

Use of Occupation in Occupational Therapy for people with mental illness

Before thinking about occupation in Occupational Therapy, at first we should know what Occupational Therapy (OT) is. According to definition of World Federation Occupational therapists (WFOT) 2010 – 'Occupational Therapy is a client-centered health profession concerned with promoting health and well being through occupation. The primary goal of OT is to enable people to participate in everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to or expected to do, or by modifying the occupation or the environment to better support their occupational engagement.'

An occupational therapist (OTs) has to be trained about medical, social behavioral, psychological, psychosocial and occupational science; this knowledge is fundamental for them to develop the attitude, skills and knowledge to work collaboratively with people, individually or in groups/communities. An OTs can work with people who have physical impairments or dysfunction due to poor health condition, restricted participation, social exclusion or a part of cultural minority groups. An OTs promotes health by enabling people to perform meaningful and purposeful activities.

In order to understand the treatments and theories used by the occupational therapists today, we should know about the history of the profession. People first started using the name 'occupational therapists' in North America. Occupational therapy developed within hospitals for people with mental illness and physical health problems. Occupational therapists worked with people who were unable to perform or participate in their day to day activities for some reason. These day to day activities were known as 'occupations'.

Occupational therapy was used for the first time to treat psychiatric, mental or psychological disorders around the beginning of the 1900's. According to the American Occupational Therapy Association (AOTA, 2009) OTs works with the mental health population throughout the life span and across many treatment settings where mental health services and psychiatric rehabilitation are provided. The hospital was often a place where people were kept in bed and did not do anything at all. Some health professionals (such as doctors, social workers and

nurses) became interested in using occupation to help these patients to do something rather than just lie in bed. These people thought that to make the patient's minds healthy again that they needed to be active and to be involved in the normal daily activities whatever they did in their previous life. These activities were later described as the occupations of work, rest and leisure (play).

Some of the key people involved in establishing the Occupational therapy profession were a psychiatrist, physician, nurse and social worker. By summarizing their opinions we can say that these people all noticed that if people were involved in activities while they were in hospital, then this had a positive effect on their health.

The benefits of being involved in activities were:

- Helping them to organize their daily life
- Maintaining or restoring physical strength and endurance
- Helping them to feel better in their minds and feel better about themselves (psychologically)
- Distracting patients from anxiety, worry, pain, boredom

It is important to state that these people did not say that people should be involved in just any activity. Moreover, they made sure that the activities have to have some purpose or meaning towards the clients. The early therapists worked with people who were unwell and taught them how to participate in activities and how to live a healthy and active life again and they used activities to teach people how to be able to participate in all the usual activities of daily life.

When working with a client, an OTs always thinks that there is a relationship between the mind and body. This means they believe that people's emotions and feelings influence their physical health, and their physical health in turn also influences their emotions and feelings.

As mentioned earlier, in the United States and in England, occupational therapists began work in hospitals and other places where sick and injured people were. Occupational therapists were particularly popular after World War I and II when injured soldiers required assistance to get back to participating in their lives again. Occupational therapists used activities to help the soldiers recover. They did not just choose any

activities to help the soldiers, but they chose activities that would help the soldiers gain back their strength, endurance, happiness and interest in life. They would choose activities that were interesting to the patient but also activities that would help them become strong and healthy again.

The therapist helps his clients not only to improve their basic motor functions and reasoning abilities, but also to compensate for permanent loss of function. The ultimate goal of occupational therapy is to help clients have independent, productive, and satisfying lives.

The best practice in occupational therapy is to enable the clients to engage in occupations of life. The Canadian Model of Client Centered Enablement (CMCE) embraces occupational enablement as the core competency of occupational therapy.

An OTs uses 'Occupation' as their treatment method and outcome. As a result this is critical to understand as our basis for the meaning of the term "occupation".

The term Occupation is defined as the activities which are meaningful, purposeful and we have to spent time to perform. As an example, for a woman who is a housewife, home management would be one of her occupations. Because, as a housewife she has to spend her time performing the activity and obviously it is meaningful to her. As this activity is meaningful and requires time to accomplish it is an Occupation for this lady.

Occupation can vary from role to role. As a human being we have more than one role for each and everyone. As another example, for a man who is a service holder, he may be the father in his family and even brother or someone's friend. So, for this man his Occupation at work is to perform job activities in his office, in the family his occupation to earn money to lead his family, and take care of his siblings and parents, and as a friend his occupation is to spend free time with friends or help the friends whenever needed. Because of these reasons, we cannot think that just earning activities are the only recommended Occupations. Occupation in Occupational therapy is the activity that is important and meaningful for the client to lead his life.

Occupation can be explained as how we spend our time, whether paid or unpaid, restful or fun, obligation or choice and that which fulfills us, gives us purpose, and allows us to interact with, be productive, and function in the world around us to the best of our ability.

One's occupation can therefore be defined as the way in which we occupy our time. Thus, our time is divided into three categories of activities in which we take part daily:

- Self-Care/ Activities of Daily Living: Activities whatever we need only to take care of ourselves. (eg: sleeping, eating, grooming, dressing, toileting, etc.).
- Productivity/Work: Activities that requires effort that is exerted to do or make something, or perform a task (i.e., study, job, house holding activities, shopping, cooking, etc.)
- Leisure/ Rest: Activities whatever we perform in free, unoccupied time in which one chooses to do something they enjoy (i.e., hobby, watching TV, socializing, sports, read, write, listen to music, travel, etc.)

If we go through these very carefully, we will find that any task or use of our time during the day fits into one of these three categories.

It is our job, as an Occupational Therapist to figure out which areas are suffering and how we can assist that person in performing these activities in a more functional, successful and independent way.

Good examples for the use of occupation are found in how an OTs works in Hennipen County Medical Centre (HCMC) in USA. Here the OTs provides activities for clients with mental illness that are aimed at evaluating thought process, functional skills and behavior. The activities focus on maximizing each client's self-awareness, self-esteem, and coping skills. OT activities aim to promote mental health and stability, and enable clients to function more independently in their occupations.

In HCMC the goal of occupational therapy is to work as part of the interdisciplinary team and aid the client in achieving their highest level of functioning through involvement in OT tasks, groups, and evaluations. Goal-directed, purposeful activity is provided to aid in the development of adaptive skills and performance capacities of individuals who have psychosocial impairment. Assessment and treatment of occupational performance in the following areas:

- Independent living skills
- Cognitive skills
- Educational resources
- Prevocational/work adjustment

- Interactive social skills
- Interpersonal skills

In HCMC the OT service are to accomplish the assessment at first and then provide intervention accordingly and evaluate the outcome. An OTs does the assessment and treatment of occupational performance in the following areas: Independent living skills, Cognitive skills, Educational resources, Prevocational/work adjustment, Interactive social skills, and Interpersonal skills

Occupational therapy service staff provides evaluations, including the Kohlman Evaluation of Daily Living Skills which assists the treatment team in discharge planning and placement in the community. Staff also provides education and assists clients in practicing new coping skills and achieving treatment goals. Staff monitors the extent to which goals are met relative to assessing and increasing patients' psychosocial functioning and preventing further disability.

Occupational therapists use a systematic approach based on evidence and professional reasoning to enable individuals, families, groups, communities, organizations, or populations to develop the means and opportunities to identify and engage in the occupations of life. This collaborative process involves assessing, planning, implementing, monitoring, modifying and evaluating the client in relation to occupational

engagement in self-care, work, study, volunteerism and leisure. Occupational therapists use key enablement skills such as adaptation, advocacy, coaching, collaboration, consultation, coordination, designing/building, educating, engaging and specializing to enable occupation. Occupational therapists may assume different roles such as advising on health risks in the workplace, safe driving for older adults, or programs to promote mental health for youth. Occupational therapists also perform functions as managers, researchers, program developers, educators, and practice scholars in addition to the direct delivery of professional services.

References

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Nazmun Nahar, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

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