

Occupational Therapists and Primary Health Care in New Brunswick

Submitted by:

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Occupational Therapy as a contributor to health and well being

Health is more than the absence of disease. The link between everyday life and health has been recognized for centuries and has been highlighted internationally (World Health Organization, 1978; 2003). Health and well being are influenced by a person's ability to engage in life's occupations (Law, Steinwender, & Leclair, 1998).

Occupational Therapy is a health discipline, which helps clients cope with the challenges of everyday life. Its services enable individuals with health conditions to continue to engage in meaningful activities, assume valued life roles, and participate as productive members of society (American Occupational Therapy Association (AOTA)).

Occupational therapy is the only health profession whose education is entirely devoted to occupational performance: the result of a dynamic, interwoven relationship between persons, environment and occupation over a person's life span (Canadian Association of Occupational Therapists (CAOT), 2002b).

The importance of Occupation for better health

Occupations include everything that people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity) (CAOT, 2002). Occupation is a basic human need as essential as food, drink, and the air we breathe (Dunton, 1919).

Occupation gives meaning to life and organizes behaviours. People make choices about the occupations they engage in to create a routine or daily pattern (Yerxa, 1998). Health is strongly influenced by having choice and control in everyday occupations (CAOT).

Withdrawal from, or changes in occupation can lead to increased dependency, lack of confidence and depression. Conversely, restoring and individual's ability to function independently and exercise choice

and control over his/her daily activities increases productivity and life satisfaction (CAOT).

Occupation develops and changes over a lifetime. Health may be challenged during life transitions that require new patterns of occupation when individuals face barriers created by social crises, disability, illness and the transitions of change over the lifespan (CAOT).

It is recognized that health determinants have a profound impact on lifestyles choices and capacities. Engagement in meaningful occupations enables the expression of self-identity, culture, social connectedness and fulfillment as well as contributing to the development of economic and social capital (Townsend & Wilcock, 2004). However, not all people are afforded equal opportunities to participate in occupations that have individual or cultural meaning to them which results in occupational injustices.

Purpose of the Occupational Therapy discipline

Clients may be individuals, families, groups, communities, organizations or populations, who, regardless of ability, age or other characteristics, choose and engage in occupations which give meaning and purpose to their lives (CAOT).

The aim of Occupational Therapists is to assist clients in the discovery and creation of new patterns of occupation and new environments. Occupational Therapists specialize in guiding people through personal and environmental change in times of transitions. Occupational Therapists' broad vision is to enable people who face emotional, physical and social barriers to develop healthy patterns of occupation (CAOT).

Occupational Therapy practitioners assist clients with integrating health management tasks into daily routines and, if necessary, incorporate adaptations to simplify the demands of these tasks. Occupational Therapy practitioners are particularly skilled in lifestyle management that fits with existing routines and patterns so changes feel less disruptive and are more likely to be successfully integrated into daily routines (AOTA).

Occupational Therapy in Primary Health Care in New Brunswick

Occupational Therapists have demonstrated positive outcomes in primary health care roles with populations of seniors, children, youth, workers, homeless people and those with mental health problems (Klaimain, 2004; MSOT, 2005).

For comparison purposes, CAOT membership statistics for 2003-2004 indicate that approximately 33% of members' practice is in a setting that could be considered primary health care. The settings that were most highly represented included services provided in clients' home (20.6%), **community clinics (5.7%)** and clients' worksite (1.8%) (CAOT).

In comparison, there are 4 Occupational Therapists (totaling 2.0 Full Time Equivalents) working in Community Health Centers in New Brunswick (NB). This represent **1%** of the New Brunswick Association Occupational Therapists (NBAOT) membership (excluding Community Mental Health OTs) which is significantly less than the **5.7%** shown in the CAOT membership statistics from 2003-2004.

In addition to not having enough Occupational Therapists in primary health care in NB, studies have shown that physicians and nurses are only referring a portion of the diagnostic conditions that occupational therapists treat (Glazier, 1996; Cott, Dewitt, Falter, Soever & Wong, 2004).

One reason for the low rate of referral from physicians and nurses is a lack of awareness of the scope of practice of occupational therapists and the role occupational therapists play in primary health care. If changes are to occur, there must be greater support for interprofessional curriculum and education to foster collaborative working relationships and understanding of the various roles that health care professionals play in primary care (MSOT).

Chronic disease management is an area in which Occupational Therapy plays a role in primary health care. Chronic diseases are among those conditions most frequently seen by Occupational Therapists working in

the community (Chiu, Tickle-Degnen, 2002; Siemens, 2004; Tyrell & Burn, 1996). Occupational Therapists often provide direct services for individuals with chronic disease. These services include self-management, education to promote behaviour change, and follow-up to assess response to therapy and self-management competence. Occupational Therapy can contribute to health promotion and disease prevention by offering advice about occupational performance for persons in the early stages of a chronic disease such as arthritis, chronic obstructive pulmonary disease, diabetes and cardiac conditions to name a few.

Falls are a common occurrence in older adults and are associated with increased mortality, decreased mobility, premature nursing home admissions and reduced ability to perform activities of daily living (Tolley & Atwal, 2003). Occupational Therapy programs that take into consideration intrinsic and extrinsic fall risk factors include home visits, environmental modifications and education were found to be most effective in reducing the number and the rate of recurrent falls in older adults (Manitoba Society of Occupational Therapists (MSOT)).

Conclusion

NBAOT strongly supports initiatives that enable all persons to have the opportunities and resources to engage in occupations for their health and well being.

The Occupational Therapy discipline across Canada contributes to health promotion policy through advocacy and research activities that identify obstacles to occupation and means to improve health (MSOT).

Occupation Therapy offered within primary health care effectively promotes health and prevents injury with individuals, groups, and communities by reducing barriers and encouraging participation in valued occupations or life activities (CAOT, 2003).

Occupational Therapists share their professional knowledge and skills by providing direct service, consultation, education, research and policy analysis in numerous sectors. These sectors include health, education, housing, employment, leisure and recreation, justice and transportation.

Using a variety of approaches such as health promotion, injury prevention, chronic disease management and community development, Occupational Therapists participate in primary health care services delivery and work to address the broad determinants of health.

Occupational Therapists welcome the evolution of a primary health care system that emphasizes the broader determinants of health of populations. Increasingly, research is demonstrating the importance of occupational performance and the effectiveness of Occupational Therapy interventions in promoting the health and well being of individuals and communities (MSOT).

Recommendations

- 1) That every New Brunswicker be able to access Occupational Therapy services within their community through a Community Health Centre and/or a Community Mental Health Center.
- 2) That every New Brunswicker be able to self-refer to those agencies in order to receive Occupational Therapy services to better cope with the challenges they are facing during a life transition that affect their occupations.
- 3) That every New Brunswicker be able to receive timely interdisciplinary care when accessing their Community Health/Mental Health Center i.e. from a team of specialized health professionals of which Occupational Therapy is an integral part.
- 4) That the client care delivered by rehabilitation support personnel be delegated by, and adequately supervised by a registered/certified rehabilitation health professional working in those centers.
- 5) That health professionals obtain necessary confidential space, equipment, resource material and user friendly state of the art communication technology which is compatible with other information systems used in the province.
- 6) That appropriate interdisciplinary and discipline-specific continuing education opportunities be offered to professionals and focused on the

primary health care area of practice, including physical health and mental health.

7) That time is allotted for health professionals to devote to the development of innovative, up-to-date, and evidence-based interventions or programs to provide the best client care possible, which will result in better long-term health status for New Brunswickers.

8) That serious consideration and effort be invested to significantly improve Community Mental Health Centers' services, especially in the area of staffing, in order to better serve this population. Compared to other provinces, Occupational Therapy services in these Centers have been insufficient for many years. NBAOT would welcome the opportunity to participate in a consultative process to demonstrate the benefits that our discipline could contribute to the under-serviced mental health clientele, in addition to clients with other types of chronic diseases.

9) That additional Occupational Therapists positions be created for the development of primary health care and mental health centers and not be taken away from the acute care and home/school based settings namely: hospital facilities, the Stan Cassidy Center for Rehabilitation and the extra-mural programs. It has been well acknowledged that those agencies are already having staffing issues. When the benefits and the impact of the primary health care centers demonstrate a positive impact on those systems, then moving resources would be justified.

10) That the development of primary health care be given the best chance to succeed as rapidly as possible by investing responsibly in the creation of full interdisciplinary team at implementation. With proper staffing, the right mix of discipline and support staff, the benefits on the health status of our population will be felt sooner.

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