

THE ROLE OF OCCUPATIONAL THERAPY IN PEOPLE WITH MENTAL HEALTH

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Abstract: *Unfortunately, in our country, in some situations, the level of occupational therapy activities is limited to the precarious material conditions in different types of institutions. Despite the current improvements, there is still an acute need for adequate spaces and materials to carry out quality occupational therapy activities. The presence of these negative aspects, to which is added the lack of qualified personnel in the field, diminishes the qualities of the recovery process in the institutions. The scientific challenge that is the subject of this paper is to highlight the role of occupational therapy in exploration specific resources for institutionalized persons, necessary for the development of autonomy. The objective of the research is to implement an intervention program, through remedial activities, that will contribute to direct involvement in daily life for people with mental health problems. The main conclusion of the research is that applying remedial activities adapted to the specific need of the client, the components of occupational performance can be improved, by increasing the degree of involvement in daily activities to institutionalized people.*

Key words: *occupational therapy, client-centred, remedial activities, mental health*

1. Introduction

According to the report on the implementation of the European Disability Strategy 2010-2020, presented in Belgium 2017, these actions highlight the European Commission's concerns in promoting the fundamental rights of people with disabilities and promoting social inclusion by holding decision makers accountable and social justice. In the same order of zing effect of people with disabilities is eliminated, a fact still encountered in

Romanian society, in which the issue of disability is still a "taboo" subject, not understood and not sufficiently explored. According to the National Strategy for the Protection, Integration and Social Inclusion of Persons with Disabilities, the factors that maintain stigma are: lack of interest from institutions and the community, degrading institutions, lack of resources and their inappropriate use, lack of information transparency and inadequate legislation; difficult to access rights. The clients belonging to the

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recreational group showed a significant improvement in behavior. When comparing baseline with post training condition, clients displayed a substantial reduction in disruptive behavior, and a tendency to a general reduction in behavioral symptoms compared to controls. This reduction was mirrored by a significant reduction in caregiver reaction to behavioral disturbances (Farina et al., 2006). Scientific evidence from national and international literature has highlighted the important role of occupational therapy in promoting health and well-being of the individual through occupation, the main purpose being to facilitate the person's participation in social life and involvement in daily activities to ensure satisfaction and regaining personal autonomy. Following the same idea, Moses emphasized that occupational therapy focuses on "helping the individual to develop the adaptive skills illustrated in learned behaviors, which allow him to his personal needs and satisfy the requirements of the environment" [9].

The role of therapy in care and social assistance centers is a clear one, based on the use of functional activities to obtain the optimal level of adaptation of people whose functional performance level has been affected by various neurological, rheumatologic allies, post-traumatic, mental and/or behavioral disorders in the context of multiple diseases [1]. Regarding the public social assistance institutions for adults with disabilities and which are coordinated by the Ministry of Labor and Social Protection through the National Authority for the Rights of Persons with Disabilities, Children and Adoptions, Directorate for the Rights of Persons with Disabilities, the statistics show that on December 31, 2019 the number their

number is 503 (compared to 498 as of December 31, 2018), of which 443 are residential centers (compared to 434 as of December 31, 2018) and 60 non-residential-day (compared to 64 as of December 31, 2018).

In 2004, the World Health Organization developed the International Classification of Functioning, Disability and Health, based on the Theory of "Capabilities" supported by Sen, 2005, and which started from the premise of respecting the relationship between the concepts of quality of life and functioning. This classification of the world health organization had a complex, bio psychosocial approach, in which emphasis was placed on the person's abilities and functional limitations and level of participation in different areas and influencing assessments of the quality of life of people with disabilities [13].

2. Objective

The aim of the study is to implement an intervention program based on increasing occupational performance that would contribute to support the maintenance of daily activity, to improve their well-being, to reduce behavioral disturbances, to favor socialization.

3. Materials and Methods

3.1. Research hypothesis

Study hypothesis:

- by applying remedial activities adapted to the specific need of the client, the components of occupational performance can be improved, by increasing the degree of involvement in daily activities, to institutionalized people.

- is assumed that by outlining the means of implementing occupational therapy, through

an intervention program based on strategies can increase the interest of beneficiaries in participating in individual and group activities.

3.2. Organization of the research

The study was conducted in a social assistance center that has beneficiaries with neuropsychiatric disorders, in Bacau, during December 2019-June 2020. The study involved 20 beneficiaries, 4 people with schizophrenia, and 14 people with behavioural disorders, organic mental disorders and grade II oligophrenia, one person with dementia.

As a method of intervention we chose the Human Occupation Model-MOHO, Kielhofner, G., 2002, because it has an approach focused on motivation, routine, degree of performance and the person's environment [4]. This model helped us generate a complex image and identify interests, values, habits, roles, and abilities. I interviewed in narrative form or after an interview guide through which I learned the daily routine, the ability to organize, determination, self-esteem, self-confidence, level of performance and social interaction, what occupations they like to do, why participates, what is the motivation, in which he participates frequently, what is the personal purpose of carrying out an occupation.

For the intervention were used individual and group activities using leisure activities and daily activities. The activities were selected according to their cognitive level, without the beneficiaries feeling frustrated. Clients participated in groups of 5, with meetings twice a week, 2 hours each. For 50 minutes has performed recreational activities and for 1 hour occupational activities. These activities have included steps of activities, prompting verbal, and modeling, used to

assist participants. At the end of each meeting we served a meal, or a tea together for socializing.

3.3. Assessment instruments

In order to obtain accurate data on occupational issues, their importance for the subject and the level of performance of the subject in the chosen activity, we used the Canadian Instrument for Measuring Occupational Performance (COPM).

The Rosenberg scale is a scale for measuring self-esteem that includes 10 items and helps to score positive or negative aspects of the subject.

ADL Assessment (FID): This scale (Scale Functional Independence Measure) comprises 18 elements (5 cognitive elements and 13 mobility elements) and is divided into 6 groups, with a possible maximum of 126 points. The result helps us to know the degree of independence / dependence of the subject on the rated elements [11].

The volitional questionnaire readapted according to the MOHO model: it is a scale through which we determined the level of volition of the research group in occupations and the analysis of the component elements that influence or limit the volition of participation in occupations. It includes a score from 1-5 by which we determine the level of volition, respectively 5-very high level, 1-very low level.

4. Results and discussion

At the end of the occupational therapy intervention, a series of improvements in behavior, attitude and skills were observed. A positive progress was observed in regards to the willing participation level, performance and satisfaction, and occupational

independence.

By using the COPM, table 1, measuring instrument, it was found that food preparation activities, involvement in

cleaning activities, gardening led to improved occupational performance and increased level of satisfaction of subjects.

Scoring the performance and satisfaction of COPM

Table 1

Cooking activities	Assessment		Revaluation	
	Performance	Satisfaction	Performance	Satisfaction
	2	4	9	10
Household activity	5	4	8	7
Gardening activities	3	4	7	10

The trade activities aimed to getting the subjects involved in occupations; the subjects were satisfied of the final product

in a short time, which led to an increase of their self-esteem, feeling personally satisfied of their work, attracting the appreciations of everyone involved.

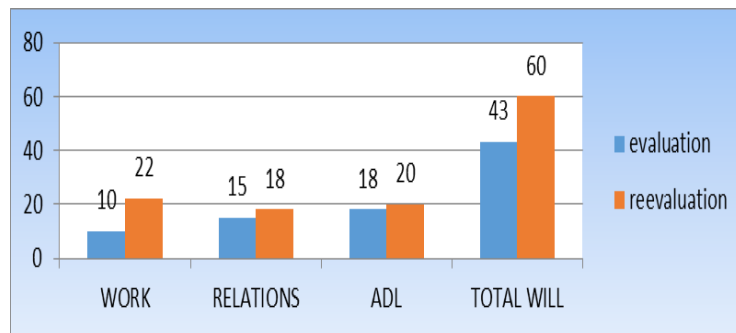


Fig. 1. *The results of the dynamics of motivation*

Figure 1 presents the evolution of the subjects will according to the occupational area. One can see that the subjects' will to participate was low initially, and the therapeutic strategy increased their motivation to get involved and their will to perform group activities. The subjects' desire to get involved was possible thanks to the strategy that was applied: performing certain activities using small steps, gradually increasing the complexity

of the task/activity and the volume, analysing the activity with the subjects, having freely conversations before and after the activity, reflecting on the limitations or obstacles that they encountered. Related to that, social relations in people with mental impairments are low, and the use of group activities played a significant role in this research, because they developed interaction and communication skills.

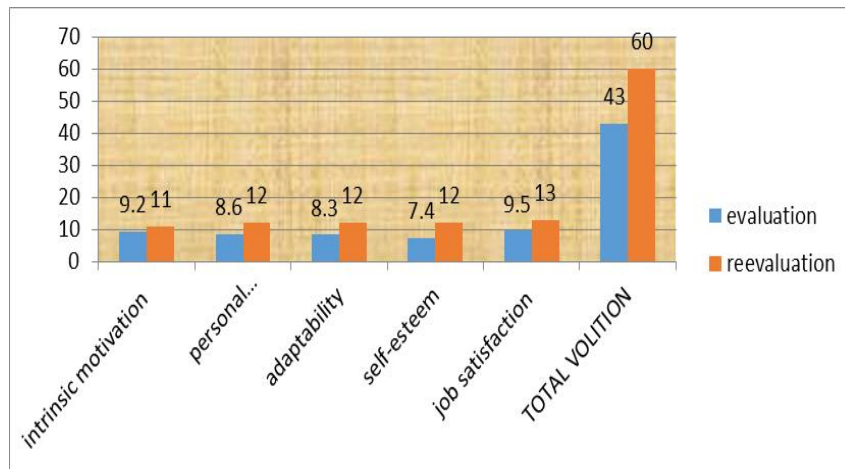


Fig. 2. *Dynamic evolution volition group reported its constituent components*

Figure 2 records the progress of will and its constitutive elements in regards to occupation for the group. There was an increase in all components, with the satisfaction recording the best results after the intervention. The use of purposeful activities adapted to the needs, abilities and personality of the subjects has led to a progress of satisfaction in occupations, an

increased percentage of participation, an adaptive, motivated and determined behaviour. This difference between the initial and final assessment proves that the client-based strategy specific to occupational therapy creates opportunities for the subjects to get involved in activities that would benefit them.

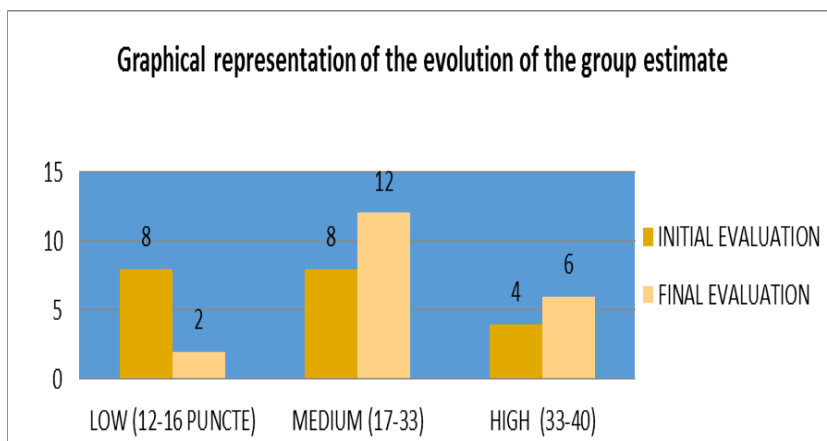


Fig. 3. *Self-esteem per group/Rosenberg test*

Figure 3 shows the progress of self-esteem in the group after the occupational intervention. This aspect emphasizes the benefits of occupational therapy because it helps the people becoming aware of their

need to get involved and be active in any occupation that is significant to them. Forming a well-balanced routine, an active and continuous partnership between therapist and beneficiary, using reflection,

stimulating the involvement in planning and solving crisis situations activates the people's motivation, willingness to participate and implicitly, it develops skills and increases the people's self-confidence. Thus, the persons become active and connected, renouncing their learned inactivity (no adaptive behaviour).

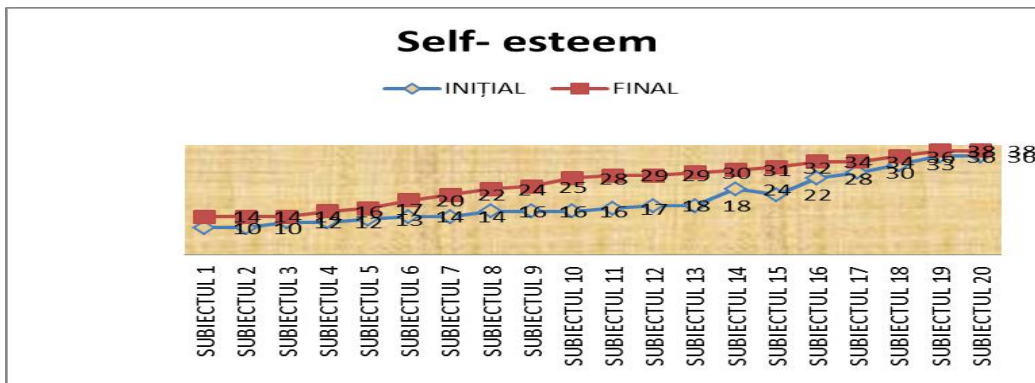


Fig. 4. Level of self-esteem per beneficiary / Initial-final evaluation

Figure 4 highlights that facilitation of group occupations, with equal chances for everyone, develops skills, creates new social relationships, and develops initiative and intrinsic motivation to do more and better, all of these aspects resulting in an increase of self-confidence.

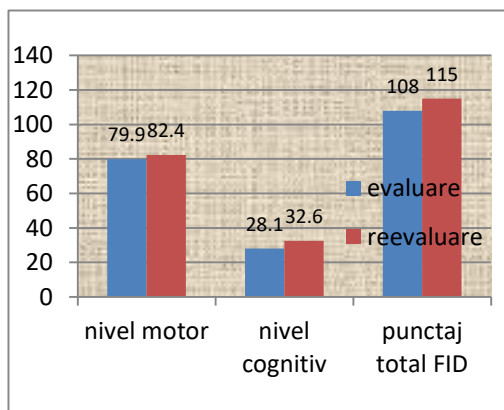


Fig. 5. Evolution dynamics for the test FID

Figure 5 presents the progress of functional independence and the problems of participation and performance encountered in occupations. It can be seen that the occupational therapy strategies of facilitation and guidance have helped

evolve the subjects' independence in their deficient areas. The purpose was to re-educate the subjects' functionality by using activities, from simple to complex. Bilateral coordination and quickness in performing actions were developed through the adaptation of the environment and the use of remedial activities. The adaptation of the task to the subjects' level of understanding and performing, using images, explaining the steps of the activities, through imitation have all led to a positive evolution.

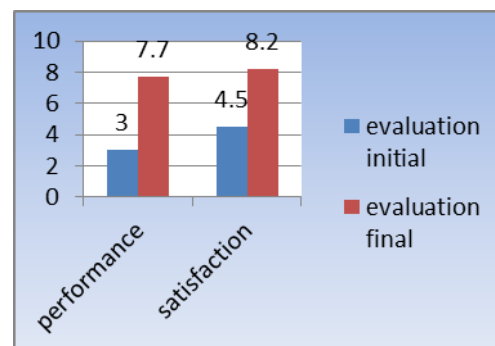


Fig. 6. Dynamics of the test evolution COPM

Figure 6 presents the overall progress of the group's performance and occupational satisfaction components related to the performed activities (COPM). There is a clear evolution of the subjects that can be observed during the therapeutic intervention, both their performance and their satisfaction recording an optimal score; the oligophrenics have endurance to effort, but for them it is very important the final product has a practical, palpable, concrete value. This progress highlights the effectiveness of the occupational therapy intervention used as an instrument that helps develop motivation and determination through occupations.

4. Conclusions

The role of occupational therapist is to organize of context and to assist disabled people in achieving the optimal level of occupational functional performance in self-care, work, and leisure activities. In order for the field of social services to remain relevant in Romania, it must adopt occupational therapy more effectively as part of its methods, because the spectrum of this therapy is wide, and its intervention is centred on the clients, their needs and interest in performing. Following the qualitative study, the hypotheses stating that by applying remedial activities adapted to the specific needs of the clients, their occupational performance can be improved; by increasing the institutionalized persons' degree of involvement in the daily activities and by using occupational therapy means in a strategy-based intervention program, the beneficiaries' interest can be increased in regards to their participation in individual and group activities.

The evaluation tests provided us with concrete data that facilitated our decisions regarding the remediation or

support of the activities and the strategy approached in the intervention. Also, through the systematic and continuous analysis, it was possible to find risks but also opportunities as well as weaknesses or strengths of the intervention.

This research took into account the people's will and intrinsic motivation, but the adaptation of activities and tasks to their physical and mental abilities resulted in an increase in their desire to participate and get involved in the various activities, achieving the general objective of functional and social independence.

By increasing the level of participation of beneficiaries through occupations, applying client-centered therapy, we achieved to increase self-confidence, adaptive and implicit behavior, job satisfaction and performance.

Through the analysis of activities and occupations, the beneficiaries got involved willingly in occupations, participating in the planning of activities, becoming aware of their limitations and skills, and becoming co-participants in their own lives.

All of these strategies used in this research have confirmed that occupational therapy is necessary, beneficial, effective, and is suited for the general objectives of social services - to maintain the people's health, wellbeing and increase the institutionalized persons' quality of life. The role played by occupational therapy is clear and confirmed by this study, which is to create opportunities and make it easier for people to actively participate in their daily life activities and social life.

Occupational therapy is considered another new specialization in Romania, therefore not all centers that offer social services do not have occupational therapists as employees. Often the activities in the centers are imposed and

do not have as a starting point what the beneficiaries want to do.

The participants gave their informed consent for participating in the study, were informed of the withdrawal possibility, with no other consequences on their status.

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