WHAT'S NEXT: IMPROVING COMMUNITY PARTICIPATION FOR INDIVIDUALS WITH A SERIOUS MENTAL ILLNESS

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Objectives of Presentation: **(1)** Understand the impact of serious mental illness on independent living in the community. **(2)** Identify and describe three evidence-based interventions when working with individuals with a serious mental illness. **(3)** Demonstrate knowledge of evidence-based interventions for increased community participation through exploration of strategies that could be implemented at respective clinical sites.

Definitions: **(1)** 'Serious mental illness (SMI)' – Results in serious functional impairment, which substantially interferes with or limits one or more major life activities including, but not limited to obtaining stable housing, employment, education, and social inclusion. SMI includes the following diagnosis as part of the definition: Major depression , Schizophrenia, Bipolar Disorder, Obsessive Compulsive Disorder, Panic Disorder, Posttraumatic Stress Disorder, and Borderline Personality Disorder. **(2)** 'Community participation' – Involvement in life situations, both public and private communities, in order to support personal health and wellness. The community domain includes family, friends, broad social systems, public resources and facilities, employment, education, spiritual, leisure, and commercial institutions. This concept includes the idea of disability being a function of both individual performance factors as well as the broader social and environmental contexts.

Research Question: PICO: What is the evidence that supports the use of interventions that are within the scope of occupational therapy **(I)** for individuals with a serious mental illness **(P)** in order to increase and/or improve their community participation **(O)**?

Methods: Systematic Review of the Literature

Searching the Databases: (1) The authors conducted a systematic review of the following healthcare databases: CINAHL, Cochrane Database, Community Health Database, Ovid SP, and PubMed. **(2).** The following table consists of the general concepts related to the population needs and the research question:

Person	Intervention	Outcome
Mental health diagnosis	Occupational therapy	Employment
Schizophrenia	Transitional housing	Community reentry
Bipolar disorder	Mental health rehabilitation	Social participation
Borderline personality disorder	Self-advocacy	Quality of Life

Search Results and Article Screens: (1) Results from the five database were combined and duplicates were removed, leaving (n=2,837) unique articles pertaining to our research question. **(2)** Article titles and abstracts were screened to include randomized control trials, systematic reviews or meta-analysis. **(3)** After inclusion/exclusion screening of titles/abstracts, full-text screens were conducted on the reaming articles (n=30). **(4)**The total number of articles to meet the inclusion/exclusion criteria was (n=15). **(5)** The following table includes the inclusion/exclusion criteria and total number of articles included/excluded:

Inclusion	Exclusion
Study design is either randomized control trial (RCT), systematic review of RCT, or meta-analysis of RCT	Study is a case control series, case study, or an opinion.
Intervention is within the scope of OT	Pharmaceutical intervention, telecommunication, family is focus of the intervention
Community-based setting	In-patient setting
Primary diagnosis of SMI	Primary diagnosis of substance abuse and/or Secondary diagnosis of intellectual/developmental disability
Ages >18 & <65	Age <18 & > 65 years old
Published in English within the past 5 years	Publication is> five years old and/or not in English.
Total articles included: (n=15)	**Total articles excluded: (n=2,812)**

Evaluating validity: The authors evaluated the validity of the RCT (n= 9) using the PEDro scale, and the validity of the systematic reviews (n=5) using the PRISMA scale. Scores on these two scales allowed the authors to rank articles by validity.

Qualifying the evidence: Using the standards set forth by the Editorial Board of Cochrane Reviews, there is 'strong' evidence if there is consistent findings amongst multiple RCTs, 'moderate' evidence is supported by one high-quality RCT, or consistent findings amongst multiple low-quality RCT, 'preliminary' evidence is supported by one low-quality RCT and 'conflicting' evidence is supported if there is inconsistency in the findings of multiple RCT.

Results/Themes: The authors then extracted relevant data relating to study design, participants, interventions and results in order to synthesis the data. The following is a list of the general 'themes' we found across the results:

1. Occupation / Activity-Based Interventions ((RCT n=4), (SR n=4))[1,2,3,4,5,6,7&8]: Strong evidence supporting the use of these interventions in increasing participation and performance in community-related occupations.

2. Combined Interventions (RCT n=6)[9, 10, 11, 3, 12,& 13]: Strong evidence supporting interventions that combined didactic and motivational activity based components leading to increased well-being, quality of life, and self-perceptions of recovery. Preliminary evidence supports combined interventions for increasing participation in daily life and improving medication adherence.
3. Collaborative Care ((RCT n=1), (SR n=1))[9 & 15]: Preliminary evidence that collaborative care can improve self-reported well-being. Collaborative care has strong evidence for reduce hospitalization and increases in treatment satisfaction, medication adherence, social functioning, and maintenance of care.
4. Social Skills Training ((RCT n=1), (SR n=1))[14 & 5]: Strong evidence that social skills training leads to improvements in social functioning. Preliminary evidence supporting social skills training to improve self-management of symptoms.
5. Secondary aspects of successful interventions (RCT n=2)[11 & 13]: Moderate evidence that client satisfaction is significantly correlated with participation and attendance and that participation and attendance are significantly correlated with positive outcomes.

Please email, Adam Remich- aremich@jefferson.edu with any questions.

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