

Services to the Homeless with Serious Mental Illness: From an Occupational Therapy Perspective

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The Vancouver At Home Study of homeless individuals with comorbid mental illnesses published in the Journal of Clinical Trials is reviewed in this article. The authors accomplished their stated purpose by providing an expansion of details about the research methodology and explaining the demographics of a large sample of participants in the funded study [1].

I was pleased to discover that my profession of occupational therapy was cited as a service in one of the treatment interventions. However, I was disappointed that the article omitted best practice comparisons of the interventions after describing the details of four different interventions at five sites. Instead, the reader was directed to an earlier article that provided the outcome details [2]. The purpose of this editorial is to discuss the relevance of the aforementioned published article by Zabkiewicz, Patterson, Somers and Frankish to occupational therapists.

Occupational therapy is a rehabilitation profession that helps people across the lifespan to accomplish everything they want or need to do to function in all areas of daily life (self-care, work, leisure) by embedding common everyday activities called “occupations” into treatment. Occupations must be meaningful to the individual to be considered therapeutic and must involve the person in planning their care to reach their goals [3].

The fledgling profession of occupational therapy had its historical roots in the United States in psychiatric hospitals. Occupational therapy emphasizes functional skills that would enable a person with mental illness to re-engage in life. This would include activities to facilitate achieving a positive emotional state that encourages social interactions, improves one’s ability to cope with current stressors, maintains or rebuilds productivity and facilitates resilience, even in the face of adversity [4].

The problem is that editors of occupational therapy research journals in the United States currently seek to publish research evidence that justifies the relevancy of a treatment approach for a specific human condition. This selection of “evidence-based practice” is a similar drive in other health science professions of nursing, physical therapy and speech and language pathology. Evidence must show outcomes that can be generalized and validated among practitioners for the ultimate purpose of gaining third party reimbursement for services, particularly in the United States health care system. Several factors for publication are considered that go beyond the usual questions about the quality of the research: How many occupational therapists will benefit from and

use the information? How many occupational therapists would read this research article? Will the evidence substantiate reimbursement? Questions such as these restrict the sharing and publication of exploratory or speculative research that could potentially transform a profession, and limits the creative potential of practitioners that seek to develop new service arenas when they identify needs in clients.

Occupational therapy services are sorely needed as an intervention for people who are homeless with mental illness. This has been shown by earlier publications of occupational therapy educators who are not usually bound by reimbursement issues [5-8]. It is imperative that occupational therapy contributions with this population continue to be published in order to find opportunities for occupational therapists to serve this group and achieve third party reimbursement that is independent of grant funding. Perhaps the Journal of Clinical Trials that is not focused on reimbursement concerns can become a platform for publication by therapists, which could one day pave a way for new areas of clinical practice.

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