

To the people of Canada, I say welcome us into society as full partners. We are not to be feared or pitied. Remember, we are your mothers and fathers, sisters and brothers, your friends, co-workers and children. Join hands with us and travel together with us on our road to recovery.

Roy Muise — 9 May 2005 - Halifax2
Kirby Report, Out of the Shadows at Last, 2006, Foreword

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Sound Simple – Let's be more inclusive?

Disjuncture... Research Problem

- We know that adults like David who are diagnosed with persistent mental illness as children or adolescents struggle with social exclusion & stigma throughout their lives, & the social & economic costs to families, communities & societies are enormous
- Yet current responses to David & others are largely **'doing to'** adults: e.g., drugs, shock therapy, psychotherapy, focused on attitudes like stigma without analysis of social organization,; inconsistency with current knowledge about social structures & how adults with mental illness & all of us might learn to live & build inclusive, just societies that are structured to routinely promote mental health

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■ Adults learning mental health – experiences & visions (the everyday world at our feet)

- Taking a *material* standpoint in everyday experiences of social inclusion/ exclusion as the 'window' for investigating the ruling relations that organize social inclusion or exclusion (Smith, 2006, 2008, etc.)
- Interpreting a *material* standpoint in the concept & language of everyday *occupations* and the meanings, choices, habits & routines, participation opportunities & challenges that people experience in doing, being, becoming, belonging in their global, national & local context (Wilcock, 2006, etc.)

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Research Questions:

Re adults medically diagnosed with a mental disorder; considering educational & occupational approaches

- How, where, when, and in what *occupations* (everyday activities broadly defined) does social exclusion actually occur beyond the general idea of discrimination by 'stigma'?
- How and why do ruling relations restrict adults learning re inclusive participation in everyday life?
- What adult learning would address these restrictions & advance social inclusion? What are the social & economic costs without structures & professionals enabling adults learning mental health?

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■ Materialist/experiential perspectives in adult education

- Androgogy vs pedagogy (Kidd, 1973; Knowles et al, 2005)
- Lifelong learning to live (Longworth, 2005)
- Action learning (Rogers, 2007)
- Learning cycle of reflection & experience (Kolb, 1984)
- Perspective transformation (Mezirow, 2000)
- Participation & equity (Chapman, Cartwright, & McGilp, 2006)

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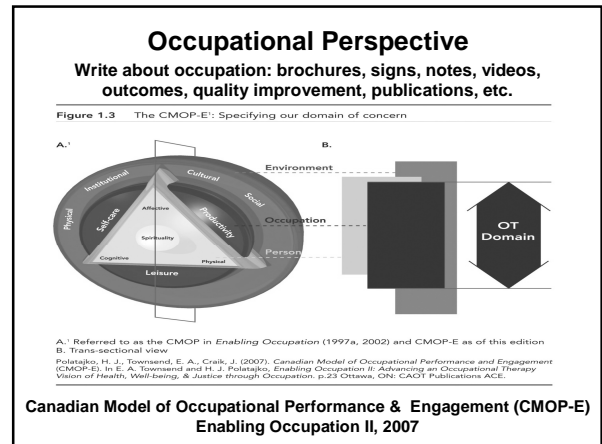
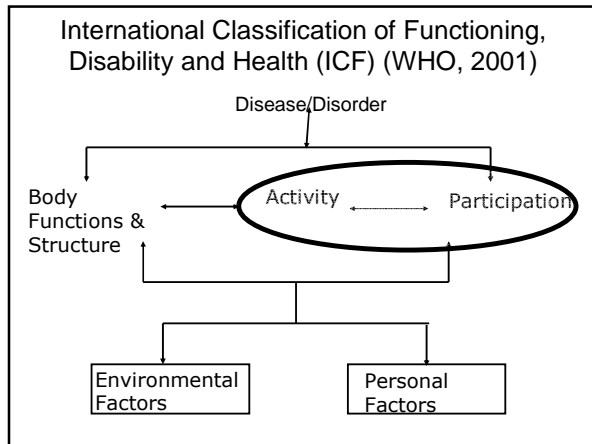
Critical Theory in Adult Education (Social Foundations)

In *The Power of Critical Theory: Liberating Adult Learning and Teaching* (2005), Brookfield proposes 7 learning tasks for enabling change

- Challenging ideology
- Contesting hegemony
- Unmasking power
- Overcoming alienation
- Learning liberation
- Reclaiming reason
- Practicing democracy

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Occupational Engagement & Performance

Occupational Engagement	Occupational Performance
Engross, hold attention	Do something
Fascinate, win over someone	Take action
Participate in occupations	Enact occupations
Attract & draw into thinking & talk	Activate the body
Prepare, plan, reflect, consider	Plan movement or decisions
Employ the self and/or others	Use the body
Pledge, agree to obligation	What needs or might be done
Bind contractually	Agree to do
Enter into action (positive or negative)	Enter into action (positive or negative)

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- ### Occupational Justice & Occupational Rights
- Founded on 3 beliefs in Western societies:
 - in an occupationally just world, humans can choose how to participate in life;
 - justice relates to the power for different forms of participation & inclusion in occupations;
 - responses to occupational injustice require enabling social change as well as individual change (Stadnyk, 2007 in *Enabling Occupation* pp. 81)
 - ... occupational therapists could consider using the term occupational rights to assert the right of **all** people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities. (Hammell, 2008, p. 61)
- CAOT 2009 16

Occupational perspectives ... not in school & at home with nothing to do

- exclusion experienced everyday as being left out or deprived of participation in occupations that adults define as meaningful, e.g., work, community life, education, play, business, through geographic isolation, sex-role stereotyping, refugee-ism, able-ism, incarceration, or unemployment-underemployment (Whiteford 2000, 2010)
- deprivation as disabled persons from learning to live through meaningful experiences, e.g., learning to connect with others, such as through sexual expression (Sakellariou & Algado, 2006)

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Occupational perspectives ... not in school & at home with nothing to do

- Exclusion experienced as having too little power or being disempowered without learning 'power' lessons to express one's own voice, to set one's own goals, & to have control in decisions & choices, e.g., for entering, using & improving mental health services participate in life with a mental illness without diversity-sensitive (e.g., Afro-American) information for people (Mishra et al, 2009)

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Occupational perspectives ... not in school & at home with nothing to do

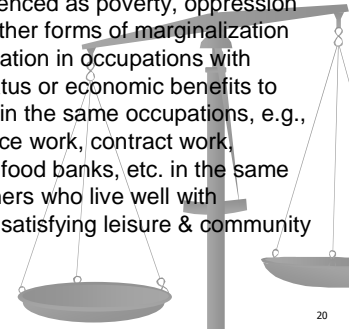
- Exclusion experienced as not belonging or alienated without supports for differences in participation in culturally meaningful occupations, e.g. in resource-challenged contexts such as rural communities without human resources, equipment & community services to enable different people to participate to their potential (children) (Boydell, Pong, Volpe, Tilleczek, Wilson, & Lemieux, 2006)



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Occupational perspectives ... not in school & at home with nothing to do

- Exclusion experienced as poverty, oppression, discrimination, or other forms of marginalization that restrict participation in occupations with equitable social status or economic benefits to those who engage in the same occupations, e.g., sheltered work, piece work, contract work, temporary hostels, food banks, etc. in the same community with others who live well with meaningful work & satisfying leisure & community linkages

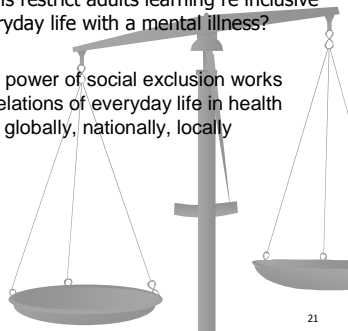


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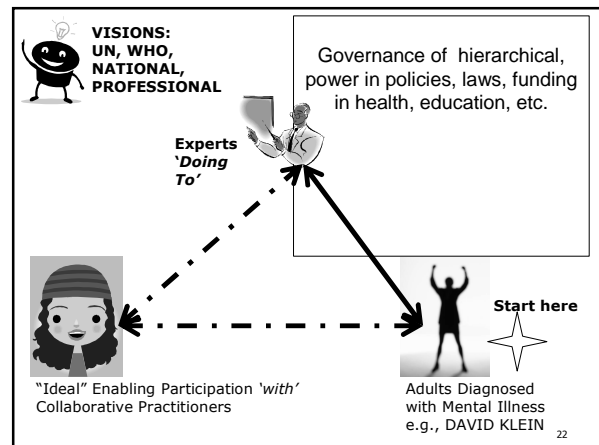
Governance of adults learning mental health

How do ruling relations restrict adults learning re inclusive participation in everyday life with a mental illness?

- Investigate how the power of social exclusion works through the ruling relations of everyday life in health services, education globally, nationally, locally



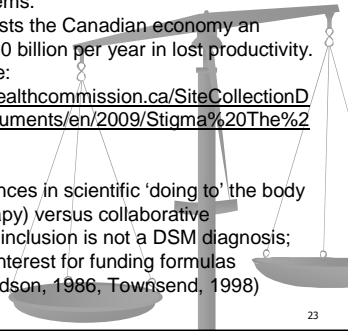
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Social Organization – Budget Priorities

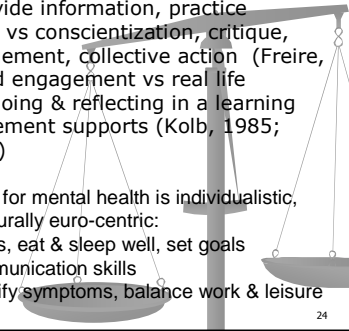
- Every day 500,000 Canadians do not go to work due to psychiatric problems.
- Mental illness costs the Canadian economy an estimated \$33 to \$50 billion per year in lost productivity. Stigma data website: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2009/Stigma%20The%20Facts.pdf
- Gendered differences in scientific 'doing to' the body (drugs, psychotherapy) versus collaborative participation; social inclusion is not a DSM diagnosis; not an outcome of interest for funding formulas (Coburn, 1992; Friedson, 1986, Townsend, 1998)



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Social Organization – Education

- Psychoeducation is a 'banking' approach of 'doing to' to provide information, practice component skills vs conscientization, critique, subjective engagement, collective action (Freire, 1985); simulated engagement vs real life engagement in doing & reflecting in a learning cycle with enablement supports (Kolb, 1985; Townsend, 1998)
- Public education for mental health is individualistic, middle class & culturally euro-centric:
 - Manage stress, eat & sleep well, set goals
 - Develop communication skills
 - Learn to identify symptoms, balance work & leisure



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WHO, UN Human Rights Context & National Context

OUT OF THE SHADOWS AT LAST
Transforming Mental Health, Mental Illness and Addiction Services in Canada

Working together towards recovery:
 Consumers, families, caregivers and providers.

Into the Light
 Transforming Mental Health in Canada

A TOOLKIT FOR CONSUMERS, FAMILIES AND CAREGIVERS

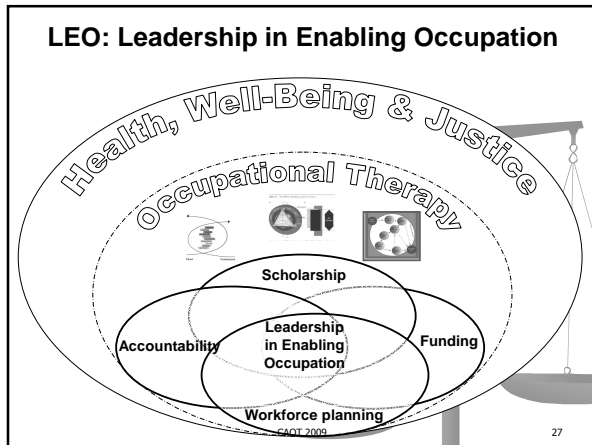
<http://www.intothelightcanada.com/en/program.html>

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Resources for 'at our feet' programming:

- peer to peer support, Fountain House movement
<http://www.youtube.com/watch?v=U6bFRJuJJ2Y>
- race equality & mental (Britain, black population)
<http://www.youtube.com/watch?v=0r6uuMKvorw>
- mental health services PEI (Alano Club-Sober Living)
<http://www.youtube.com/watch?v=aUgii176-fs>

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LEO (Leadership in Enabling Occupation) is a new 'model' that displays the context of 4 intersecting forces that influence leadership in enabling occupation.

To advance an occupational therapy vision of health, well-being and justice, occupational therapists focus on occupation, use enablement skills as effectively as possible, and take action by applying the CMOP-E & CMCE throughout a practice process (CPPF).

Leadership strengths lie in:

- using of a broad range of scholarship
- seeking appropriate levels & types of funding
- seeking a sufficient workforce for enabling occupation
- creating documentation for accountability & visibility

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Enablement Foundations

Write explicitly about beliefs, values, assumptions, rights, capacities for participation, social inclusion/exclusion, etc.

Figure 4.2 Occupational therapy enablement foundations

Enablement Foundations: Client-centred, Occupation-based

Townsend, E. A., Polatajko, H. J., & Craik, J. (2007). Enablement foundations. In E. A. Townsend and H. J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*, p. 101 Ottawa, ON: CAOT Publications ACE.

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Enablement Participants

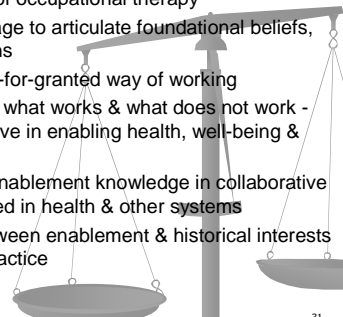
Use person-first language & document WITH collaborative partners. Propose population, community & group approaches

Figure 4.1 Occupational therapy clients

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Occupational Therapy Enablement

- Core competency of occupational therapy
- Discovering language to articulate foundational beliefs, values, assumptions
- Describing a taken-for-granted way of working
- Critically analyzing what works & what does not work - effective & ineffective in enabling health, well-being & justice
- Considering how enablement knowledge in collaborative practice is organized in health & other systems
- Displaying link between enablement & historical interests in client-centred practice



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Relationship between client-centred practice and enablement

Client-centred practice

Involve clients in decision making, advocate with and for clients' needs, and otherwise recognize clients' experience and knowledge (CAOT, 2002)

Enablement

Processes of facilitating, guiding, etc. (CAOT, 2002); skills which are value-based, collaborative, attentive to power inequalities and diversity and charged with visions of possibility for individual and/or social change



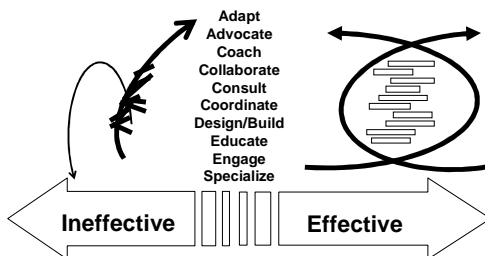
(Townsend & Polatajko, 2007)

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Enabling Collaborative Partnerships

Write about enablement & empowerment: stories, learning models. Provide evidence of enablement structures, processes, outcomes for quality improvement, workforce planning, & funding.



Canadian Model of Client-Centred Enablement (CMCE) & Enablement Continuum (Enabling Occupation II, 2007)

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What key enablement skills do you use?

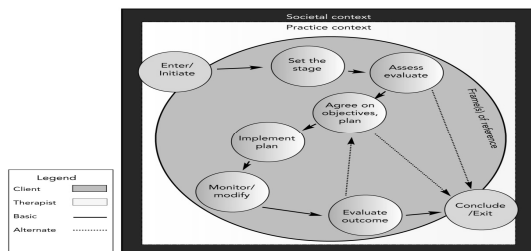
Adapt
Advocate
Coach
Collaborate
Consult

Coordinate
Design/Build
Educate
Engage
Specialize

A Practice Process Framework

Document *occupational issues*, collaborative processes & critique of gaps for each action point

Figure 9.1 Canadian Practice Process Framework (CPPF)



Polatajko, H. J., Crank, J., Davis, J., & Townsend, E. A. (2007). Canadian Practice Process Framework. In E. A. Townsend and H. J. Polatajko, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. p. 233 Ottawa, ON: CAOT Publications ACE.

Canadian Practice Process Framework (CPPF) (Enabling Occupation II, 2007)

Occupational Outcomes: Do Persons have the Rights, Responsibilities and Freedoms for Learning to Live Well?

Capability Enablement for All
Advocate for opportunities with adults who are occupationally deprived to enable their optimal participation in culturally-sensitive experiences at home, work, in the community, etc.?

Meaningful, Healthy Life for All
Design programs with adults who are alienated to enable their learning meaningful habits & routines in stable housing, meaningful work, satisfying leisure, community linkages?

Universal Empowerment
Collaborate with adults in learning to structure empowerment for all in society through graduated learning to exert control & choice in what they do at home, work, etc.?

Equitable Economic Benefits
Coordinate across systems to evaluate & publicize with adults the benefits /costs of diverse participation in economic & social occupations?

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■ Reflections

- *Enabling change WITH people* is compatible with the global capability perspective on reducing social exclusion: "The point of departure: The need for an accommodation-based understanding of justice is linked with the argument that justice cannot be indifferent to the lives that people can actually live." Amartya Sen, *The Idea of Justice*, 2009, p. 18.
- Experiential, participatory & conscious raising enablement WITH people is compatible with global views on reducing domination & oppression versus distributing equal rights: "Rights are not fruitfully conceived as possessions. Rights are relationships, not things; ...opportunity is a concept of enablement rather than possession." Iris Morton Young, *The Politics of Difference*, 1990, pp. 25-26

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Conclusion: Doing WITH not TO

- Enabling occupation to support occupational rights & reduce occupational & social exclusion requires:

- Enabling collaborative partnerships for DOING WITH vs DOING TO across integrated service systems
- Enabling societal development of accommodation-based structures for diverse capabilities
- Enabling leadership strategies to literally write global perspectives on "enabling occupation" into everyday practices

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Thank you!

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