



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

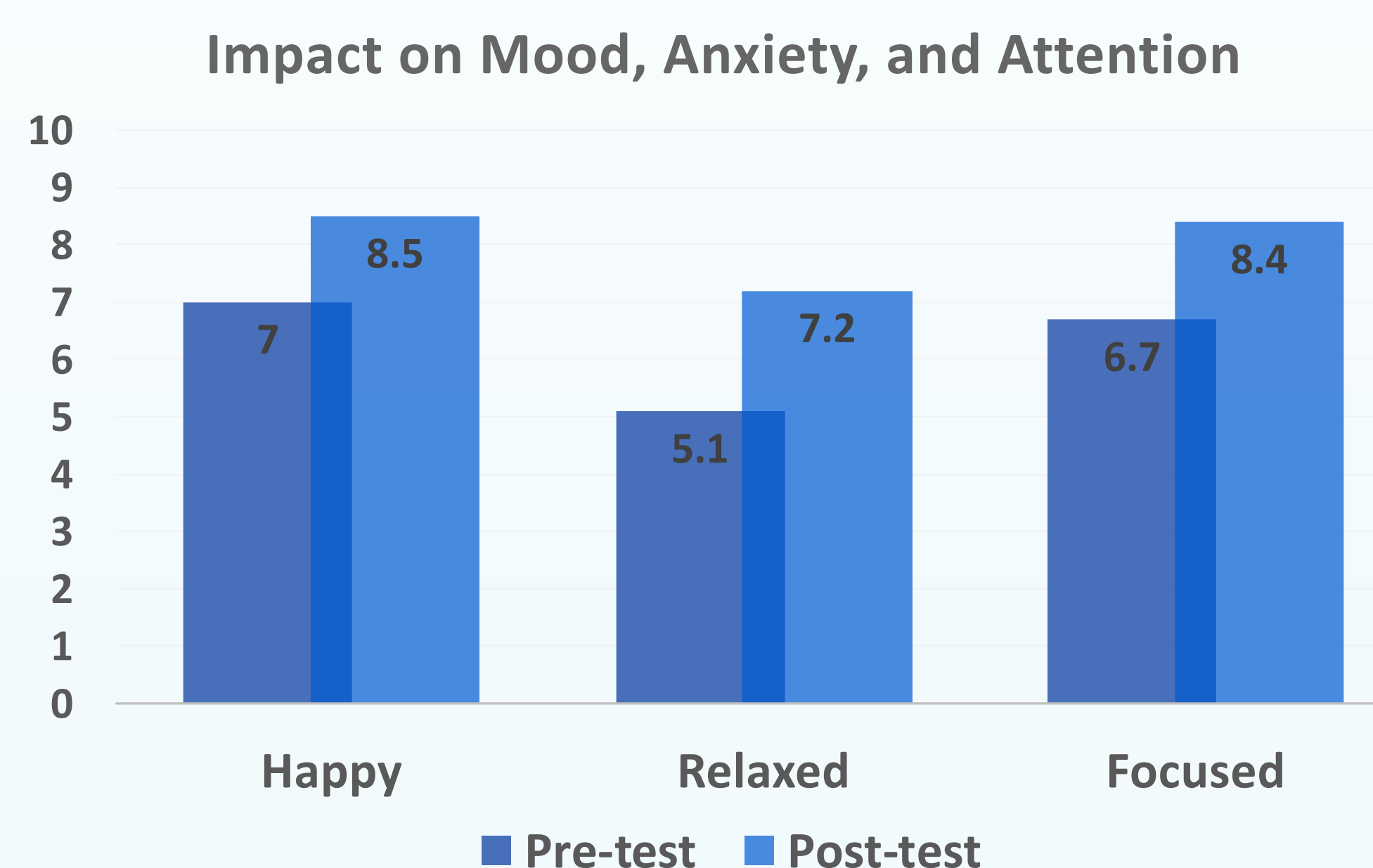
Deliverables

- 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

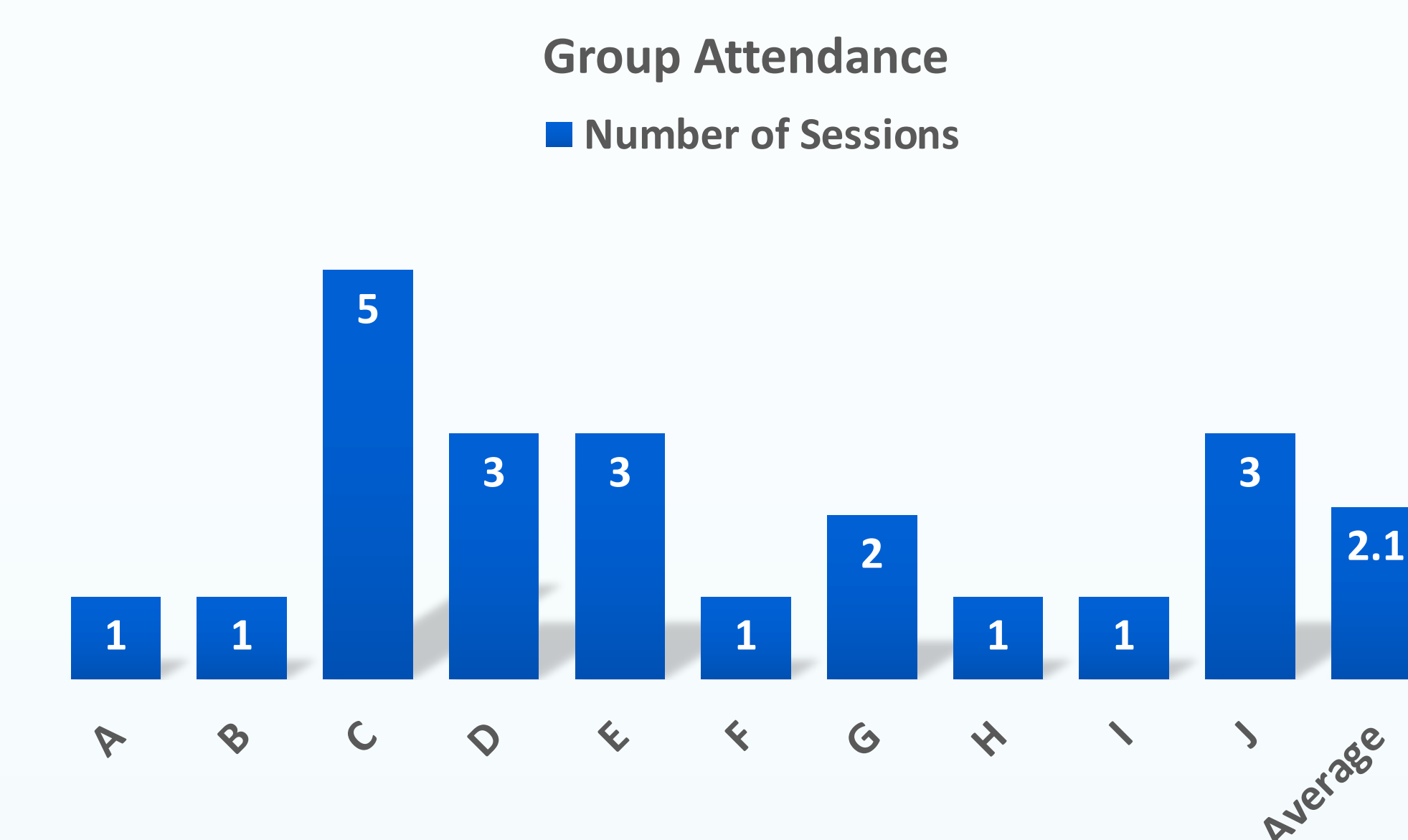
Implications for OT

- 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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