

Community Reintegration for Adults with Serious Mental Illness

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Prototypes

Location:

- ▶Pasadena, CA
- ▶Serves Los Angeles County
- ▶Other facilities in El Monte, Los Angeles, Oxnard, Pomona, and Tustin

Population served:

- ▶Individuals with serious mental illness (SMI)
- ▶Low-socioeconomic status and receiving MediCal
- ▶Homeless and incarcerated
- ▶Whole families

Programs Offered

- ▶Occupational Therapy (OT)
- ▶Outpatient and Intensive Outpatient
- ▶Substance Use Disorder (SUD) Program
- ▶Children's Services
- ▶Wellness Center
- ▶CalWORKs and Employment
- ▶Nursing and medication services

Needs Assessment

Community Reintegration

- ▶ Daily routine
- ▶ Coping skills
- ▶ Community connections

Data Collection

- ▶ Decreased attention
- ▶ Decreased comprehension
- ▶ Relevance

Program Description

Purpose:

To support successful occupational participation and community reintegration through the following:

- ▶Reforming occupational identities
- ▶Promoting healthy habits and routines
- ▶Increasing leisure engagement
- ▶Supporting social participation
- ▶Adoption or resumption of roles
- ▶Improving community access

Description:

- ▶6-week program
- ▶Outpatient Wellness Center group
- ▶Occupation-based and holistic approach
- ▶Frequent community outings

Program Modules:

- | | |
|------------------------------|----------------------------------|
| 1. Engagement and Resilience | 4. Accessing Community Resources |
| 2. Leisure exploration | 5. Budgeting and nutrition |
| 3. Leisure Participation | 6. Meal Preparation and Hygiene |

Literature Review

Scope of the Problem:

- ▶47.6 million in the United States experience mental illness (McCance-Katz, 2019)
 - ▶57% do not receive treatment
- ▶11.3 million in the United States experience SMI
 - ▶36% do not receive treatment
- ▶20.3 million in the United States experience SUD
 - ▶90% do not receive treatment
- ▶From 2002 to 2003, mental illness was estimated to cost \$300 billion annually (Reeves et al., 2011)

Community Reintegration:

- ▶SMI typically results in compromised wellbeing, poor physical health, occupational imbalance and unmet occupational needs (Milbourn et al., 2017)
- ▶Recovery is often measured by the ability to integrate into the community, resume roles and engage in health-promoting occupations (Gibson et al., 2011)

Role of OT

- ▶Occupation-based interventions produce "better outcomes in all performance areas and social participation than programs with general expectations" (D'Amico et al., 2018)
- ▶Psychoeducation, occupation-based, cognitive skills, life skills and social skills interventions increase occupational performance (D'Amico et al., 2018)
- ▶Unique definition of recovery including the creation of meaning in midst of symptoms (Gibson et al., 2011)

Gaps and Limitations:

- ▶Low-quality evidence to support interventions (D'Amico et al.)
- ▶Lack of longitudinal studies to demonstrate long-term effectiveness of OT interventions

Theoretical Foundation

- ▶Model of Human Occupation (Kielhofner, 2008)
- ▶Kawa Model (Iwama, 2006)
- ▶Transtheoretical Model of Behavior Change (Prochaska & Velicer, 1997)

Learning Objectives

- ▶Increase knowledge
- ▶Improve clinical skills
- ▶Effectively gather data
- ▶Communicate effectively

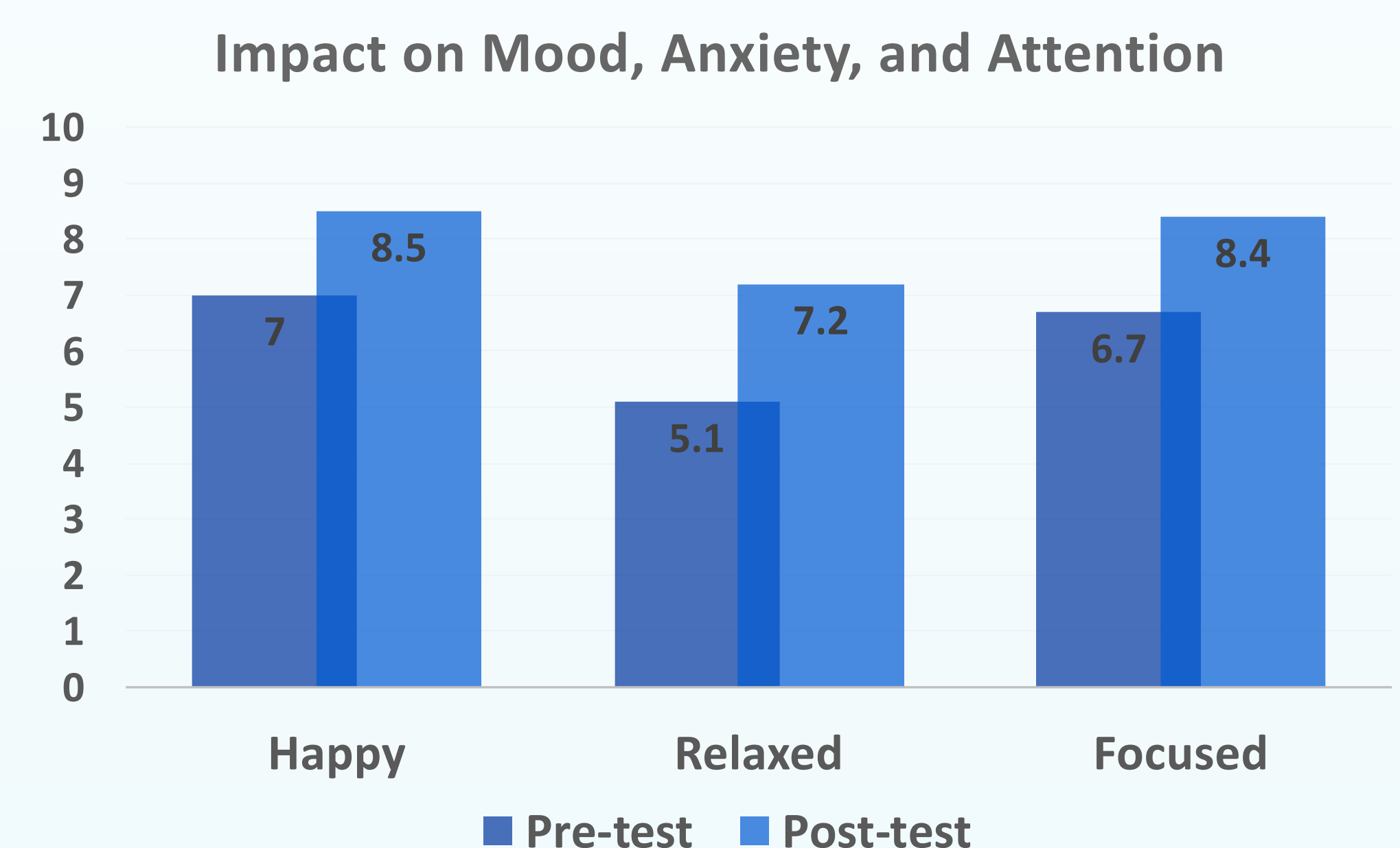
Deliverables

- ▶Program manual and lesson plan
- ▶Client worksheets
- ▶Presentation on program outcomes

Outcomes

- Increased Self-Efficacy and Motivation** • "I learn to write down goals, so I pick one out and try doing it"
- Improved Coping Skills** • "I feel relaxed and at peace"
- Increased Insight** • "The more things I can do... the better I will feel"
- Increased Social Participation** • "I enjoyed sharing ideas with each other and working as a group"

Quantitative Data



Discussion

Client Reported Improvements:

- ▶Engagement in novel and preferred occupations and utilizing group resources
- ▶Feeling more calm, relaxed and focused
- ▶Increased leisure participation
- ▶Confidence taking public transportation, accessing community resources, and engaging in social situations
- ▶Social participation, community engagement and service
- ▶Developing friendships, being helpful to one another

Findings support the role of OT in mental health and the success of an occupation-based community reintegration group

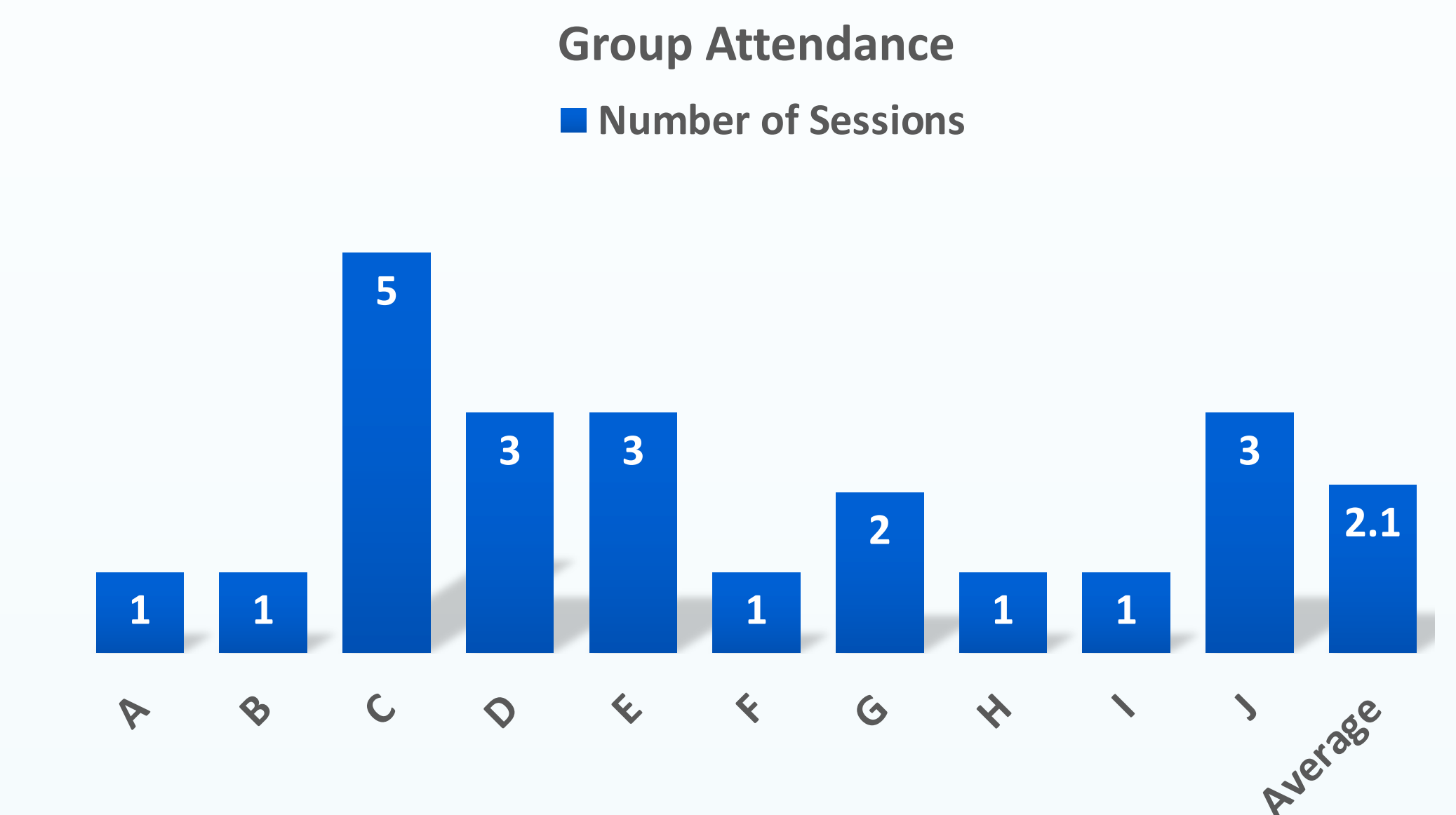
Implications for OT

- ▶Demonstrates the value of OT in mental health
- ▶Occupation-based programming promotes successful community reintegration and occupational engagement
- ▶Occupation is effective as a means and end to promote recovery from mental illness
- ▶Increased occupational performance improves self-efficacy
- ▶Increased occupational engagement reduces stress and dysfunction by promoting health, well-being and quality of life

Limitations and Future Directions

Limitations

- ▶Open group
- ▶Irregular attendance
- ▶Insufficient data collection



Future Directions

- ▶Development of additional modules
- ▶Development of an assessment or screening tool
- ▶Implement program with a closed group
- ▶Use of standardized assessments
- ▶Focus on inpatient, intensive outpatient, or substance use disorder programs

Conclusion

- ▶Serious mental illness often results in occupational dysfunction and imbalance, homelessness, the deterioration of health and social isolation
- ▶These effects negatively impact the individual as well as the community they are isolated from
- ▶Occupational therapists are well equipped to address this negative impact through occupation-based interventions
- ▶Occupation is effective as a means and end to help clients fulfill roles, develop a new identity based around health-promoting occupations and meaningfully reintegrate into their communities

References

Available upon request

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