planning with regards to suicide (See Appendix A).

Occupational engagement prevents suicide and promotes life fulfillment and enjoyment.

WHY IS OCCUPATIONAL THERAPY NEEDED?

1) *Occupation matters.* Occupational therapy prioritizes the use of meaningful occupation as a means to engage in living and promote well-being.

- a. Engagement in occupation serves as a protective factor from suicide (Costanza et al., 2020).
- b. Occupational therapists partner with people, loved ones, and communities to promote living, enjoyment and fulfillment.
- c. Occupational therapists recognize suffering as a barrier to living (Hewitt et al., 2019).
- d. Occupational therapy facilitates participation in everyday occupations to influence and interrupt suicidal thoughts and behaviours (Canadian Association of Occupational Therapists, n.d.).

2) *Occupational justice bridges multi-systems and sectors.* Occupational therapists advocate for occupational justice for all as a human right (WFOT, 2019; Wilcock & Townsend, 2009).

- a. Occupational therapists facilitate access to meaningful, equitable, diverse, and inclusive occupations for people with suicidal ideation or those who have lost someone by suicide.
- b. Occupational therapy advocates for reducing the social, cultural, political, and environmental forces that pose a threat to peoples' foundational occupations and access to equitable fulfillment opportunities.

3) *Systemic change is possible through occupational engagement.* Occupational therapy promotes systemic change by assessing, developing, and applying targeted, context-specific, and community-centred occupational engagement perspectives.

- a. Occupational engagement prevents suicide and promotes life fulfillment and enjoyment.
- b. In collaboration with communities, policy developers, and decision-makers, occupational therapy co-designs policies to reduce suicide and promote living.
- c. Occupational therapy aims to leverage legislation to promote healthy, inclusive environments and create opportunities for occupational engagement.
- d. Occupational therapy curriculum is invested in learning and teaching the best practices in suicide prevention across suicide prevention, intervention, and postvention.

WHAT DO OCCUPATIONAL THERAPISTS DO?

1) *Provide niche expertise in occupation.* In teams, occupational therapy contributes to well-being and suicide prevention through individual and collective engagement in occupations.

- a. Occupation supports people to thrive and be well by promoting belonging, connectedness, and interdependence (Hammell, 2014).
- b. Occupational therapists co-design with individuals and loved ones a unique suicide safety plan that includes and prioritizes occupational engagement (Straathof, 2022).

2) Promote life. *Occupational therapists are experts in helping individuals and communities engage in meaningful occupations to promote thriving rather than just surviving*

- a. Occupational therapists understand and work with the dynamic relationship between person-environment-occupation (Law et al., 1996)
- b. Occupational therapists uniquely unpack and address suffering to reduce suicide risk and death by suicide, and support healing after suicidal behaviour through participation opportunities in everyday life.

3) Meet people where they are at. *Occupational therapists adapt interventions to the person's strengths, readiness, and environment.*

- a. Occupational therapists work with people in the environments they choose via telehealth, in their homes, community spaces, clinics, and hospitals.
- b. Occupational therapy designs just-right challenge interventions, respecting diverse values, and beliefs to increase opportunities for people to progress toward their goals.

4) Promote occupation to prevent suicide and foster living.

- a. The inability to manage activities of daily living, such as money and health care, has the strongest association with suicidal ideation (Dennis et al., 2009, p. 610).
- b. Losses in independence, autonomy, role retention, engaging in activities that were enjoyed, and maintaining a sense of freedom and identity were seen as intolerable (Kjolseth et al, 1 and 2).
- c. Health care providers and family members of individuals who died by suicide shared that when deceased persons lost their ability to live a full life it was found to be more distressing than suffering from illnesses (Kjolseth et al, 2010, p. 939).
- d. Helping older adults preserve and accomplish activities of daily living helps reduce suicidal ideation (Kjolseth, 2014, p.2)
- e. Using occupation to help older adults with or at risk for limitations in activities of daily living can reduce suicidal ideation (Dennis, 2009, p. 612-613).

HOW DOES OCCUPATIONAL THERAPY WORK?

1) Doing and being matter. *Occupational therapy encourages goals for living today and for building a hopeful future.*

- a. Occupational therapy works with people to choose occupations that allow them to do what they value most.
- b. Occupational therapy develops strategies aligned with individual's unique aspirations to be who they want to be; to freely self-express their identity.

2) Communication is inclusive. Occupational therapy includes all peoples: the person who expresses, or may be at risk for suicidal ideation, their loved ones, providers, and stakeholders through respect, partnership, and client- and community-centredness.

- a. Occupational therapy prioritizes the individual's values, facilitates collaborative decision-making, minimizes risk of harm and suicide, and promotes a fulfilling life.

3) Cultural humility and critical-reflexivity underpin collaboration (Beagan, 2015). Recovering from suicide is co-created through an occupational therapy approach that strives to collaborate with individuals receiving care, health care providers, and communities by practicing toward cultural humility and critical-reflexivity and seeks to understand one's own role within power structures and minimize power imbalances in the client-therapist working relationship.

- a. Occupational therapists understand social, cultural, and intergenerational inter-connections, and counters alienation by shaping individual, collective, and sociocultural identity.
- b. Occupational therapy promotes a workplace culture that prevents suicide and promotes life through occupational engagement.

CONCLUSION

Occupational therapy professionals are an untapped expert resource and leaders in promoting living to prevent death by suicide and engage in meaningful occupations. Through partnership and co-design with individuals, families, and communities, occupational therapy professionals facilitate a sustainable shift from some of the darkest moments toward a light- and hope-filled life.

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APPENDIX A

Shanda: An example of the difference occupational therapy can make

(Note: Details of Shanda's story, including name, have been changed to protect confidentiality)

Shanda, a mother and wife, lives with her infant, toddler, and spouse. Her husband works full-time, and she is on maternity leave from her job as an accountant. She is being treated for postpartum depression. When taking her baby for a checkup, she begins crying; she cannot cope. Shanda is referred by her doctor to occupational therapy.

The occupational therapist does a comprehensive assessment of Shanda's occupations and the ways in which they are impacted by her mental health. When Shanda reviews her daily routines, she says that she has not been sleeping well given the night feedings and her toddler's poor sleep habits. Further, Shanda forgets to take her medication. She feels overwhelmed with housekeeping and meal preparation, has lost the motivation to shower, and often skips meals. She has lost contact with her friends and has no time or energy for exercise or reading. Shanda and her husband have been reluctant to ask others for help. She wants to fulfill her roles as a "good mother" and "good wife," but lately she has had thoughts of dying by suicide, believing her family would be better off without her. She has been thinking about taking an overdose of medication, just to get some peace.

The occupational therapist partners with Shanda and her husband to jointly establish treatment goals that include reviewing and re-establishing healthy routines for hygiene, sleep, meals, reading, leisure and exercise, strategies for medication-taking, recognizing and reframing negative thinking, learning and using assertive communication to increase support at home, and co-creating a comprehensive suicide safety plan. Together, they review the occupations that provide meaning and purpose to Shanda – caring for her baby, socializing with friends – and discuss other chores and activities that could be delegated. An assertiveness script is given to Shanda and she practices it to help better convey her needs to others and increase the level of support she needs. Shanda's husband will assist with night feedings so she can sleep, and they will have their toddler sleep at a friend's home two nights per week. They agree to work on a menu plan and to accept meal support from friends. They will hire help for laundry and heavy housekeeping. Two times per week, her friends will walk with her and the children for exercise and social time.

They also discuss options to reduce lethal means by having her husband lock extra medications in a safe, and by Shanda using a blister pack to ensure that she takes her medication as prescribed. Shanda and her husband express relief at the proposed occupational engagement, which represents a concrete plan to recovery. This comprehensive approach to examining challenges and solutions to manage her well-being, home environment, and occupations instill family confidence that they can prevent a hospital admission. They are pleased that they have gone beyond the basic elements of a suicide safety plan, to address the challenges in practical ways. The safety plan manages current risks – access to lethal means – and recognizes protective factors, such as social outings with friends, and leverages them to prevent and reduce risk for death by suicide in the future, and, importantly, creates sustainable healthy changes through life enjoyment and promotion.



Butterfly Image

The butterfly and OT image represents the new CAOT Position Statement: Occupational Therapy to Prevent and Support Recovery from Suicide's vision of hope through occupation. The orange and yellow colours are the awareness colours for suicide prevention in Canada. The butterfly itself represents hope and the possibility for things to change. The butterfly resting on the OT shows the connection between hope and occupation.

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