

## Linda: Depression

Linda had experienced **anxiety and depression** for some time. She had worked in a shop previously but had not been able to keep the job due to pressures around bringing up a young family at the time. Linda had lost confidence in her ability to hold down a job and felt she needed to develop basic skills to improve her confidence in the future.

Linda wanted to develop new roles in her life but could not see a way forward. Through involvement with Occupational Therapy she was able to make lifestyle changes.

Linda is currently attending educational courses and making plans to study further.

### Physical and Social Environment:

Linda's partner offered positive support but her homelife was very demanding in other ways creating difficulties in making choices about what she wanted.

### Volition:

Linda had always wanted to work in a shop but had no confidence in her abilities. She couldn't see a way of succeeding.

### Roles:

Linda had to juggle a range of roles which placed demands on her time, and placed expectations on her from others.

### Habits:

Linda's time was taken up by household tasks and the complexity of family responsibilities she felt that there was no room to introduce new things.

### Performance Capacity:

Linda already had many skills but could not see how she could use these to do other things she wanted to.

Linda had lost her sense of identity outside family life. Working seemed fraught with problems. Her family placed demands on her time and she was unsure of her work abilities. Occupational Therapy input concentrated on supporting Linda by facilitating involvement in educational opportunities at an achievable level. This enabled Linda to develop her skillbase and confidence in her ability to continue with education and career.

### Occupational Therapy:

Linda soon developed a different sense of identity through the courses she took up. Linda now finds it easier to assert her right to have a life outside the home, and has a healthy balance between work and homelife.



## Martin: Schizophrenia

Whilst at college studying politics Martin experienced a **psychotic breakdown**, resulting in several hospital admissions.

He was told that he would be unable to return to college as it would be too stressful.

Martin was no longer a student and lost contact with his friends. He felt he had nothing to do, lost confidence and became increasingly hopeless about the future.

Martin worked with Occupational Therapy who helped to facilitate his return to work and study.

### Physical and Social Environment:

Martin's experience resulted in him leaving his course; people's expectations of him changed and in turn his self-identity.

### Volition:

What was important for Martin to do stayed the same, but his confidence in his ability to do it was affected.

### Roles:

Martin lost former life roles such as being a student and contact with friends.

### Habits:

Martin began doing less, as he no longer had to do the things he had to do before.

### Performance Capacity:

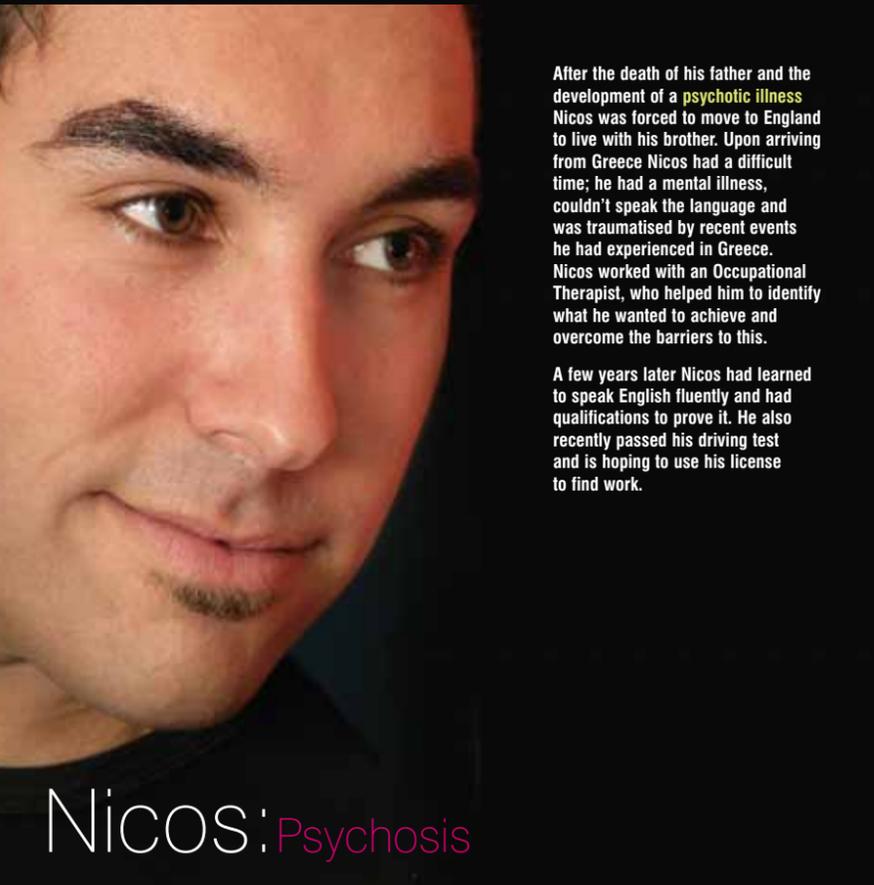
Martin's illness affected his ability to concentrate and a lack of demands meant he was no longer using his skills.

Through his experience of illness Martin lost confidence in his ability to return to his former life. Occupational Therapy encouraged Martin to pursue his interest in art.

He was supported to hold a successful exhibition of his work. This helped him to regain his confidence and skills, he was later able to return to study and complete his degree. Martin now works as a group facilitator.

### Occupational Therapy:

Now Martin is satisfied with his life. He is doing what is important to him, and valued by those he works with. Martin is confident in, and proud of his work.



## Nicos: Psychosis

After the death of his father and the development of a **psychotic illness** Nicos was forced to move to England to live with his brother. Upon arriving from Greece Nicos had a difficult time; he had a mental illness, couldn't speak the language and was traumatised by recent events he had experienced in Greece. Nicos worked with an Occupational Therapist, who helped him to identify what he wanted to achieve and overcome the barriers to this.

A few years later Nicos had learned to speak English fluently and had qualifications to prove it. He also recently passed his driving test and is hoping to use his license to find work.

### Physical and Social Environment:

Due to his mental illness Nicos had to leave his home and move to an unfamiliar country, he couldn't speak the language and his only contact was his brother. At this time he had no money coming in.

### Volition:

It was important for Nicos to make friends but this was difficult as he couldn't speak the language. He had lost confidence due to the stigma of mental illness.

### Roles:

Nicos had now lost friends and family from Greece and had never experienced living as an independent adult.

### Habits:

Nicos lived a chaotic lifestyle, found it hard to get up in the morning and was living in a different country where the routines were unfamiliar.

### Performance Capacity:

In addition to the language barrier Nicos also had dyslexia, which affected his learning

style. Although his mental illness was well managed with medication he had difficulty getting to sleep at night and getting up in the morning.

### Occupational Therapy:

Supported Nicos to prioritise what he wanted to do. He enrolled on a course to learn English and the O.T. helped the college to address his learning needs. Help was also provided to establish a positive routine to support completion of the course. Since then Nicos has learned to speak English fluently. He has recently passed his driving test and is hoping to find work on the strength of this.

Nicos is happy with the things he has achieved. He has developed roles and an adult identity and now has the resources and skills to pursue his future ambitions.



## Eileen: Anxiety/Panic Disorder

Eileen had spent her adult life working and bringing up her two children.

When she retired she spent more and more of her time helping her son deal with numerous social problems. She became **depressed and anxious**, and as well as having left work Eileen lost touch with her friends. Her anxiety increased and eventually she found it difficult to leave the house. Eileen felt helpless. As a parent she was experiencing feelings of guilt and failure.

Eileen worked with Occupational Therapy and began to confront the challenges in her life.

Eileen overcame her anxiety and began to develop new and exciting roles. She contacted friends, began voluntary work and was able to plan and go on holiday. Eileen also enjoyed time with her daughter and granddaughter.

### Physical and Social Environment:

When she retired, Eileen's life became dominated by her son's social problems. However, rather than solving them her son became increasingly demanding and this took up more of her time.

### Volition:

Eileen's two children were central to her life. Because of her sons problems she developed a sense of failure as a parent and felt very guilty. These feelings affected her ability to do other things in life.

### Roles:

Through retirement Eileen had lost a major role in her life. Her life became imbalanced as she took on a debilitating parental role.

### Habits:

The routine of Eileen's life changed when she stopped working. Routines involving friends and outside interests also came to an end.

### Performance Capacity:

Eileen's problems caused her to be

depressed and anxious. This affected her ability to adapt to a new stage in her life.

### Occupational Therapy:

Eileen was having difficulties adapting to a new phase of life. Eileen was experiencing feeling of guilt and failure as a parent and was spending excessive amounts of time dealing with her sons issues. Through her involvement with the Occupational Therapist Eileen concluded that her son needed to accept responsibility for his own actions. She realised that she was not responsible as a parent for the choices he had made. With help Eileen was able to identify things she wanted to do and rebuild her life. She regained social contacts, took up voluntary work, planned holidays and spent time with her daughter and grandchild.

# Understanding Occupational Therapy

there are many factors which work together to influence what one does in life and how satisfying life is:

## What happens when you see an Occupational Therapist?

### First Phase:

An initial assessment will identify whether Occupational Therapy (OT) can be of use to you, e.g. by helping you develop new interests and skills, gain work or training or make new friends. **Alternatively**, you may be referred to a different agency or practitioner, psychology/community nursing if this is more suitable.

If appropriate, further appointments will be arranged to assess what it is you want to achieve and barriers, which may be preventing you from doing this.

### Second Phase:

You will identify jointly, strategies to overcome barriers and achieve your goals with the necessary support.

### Third Phase:

You evaluate whether you have achieved what you wanted and if you need to continue therapy.

If you continue work with the OT they will be responsible for preparing reports for CPA meetings and evaluating plans.

If you are referred to another agency the OT will complete the referral.

When you are discharged your OT will complete the summary, which will normally be sent to the relevant people involved in your care.

## Are There Any Risks?

As with all therapies there are risks attached:

- Making changes may involve discussing past experiences and cause temporary distress.
- Some interventions may cause feelings of discomfort and be associated with temporary worsening of symptoms.
- The benefits of O.T. are described in the examples overleaf.

If you would like to see an Occupational therapist:

- Ask Your Consultant or G.P. to refer you.
- Discuss it with a team member.

Abbreviations used in this pamphlet:  
C.P.A. = Care Programme Approach  
O.T. = Occupational Therapist

All quotations taken from:  
Kielhofner G. (2002) Model of Human Occupation Theory and Application 3rd Ed. Lippincott, Wilkins and Williams. Philadelphia, USA.

## Physical and Social Environment:

'the environment: its opportunities, demands and constraints impact on what people do and how they do it.' (Kielhofner 2002)

## Volition:

'is reflected in the wide range of thoughts and feelings people have about the things they have done are doing or might do.' These include the things we value, are interested in and our beliefs about our abilities and ourselves.' (Kielhofner 2002)

## Roles:

'The roles we carry out in life give us our identity. There is a substantial cost to personal identity when persons, are no longer recognised as the fathers, mothers, partners, students, workers...friends.' (Kielhofner 2002)

## Habits:

Habits enable us to unconsciously organise our actions to carry out the tasks we need to do efficiently. 'Although the habitual ways of doing almost everything we do go largely unnoticed getting through the day without them would be unbearably cumbersome.' (Kielhofner 2002)

## Performance Capacity:

Our mental and physical capacity interacts with all these other factors to determine our ability to do the things we want and need to do.

Through Occupational Therapy  
**Individuals will identify and overcome barriers to their personal achievement.**

