CAOT Position Statement
Occupational Therapy and Mental Health Care (2008)

It is the position of Canadian Association of Occupational Therapists that occupational therapy is a core component of an integrated mental health system. Occupational therapy's understanding of the relationship among person, occupation, and environment uniquely positions the profession to provide quality mental health services in environments where people live and work.

Recommendations

Occupational therapists address barriers to mental health by creating home, work and community environments that facilitate meaningful occupation.

Occupational therapists develop opportunities to collaborate with stakeholders, including consumers, families, and non-governmental organizations to:

a) have a strong voice for a national mental health strategy;
b) improve mental illness and mental health promotion services;
c) advocate for access to productive and leisure occupations, public transportation, better housing, and creation of inclusive prevention and wellness programs;
d) improve knowledge and practice in mental illness and mental health.

Occupational therapists participate in research on occupation and recovery, evidence-based practice and demonstration of outcomes.

Occupational therapists use research evidence to identify best practices in mental health occupational therapy that "focus on occupations, enabling approaches in client-centred practice, and outcomes related to occupational quality of life, empowerment and justice" (CAOT, 2002, p. 2).

CAOT Initiatives

Collaborate with governments, mental health-related associations, and consumer, family and caregiver organizations to strengthen policy and funding models that support collaborative mental health care.

Promote understanding of the relationship among environment, occupation, and mental health.

Promote public education and awareness by participating in multi-sectoral activities such as National Mental Illness Awareness Week and by developing consumer information and practice resources about occupational therapy's value to mental health.

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Promote occupational therapy’s involvement in an integrated mental health system that includes primary, acute, and chronic care, rehabilitation, and prevention services in homes, schools, communities, and work environments.

Facilitate access to research-based evidence to assist with acquiring new knowledge and to facilitate mental health research’s integration into practice.

Promote inter-disciplinary and multi-disciplinary approaches to mental illness and mental health promotion services through:

a) continuing professional education activities for CAOT members;

b) involvement in research initiatives; and

c) representation on mental health task forces, coalitions, and research institutes.

Advocate for inclusion of occupational therapy’s voice in the Mental Health Commission of Canada’s initiatives, to ensure that occupational therapy is represented in a national strategy for mental illness and mental health in Canada.

Background

Mental illnesses affect people of all ages, cultures, educational and income levels (Alberta Alliance on Mental Illness and Mental Health (AAMIMH), 2003). Twenty percent of people in Canada will experience a mental illness during their lifetime (Health Canada, 2002) and 3% will live with a serious mental illness (Canadian Alliance on Mental Illness and Mental Health, 2008). Persons of lower socioeconomic status, the elderly, women, and indigenous populations are more vulnerable (AAMIMH, 2003; Conn, 2003). The economic cost of mental illnesses in Canada was estimated to be $7.331 billion in 1993; the personal costs are immeasurable (Health Canada, 2002).

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) has profiled a national mental illness and mental health action plan. Through a national coalition of professional, consumer and grassroots organizations including CAOT, CAMIMH advocates for mental health and illness on health and social policy agendas. CAMIMH has identified the need to break down the barrier of stigma, promote sectoral collaboration, clarify differences between mental health and mental illness, and address mental health and mental illness as significant social and economic public health issues. Canada requires a national framework that considers mental health and mental illness in federal policy, obtains national agreement on mental illness care and mental health promotion guidelines, promotes self-help, and facilitates integration and collaboration across and within front-line service components. Collaboration is reflected in the Canadian Collaborative Mental Health Initiative (CCMHI), a project funded through the Primary Health Transition Fund (CCMHI, 2008a). Through its 12 national member organizations, including CAOT, CCMHI developed strategies to improve mental health services in the primary care setting through interdisciplinary collaboration among health care providers, consumers and caregivers. CCMHI developed the Canadian Collaborative Mental Health Care Charter, comprising principles and commitments to guide collaborative mental health care in Canada (CCMHI, 2008b). CCMHI’s Charter and

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the related conceptual framework, place the consumer at the center of collaborative mental health and are consistent with occupational therapy’s concept of enablement (Townsend & Polatajko, 2007).

The Mental Health Commission of Canada (MHCC) was established in March 2007 to provide a national focus for mental health and to create an integrated mental health system with a client-centred focus on persons living with mental illness. The Standing Senate Committee on Social Affairs, Science and Technology, under the direction of Senator Michael Kirby recommended that the MHCC be established after national study of, and public consultation regarding, mental illness, mental health, and addiction. Similarly, the voices of CAMIMH (2000) and the Canadian Collaborative Mental Health Initiative (CCMHI) affirmed the need for a national mental illness and mental health action plan. The mandate of the MHCC is four-fold: 1) act as a means for mental health reform in both service delivery and policy, 2) facilitate and support “a national approach to mental health issues,” 3) diminish stigma and discrimination for persons living with mental illness, and 4) disseminate research evidence on mental illness and mental health (Mental Health Commission of Canada, 2008). Through national initiatives and the MHCC Advisory Committees, the MHCC will work towards the development of a national strategy for mental illness. CAOT recognizes the need for inclusion of occupational therapy’s voice in the MHCC and will continue to advocate for representation to MHCC.

Mental health literacy, defined as the “knowledge, beliefs and abilities that enable the recognition, management or prevention of mental health problems” is integral to a national strategy for mental health (Canadian Alliance on Mental Illness and Mental Health (CAMIMH), 2007, p. 4). The first project in Canada on Mental Health Literacy (MHL) was undertaken by CAMIMH to determine what residents of Canada know and how they think about mental illness and mental health. The findings suggest that people in Canada seem to have a good understanding of the prevalence and type of mental health problems; however, they are often reluctant to disclose mental disorders for fear of stigma and discrimination, particularly in the workplace. This stigma contributes to why people may not actively seek help. Enhanced mental health literacy appears to contribute to not only prevention and intervention, but also to a decrease in stigma associated with mental illness (CAMIMH, 2007). The reduction of stigma and discrimination is also an important focus of the Mental Health Commission of Canada. As a result of the MHL project, CAMIMH developed a national framework aimed at improving mental health literacy of residents of Canada. This framework interconnects with the mandate of the MHCC. The priority focus of the framework is on “children and youth, First Nations, Métis and Inuit peoples, and frontline medical/social/emergency workers” (CAMIMH, 2008).

Caregiving places demands on emotions, time and resources. Persons with mental illness may require crisis intervention, rehabilitation, housing, employment, child care, and respite care. Many service gaps exist, causing families to assume greater responsibility for client care so it is critical to involve consumers and families when planning, implementing and evaluating mental health and mental illness services. This can be realized through strategies that formally recognize the roles of families and caregivers and provide sustainable funding for support networks and services.

Support for research in mental illness and mental health in Canada is inadequate and less than 5% of Canadian health research funding is directed towards mental health. There is a lack of coordination

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among funding bodies, no organized mental health research agenda exists, and interdisciplinary research involving consumers is required. Occupational therapists need to increase their involvement in research initiatives focusing on occupation and mental health, intervention and evaluation studies, systems cost and quality of life, and the role of the community and environment in occupational engagement.

Occupational therapy mental health practice recognizes that everyday occupational engagement influences mental and physical health. Occupational therapists believe that occupational performance, organization, choice and satisfaction are determined by the relationship between persons and their environments (CAOT, 2002). Occupational therapists approach mental health with this unique perspective that considers a person's needs context of family and community. A client-centred philosophy is consistent with the cornerstone of Canada's mental health reform, which views consumers and families as critical partners in planning, delivering and evaluating mental health care services (Clarke Institute of Psychiatry, 1997).

Occupational therapy values are consistent with a recovery-oriented philosophy of service provision that focuses on engagement in "meaningful community lives in spite of the presence of intermittent or even pervasive and continuous mental illness" (Krupa & Clark, 2004, p. 69). Occupational therapy research also contributes to evidence of the relationship between participation in meaningful occupations and mental health and well-being (Krupa & Clark, 2004).

References


CAMIMH. (2007). Mental health literacy in Canada: Phase one report. Mental health literacy project. Ottawa, ON: CAMIMH.


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