WFOT CONGRESS 2018

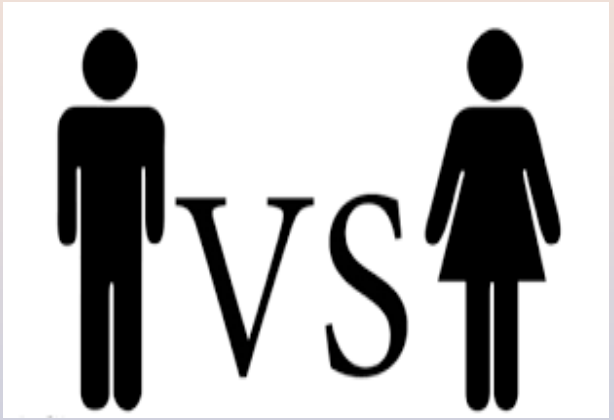
CONNECTED IN DIVERSITY: POSITIONED FOR IMPACT

"It's a Catch-22"…Men, Severe Mental Illness and Community Integration

Fadia Gamieldien

22 May 2018

GBD: 23%



50%

Background to the study

Research Problem

Research Question

Research Aim

Research Objectives

Research Design

Methodology

“Community integration means something to do; somewhere to live; and someone to love” **(Jacobs, 1993)**

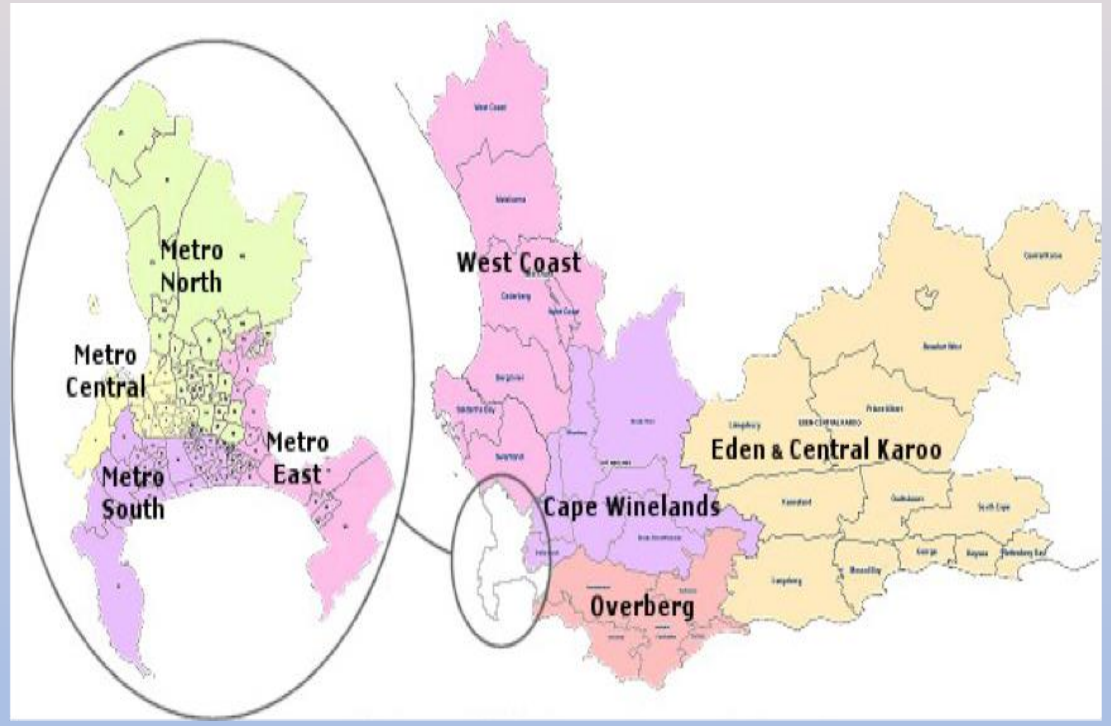


Table 3.1: City of Cape Town
(Statistics South Africa, 2012)

Area size	**2 461 km2**
Total population	3,740,026
Young (0-14)	24,8%
Working age (15-64)	69,6%
Elderly (65+)	5,5%
Growth rate	2,57% (2001-2011)
Population density	1530 persons/km2
Dependency ratio	43,6%
Unemployment rate	23,9%
Number of households	1, 068, 573
Formal dwellings	78,4%
Household income below poverty line (ZAR3600 per month)	35,7%

Locating the files and meeting the mental health service users

Pseudonym	Age	Race	Residential area	Year of admission to Gateway	Diagnosis
Mikaeel	55	Coloured	Claremont (designated white area during apartheid)	2012	Schizophrenia
Bolo	29	Coloured	Heideveld (Cape Flats)	2010	Schizophrenia
Gershwin	39	Coloured	Retreat (Cape Flats)	2011	Bipolar Affective Disorder
Emmanuel	29	Black	Khayelitsha (Township)	2012	Schizophrenia
Dan	27	White	Mowbray (designated white area during apartheid)	2011	Schizo- affective Disorder

"I am interested in how you spend your time and what your interests are. I would like you to draw a map of your community. This will help me understand the things you do every day, the places you go to and the people you meet."

Theme: It's a Catch-22 situation

Categories

- It's not just what you call it
- There is no one size for all
- It's tricky choosing between places to go and things to do

“ So I mean I’m in a catch 22. I never asked for it [mental illness] *but I always get told that I should be grateful that I’m one of the lucky ones who got seen and got help but it also has its weighing burdens that’s not gonna get any lighter…” (Gershwin)*

'Uhm, maar ek weet nie met wat nie- hulle het gese schizophrenia of bipolar maar ek weet nie." [Uhm, but I don't know with what- they said schizophrenia or bipolar but I don't know]… *You see, Fadia, stress can be a lot of things on your mind that you can't explain it. It can be like vrot* [decayed] *in your mind, vrot* [decayed] *in you mind, it can be like you won't get it out…" Bolo*

'My schizophrenia is not like yours; it's very different from person to person so even though we all have the same title (laughs) if you like but it's very different …And medical people will say: "oh he is recovered now". Recovery is just about ja, surviving and surviving in community and its not a permanent state. It fluctuates and is something that isn't guaranteed' Mikaeel

“You know it’s difficult when one has a mental illness; it is very difficult to speak about belonging. You know, it’s very difficult, I mean most people belong somewhere but people with mental illness tend to be displaced, they don’t really fit in anywhere... This belonging, where do you fit in? Who are you? In our own way we all do because we are all different.” (Mikaeel)

“And there’s changes all the time and it’s difficult to depend on things staying the same…So there’s a whole lot of layers.” (Emmanuel)

- *So I'm not allowed to drink any alcohol and what I do like doing is playing pool and I'm really good at it. Sometimes we go to the uhm, pubs and, and challenge the people to play pool. We do drink water and what happened on Saturday night we asked the bar lady if they have a jug of water and she said, no, no ways, this is an alcohol-drinking bar and you only come here to drink alcohol. So we walked out and decided not to play there… No, there aren't pool tables with no alcohol… and like you can easily get influenced into drinking." (Dan)*

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The 2009 Schizophrenia PORT Psychosocial Treatment Recommendations and Summary Statements

Lisa B. Dixon[1–3], Faith Dickerson[4], Alan S. Bellack[2,3], Melanie Bennett[2,3], Dwight Dickinson[2,3], Richard W. Goldberg[2,3], Anthony Lehman[2], Wendy N. Tenhula[2,3], Christine Calmes[3], Rebecca M. Pasillas[3], Jason Peer[3], and Julie Kreyenbuhl[2,3]

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The Schizophrenia Patient Outcomes Research Team (PORT) psychosocial treatment recommendations provide a comprehensive summary of current evidence-based psychosocial treatment interventions for persons with schizo-

for recent onset schizophrenia, and peer support and peer-delivered services indicated that none of these treatment areas yet have enough evidence to merit a treatment recommendation, though each is an emerging area of interest. This update of PORT psychosocial treatment recommendations underscores both the expansion of knowledge regarding psychosocial treatments for persons with schizophrenia at the same time as the limitations in their implementation in clinical practice settings.

Key words: schizophrenia/psychosocial/treatment

Introduction

An occupational perspective of the recovery journey in mental health

Mary Kelly,[1] Scott Lamont[1] and Scott Brunero[1]

Key words:
Occupation, recovery, mental health, occupational therapy.

Background: The philosophy of occupational therapy and that of recovery are markedly similar; however, there is limited research linking occupation to recovery in mental health. *Aim:* This study aimed to explore the relationship between recovery and occupation in consumers with mental health problems.

Method: A qualitative method in the form of narratives was chosen in exploring the uniquely subjective experiences of mental health, occupation and recovery. Five members of a mental health support group (GROW) were engaged in semi-structured interviews, whereby individual narratives were analysed through comparative methods to identify categories and themes.

Findings: Five categories emerged: (1) The recovery map, (2) GROW has just given me the platform, (3) You have to become active, (4) The great barriers and (5) Where am I now ... I couldn't bear it if I was any better. The participants' experiences of recovery highlighted the necessity for occupational engagement in a supported environment. The benefits of occupation included feelings of social cohesion, meaning, purpose, normalisation, routine, competence, productivity, skill acquisition, routine and pleasure. These factors enabled the participants to re-establish self-concepts and subsequently promoted mental health.

Implications: The findings may have implications for occupational therapy practice, whereby occupational therapy could facilitate a leadership role in recovery-orientated mental health services.

Article

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The recovery model and complex health needs: What health psychology can learn from mental health and substance misuse service provision

Lucy Webb[1]

Abstract
This article reviews key arguments around evidence-based practice and outlines the methodological demands for effective adoption of recovery model principles. The recovery model is outlined and demonstrated as compatible with current needs in substance misuse service provision. However, the concepts of evidence-based practice and the recovery model are currently incompatible unless the current value system of evidence-based practice changes to accommodate the methodologies demanded by the recovery model. It is suggested that critical health psychology has an important role to play in widening the scope of evidence-based practice to better accommodate complex social health needs.

The struggle for social integration in the community – the experiences of people with mental health problems

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| Cited by: 29

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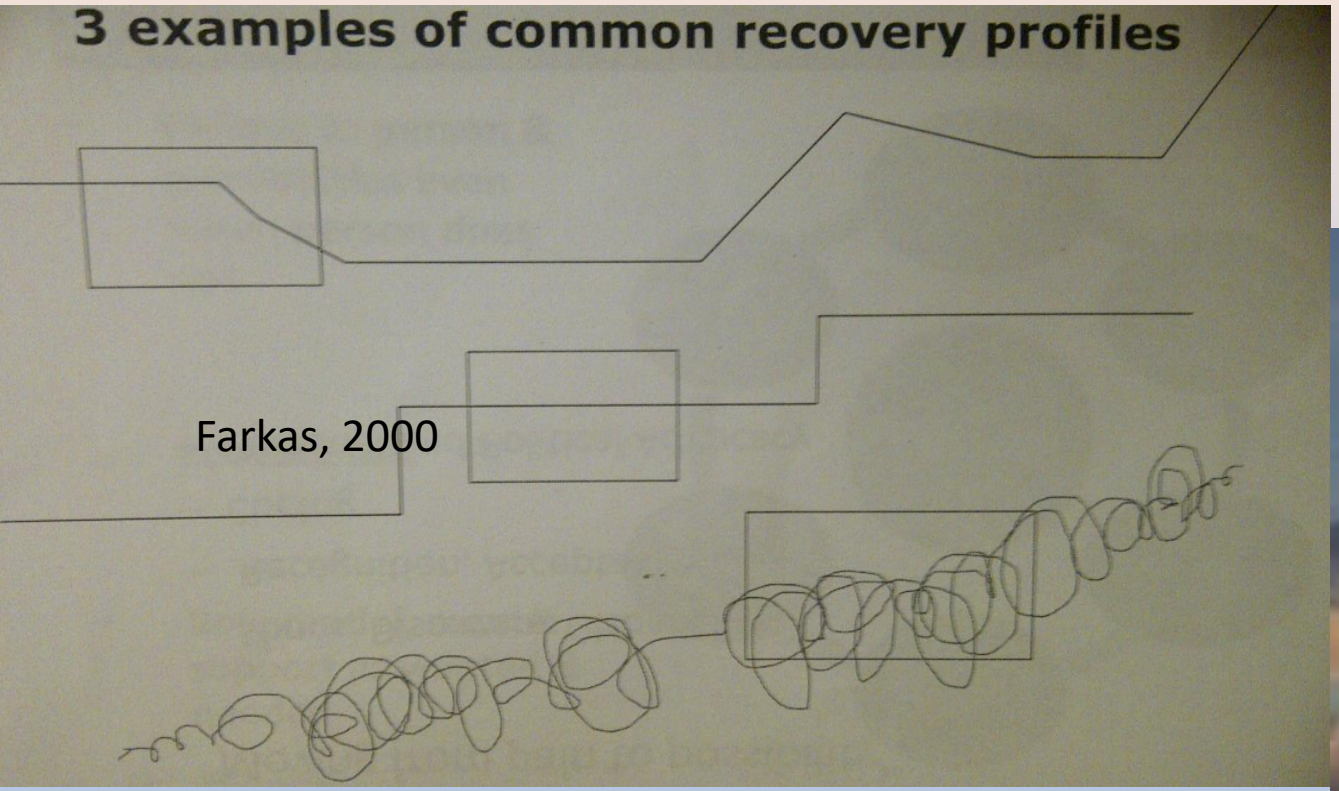
Abstract

The goal of social integration is part of the ideological motivation behind the transition from institutionalized to decentralized psychiatry. Modern community mental health care considers social integration as vital for improving mental health. However, reports suggest that efforts to socially integrate people who suffer from mental health problems have not been as



Farkas, 2000

Positioning of OT: Questioning our practice


THANK YOU
THANK YOU!
THANK YOU


QUESTIONS
And
Answers