Occupational Therapy in Mental Health, Recovery and Well Being

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Introduction: The origins of occupational therapy profession in the early 1900 is embedded in interventions to promote return turn to community life and being able to support oneself. The programs for the well-being of soldiers returning from WWI used an activity and vocational focus to “benefit the patient”, particularly those with mental disorders and were thought to be “curative”. Others occupations as diversions, were therapeutic agents. Miracles of occupational engagement are noted by the “spirit of activity which pervaded the whole place...in contrast to stark idleness” and were part of the convalescent phase of hospitalization. Community settings or workshops also emerged where continued recovery (regaining of thinking and doing skills) was promoted through occupations. Through the ages occupation is noted to have calming and healing properties. The occupational therapy profession has one hundred years of experience and the competencies to be a major mental health service provider in 21 century.

Objective: The presentation will explore occupational therapy profession’s core domains, (occupation, professional reasoning and enablement) and how, when integrated and collaboratively applied with the client, make a difference in their lives.

Content: Examples of the trends in occupational therapy services and the evidence from research are presented to address some of the global needs in mental health services. Individual with chronic and persistent mental illnesses, psychosocial stressors and inequitable life situation require a broader ecological perspective when program planning to promote wellbeing and occupational performance. Collective as well as individual needs are of great important in many cultures and social determinants of health are powerful shapers of who were are and what we become. Opportunities some time need to be created and fashioned from the available resources and interactions with other disciplines as well as societal sectors. Occupational therapy’s focus on the person, environment and occupation interactions to achieve outcomes is unique.

Conclusions: Global mental health philosophy and strategies are looking beyond illness treatment to increase the Individual’s residual function through health systems that support resilience, create identities, promote wellness and continued engagement in the real world throughout the disabling time of an illness or disorder. The profession’s focus on complex understanding of “occupation” is further enhanced by exploring its meaning and contextual relevance with the individual, their families and the societies in which they live to achieve shared goals and outcomes.