

Increasing Access to Mental Health Care by Integrating Occupational Therapists into Primary Care Teams

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INTRODUCTION: How do Primary Care Occupational Therapists contribute to mental health delivery?

METHODS: Case Study, REB (H2018:505) N=7

FINDINGS:

INFLUENCES: *So it was determined that mental health needs are very high in the area.*

➡ **SERVICE GAPS:** *So they lost the position (counselor) but then when that position was lost, they recognized that we could fill the gap to some extent. (FGP5)*

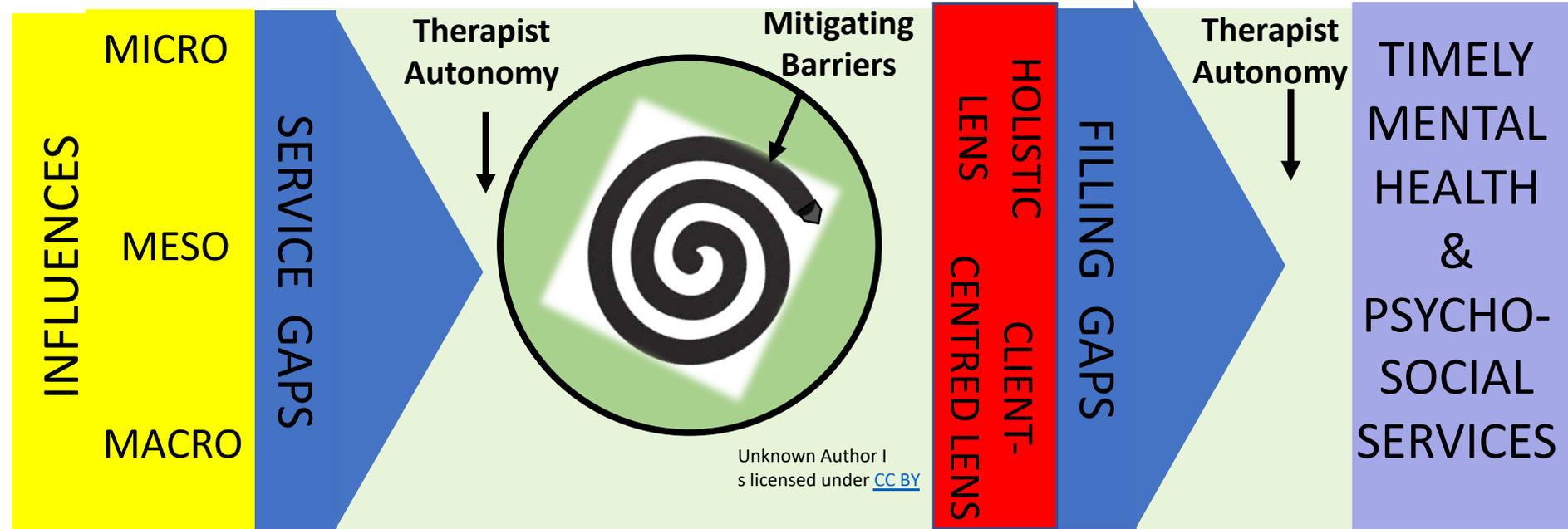
AUTONOMY: *Question was, should we be doing this or is it better fit for someone else. (I3)*

🌀 **MITIGATING BARRIERS:** *And you approach, you're a problem solver, right? Problem solver. So, um, I think that was always how I approached it. I felt like I'd get frustrated with OTs that thought that they were specialists and couldn't try another area. (I1)*

HOLISTIC LENS: *...helping this person learn that this physical pain was actually related to, a mental health component. (FGP5)*

CLIENT-CENTRED LENS: *they're not used to having someone in the healthcare system be that attentive to their needs or open to 'what, what are your goals?' 'what do you want to work on?' (FGP1)*

➡ **FILLING GAPS:** *We had a mental health team and a mental health transition worker and so I worked closely with them, often having meetings together with our clients when it came to the more logistical stuff about community living. (I3)*



(Wener, Neufeld, Koslowsky-Wiebe, Salsi, 2019)

PC OTs DELIVERING MH SERVICES... *we do, CBT, group cause we had a pain group and clients were saying at the end that they really wish there was more. Meanwhile, we had people who were dealing with pain, anxiety, depression, etc., and we, talked about how they could all benefit from a coping skills group, and so, we decided to create a coping skills group (FGP1)*

We're (Counselor & OT) running a coping, mindful coping for stress, anxiety and depression group, as well as we're looking at running a CBT group and potentially a DBT group in the future. (I7)

And then really, uh, practicing the behavioural activation kind of, uh, I find that's really helpful with kids and, and their supports because it focuses not only on the individual but also on their environment and who can support them. (I2)

CONCLUSIONS:

- There are many environmental influences that create MH service gaps in PC
- Autonomous occupational therapists use their client-centred and holistic lenses to mitigate these barriers to fill gaps and provide MH and psycho-social services PC.
- Therapist autonomy is an essential element that facilitates occupational therapists practicing to fuller scope within a PC context.
- Future research may want to focus on patient outcomes of OT MH PC services provided.