Mental Health Options

October 27, 2011

Hello Everyone,

I am considering the possibility of trying to set up some sort of mental health outpatient clinic/day treatment/partial hospitalization here on the campus of our university. The populations I am the most interested in are those with severe conditions such as schizophrenia or those in the early to moderate stages of Alzheimer’s. The purpose would be to meet a need in the community, and the other purpose would be to meet the need for psychosocial fieldwork for our OT students. I would want it to be designed so that ENGAGEMENT IN OCCUPATIONS, not talk therapy would be the primary service and be provided primarily by occupational therapists. I am having difficulty identifying places where OT is even mentioned as a service anymore. I am hoping my colleagues in the MOHO community could suggest some places that you feel provide excellent services and might be receptive to the idea that I would visit in order to get a sense of what works and what does not work. I am open to any specific literature that I could use to support this idea or the design of the actual program, including the facility itself. I am also open to any suggestions you may have regarding grants or other funding, or just general advice you may have. If I cannot find any good resources in the US, I would also be open to international recommendations. It appears that psychosocial treatment is very much alive and well in the UK. I wish I could say the same for the US.

Thanks in advance for all your help,

Regards,

Mary

October 27, 2011

Mary-
I applaud your intent and I don't think our many MOHO colleagues in the UK know how bad it is here in the US in terms of OTs involved in mental health. Only 3% of OTs worked in mental health settings in 2010. It is sad and due to our screwed up health care system.
I remember reading an AJOT article about a private OT mental health outpatient clinic in Minnesota that was thriving a couple of years ago. It is an OT run clinic, just for OT, I think. I just found it again and hope it will help you, here is the citation.

Factors Influencing Satisfaction and Efficacy of Services at a Free-Standing Psychiatric Occupational Therapy Clinic November/December 2009 Volume 63 / Number 6
Kristine Haertl-PhD, OTR/L, Kari Behrens-MA, OTR/L, Jill Houtujec-MA, OTR/L, Ashley Rue-MA, OTR/L, Rachel Ten Haken-MA, OTR/L

I think you biggest obstacle will be funding, as the payment for mental health care in the US is low. But if that clinic could make it work maybe you can too. Keep us posted.

Gail

October 28, 2011

Dear Mary:

I have read your idea and I think it is very important initiative. I developed and run Reencuentros, a Community Integration Center, based on MOHO during 12 years. It was an OT place. I can give you advice on what you want to develop. Our results were excelent with population you mention. Now we are proposing a plan for our school of OT at the Universidad de los Andes.

I can share with you more in detail the dynamics of the program, the theory and practice integration in the process of facilitationg occupational change. The program was published in the third version of MOHO book, also the Remotivation Process Manual can be of great help. I have other materials and papers I can share with you.

Contact me any time!!

Best to you
A hug to everybody
Carmen Gloria de las Heras, MS, OTR
Chile

October 28, 2011

Hi Mary,

A few years ago I came across a fantastic service led by OTs called Unilink on a university campus in Dublin – see the link below, which has lots of useful references. http://www.tcd.ie/disability/services/Unilink/Staff.php

Rather than working with the wider community, it actually provided jobs for OTs to work with students who had, or who developed, serious mental illnesses. I believe that they were using the Occupational Self Assessment to help the students set occupational goals.
The project might not be quite what you had in mind, but it’s well worth investigating.

Perhaps a Unilink OT is a member of the listserv?? If so, do let us know how your work is progressing.

Sue Parkinson

October 28, 2011

As an OT who previously worked in day treatment, I visited a program in NYC called Fountainhouse. It is a clubhouse program, and I will include a link to their website.

http://www.iccd.org/about.html

Although not formally associated with OT (at least I didn’t find much to suggest this in a quick perusal of the website), it seems closely aligned with MOHO principles. More food for thought…

I believe this 2nd link will take you to the page which outlines the history of Fountainhouse – the first clubhouse of many

http://www.iccd.org/history.html#fount

Jan Lipscomb, OTR/L

October 28, 2011

Hello Mary, I am the director of the Unilink service and would be delighted to talk with you. Just read Sue's email thank you Sue for those kind words. I will update you on Tuesday when I return to the office. Bank holiday here in Dublin!

We have now gone on to develop the programme for those with Asperger's Syndrome and those Fatigue issues and have expanded to two other universities. We find the OSA a really good in enabling us to focus on occupational issues. We have also developed a self management tool based on the WRAP but with an occupation focus.

Clodagh Nolan

Sent from my iPhone

October 28, 2011

That reminds me that the USC OT program's practice provides services to USC students through their counseling center. You may also want to look at this professional made Utube video for USC wellness services where they present what they do.
October 28, 2011

Mary,

I am an OT who is the rehab director for two Personalized Recovery Oriented Services (PROS) program in New York. It is a comprehensive program for people who have a disability due to the impairments associated with Axis I dxs. So we are assisting people with schizophrenia, schizoaffective d/o, bipolar d/o, major depression to accomplish their life goals. It is a client-centered collaborative between the participant and staff that drives the program. We are focused on function and many of our clients have goals to obtain employment, return to school, establish a social network and improve other relationships, etc. With that said, we offer a wide array of services and have an active OT fieldwork site for students. We utilize evidence-based practices such as supported employment, integrated dual diagnosis treatment, family psychoeducation, motivational interviewing and wellness self management.

With the change of focus for the person with a mental illness diagnosis to focus on recovery and client driven approaches, we have an opportunity to regain our role in mental health OT. The participants in these programs want to be able to function better. They want to be listened to and direct their own treatment. We are the best equipped profession to be able to do that. These people deserve to have occupational therapy involved in their treatment, the same way they deserve any other service. It is our role to make sure that we take advantage of this opportunity and seize any opportunity possible for OT to grow its voice in mental health treatment.

Sean Getty

October 29, 2011

Sen, this is so encouraging to hear. How are your services paid for? That seems to be such a big sticking point. And what is the staff composition? More details please.

Gail

October 29, 2011

Hi Mary - I am an OT working in Vancouver, Canada - PSR and recovery are alive here and OTs and our consumer peer support model are driving this forward - We focus on function and have programs working in both the community and acute / tertiary settings - feel free to contact us

Dionne
Hi Mary,

I want to offer a word of caution on the Clubhouse model as mentioned previously in this discussion. There has been some suggestion to adopt this model within government/non-government partnerships here in Australia.

As an OT with a background in mental health rehabilitation and a current role looking at service planning/evidence based practice, I have had been involved in some discussions looking at the efficacy of this model. To date, outcomes for consumers of these types of services are at best patchy, and the dearth of any supporting literature around clubhouse is quite pronounced. The ‘research’ to date is of very questionable quality. I draw your attention to the SAMHSA website and encourage you to look critically at the evidence used to support its application for inclusion on the site. (http://nrepp.samhsa.gov/ViewIntervention.aspx?id=189) When taken against other evidence based interventions for employment such as the Individual Placement and Support Model club house should really not be considered as a model for employment services for people with mental health issues.

Additionally, with the move towards services that promote recovery, clubhouse flies in the face of the recovery movement. In essence, it is an entrapping niche- not promoting community inclusiveness, Recovery is all about people being connected to the broader communities in which they live, where as the clubhouse model does not truly promote this.

It looks like there are some exciting suggestions from others- good luck in your search, I will follow the discussion with interest!

Jenny Valdivia

November 4, 2011

Jenny,
Prior to my position in the PROS I was program director of a clubhouse. The model, when done in line with the correct training (from Fountain House) is quite successful and if you visit Fountain House you will see how impressive it can be at assisting people with employment. The clubhouse model does inlude a significant amount of community inclusion and being that it is peer driven and run, it truly embraces the core concepts of recovery. It is a matter of doing it the right way. A trip to Fountain House would really change your perspective about this model.

-Sean Getty

November 6, 2011

Hi Jenny, hi Sean:

In addition to what Sean says I would like to complement it with my experience.
Reencuentros, the Community Integration Program I run for 12 years in Chile (It is in the third Edition of MOHO book), based its structure on the Clubhouse (original and well run) community program and MOHO was utilized as the model of intervention. All premises of Clubhouse are compatible with MOHO principles. Further more both complemented each other.

We did add and enriched the stages of community integration for Work and Education. We also developed other procedures for integration to other important roles. We integrated into it the Remotivation Process and a MOHO Evaluation Process and systemitize the dynamics of the occupational programas: much more diversity of occupational options, adding also some alternatives of our cultural and social reality; flexibility and continuity as normalizing dimensions. Also, based on the same client centered principles of the recovery process, MOHO, and the Clubhouse, every occupational option was developed in different group projects with different timelines where members of different capacities and skills evaluated results periodically to improve ideas, organization and role distributions. Individual projects were also developed with each member according their occupational needs and goals. We did support leisure time participation in the Community, using different community networks and peer support. We did not provide it during evenings or weekends at Reencuentros. Instead, we involved families and friends of members in the process.

500 families went through Reencuentros. We did not have money from the government or public support. We developed the program and raised money doing different types of events with members to maintain the program alive. We charged a modic amount of money to provide complete services. Some members with economic resources problems were given a "scholarship" (?) with money that international occupational therapists payed for specializing at Reencuentros.

Rates of successful competitive employment and Educational Integration were above 82% of total of members that had those goals. Other similar results were achieved in other productive and social roles. Follow up during 2-3 years. The results were much better than the ones of Clubhouses without the use of MOHO.

What I am trying to say is that the combination of the Clubhouse model (Community program model) and MOHO(conceptual practice model) helped to build a consistent and strong program that has been replicated in different places of our countries.

I am into integrating good approaches with MOHO which have same view of the person and same values..To do this we need to be rigorous on how we apply MOHO too and reason well before doing it.

Warm hug
Carmen Gloria de las Heras, MS, OTR
Chile
November 7, 2011

Hi All

I would agree that the research base for the Clubhouse Model is patchy. Also as many Clubhouses regard transitional employment as open employment it is hard to compare its effectiveness against other Rehabilitation Models which use a stricter definition for employment. One of the sites in the EIDP research (http://www.psych.uic.edu/eidp/) was a clubhouse model, it’s worth having a looking at the outcomes of this RCT. As an OT working with people with first episode psychosis I would have some concerns about the Clubhouse Model being adopted for all people who experience mental health problems as in my opinion it may restrict the funding available for other programmes, of which some, like the Unilink service, would be based in integrated educational and employment environments. In my opinion such programmes would be more appropriate for young people who are recovering for their first experience of mental ill health. Saying all that it is a good model for some people with more enduring mental health issues. The fact that it is peer run is a big plus in my opinion.

Also I have some knowledge of the Unlink service, I have referred people to it, and have seen the outcomes first hand. It is a great model, one that should be replicated elsewhere.

Best wishes

Niall Turner