

**MEDICLINIC**



GEORGE

# Affordable Vocational

# Rehabilitation in Psychiatry



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# Overview

- Work setting
- Burning questions re affordable occupational therapy services
- Individual OT focus
- Vocational Rehabilitation



## WORK SETTING

- An acute in-patient psychiatric clinic
- Average stay of 2 weeks – limited by medical aid benefits for psychiatric admission
- Multi-professional team – our powerful tool in achieving *RECOVERY*.
- Aim for recovery, measured by the *QUALITY OF LIFE* the *PATIENT EXPERIENCES* after appropriate interventions.



# WORK SETTING

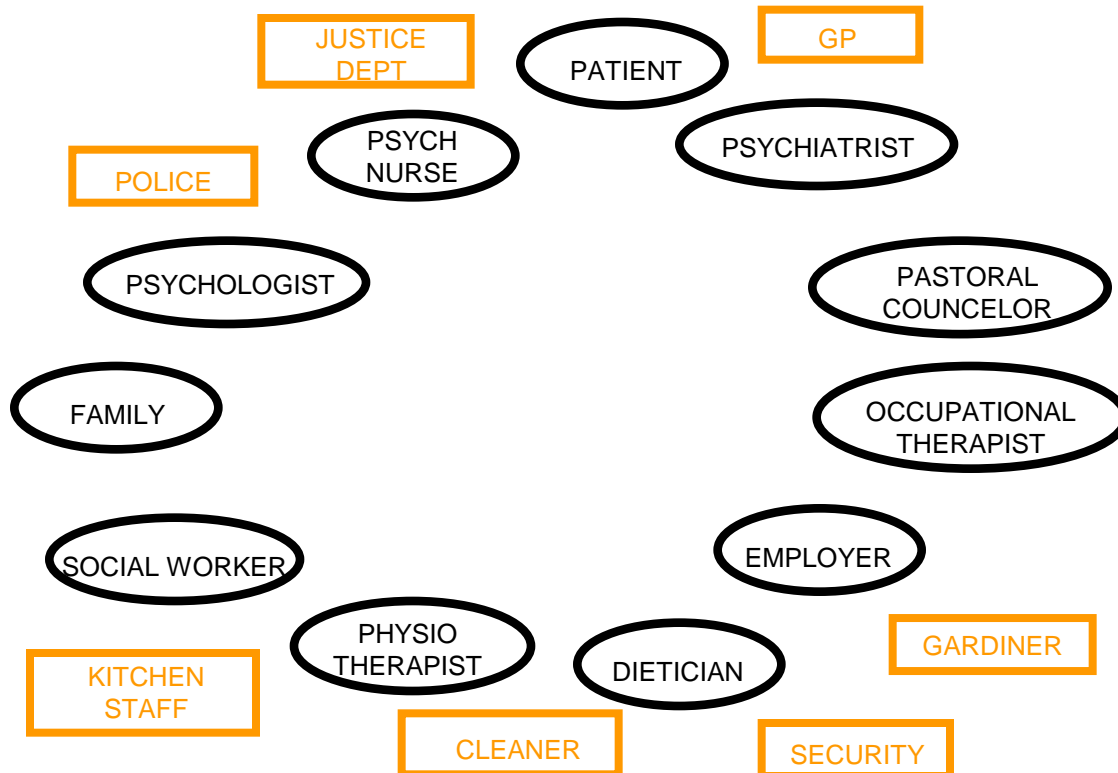
- Therapeutic groups:

- |                                          |                                                         |
|------------------------------------------|---------------------------------------------------------|
| ➤ Self-image and personality development | ➤ Substance abuse                                       |
| ➤ Conflict management and communication  | ➤ Pain management                                       |
| ➤ Stress and burn out                    | ➤ Personal strengths                                    |
| ➤ Foundations                            | ➤ Balanced life style and time management               |
| ➤ Guilt and forgiveness                  | ➤ Practising Relaxation Techniques                      |
| ➤ Inertia                                | ➤ Psycho-education on psychiatric illness and treatment |
| ➤ Music Therapy                          |                                                         |
| ➤ Cognitive restructuring                |                                                         |

- Arts and crafts – trained OT helper
- Individual occupational therapy
- Identifying the vocational rehabilitation team



# WORK SETTING MULTI-PROFESSIONAL TEAM



# BURNING QUESTIONS

## Affordable occupational therapy services

- How to create a vocational rehab area applicable to patients ranging from unskilled to highly skilled?
- How does the OT effectively conduct a vocational rehabilitation program within 2 weeks?
- How can the OT contribute to reducing sick leave and assist in effective return to work?



# BURNING QUESTIONS

## Affordable occupational therapy services

- How can we address ignorance/impatience of employers regarding psychiatric illness?
- Do employers understand cost effective reasonable accommodations to enable employees with psychiatric conditions to continue working rather than *“getting rid of people with reduced productivity”*?





# INDIVIDUAL OCCUPATIONAL THERAPY FOCUS

- **WORK**
- **QUALITY OF LIFE**

“Recovery involves the development of **new meaning and purpose in one’s life** as one grows **beyond the catastrophic effects of psychiatric disability**”

Anthony W, 1993



# INDIVIDUAL OCCUPATIONAL THERAPY FOCUS

“The possible **causes of chronicity** may be viewed as having **less to do with the disorder** and more to do with a myriad of **environmental and other social factors interacting with the person and the illness**”

Harding, Zuben & Strauss, 1987



# INDIVIDUAL OCCUPATIONAL THERAPY FOCUS

Recovery from the consequences of the illness (**discrimination, poverty, segregation, stigma and iatrogenic effects of treatment**) is sometimes more difficult than recovering from the illness itself.

Adapted from Anthony, 1993



# INDIVIDUAL OCCUPATIONAL THERAPY FOCUS

The effectiveness of vocational rehabilitation approaches (PVT and SEm) with people suffering from severe mental disorders were studied . The main finding was that SEm was more effective than PVT for patients suffering from severe mental disorders who wanted to work.

Marshall, et al., 2001



# VOCATIONAL REHABILITATION Challenges

- Majority of patients work in open labour market
- Patients and employers complain about reduced productivity: concentration, memory, anxiety, irritability, emotional lability, self consciousness, poor self esteem, social withdrawal, aggressiveness, paranoia, psychosis etc.



# VOCATIONAL REHABILITATION

## Process

- Interviewing the patient
- Interviewing the employer
- Patient, employer and relevant other team members meet to identify possible solutions to problems at work
- Employer becomes member of the treatment team as the patient spends 8 hours per day at work
- Follow up is arranged where relevant team member meet to evaluate progress and suggest more solutions where indicated



# VOCATIONAL REHABILITATION

## Case Study A

- Anorexia Nervosa, ±40 years old, caring profession, 35kg
- Admission: group therapy, individual sessions with dietician, psychiatrist, psychologist, physiotherapist, OT help
- Employer: accommodated in temporary post – must know prognosis
- WORK is the main motivating factor NOT SYMPTOM RELIEVE



# VOCATIONAL REHABILITATION

## Case Study B

- Pt with PTSD and co-morbid alcohol abuse, ± 40yrs, SAPS -
- Non-compliant
- Multi-professional meeting: family, employer, social worker, OT and pt
- Rehab centre
- Med Boarding + involvement as fitter and turner: successful
- Reduced symptoms, ↑ Quality of life





# VOCATIONAL REHABILITATION

## Case Study C

- Alcoholic, 48 yrs, process controller
- No promotion in 8 years of excellent service – lost ambition
- Multi-professional meeting at work: social worker, OT, employer, union member and patient
- Patient motivated by input at meeting – hope for promotion lies within himself



# VOCATIONAL REHABILITATION

- *Different expectations* of patient and employer cause *frustration, disappointment, anger and aggression*
- MP team intervention provide opportunity to identify differences in expectations, provide information and negotiate fair problems solving / accommodation / alternatives → prevent failure
- Both employer and employee benefit: aim at shorter sick leave and improved productivity
- ↑ Quality of life



