

Conference Proceedings

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PREPARING OCCUPATIONAL THERAPY STUDENTS FOR MENTAL HEALTH PRACTICE AT THE UNIVERSITY OF EAST ANGLIA: AN INTEGRATED APPROACH

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Paper

Preparing occupational therapy students for practice in mental health services can be challenging. There is a need to integrate a strong professional identity and an understanding of the lived experience of mental illness and recovery with a commitment to policies and practices that encompass multi-professional team working. This presentation will discuss how occupational science can provide a strong foundation for this integration as it resonates strongly with the lived experiences of many service users. 'Recovering Ordinary Lives', the College of Occupational Therapists 10 year strategy for mental health, calls on educators to place 'occupation at the heart of the occupational therapy curriculum' (COT 2006 p.11).

The context of this teaching is a three year BSc degree in occupational therapy at the University of East Anglia. This degree course has a number of modules, some taught jointly with physiotherapy students, like human sciences and professional development, including research. Occupational therapists have a generic training and are qualified to work in physical care settings, in mental health and learning disability services. This presentation discusses the mental health strand within the occupational therapy, profession-specific modules.

In our teaching we try to provide a clear professional identity for students, while also ensuring that they fulfil the 10 Essential Shared Capabilities required to deliver mental health services. We make sure that they can address the generic policy and service delivery requirements, being aware of recovery approaches and the social inclusion agenda. It is also vital that the students can engage with service users in a respectful, person-centred way.

The foundation for this teaching, which is possibly a threshold concept, is occupational science. Occupational therapists define occupation in a very broad way; it is far more than just employment and work. Our concept of occupation includes everything that a person might do in their everyday life. So it will also include self care and leisure as well as paid and unpaid work. We view humans as occupational beings; it is engagement in meaningful activity that defines humanity. What we do defines what we become and engagement in occupations is a human right. This meets the definition of a threshold concept because once this point of view is understood, it does change the way that you look at the world and people in it.

Occupational science also has an integrative function. The learning activities interweave the principles of recovery and occupational science. The main message for the students is that combining these approaches gives a solid base for respectful, client centred and effective practice.

An occupational perspective is vital to the delivery of high quality, recovery-focused mental health services. The experience of and recovery from mental illness is understood in terms of its impact on occupational function rather than on ill health. We explore the areas of agreement, not conflict, and explore the strong resonance between occupation and recovery. For example, a key part of recovery is establishing an identity and finding meaning in life and these can be viewed as occupational goals, in the broad sense described above. We see the general mental health policy context as an opportunity and not a threat.

Facilitation of learning activities is shared between lecturers, people who have used mental health services and students. This collaboration models the effective relationships of mutual respect it is hoped the student occupational therapists will develop with people using mental health services. Much of the learning within the module is student-led with the students having the experience of co-running a group or facilitating a journal club session. We also work closely with a service user who has set up a social enterprise firm, called 'Training by Experience'. He intends to train and involve service users in the delivery of education about mental health. We involve this service user in all aspects of delivery and planning of the curriculum and he has a contract as an associate tutor.

We attempt to work with the 'troublesome knowledge' associated with a threshold concept and throughout the sessions the students are offered different tools of reflection. We try to stimulate students to engage critically from an occupational perspective with their experiences on placement. The activities conclude with a debate on 'hot topics' within current practice. The reflection can tend to be rather academic, however, and we could do more to facilitate reflection around the personal and emotional struggles experienced in mental health practice.

At the beginning of the third year of study we have wiped out most of the formal taught sessions and the students engage in a practical project that uses creative media to connect concepts from occupational science with contemporary issues in health or social care. For example, one group made a quilt using a variety of sewing, collage and embroidery techniques to explore occupational deprivation and occupational identity for people who are homeless. It was frightening abandoning the traditional teaching and timetable but we trusted in the creative process and had faith in the students. By respecting them and believing in their abilities we all learnt so much and gained a lot from the process. Occupational therapists have thrown away the baby with the bath water to some extent in moving away from our roots in arts and crafts. A rediscovery of creativity, based on strong conceptual foundations, has huge potential for the future.

Therefore the teaching connects occupational science and mental health theory with evidence based practice and continued professional development. In conclusion, the combination of topics and different teaching events provides many opportunities for the students to take a lead in furthering their knowledge, advancing their group work skills, becoming reflective practitioners and being able to present key evidence from the literature. The way that this teaching integrates core professional values with inter-professional mental health practice will challenge other professions to articulate their specific professional approach and where it fits in mental health services today.

Reference: College of Occupational Therapists (2006a) Recovering Ordinary Lives: The strategy for occupational therapy in mental health services, the next ten years. (Core). London. COT.