



PSYCHOSOCIAL OT SERVICE IN HONG KONG

4th Exchange Meeting with East Asian Countries
5 September 2019

Ms. Stella Cheng
Chairperson
Hong Kong Occupational Therapy Association



Some Background on HKOTA



Background

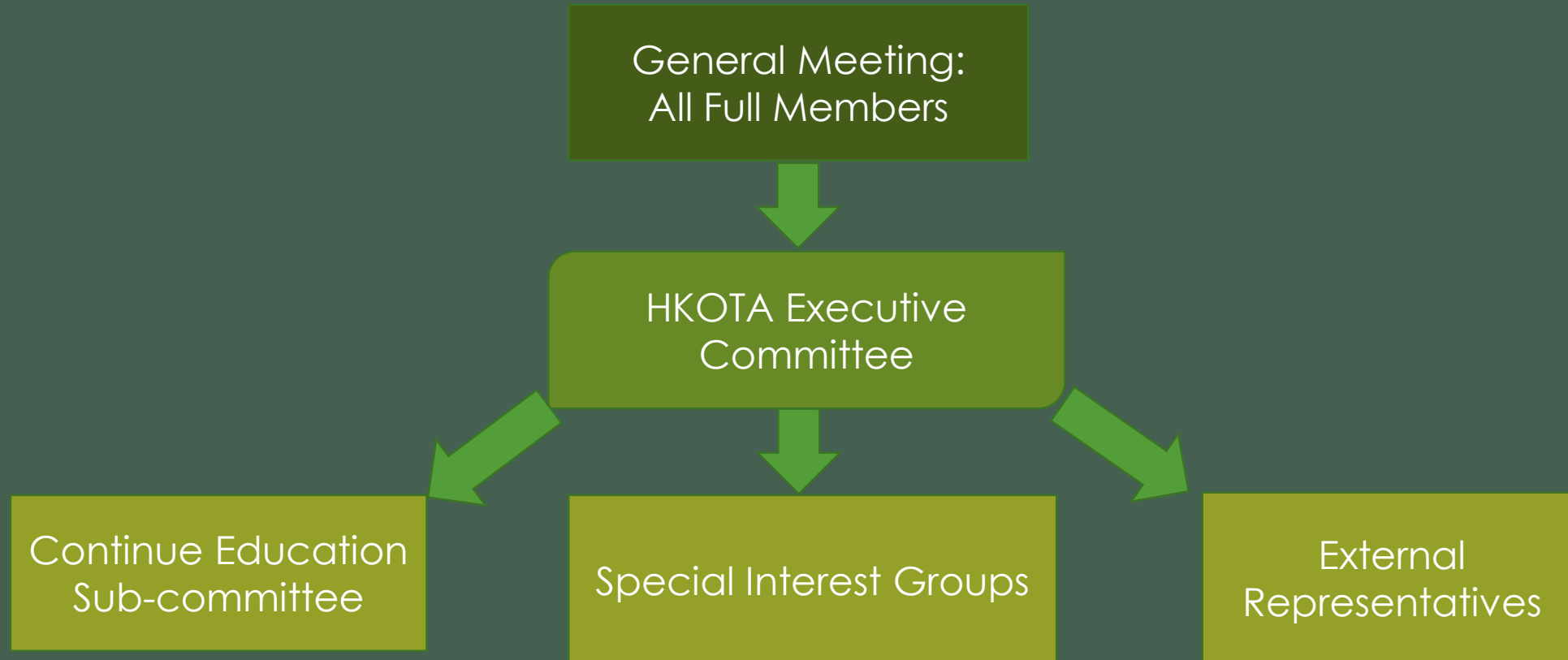
- Established in 1978, 41 years in 2019
- The only Occupational Therapy Association in HK
- Joined World Federation of OT in 1984
- Number of Members: nearly 1100
- Type of membership
 - Full Member
 - Associate member
 - Student member
- Details please refer to HKOTA Web Site <http://hkota.org.hk>

Mission of HKOTA



1. To promote and safeguard the interests of members of the Association
2. To maintain professional standards of Occupational Therapy in Hong Kong
3. To promote a better understanding of Occupational Therapy in Hong Kong
4. To hold meetings for discussion and the interchange of professional ideas
5. To establish and maintain contact with members of the profession
6. To establish and maintain inter-professional liaisons

Structure of HKOTA



Executive Committee of HKOTA 18-20



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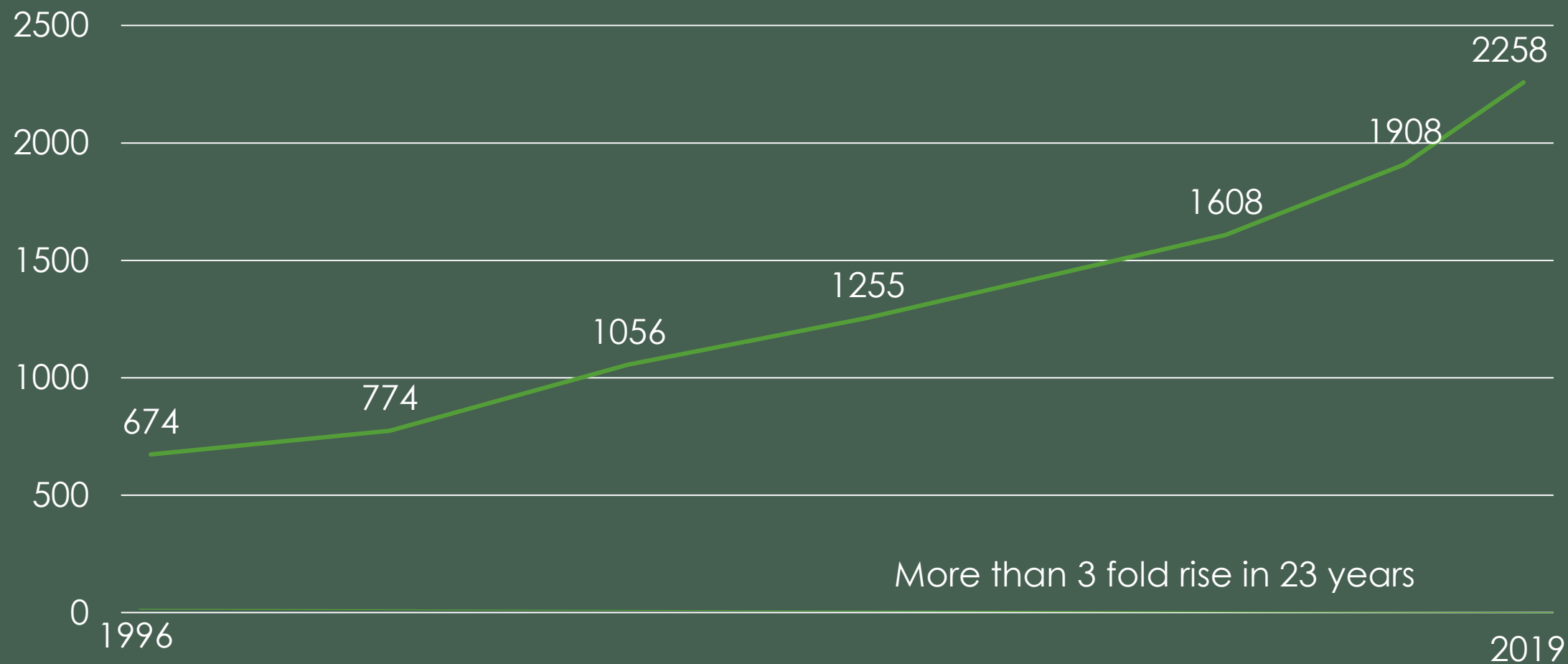
Chief Editor, HKJOT

Dr. Kenneth FONG

All Volunteers

supported by 2 part-time administrative workers

Registered OT in HK



Psychosocial OT service in Hong Kong

Psychosocial OT service in HK 1950-1980



- OT service started in 1950s, provided by expatriate OTs, mainly from UK, supported by local assistants with craft and technical skills
- Long stay patients and mainly for diversional therapy, activities for deinstitutionalization



Psychosocial OT service in HK 1980-2000



- Local OT graduates
- More comprehensive service in mental hospitals and day hospitals
- Focus more on rehabilitation and community reintegration
- Started service in non-government organizations



Psychosocial OT service in HK since 2000

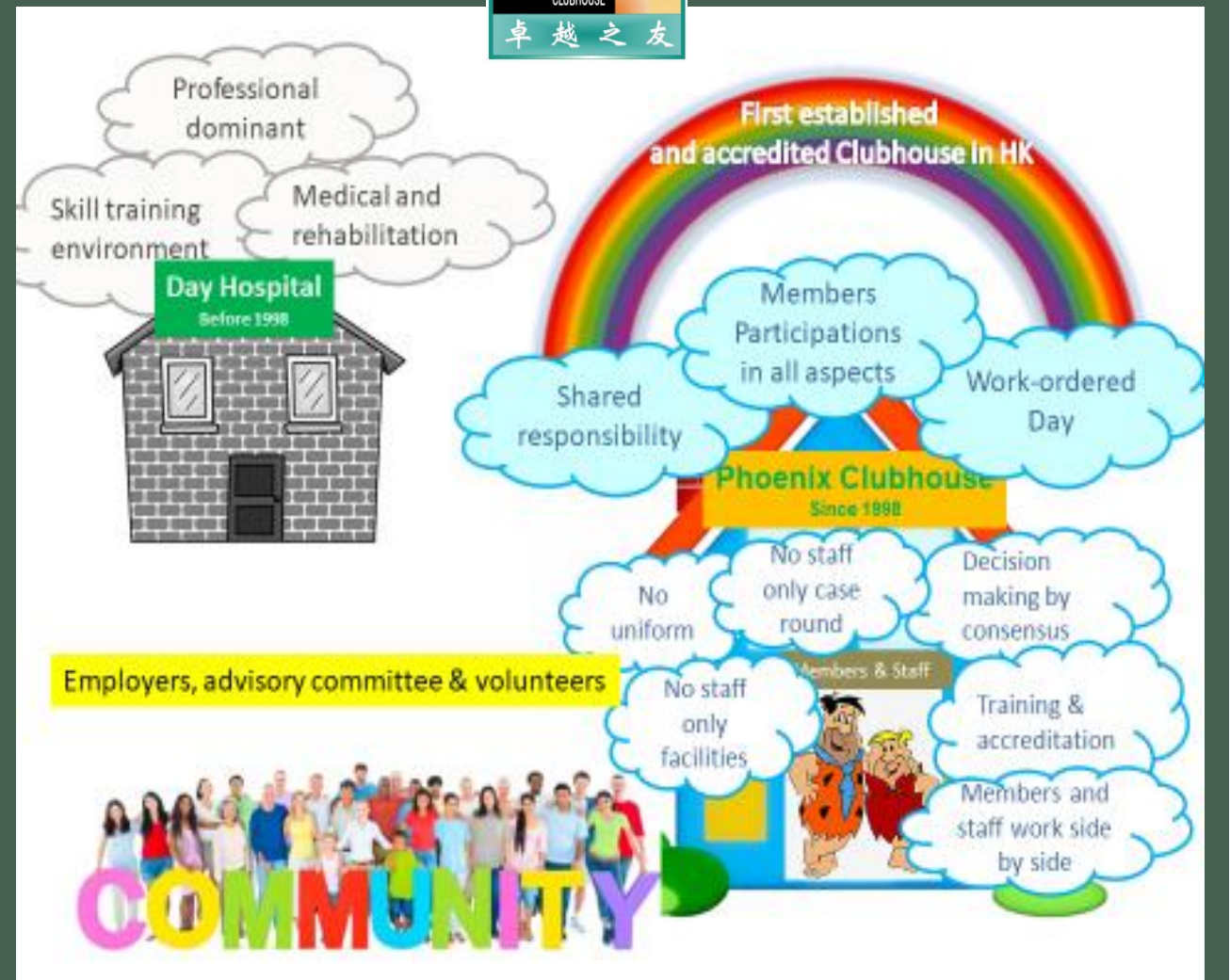


- Transformation of OT service since 2000: recovery oriented, evidenced based, evidence driven
- Introduction of Advanced Practitioner of OT in mental health service in the Hospital Authority in 2008
 - OT become the first contact for patients with Common Mental Disorders Clinic
 - OT work in Integrated Mental Health Clinic in primary healthcare service
- Introduction of Personalized Care Programme for patients with Severe Mental Illness in 2009
 - More than 100 OTs employed as Case Managers in district based service

Psychosocial OT service in HK since 2000

Introduction of International Clubhouse

- Accredited since 2001
- World's 11th Training Base Clubhouse



Phoenix Clubhouse

- create Hope with the Success of Peers
- Use Community Resources to Stimulate Change
- Avoid Stigma and Discrimination by Community Participation
- Beat Poverty with Employment
- Create Community for Social Support

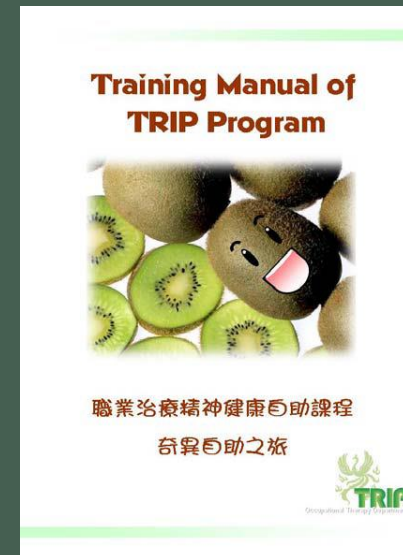


Psychosocial OT service in HK since 2000



Introduction of Transforming Relapse and Instilling Prosperity (TRIP) program for patients in mental health hospitals in Hospital Authority in 2007

- Activity based, psychoeducational groups, individual homework
- with Multicenter Double Blind Randomized Control Trial done
- Significant effect on relapse prevention & effective for 1 year
- Very positive client feedback

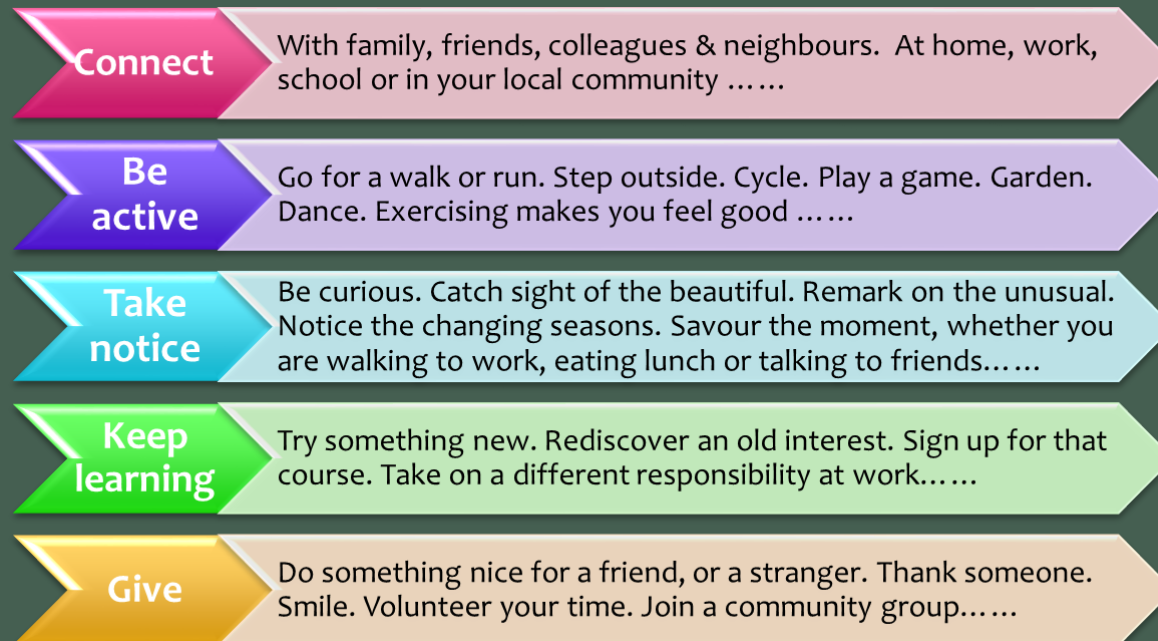


Psychosocial OT service in HK since 2000



Introduction of 5 Ways to Wellbeing Programme

- Based on evidence base for improving well-being of the UK Foresight Project Report 2008
- 5 sessions of psychoeducation and activities
- Very positive client's feedback



Psychosocial OT service in HK since 2000

Introduction of Abridged Illness Management and Recovery Programme in 2010+

- Based on Illness Management and Recovery Program (Mueser et al., 2002; 2006)
- Abridged for Hong Kong use, cut down to 10 sessions
- Multi-center Randomized Control Trial done showing significant result in major outcomes



Module	Content	No. of sessions
1	Recovery strategies (復元策略)	2
2	Understanding schizophrenia (精神分裂症解碼)	1
3	Understanding treatment (治療方程式)	3
4	Building social support (社交支援加油站)	1
5	Relapse prevention (減低復發錦囊)	1
6	Mental health services (精神健康服務知多啲)	1
7	My recovery journey (我的復元之旅)	1

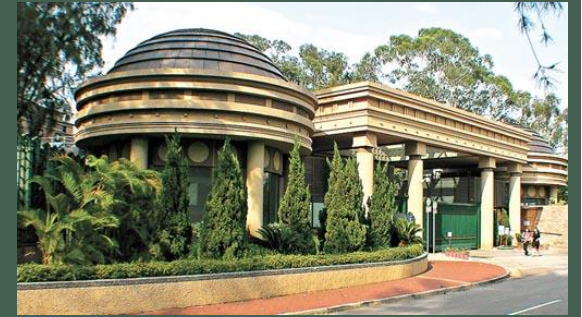
Outcome measure	t	p-value	Interpretation
IMRS	3.60	= 0.001	Experimental group has better illness management
SOFAS	4.46	< 0.001	Experimental group has higher level of social and occupational functioning
QOL question one	2.02	< 0.05	Experimental group has higher subjective QOL
QOL question two	2.69	= 0.009	Experimental group has higher satisfaction on own health
QOL physical	2.11	= 0.038	Experimental group has higher physical QOL

Psychosocial OT's Work Settings

Hospital Authority (Government Funded)



- 2 major mental hospitals opened in 1960 & 1980
- 8 district hospitals with psychiatric in-patient beds
- 8 day hospitals in hospitals or specialist clinics
- 7 GOPDs with Integrated Mental Health Clinics
- A few Common Mental Disorder Clinics
- OT service provided to Child, Adult & Elderly
- Over 3600 in patients, blanket referral
- 220,000 registered psychiatric patients in 2018
- Over 200,000 Day Hospital attendances in 2018
- 28000 diagnosed dementia patients in Hospital Authority



Non-Government Organization

- Started in 1954, more than 10 NGOs now
- Community Support Service
 - Integrated Community Centre for Mental Wellness
 - District Elderly Community Centres for Mild NCD
- Vocational Rehabilitation
 - Sheltered Workshop
 - Supported Employment
 - Integrated Vocational Rehabilitation Services Centre
 - On the Job Training Programme
- Residential Care
 - Halfway House (HWH)
 - Long Stay Care Home (LSCH)
 - Supported Hostel



1st NGO in 1950s



2nd NGO in 1960s



Other settings

- Schools
- Private Clinics
- Vocational Training Center
- Social Welfare Department

Psychosocial OT Clients & Service

Child & Adolescence



Conditions

- Autism Spectrum Disorder
- Attention Deficit Hyperactivity Disorder
- Specific Learning Disorder
- Early Psychosis
- Substance Abuse
- Anxiety
- Depression

Interventions

- Early Assessment for Young People with Early Psychosis
- Developmental Assessment & Training
- Social Skills training
- Sensory Integration and sensory processing
- Emotional and Impulse Control
- Learning strategies and hand writing
- School Support & Parent's training

Adult



Conditions

- Common mental disorder: anxiety, depression, mood disturbance, sleep disturbance, Substance Abuse
- Severe mental illness, e.g. Schizophrenia, Bipolar Affective Disorder, Psychotic Depression, Substance Abuse

Interventions

- Early Identification of mental illness
- TRIP, AIMR, 5 Ways to Wellbeing
- Preparation for discharge
- Personalized Care Programme
- Life Skills Assessment & Training
- Vocational Rehabilitation
- Crisis Intervention
- Community Integration
- Family's training

Psycho-geriatrics



Conditions

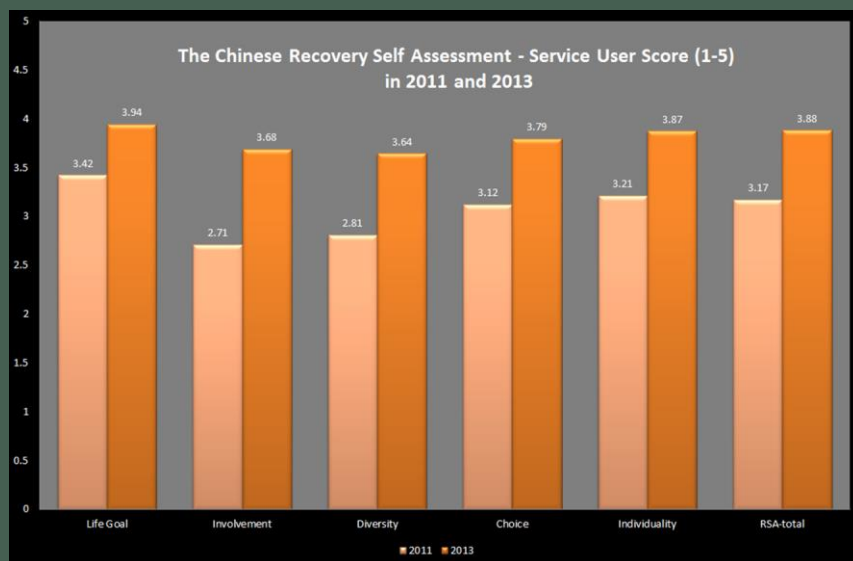
- Neurocognitive disorder from Mild to Severe
- Behavioural and Psychological Symptoms of Dementia (BPSD)
- Depression
- Psychosis

Interventions

- Early identification of neurocognitive disorder or other mental problems
- Cognitive assessment & stimulation
- Life skills assessment & Training
- Management of BPSD
- Environmental Modification
- Family's Training
- Support to elderly homes

Our learnings in the past 40 years

- Learn from global development
- Build on available evidence
- Drive change by local evidence
- Willingness to share among OTs and act on our weakness



Recovery survey of patients of 20 settings in 7 clusters

Chinese Recovery Self Assessment

Total score: 3.174 (2011)

Total score: 3.877 (2013)

($p=0.001$)

Improvement in all 5 factors and in all settings

Acknowledgement

- Occupational Therapist from the Hong Kong Hospital Authority:
 - Ms. June Chao, Mr. Raymond Wong, Ms. Odelia Yeung
- Occupational Therapist Faculties from Department of Rehabilitation Sciences, the Hong Kong Polytechnic University
 - Ms. Chloe Mo, Clinical Associate
 - Dr. Sunny Chan, Assistant Professor

Thank You!

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Introduction to PAOT



(ON BEHALF OF THE 2018-2020 PAOT BOARD)
ANTHONY S. GRECIA, PHD., MA, OTR, OTRP
PRESIDENT



PAOT Vision Statement

“PAOT, Inc. is highly recognized at the national and international levels as a provider of services to clients and other stakeholders in the areas of **health, wellness, productivity and quality of life.**”



The PAOT leads and strengthens the unified vision for
Filipino OTs and stakeholders



UNIFYING VISION:

**ONE occupational
therapist per 20,000
Filipinos OR 0.50 OT per
10,000 by the year 2025**



Promote OT
practice

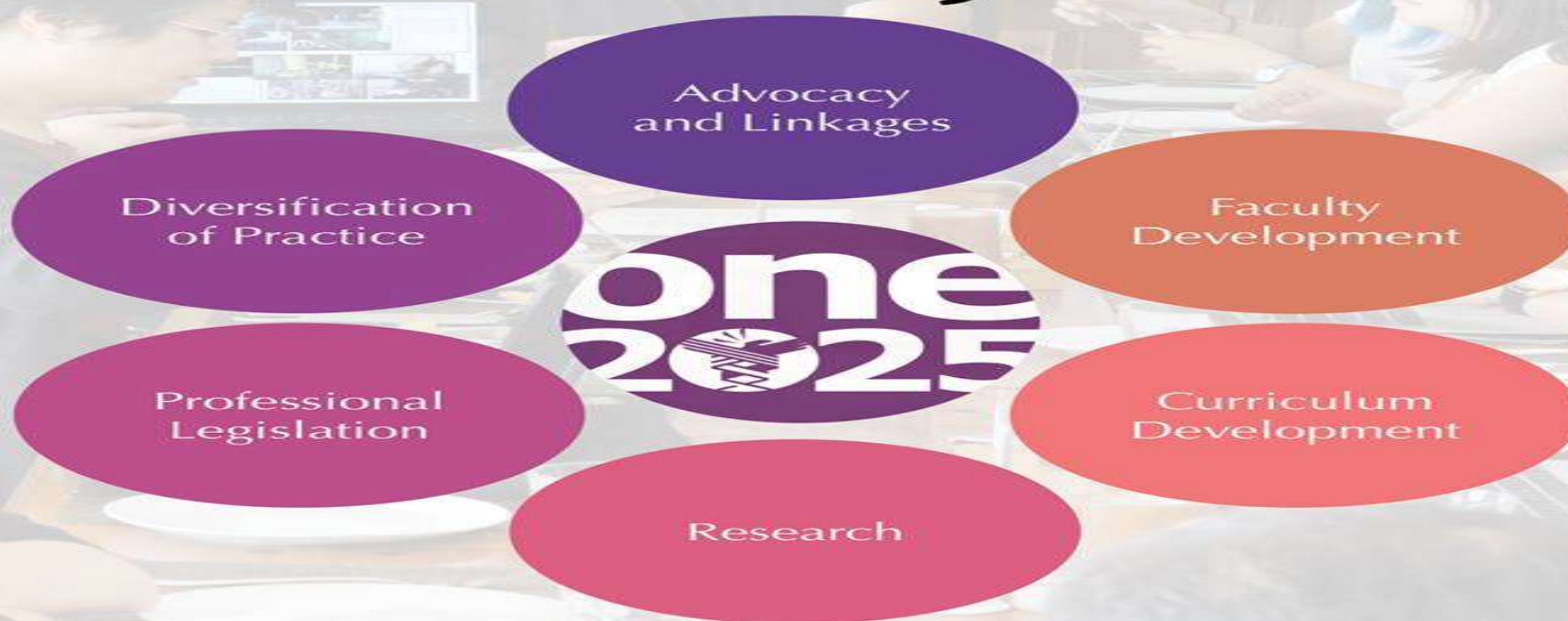
Filipino
HEALTHCARE



THE
Philippine Academy of
Occupational Therapists, Inc.
Formerly the Occupational Therapy Association of the Philippines, Inc. (OTAP)

2017-2018

KEY PROJECTS*




*Identified during the Strategic Planning last March 6-7, 2017

To support, visit **www.paot.org.ph**

LOGO

The visual identity of Philippine Academy of Occupational Therapy, Inc. (PAOT) was developed with the following guiding principles:

- ⦿ Modernization
 - ⦿ Legacy
 - ⦿ Pride
 - ⦿ Story
 - ⦿ Nationalism
- 

Symbols



- **Rod of Asclepius/Caduceus** - Medical symbol which represents the occupational therapy profession as associated to the medical and paramedical field. Symbol of healing and a reference to the symbol found in the original logo of the Occupational Therapy Association of the Philippines.
- **Ibong Adarna** - Legendary bird in Philippine literature whose gift of song is said to cure any illness. In the story, in order to cure the king of a rare illness, three princes went on a quest to retrieve the famed bird. It took perseverance and creativity on the part of the third prince to succeed and avoid petrification. The bird in the end transformed into a beautiful princess. A symbol of healing and transformation akin to the symbolism of the phoenix.
- **Hands** - Open handed and outstretched, the hands represent the service-oriented nature of the organization. It also represents the occupational therapist working "hand-in-hand" towards the achievement of the highest level of function of their clients. Also, the hands represent "occupation" through which occupational therapists promote health and well-being with the clients.
- **Progression** - The organization strives for excellence in all fields of practice, the advancement of knowledge and skills among its professional members. Depending on perspective, this symbol can be seen as growth/generalization (from the lowest, 1 rung to highest, 4 rungs) or specialization/specificity (from highest to lowest)



PAOT

Philippine Academy of Occupational Therapists, Inc.



- **Colors** - Purple as a symbol of excellence and balance (being a combination of both red, symbol of energy, and blue, symbol of stability). Red, yellow and blue as representative of the Philippines. Green as the color of life and vitality.



Relevant Statistics

- Total number of **registered OTs** in the Professional Regulation Commission in 2018: **4000**
- 2018 Regular member = **700**
- 2018 Regular Members with Specified Regional Data = **330**

** members may choose more than one region of practice*

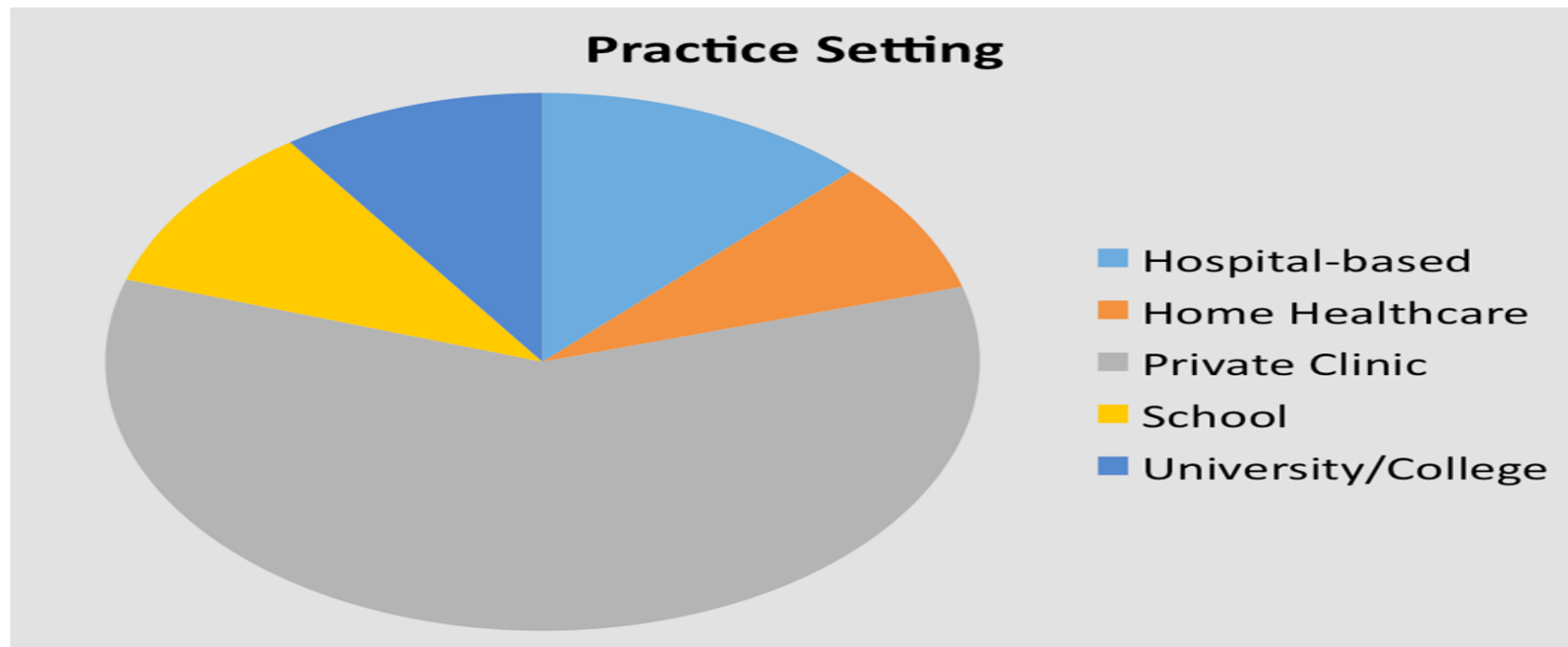
** data is based on the PAOT membership in 2018; n = 330 (330 specified tl*

Region of Practice



National Capital Region	153
CAR	6
Region 1	13
Region 2	4
Region 3	32
Region 4-A	70
Region 4-B	1
Region 5	6
Region 6	12
Region 7	57
Region 8	1
Region 9	0
Region 10	8
Region 11	16
Region 12	4
Region 13	4

Area of practice and Setting



2019 UPDATE: PHIL. OT LAW

1. Signing of the the Philippine Occupational Therapy Law or Republic Act 11241 by Pres. Duterte (March 11, 2019)
2. More open to various referral sources (not only coming to physicians)
3. More Autonomy: Separates the OT board of examiners from the PT board examiners and leadership of physiatrist (rehabilitation doctor)
4. Requires membership of OT professional to PAOT





OCCUPATIONAL THERAPY AND MENTAL HEALTH PRACTICE IN THE PHILIPPINES

Prepared by:

- Anthony S. Grecia, Ph.D., OTR, OTRP
- Jeffrey Paulino, Membership Committee Head
- PAOT August Interns

DEPRESSION AND SUICIDE AMONG FILIPINOS

**3.3 MILLION
FILIPINOS**

OR 3.3% OF THE TOTAL
POPULATION SUFFER FROM

DEPRESSIVE DISORDERS

**3.1 MILLION
FILIPINOS**

OR 3.1% OF THE TOTAL
POPULATION SUFFER FROM

ANXIETY DISORDERS

2,558
REPORTED

SUICIDE CASES

↑ **2.9 SUICIDES PER**
100,000 POPULATION IN 2012



COMPARED TO OTHER COUNTRIES IN ASEAN



THE PHILIPPINES'
2012 SUICIDE RATE
OF 2.9 PER 100,000
WAS THE LOWEST.



MYANMAR HAD THE
HIGHEST SUICIDE
RATE WITH 13.1
PER 100,000.

THERE IS AN INCREASED NEED
FOR MENTAL HEALTH SERVICES

Depressive, anxiety disorders
and suicide cases have been
growing the Philippines

2.9 per 100,000 (2012 suicide
rate)

MAJOR PHILIPPINE MILESTONE ON MENTAL HEALTH

-2017 SIGNING OF THE PHILIPPINE MENTAL HEALTH LAW OR REPUBLIC ACT 11036

-2018-IMPLEMENTATION OF THE LAW



PHIL. MENTAL HEALTH LAW OBJECTIVES

1. Strengthen effective leadership and governance for mental health by, among others, formulating, developing, and implementing national policies, strategies, programs, and regulations relating to mental health
2. Develop and establish a comprehensive, integrated effective and efficient national mental health care system responsive to the psychiatric, neurologic, and psychosocial needs of the Filipino people;

PHIL. MENTAL HEALTH LAW OBJECTIVES

2. Protect the rights and freedoms of persons with psychiatric, neurologic, and psychosocial needs of the Filipino people;
3. Strengthen information systems, evidence and research for mental health;
4. Integrated mental health care in the basic health services; and
5. Integrate strategies promoting mental health in educational institutions, the workplace, and in communities.

CURRENT IMPLICATIONS

OT

- OTs will be referred to as Mental Health Service Provider

Services

- OTs are accountable to provide services that are evidence-based, client-centered, age-appropriate, least restrictive, and culturally responsive.

Delivery

- Mental health services at the community level
- Community-based Mental Health Care Facilities

HUMAN RESOURCES:

Generally, there is lack of mental health facilities and mental health workers



OT HUMAN RESOURCE

1. In general, there is a great deficit of OTs in the country
2. The current PAOT goal is to have 0.5 OT per 10,000 Filipinos (or 1 per 20000) by 2025
3. In our roster of members, only 54 OTs indicated engaging in Mental Health Practice

Philippine OT Mental Health Practice Settings

National Center for Mental Health (NCMH)- OT Chronic Care Focus





National Center for Mental Health (NCMH)- OT Chronic Care Focus



- Serves 4200 in-patients
- Manages 56,000 out-patients per year
- provides Inter-department/ agency rehabilitation programs

National Center for Mental Health (NCMH)- OT Chronic Care Focus

- Habit-training and improvement of level of independence in ADLs and IADLs
- Social skills, communication skills, and literacy training
- Leisure exploration and participation
- Pre-vocational and vocational exploration and training
- Livelihood programs

OT in Acute Care Focus: Philippine General Hospital (PGH)

OT Section, Department of Psychiatry

- Provides In-patient and out-patient services
- More of a Practice placement center → most OT services are provided by OT interns (4th/5th year OT students)
- In-patient: ADL and IADL training
- Out-patient: Pre-vocational and vocational skills training, and come Counseling

OT in Outpatient Care:

Philippine Mental Health Association (PMHA)

Children and Youth Center



Use of purposeful and occupation-based activities



development of the emotional, sensory-perceptual, social, cognitive, physical and motor skills

Adult Work Center



Composed of psychosocial, vocational, and family programs



Community integration (gardening)

OT in Outpatient Care:

Philippine Mental Health Association (PMHA)

ADULT WORK CENTER focuses on using:

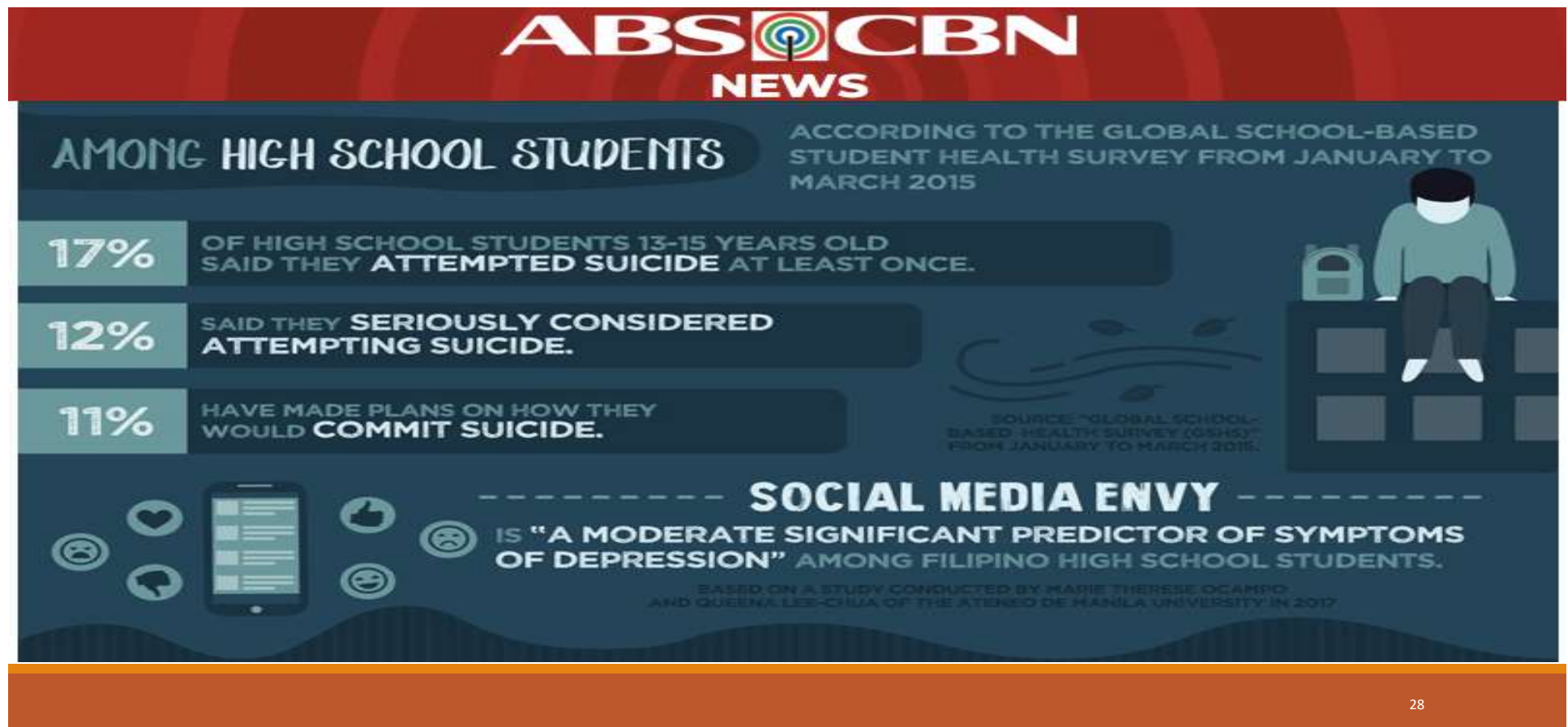
- IADL interventions
- Pre-vocational and vocational skills training, work hardening, and life skills training
- Sheltered employment for mental health consumers
- Psychosocial therapeutic group activities



Occupational Therapy in Drug Rehabilitation

- Roles of Occupational Therapists
 - Use of occupations and activities to promote participation in various areas of occupation
 - Interprofessional collaboration
 - Utilization of research to strengthen practice
 - Facilitation of supports and reduction of barriers to participation using knowledge on environmental modification
- These identified roles are in disjunct with the perceived OT roles by health authorities in the Philippines
- There is a need for these roles to be recognized by all stakeholders to be able to maximize the contribution of OTs in this domain

OT & Counseling for the Youth



Integration of Occupational Therapy and Counseling for Developmental Disabilities: Private Therapy Centers in the community



- A number children with developmental disabilities develop mental health concerns as they approach adolescence and adulthood
- OT integrates occupation-based activities with counseling and coaching principles to promote → school participation/social participation; adult education; vocational/community integration

Integration of Occupational Therapy and Counseling for Developmental Disabilities: Private Therapy Centers in the community

- Counseling utilizes client-centered and cognitive behavioral therapy approaches (CBT)
- PAOT has strongly advocated Cognitive Behavioral Therapy and conducts training and certification courses of CBT focusing on Anger, Anxiety, & Depression



7th Asia Pacific Occupational Therapy Congress

**CELEBRATE OCCUPATION.
CELEBRATE LIFE.**

NOVEMBER 18-20, 2020
CONGRESS

NOVEMBER 17
Education Day and Pre-congress Workshops

CROWNE PLAZA MANILA GALLERIA, Quezon City, Philippines

www.apotc2020.com

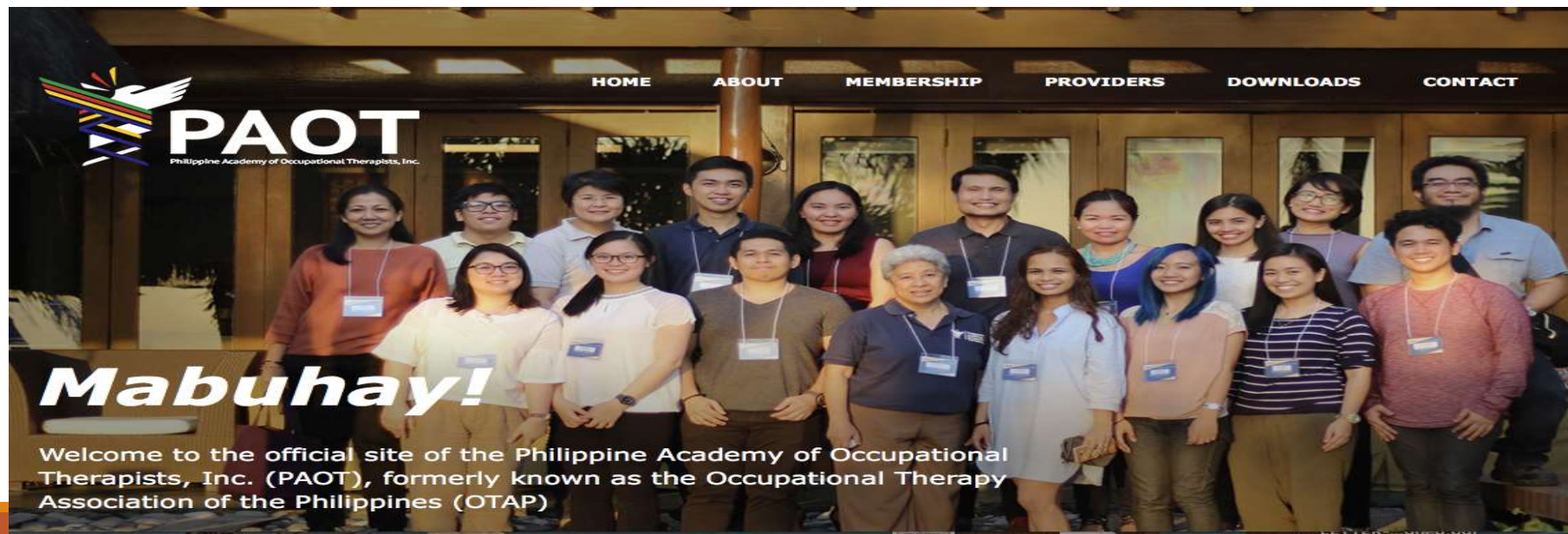
For more information, discussion and sharing about mental health and female OT practice options, We encourage you to participate and submit abstracts to the 7th Asia Pacific Occupational Therapy Congress in Manila!

**Let's celebrate diversity
in OT practice and Let's
celebrate Life.**





ON BEHALF OF THE BOARD OF DIRECTORS AND OFFICERS OF PAOT,



Occupational Therapy in Singapore: 2019 Exchange Meeting for East Asian OT Associations

Lim Hua Beng

On Behalf of The

Singapore Association of Occupational Therapists



Outline:

- Occupational Therapy Developments
- Supporting women Occupational Therapists to remain in practice
- Mental Health Occupational Therapy in Singapore
- Occupational Therapy Post-Graduate Education

Healthcare 4.0: Industry Undergoing Transformation in Singapore

Emphasis on Community Care

- **Care delivery in community and homes**
- **One-Rehab Framework**

Preventive Care before Healthcare

- Primary Care
- Preventive Care as part of routine Care
- Pre-habilitation
- Generalist specialist

Leverage on Technology

- National Electronic Health Record
- Rehabilitation Technology

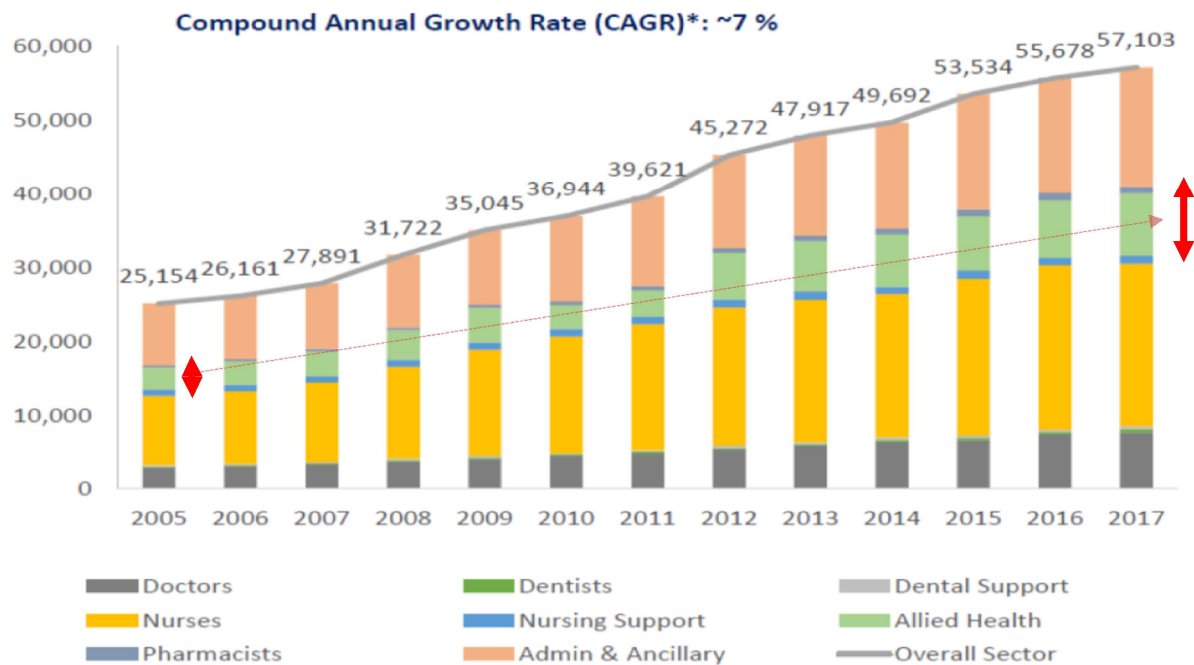
Shrinking Manpower

- **Trans-disciplinary Practice**
- Upskilling Therapy Assistants
- **Top of License Practice**



Growth in Health Manpower

Growth in Public Healthcare Manpower (2005-2017)



*Public Healthcare Manpower includes employees working in public hospitals, specialty centres and polyclinics. Figures exclude MOH-HQ, HPB and HSA.
CAGR refers to year-on-year annual growth rate over a period of time.
Data source: Bi-Annual Manpower Returns (BMR), in Full-time Equivalent (FTE) figures

- Largest growth in Nursing and Allied Health
- Occupational Therapy:
 - 12.6% growth since 2016



Occupational Therapy in Singapore (31 Dec 2018)

	2016	2018		2016	2018		2016	2018		2016	2018
Age	%		Gender	%		Nationality	%		Settings	%	
20 - 29	43.8	39	Male	17.5	16.9	Singapore/ Resident	78.2	81.3	Acute Hospitals	43.3	38.6
30 – 39	39.8	41	Female	82.5	83.1	Non-citizen	21.8	18.7	Community Hospitals	13.3	12.2
40 – 49	13.0	15							Community Agencies	20.5	24.0
50 – 59	2.7	4							Private Practices	13.9	12.1
> 60	0.7	1	Registration Type	%		OT Qualifications	%		Academic Institution	1.4	0.9
			Full	84.2	89.5	Singapore	57.6	59.7	Government/ Agencies	1.2	1.1
			Conditional	15.7	10.4	Australia	11.2	11.8	Others	6.4	11.1*
			Restricted	0.1	0.1	United Kingdom	5.3	5.5	*30 (2.5%) not employed, 103 (8.6%) exited Singapore		
						Others	23.4	23			

1067 Registered Occupational Therapists on 31 December 2016

12.6% growth since 2016

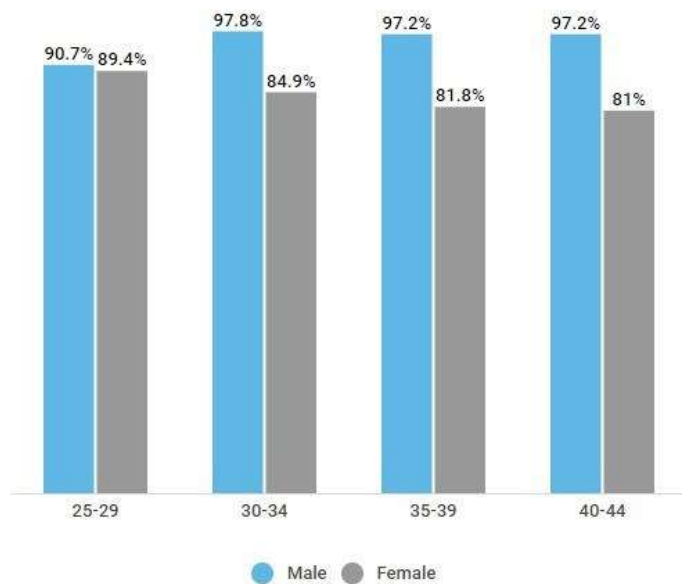
1201 Registered Occupational Therapists on 31 December 2018



Singapore Association of Occupational Therapists

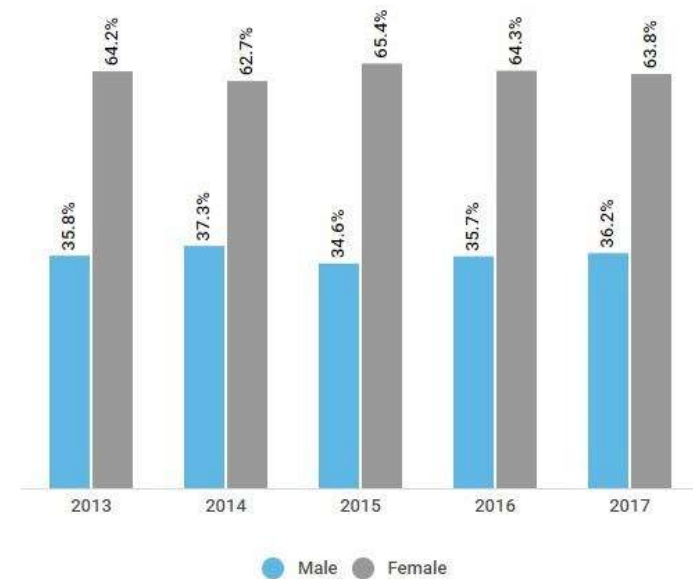
Women in the Workforce

Labour force participation rate (2018)



Source: Department of Statistics

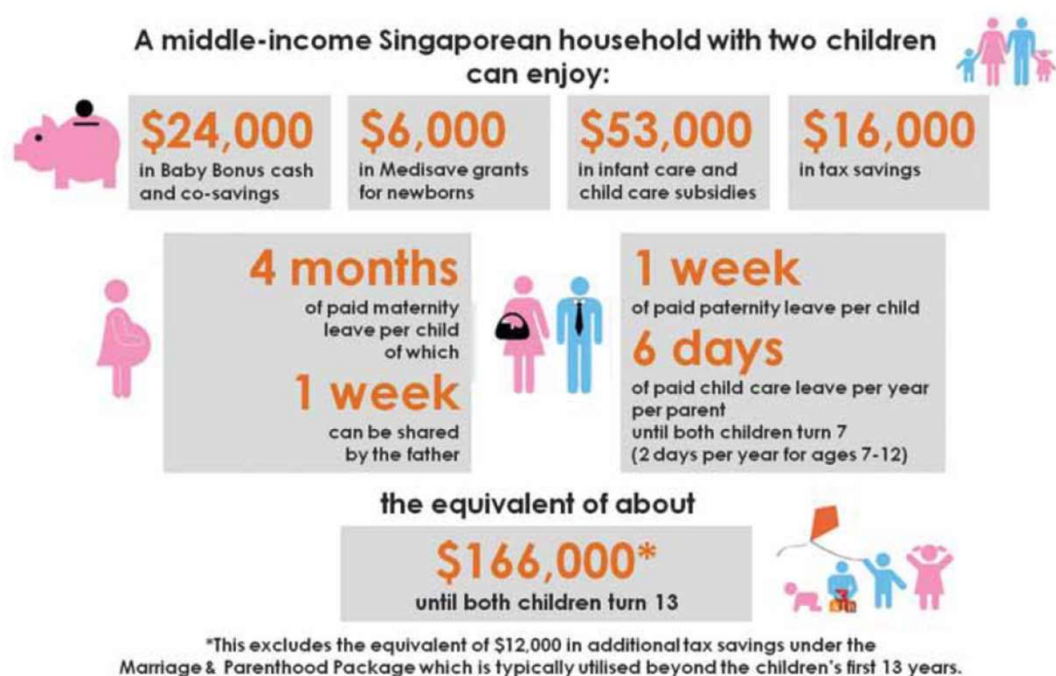
Participation by gender in the part-time workforce



Source: MSF



Government's Pro-Family's Policy



- 4 months paid maternity leave
- 2 weeks paternity leave
- 6 days child care leave for each parent
- Infant and Childcare subsidies
- Large hospitals houses infant and child-care centres
- 173,907 child care places with 129,674 enrolled (25.4% vacancy) (Early Childhood Development Agency, 2019)

(Prime Minister's Office, 2013, p. 24)



Supporting Women OT

30 (2.5%) not employed 2018*

Registration Board

Minimum Practice Policy

200 Hours Practice/Year

Flexible Employment

Part-Time

- 18.7% (2018)
- 16.5% (2017)
- 14.1% (2016)

Job Sharing

Employment Benefits for Flexi Employment

Pro-rated Annual Leave

Child-Care Benefits & Lactation Rooms

Provident Fund

Private Practice

Allows autonomy



Occupational Therapy in Mental Health



- **Estimated 20% in Mental Health**
 - **7% in Adult Psychiatry**
 - **5% in Psycho-Geriatrics**
 - **8% in Child & Adolescent Mental Health**
- **Informed by National Mental Health Blueprint (2007)**
 - **One of the 5 key professionals**
 - **Occupational Therapist**
 - **Nurse**
 - **Social Work**
 - **Psychiatrist**
 - **Clinical Psychologist**



National Mental Health Blueprint (2007)



- **Integrated Mental Health Care**
 - **Response, Early Intervention and Assessment in Community Mental Health (REACH) (Children & Adolescents Mental Health)**
 - **Early Psychosis Intervention Program (EPIP)**
 - **Community Mental Health Team (CMHT)**
 - **Job Club**
 - **Community PsychoGeriatric Program (CPGP)**

Integrated Hospital Teams: Incorporating Mental Health Care

- **Psychosocial Trauma Team**
- **Mood Management Post-Stroke**
- **COPD Support Team**
- **Occupational Therapy Led Return to Work Coordinator in all public hospitals**



Challenges: Capability Development

- **Mental Health Graduate Scholarships (National Mental Health Blueprint Health Manpower Development Scholarships)**
 - **Shortage of Occupational Therapy applicants**
- **Challenge to attract new practitioners to mental health practice**
 - **Shortage in every practice domain**
 - **Growth slowest compared to other practice areas**



National Policies Informing Occupational Therapy Practice in Singapore

Healthcare: One-Rehab Framework

Rehabilitation in Healthcare Framework	Characteristics of each level
SPECIALIZED, HIGH INTENSITY REHABILITATION Occurring in rehabilitation hospitals, centers, departments, units and day programmes	For people with complex needs that impact on multiple domains of functioning, which rehabilitation may start from acute to sub-acute phase. Services may be specialised for specific health condition (e.g. Spinal Cord Injury), in dedicated rehabilitation centre.
COMMUNITY-DELIVERED REHABILITATION Occurring in homes, schools, workplace, childcare, local health centers, long-term care facilities and other community settings	For people require moderate to low intensity rehabilitation over a period of time to further optimise their functioning in the community. Services may be specialised and integrated into other community programmes.
REHABILITATION INTEGRATED INTO MEDICAL SPECIALTIES IN TERTIARY AND SECONDARY HEALTH CARE Occurring in hospital and clinic in-patient and out-patient settings across a wide range of medical specialties	For people who require general rehabilitation over a short period of time during acute or sub-acute phases of care. It is integrated within other health programmes in tertiary or secondary health care.
REHABILITATION INTEGRATED INTO PRIMARY HEALTHCARE Occurring in primary care settings such as general practice, private clinics and community health centers	For people with musculoskeletal, neurological, or psychiatric conditions. Rehabilitation delivered within the context of primary health care which services or professionals act as first point of contact into health care system.
INFORMAL AND SELF-DIRECTED REHABILITATION Occurring in home, school, park, health club, community group, long-term care settings	For individual and person involved in care for the individual to engage in activities that can maintain or further improve their functioning, without rehabilitation or health personnel present for a long term. It may also occurs during a rehabilitation process as part of individual rehabilitation plan.

Social Services: 3rd Enabling Masterplan



One-Rehab Engagement with SAOT-HOD Meeting (30 August 2019)



One-Rehab Framework

- **Developed collaboratively with key Allied Health Professionals**
- **OT key roles:**
 - **Triaging needs**
 - Determining and extending sessions
 - Primary care provider
 - **Community Reintegration**
- **Frame Basic Standards for OT students and new graduates (C-Reg) and new full reg OT:**
 - **Entrustable Professional Activity (EPA) System**



Implementation of Entrustable Professional Activity (EPA) System for students, C-Reg and F-Reg

PT EPAs	OT EPAs	Level of Supervision during Conditional Reg	Level of Supervision upon Full-Reg
Assess movement and function of an individual	Assess occupational performance of an individual	Level 3 (remote supervision)	Level 4 (Unsupervised Practice)
Plan therapy to optimize movement and function	Plan therapy to maximize occupational participation		
Implement therapy to optimize an individual's movement and function	Implement therapy to maximize an individual's participation in meaningful occupation(s)		
Plan for Transition of Care (Transfer / Discharge) to optimize movement and function	Plan for Transition of Care (Transfer / Discharge) to support occupational transition		
Conduct education for Patient/Client/Caregiver/Family			



Tiering of Rehabilitation

- **Assessing and determining intensity of rehab care**
 - **Authority to refer**
 - **Authority to discharge or extend rehab sessions**
- **Work with patients to determine functional goals**
- **Track outcomes**
- **Pilot of first contact clinician for hand therapy**



Enabling Masterplan 3: National Level Interdisciplinary Developed 4 Year Plan

KEY THRUSTS

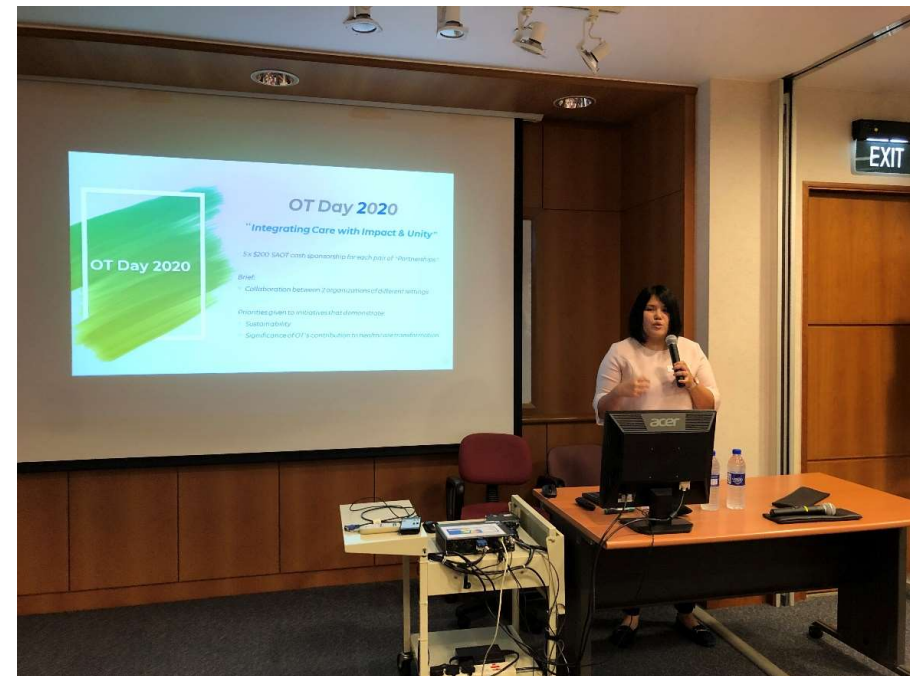
STRATEGIC DIRECTIONS

1. Improving Quality of Life of PwDs	i) Responsive and adaptable services throughout the different life stages to support and care for PwDs		
	ii) Timely and effective detection of disabilities	iii) Access to opportunities for development and quality education	iv) Improved access to enhanced pathways for employment and lifelong learning opportunities
	v) Holistic and quality support across services		
2. Supporting Caregivers	vi) Recognition that caregivers play a critical role in caring for PwDs		
3. Building the Community	vii) Capacity and capability building for the disability sector		viii) Technology is made a priority to improve the quality of life of PwDs
4. Building an Inclusive Society	ix) Support for PwDs to live within and participate actively in the community		



Key Roles for OT in EMP3

- **Assistive Technology and Powered Mobility**
- **Early detection and intervention**
 - OT Consultancy in Pre-school, School
 - Early Intervention Programme
- **Facilitating Transition**
 - Transition in different stages of schooling
 - Schooling to Work and Employment Support
 - Leisure Participation
- **Care-giver support and training**
- **Universal design of home and community**



President of SAOT Introducing Theme of OT Day 2020:
"Integrating Care with Impact & Unity"



Post-Graduate Studies

- **Masters and PhD Scholarship in selected universities in Australia, Canada, UK, USA and Europe**
- **Future Fit: Local Graduate Programmes ensuring capability:**
 - **One-Rehab Framework**
 - **National Mental Health Blueprint**
 - **Enabling Masterplan 3 and beyond**



**Team of Occupational Therapists performing
Cognitive Screening in partnership with
Community Centre**





Singapore Institute of Technology: Applied Learning & Research University

- **Skillsfuture Singapore Framework**
 - **Skillsfuture Singapore (SSG) Funding**
 - **Professional Conversion Programme**
 - 4 years to Accelerated 3 Year Bachelors Degree for career change
 - **Work and Learn Post-Graduate Course**
 - **Stackable Modules**
 - **Stackable Qualifications**
 - **90% SSG Funding**

Postgraduate Certificate	24 credit Passes in 4 modules with CGPA ≥ 2.5
Postgraduate Diploma	48 credit Passes in 8 modules with CGPA ≥ 2.5
Master of Adv Studies*	60 credits compromising of 48 credits accumulated from 8 modules (6 credits) and Consulting Practicum (12 credits) Passes in 8 modules AND HSC6200 Consulting Practicum with CPGA ≥ 2.5

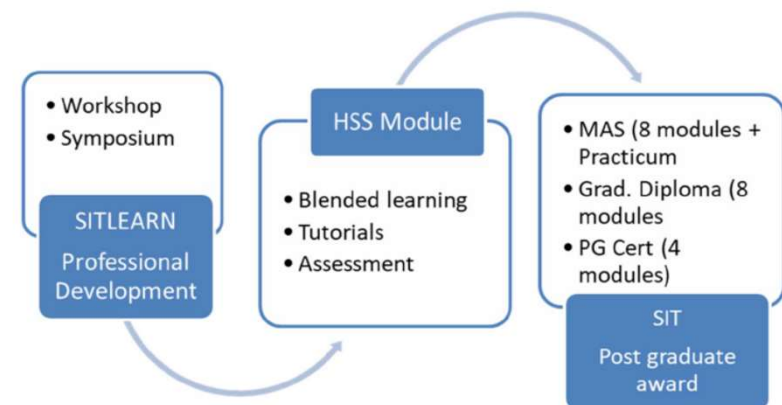
257 participants in 13 courses/seminars delivered by 14 Health & Social Sciences faculty and 28 Overseas and Local Health & Social Care thought leaders over 25.5 days



Master of Advanced Studies (Specialisation)

- Achieved through the accumulation of “stackable” post graduate modules.
- Aligned with the specific needs of the health and social care industry (EPA, One-Rehab, EMP3)
- Inter-professional
- 10 students per module to launch

- Elder Health & Rehabilitation (launched)
- Mental Health
- Child Health & Wellbeing
- Primary & Community Care
- ? Hand Rehabilitation



Summary

Opportunities

- **SG Gov focus:**
 - Health and social care
 - Skillsfuture education
 - Inclusive society
- **Key OT leaders in government advisory committees, policy positions, heads of social service agencies**

Challenges

- **Leadership renewal**
- **> 100% increase in student intake (60 to 130)**
- **Rapid pace of development leading to unequal improvements in practice domains**
- **Ensuring supervision/mentoring and practice quality across sectors and domains**



<https://notc.com.sg/2019/>



[Home](#) [Welcome Message](#) [Conference Committee](#) [Programme](#) [Speakers](#) [Call For Abstracts](#) [Registration](#) [Sponsorship & Exhibition](#)
[Getting to Venue](#) [Contact](#)

NATIONAL OCCUPATIONAL THERAPY CONFERENCE

1 - 2 NOVEMBER 2019

PARTICIPATION: THE KEY TO HEALTH AND WELL-BEING

[PROGRAMME](#)



Singapore Association of Occupational Therapists

Occupational Therapy in Republic of Korea



Jeon, Byungjin
President

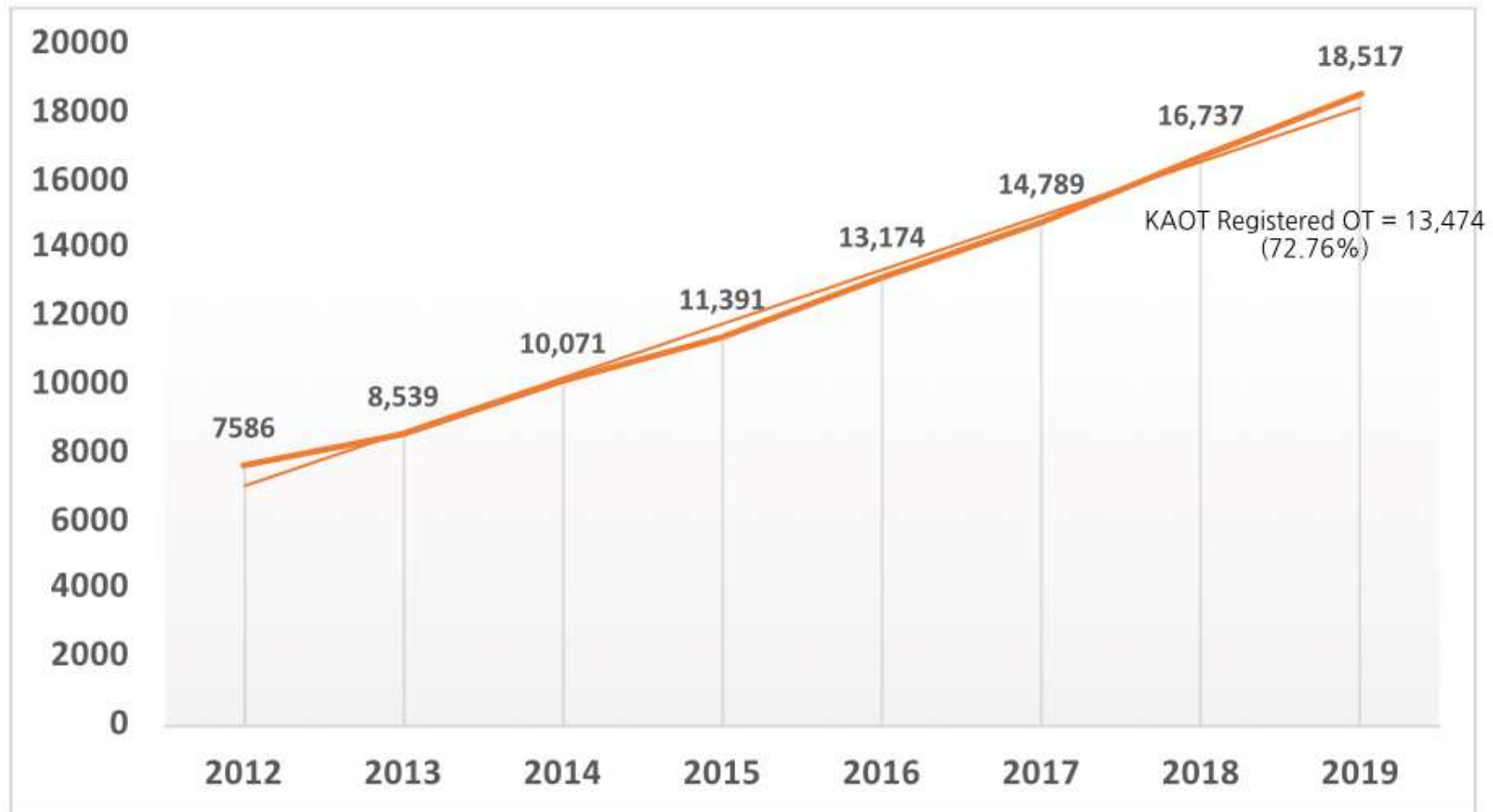
Kang, Daehyuk
Director of International Exchange, WFOT Delegate

Ji, Seokyeon
Director of External Affairs

Korean Association of Occupational Therapists



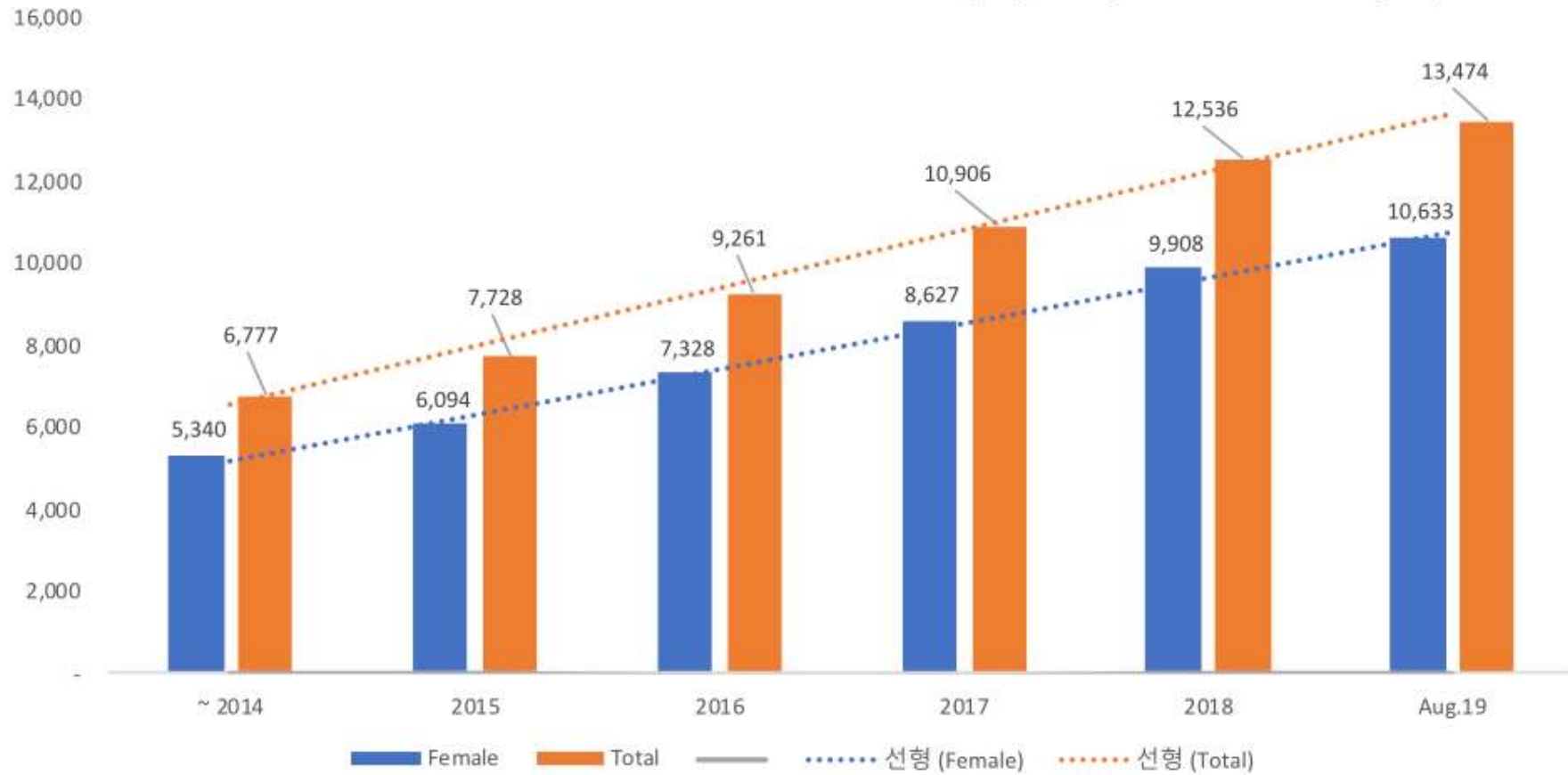
Professional License Acquisition Numbers



* National Health Personnel Licensing Examination Board

Rate of Female Members

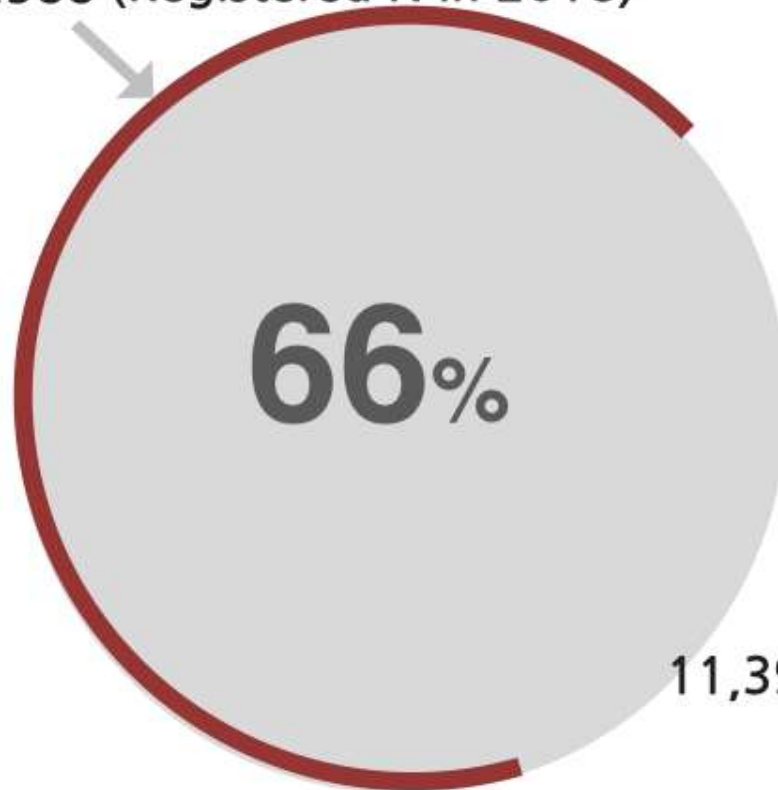
(Aug. 2019, total numbers = 13,474)



	~ 2014		2015		2016		2017		2018		Aug.19	
Female	5,340	78.8%	6,094	78.9%	7,328	79.1%	8,627	79.1%	9,908	79.0%	10,633	78.9%
Male	1,437	21.2%	1,634	21.1%	1,933	20.9%	2,279	20.9%	2,628	21.0%	2,841	21.1%
Total	6,777		7,728		9,261		10,906		12,536		13,474	

Renewal Rate of NLRS

7,588 (Registered N in 2018)



Mandatory Renewal (every 3 years)

- 8 CE credits per year
(Total 24 CE for 3 years)
- Exemption
 - New OT (for 1 year)
 - OT graduate school student
 - Leave of Absence

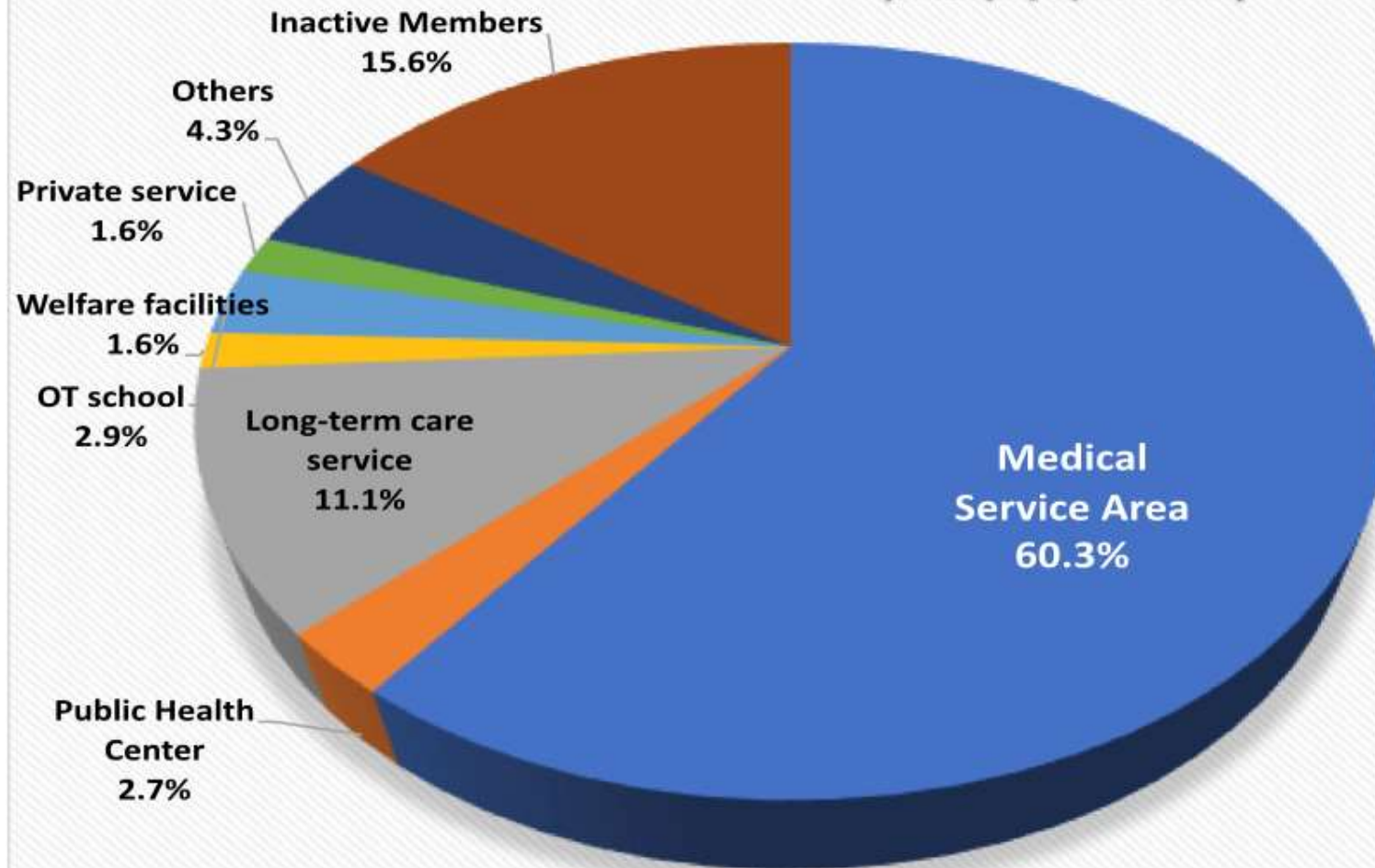
11,391 (Expected N in 2018)

Human Resource Status

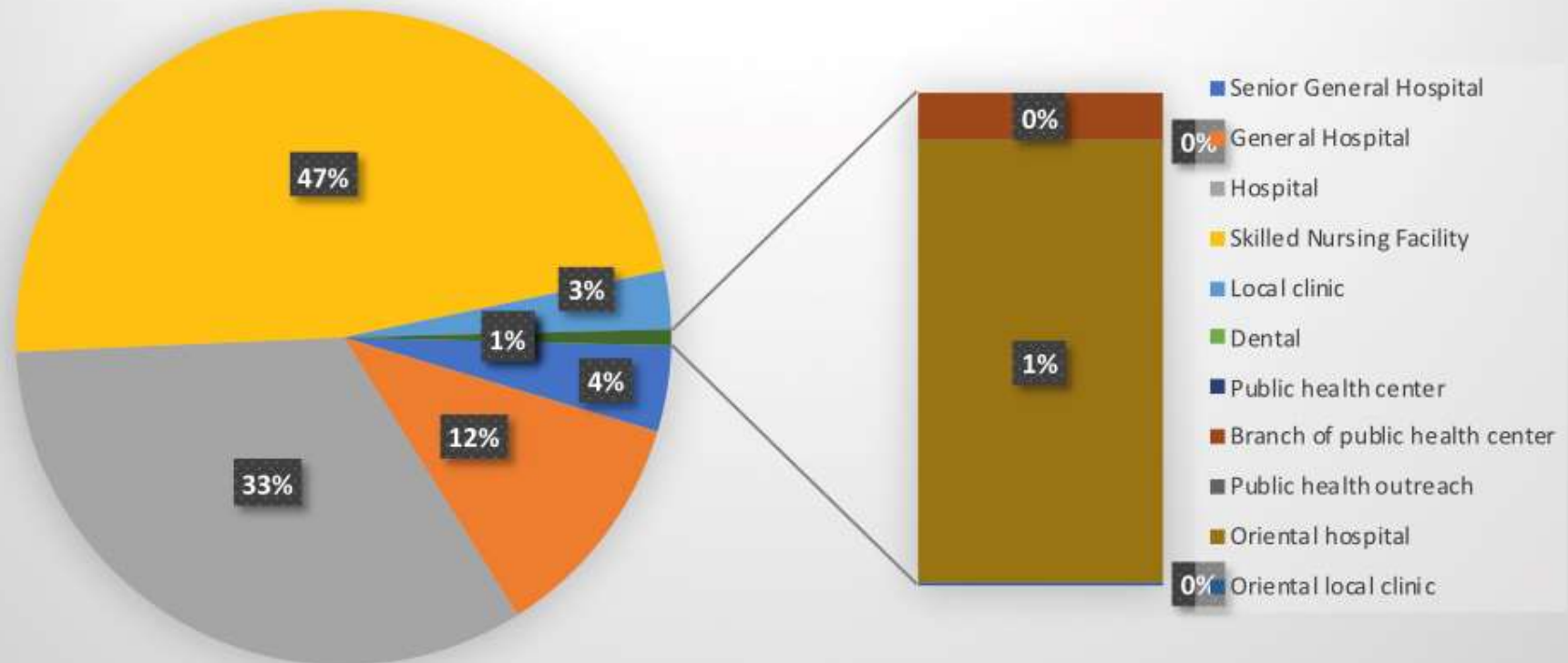
National License Renewal System of Ministry of Health and Welfare

(Not same as all active members)

(2019/8/8, n=7588)

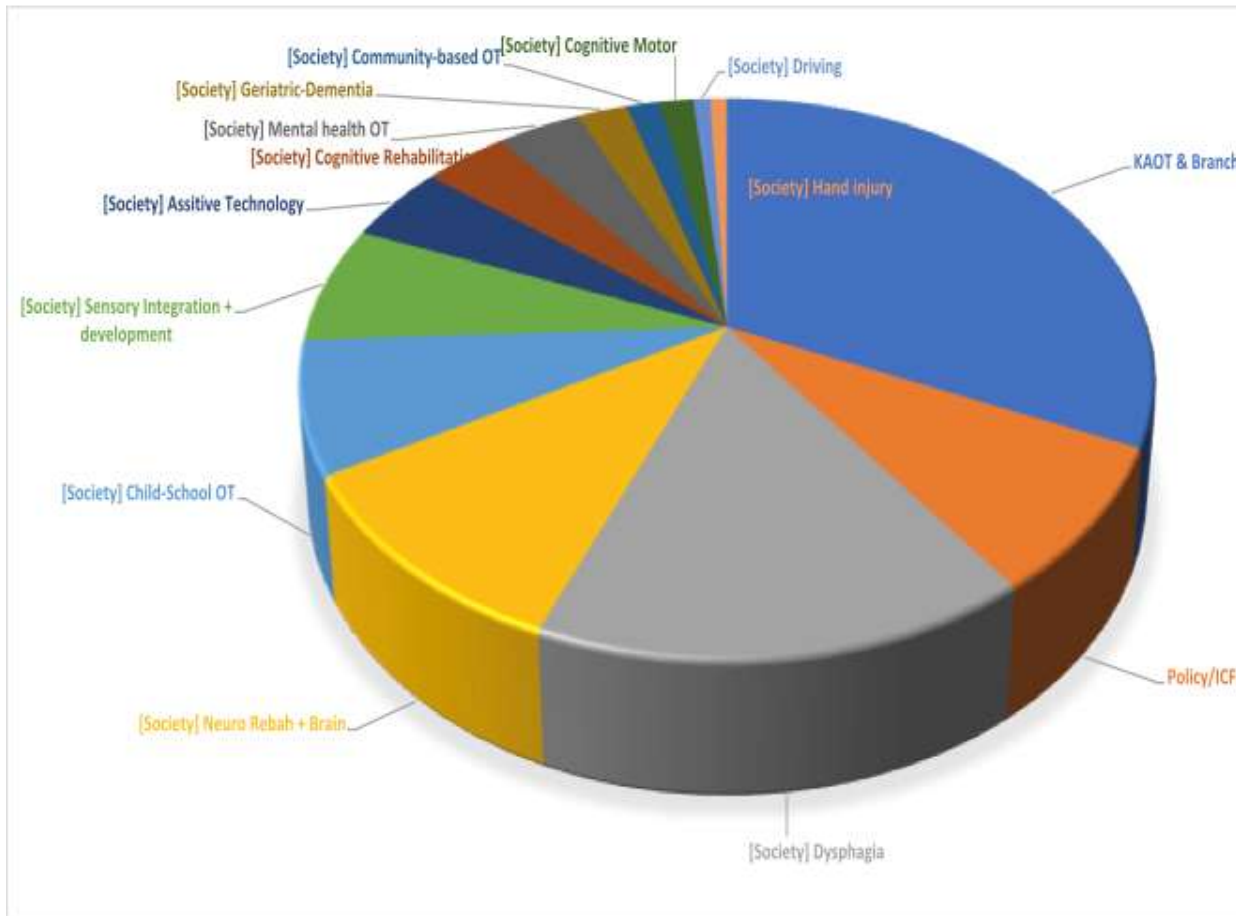


Registered Occupational Therapists in Medical Services



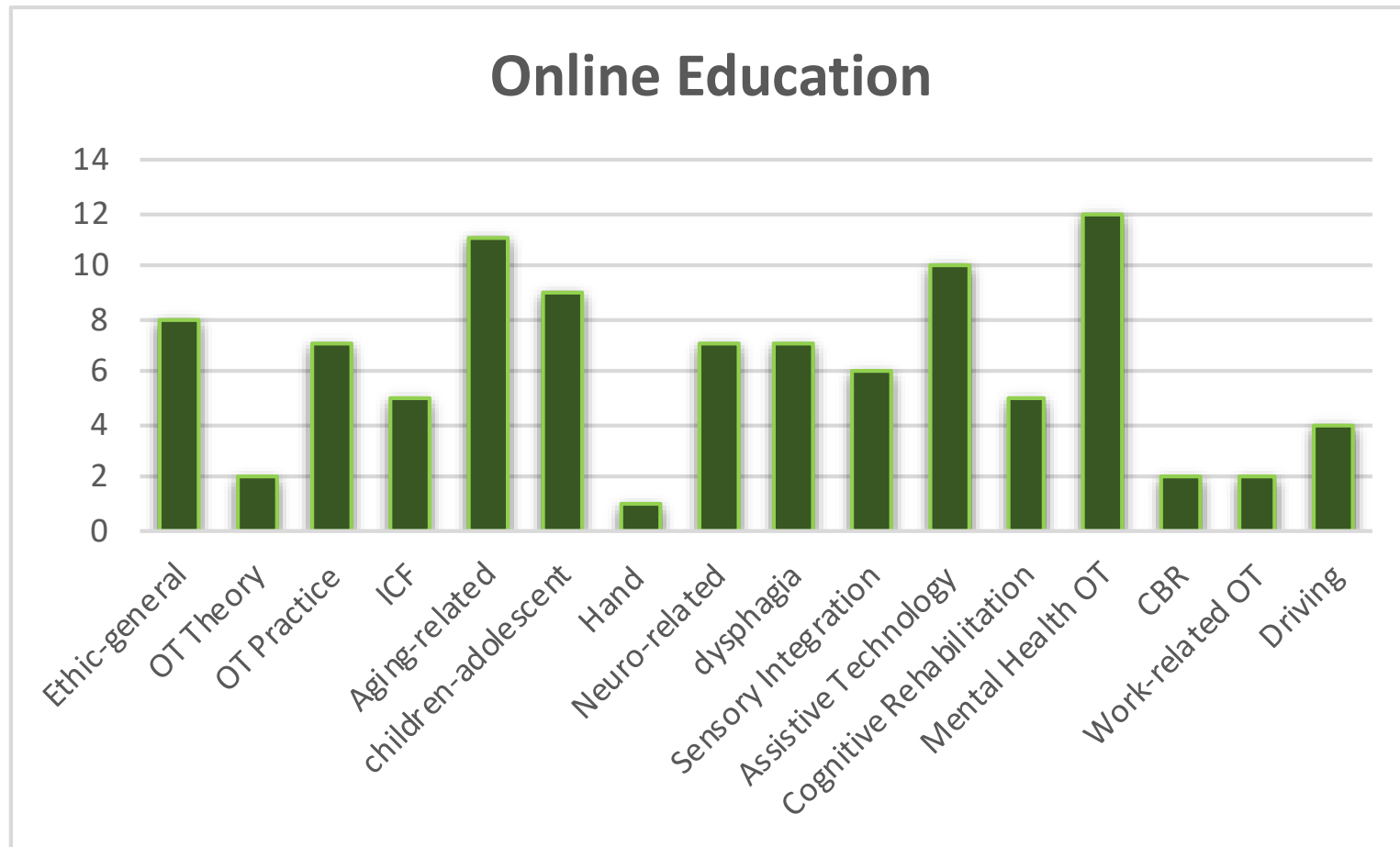
Total	Senior General Hospital	General Hospital	Rehabilitation Hospital	Skilled Nursing Facility	Local clinic	Dental	Public health center	Branch of public health center	Public health outreach	Oriental hospital	Oriental local clinic
6351	267	723	2122	3015	179	0	1	5	0	39	0
100%	4%	11%	33%	47%	3%	0%	0%	0%	0%	1%	0%

Continuing Education



KAOT & Branch	31.8%
Policy/ICF	8.3%
[Society] Dysphagia	15.9%
[Society] Neuro Rehab + Brain	10.6%
[Society] Child-School OT	7.6%
[Society] Sensory Integration + development	6.8%
[Society] Assitive Technology	4.5%
[Society] Cognitive Rehabilitation	3.8%
[Society] Mental health OT	3.8%
[Society] Geriatric-Dementia	2.3%
[Society] Community-based OT	1.5%
[Society] Cognitive Motor	1.5%
[Society] Driving	0.8%
[Society] Hand injury	0.8%

Continuing Education

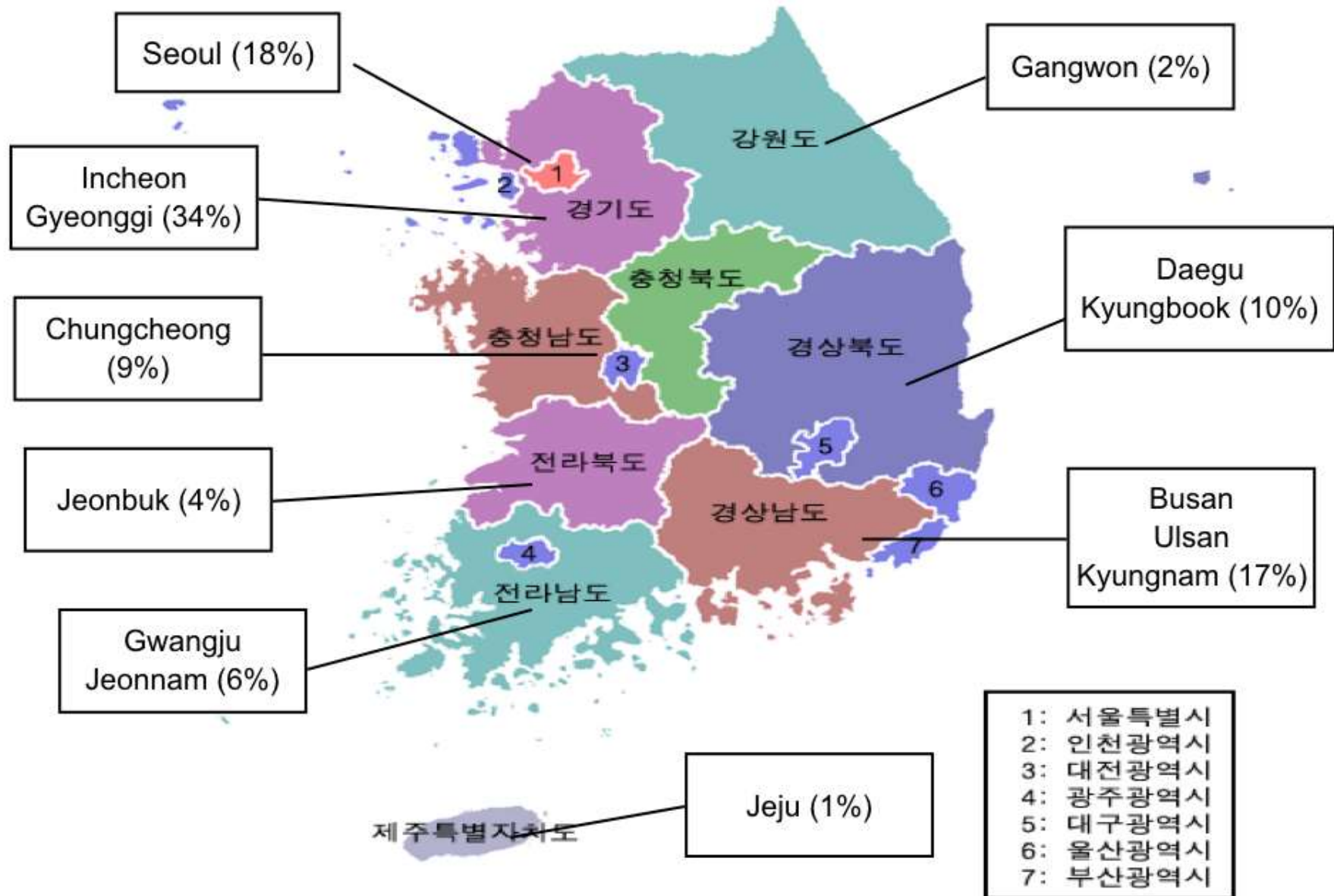


General

Health condition

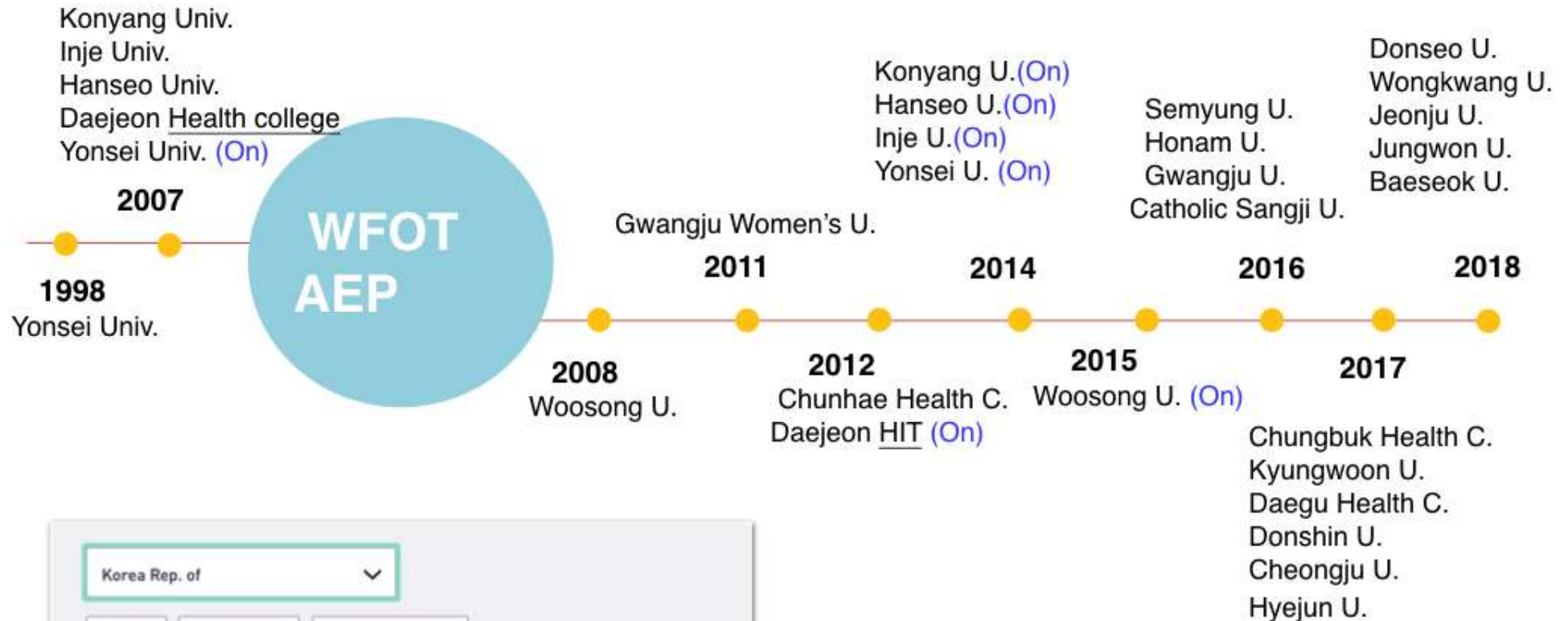
Intervention

Local Branch of KAOT



WFOT Approval Education Program

38.3%



Korea Rep. of

☒ All
 ☐ Ongoing
 ☐ Discontinued

24 results (23 - 1 changed name)

(On) : Ongoing

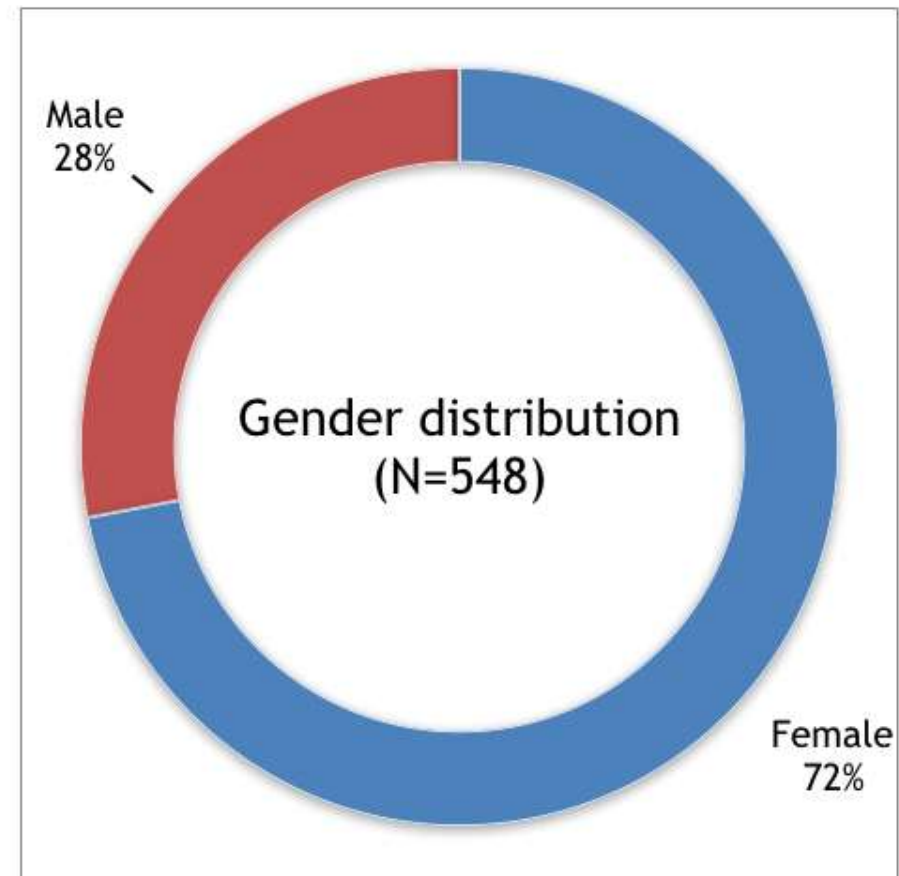


Labor Distribution of OT & Psychosocial OT

Korean OT labor distribution

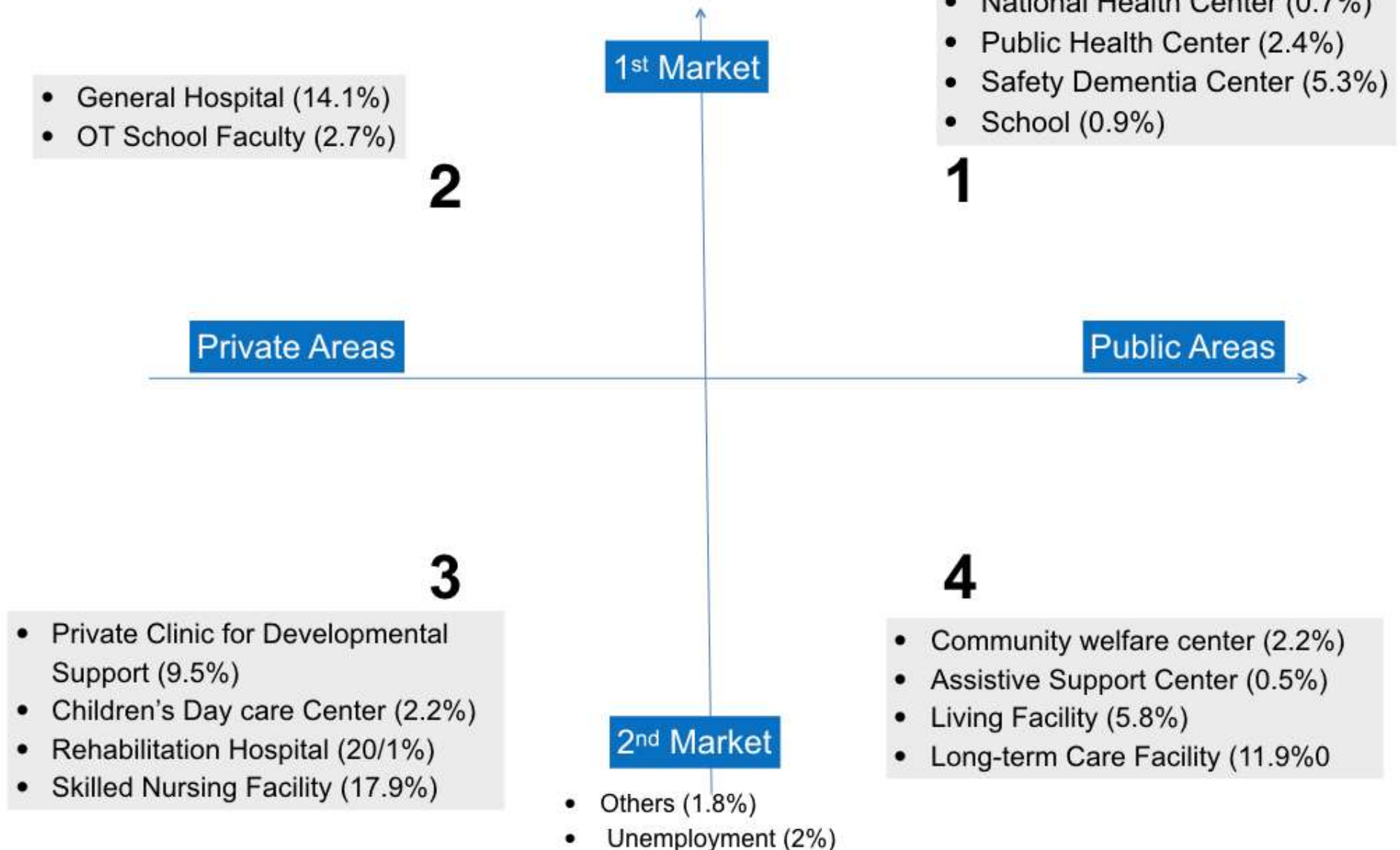
KAOT, 2019 (N=548)

	F (n=397)	M (n=151)
Age	28.73	31.56
Marital Status	26%	44%
Regular work status	74%	84%
Year of Education	16.02	16.40
Salary (month)	229(\$1890)	282(\$2330)



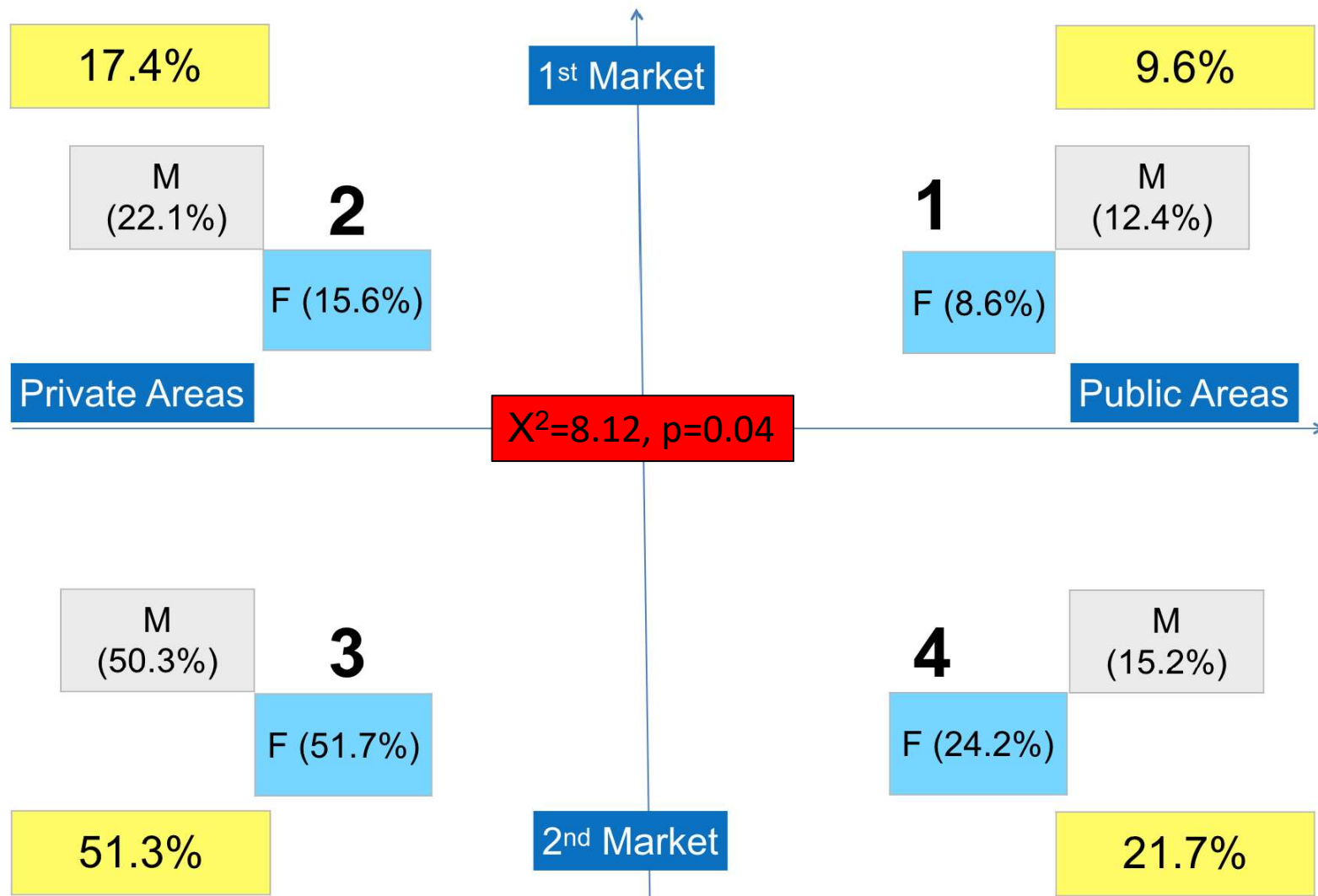
Korean OT labor distribution

KAOT, 2019 (N=548)



Korean OT labor distribution

KAOT, 2019 (N=548)



Union Activity / Mutual Advocacy

- Supporting OT & PTs labor union
- Safety of young health workers from conflict, unfair dismissal, harassment and violence

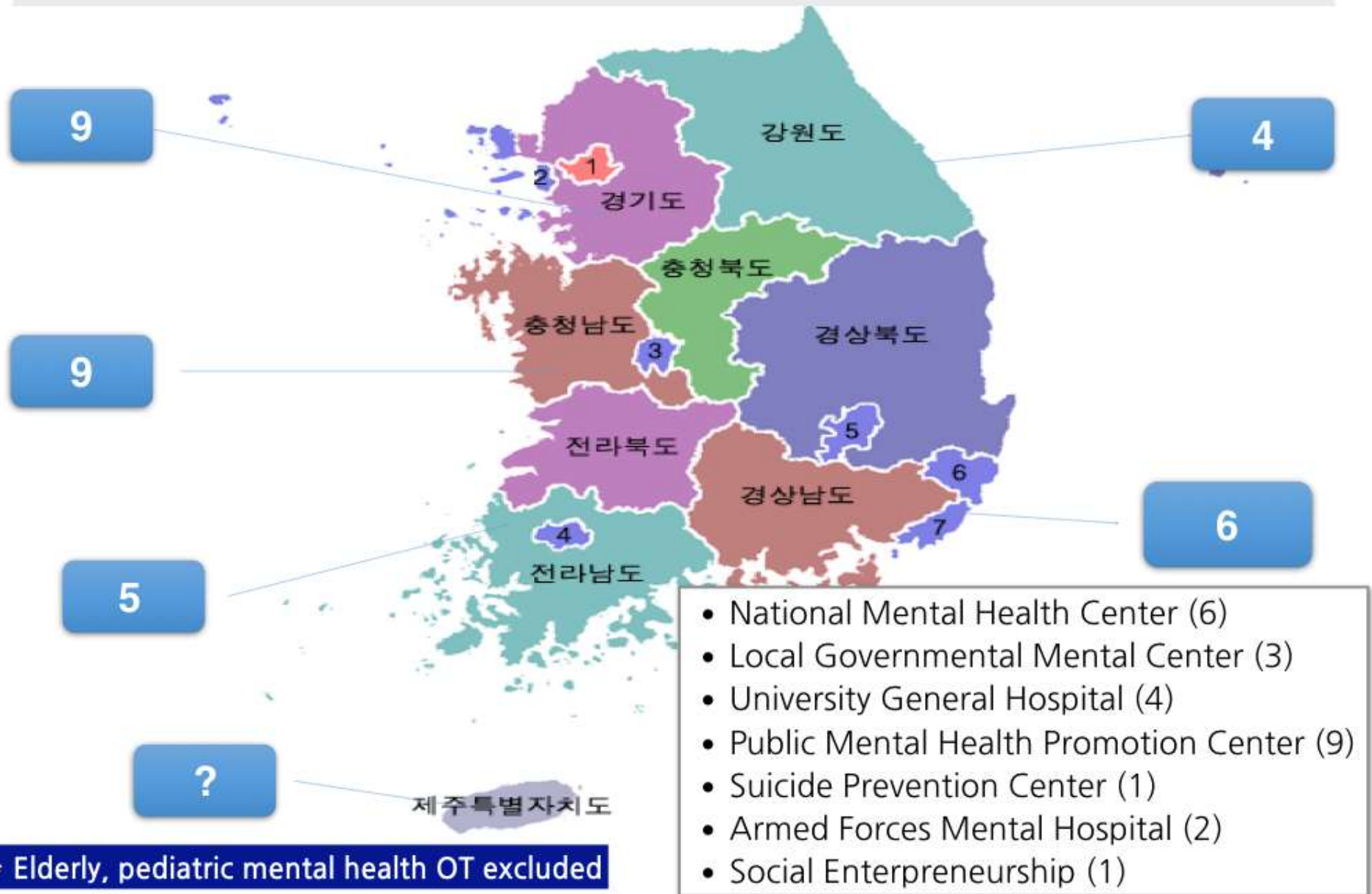


Complying Medical Law

Violence / Assault



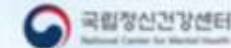
Mental Health OT* workforce



MH specialist in Law

01. 2017 정신건강전문요원 현황

7294명 설문 | 3396명 응답 (17년 1월)



국립정신건강센터 17년 1월

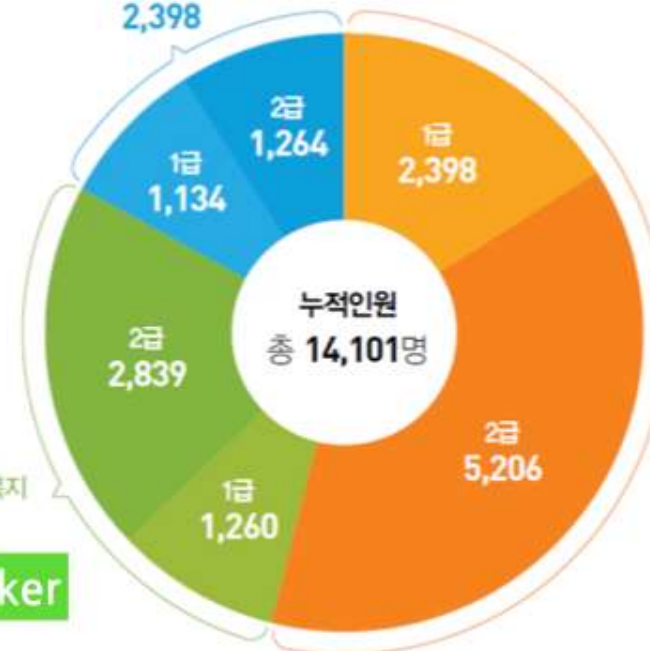
1. 배출현황

누적인원	총 14,101명
• 간호	7,604명
• 사회복지	4,099명
• 심리	2,398명

1급과 2급의 비율은 약 1대 2이며, 심리의 경우는 타 직역에 비하여 2급의 수가 상대적으로 적음.

Clinical Psychologist

정신건강임상심리
2,398



MH Nurse

정신건강간호
7,604

MH Social Worker

정신건강사회복지
4,099

OT not included in Law

National Mental Health Center, 2017

Mutual Advocacy

Human Rights Violations to People with Psychosocial problems in MH hospitals



Research Report on the Human Rights based Occupational Therapy
- In the Mental Health Hospitals

인권기반 작업치료 실천을 위한 연구
- 정신보건시설을 중심으로

2016. 7.

장애우권익문제연구소

(사)대한직업치료사협회
Korean Association of Occupational Therapists

Legal Conflict = Ethical Conflict

- Act in the improvement of Mental Health and the Support for Welfare Services for Mental Patients
 - “Article 76 (Occupational Therapy)” - 2019
 - Doing by MH specialist

Article 46-2 (Occupational Therapy on Hospitalized Patients)(1) Where it is deemed to be helpful to medical treatment of hospitalized patients or rehabilitation of admitted patients, the director of a mental medical institution, etc. may engage them in simple work, such as handicraft, within the extent of not harming their health, considering their health condition and dangerousness.

(2) Works referred to in paragraph (1) shall be performed only where the subject person concerned has applied for or consented to, and in accordance with a method instructed by a psychiatrist: Provided, That in case of a mental health sanatorium, a mental health specialist may instruct a specific method of work following the guidance of a psychiatrist. [<Amended by Act No. 11005, Aug. 4, 2011>](#)

clinical psychologist, MH nurse, MHSW

considered as labor, non-professional, human rights violations

(3) Where the director of a mental medical institution, etc. assigns a person to work pursuant to paragraphs (1) and (2), he/she shall record the details thereof in medical records or an occupational therapy diary.

(4) Specific matters concerning the time, dangerousness, and place, etc. of work under paragraph (1) shall be prescribed by

Activities of KAOT for MHOT

- MH legislation political activities
- International Exchange
- Interdisciplinary Collaboration Practice & Education for OT practitioners
- Academic & Research activities



Activities of Legislation

- **Long-Term Care** Insurance Act
- **Mental Health** Act
- Act in the improvement of Mental Health and the Support for Welfare Services for **Mental Patients**
- Act on **Special Education** for Persons with Disabilities, Etc.
- Act on the Employment Promotion and **Vocational Rehabilitation** of Persons with Disabilities
- Act on **Welfare** of Persons with Disabilities
- Act on **Activity Assistant** Services for Persons with Disabilities
- Act on Guarantee of Rights of and Support for **Persons with Developmental Disabilities**
- Act on Guarantee of **Right to Health and Access to Medical Services** for Persons with Disabilities

부 령

●보건복지부령 제624호

지역보건법 시행규칙 일부개정령을 다음과 같이 공포한다.

2019년 4월 2일

보건복지부장관 ㉔

지역보건법 시행규칙 일부개정령

지역보건법 시행규칙 일부를 다음과 같이 개정한다.

35

제19471호

관

보

2019. 4. 2.(화요일)

별표 3 제1호 표의 제2호 외의 부분을 다음과 같이 한다.

구분	구분	광역시의 구, 인구 50만명 이상인 시의 구 및 인구 30만명 이상인 시	인구 30만명 미만인 시	도농복합형 특별시	군	보건지소장이 임용된 군
직종별						
의사	3	3	2	2	1	6
치과의사	1	1	1	1	1	1
한의사	1	1	1	1	1	1
조산사	(1)	(1)	(1)	(1)	(1)	(1)
간호사	18	14	10	14	10	23
약사	3	2	1	1	1	3
임상병리사	4	4	3	4	3	4
방사선사	2	2	2	2	2	3
물리치료사	1	1	1	1	1	2
작업치료사	1	1	1	1	1	2
치과위생사	1	1	1	1	1	1
영양사	1	1	1	1	1	2
간호조무사	(2)	(2)	(2)	(2)	(2)	(6)
보건의료정보관리사	-	-	-	-	-	1
위생사	(3)	(3)	(2)	(2)	(2)	(2)
보건교육사	1	1	1	1	1	1
정신건강전문요원	1	1	1	1	1	1
정보처리기사 및 정보처리기능사	(1)	(1)	(1)	(1)	(1)	(1)
응급구조사	-	-	-	-	(1)	1

별표 3 제1호 표의 제2호 중 “광역시의 구”를 “광역시의 시”로 하고, 같은 표 제5호 중 “이 기준을 조정하여 배치될 수 있다”를 “조정될 수 있다”로 한다.

부 칙

이 규칙은 공포 후 6개월이 경과한 날부터 시행한다.

◇개정이유 및 주요내용

지역주민에 대한 서비스서비스를 확대하고 지역의 공평 의료에 관한 보건의료정책을 효과적으로 추진하기 위하여 보건소의 전문인력 최소 배치 기준에 작업치료사와 보건교육사 직종을 추가하려는 것임.

<보건복지부 제공>

●보건복지부령 제667호

지역보건법 시행규칙 일부개정령을 다음과 같이 공포한다.

2019년 8월 19일

보건복지부장관 ㉔

지역보건법 시행규칙 일부개정령

지역보건법 시행규칙 일부를 다음과 같이 개정한다.

제4조의2를 다음과 같이 신설한다.

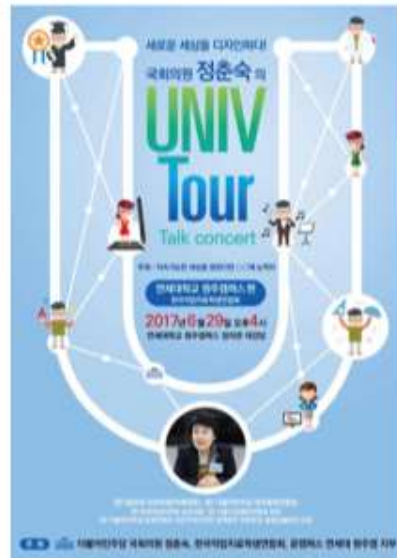
제4조의2(방문건강관리 전담공무원) ① 법 제16조의2에 따른 방문건강관리 전담공무원은 다음 각 호의 어느 하나에 해당하는 사람으로 한다.

- 「의료법」 제2조제1항에 따른 의사, 치과의사, 한의사 및 간호사
 - 「의료기사 등에 관한 법률」 제2조제2항제3호, 제4호 및 제6호에 따른 물리치료사, **작업치료사** 및 치과위생사
 - 「국민영양관리법」 제15조에 따른 영양사
 - 「약사법」 제2조제2호에 따른 약사 및 한약사
 - 「국민체육진흥법」 제2조제6호에 따른 체육지도자
 - 그 밖에 법 제11조제1항제5호사목에 따른 방문건강관리사업에 관한 전문지식과 경험이 있다고 보건복지부장관이 인정하여 고시하는 사람
- ② 방문건강관리 전담공무원의 임용 등에 관하여는 「지방공무원 임용령」에서 정하는 바에 따른다.
- ③ 제1항 및 제2항에서 규정한 사항 외에 방문건강관리 전담공무원 제도 운영에 관하여 필요한 사항은 보건복지부장관이 정한다.

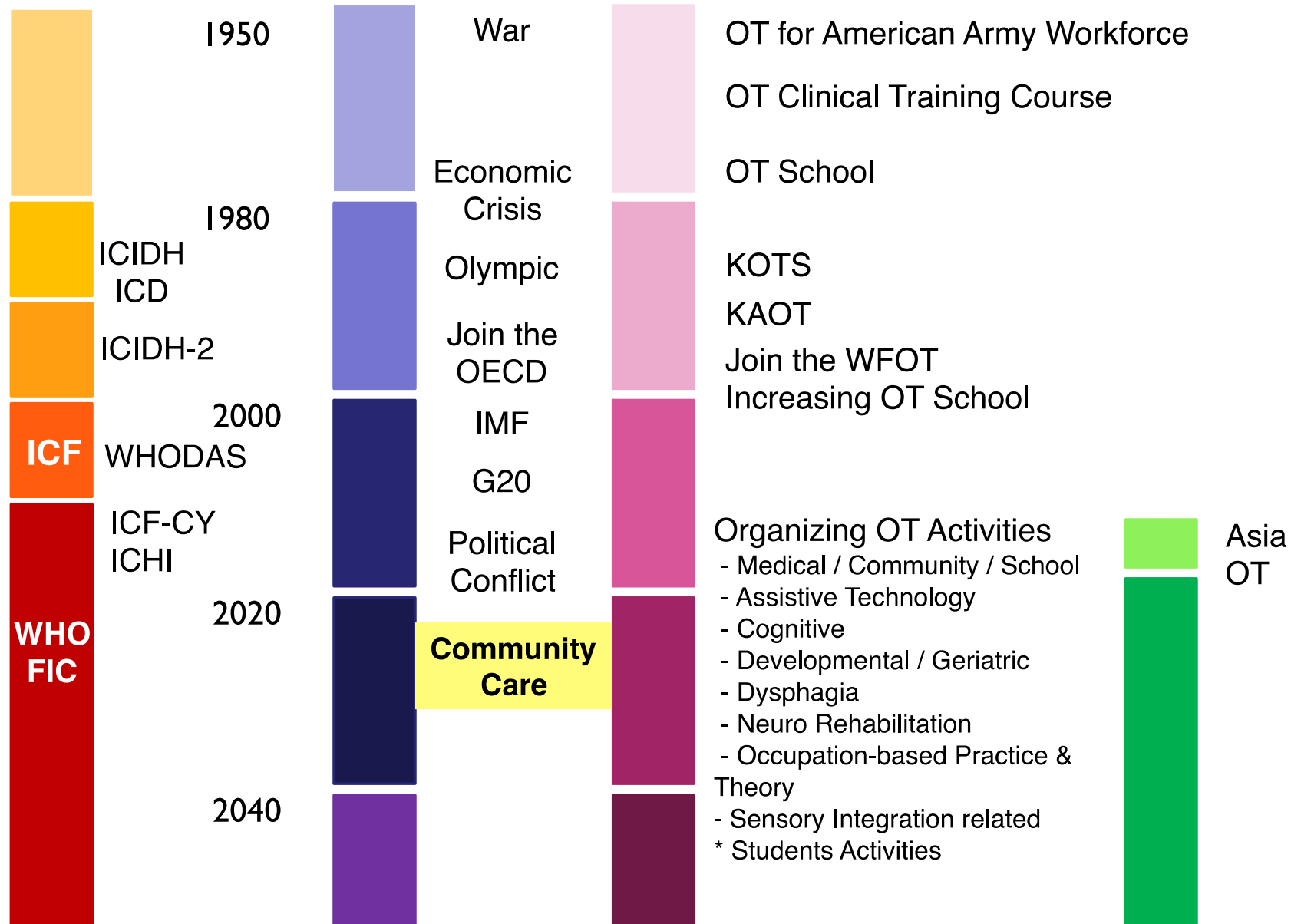
Community Health Law : Mandatory Health workers

(Physical therapists, etc.) has been amended.

Supporting Students' Activity



Past - Present - Future



Thank you for your attention.





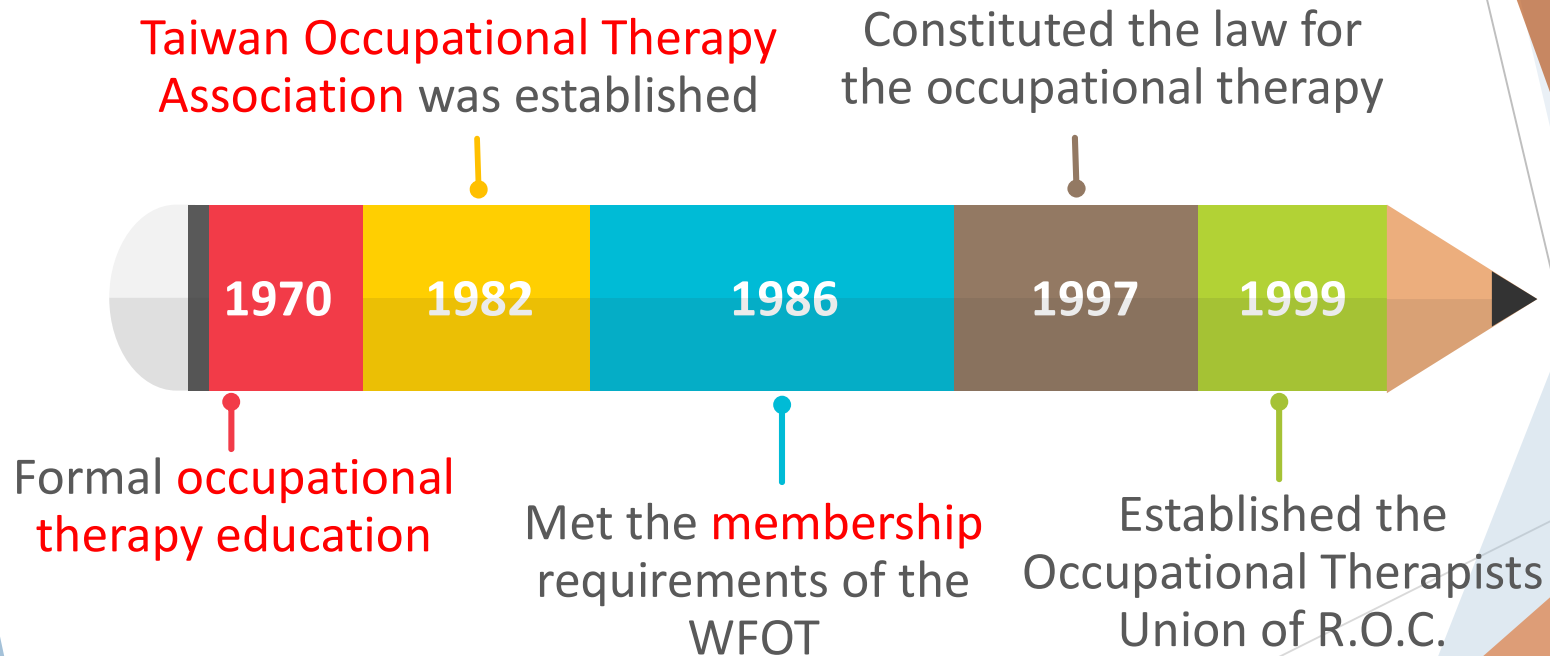
ASEAN Exchange Meeting - by Taiwan Occupational Therapy Association

Delegate: Sarah Chan, Ph.D.

September 5 2019

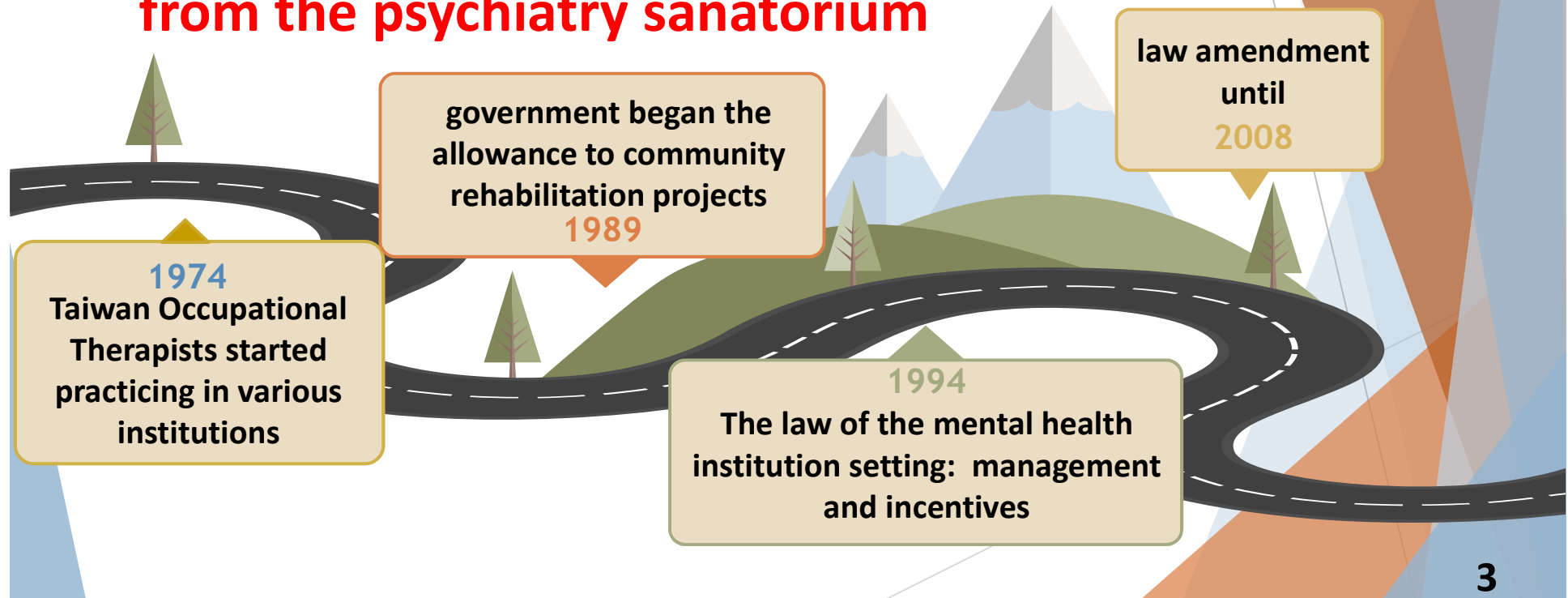
History of Taiwan OT

► Rooted from mental health OT



History of Taiwan OT (cont'd)

- ▶ **occupational therapy in Taiwan was started from the psychiatry sanatorium**



Taiwan's current mental health services

► Mental health institutions

Among general medical institutions in Taiwan by 2018

- 504 psychiatric outpatient clinics
- 132 daycare units
- The number of beds in acute and chronic units is approximately 21,200 in total
 - accounting for 12.6% of the total number of hospital beds in Taiwan.

From: the Laws & Regulations Database of The R.O.C., Ministry of Health and Welfare website

Taiwan's current mental health services (cont'd)

► Community-based rehab

Service types	Number of institutions (available beds)
home care services	108
Psychosocial rehabilitation centers	68 (3208 beds)
Half-way houses	149 (6299 beds)
psychiatric nursing homes	44 (4100 beds)

Psychosocial rehabilitation workshops: drop-in centers

- ▶ <https://www.youtube.com/watch?v=2P-SCRa2Wr4>
<https://www.youtube.com/watch?v=SUzj-96TyZU>

Half-way houses

- ▶ <https://www.youtube.com/watch?v=RR-APg6hlvE&feature=youtu.be>

Materials adopted and adapted from youtube: https://www.youtube.com/watch?v=rbQ91UnfT_Y&t=

Regulations on manpower allocation

- ▶ **general hospital** setting (acute, chronic, & day care)
 - One OT staff every 35 beds is required
- ▶ **Mental health institutions/teaching hospitals :**
 - ▶ **In acute and chronic wards**, one OT staff per 100/80 beds is required
 - ▶ **day care unit** : one OT staff per 75/60 beds is required

Gender Equity Acts

- ▶ **Act of Gender Equity in Employment (2002)**
 - revisions until 2016
 - **Prohibit gender discrimination**
 - **Sexual Harassment Prevention**
 - **Various support** (Menstrual leave, Maternity leave, Parental leave...)

Gender Equity Acts

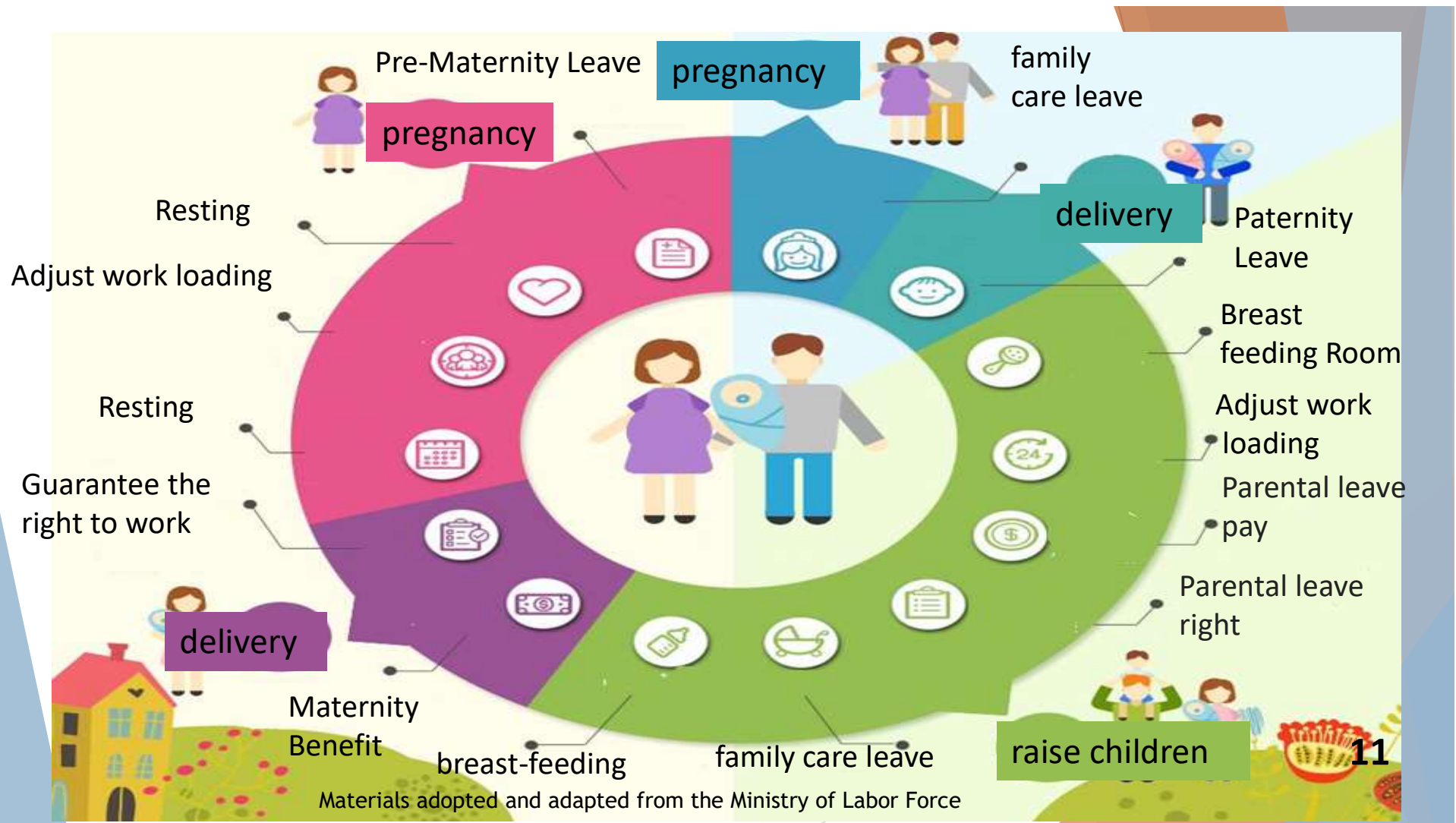
▶ Female labor workforce

➤ 50.19% (2002) → 51.14% (2008)

▶ Parental leave applications

➤ 310K (2002) → 480K (2008)

from the Statistics Database of Ministry of Labor Force website



2019 Taiwan Occupational Therapy Association Annual Meeting and International Conference

FROM OCCUPATION TO HEALTH - BRIDGING RESEARCH AND PRACTICE

November

2nd-3rd

National Taiwan University, College of Public Health
(Fl., No.17, Xuzhou Rd., Zhongzheng Dist., Taipei, Taiwan)

INVITED SPEAKERS



TOPIC: Eating and Mealtime Challenges for Families and Children with Autism Spectrum Disorder
SPEAKER: Karla Ausderau, Assistant Professor

Dept. of Kinesiology, University of Wisconsin-Madison, USA

TIME: 11/02 sat. 09:45~10:35



TOPIC: Occupation as a Tool for Community Health and Well-being

SPEAKER: S. Maggie Reitz, Professor

Dept. of Occupational Therapy & Occupational Science, Towson University, USA

TIME: 11/02 sat. 13:00~13:50



TOPIC: Putting Research into Practice and Practice into Research

SPEAKER: Kirsty Forsyth, Professor

School of Health Sciences, Queen Margaret University, Scotland

TIME: 11/03 sun. 09:30~10:20



TOPIC: Driving Rehabilitation and Road Traffic Art for the Illness and Aging Driver

SPEAKER: Yoshio Fujita, Associate Professor

Dept. of Occupational Therapy, Chiba Prefectural University, Japan

TIME: 11/03 sun. 13:30~14:20

REGISTRATION DATE

Presenter: 2019.08.16~09.30

Early Birds: 2019.08.16~09.30

Regular: 2019.09.16~10.31

On-site: 2019.11.02~11.03

REGISTRATION FEE

TOTA Member: FREE

Early Birds: NTD 2000

Regular: NTD 3000

On-Site: NTD 3500



Taiwan Occupational Therapy Association (TOTA)

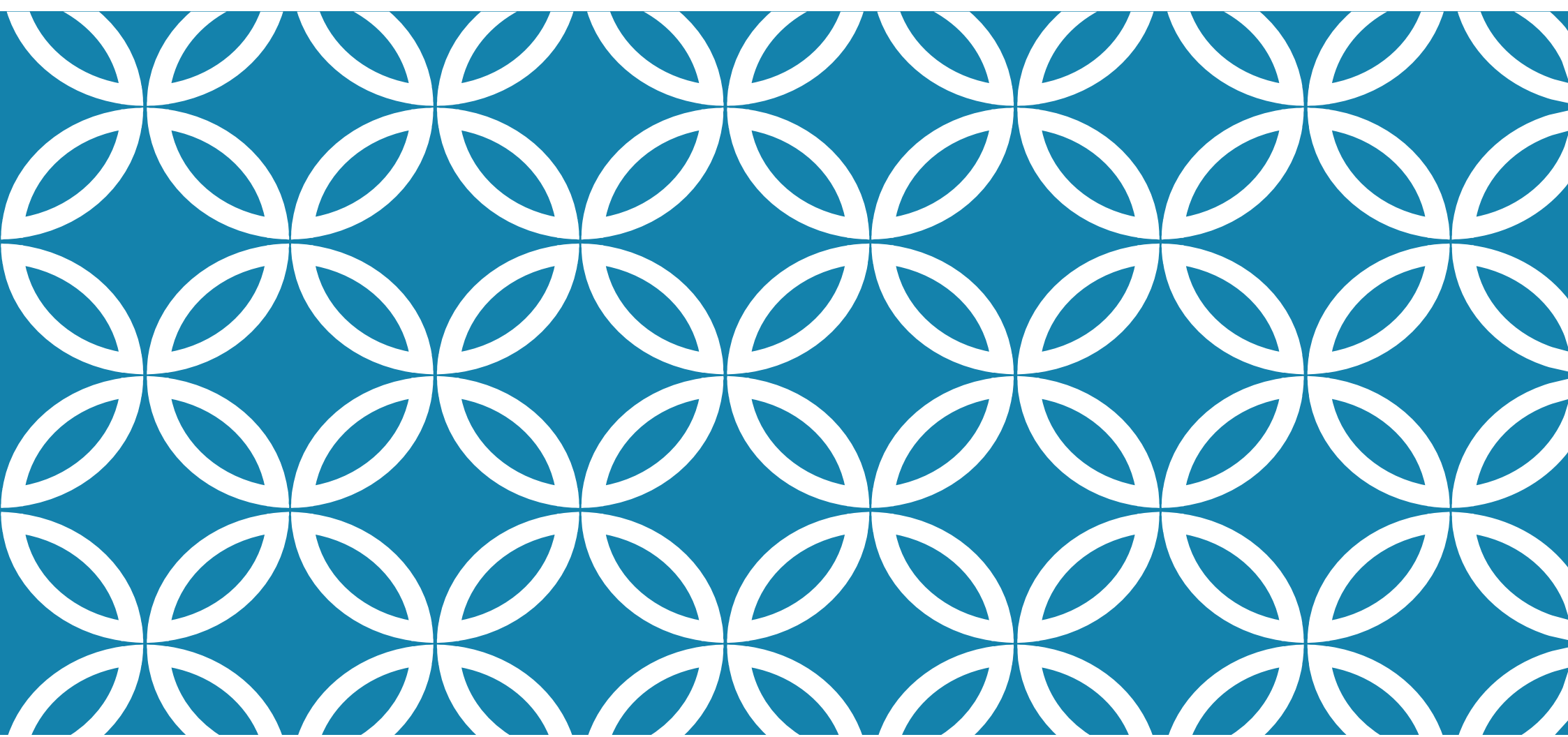
<http://www.ot-roc.org.tw>

Contact: otaroc@ms13.hinet.net



Scan here!





THE CHALLENGES OF PSYCHOSOCIAL OCCUPATIONAL THERAPY IN JAPAN

The Occupational
Therapy Supporting
People to Live
Comfortably in Their
Local Community

SIGNIFICANT PSYCHOSOCIAL PROBLEMS IN JAPAN

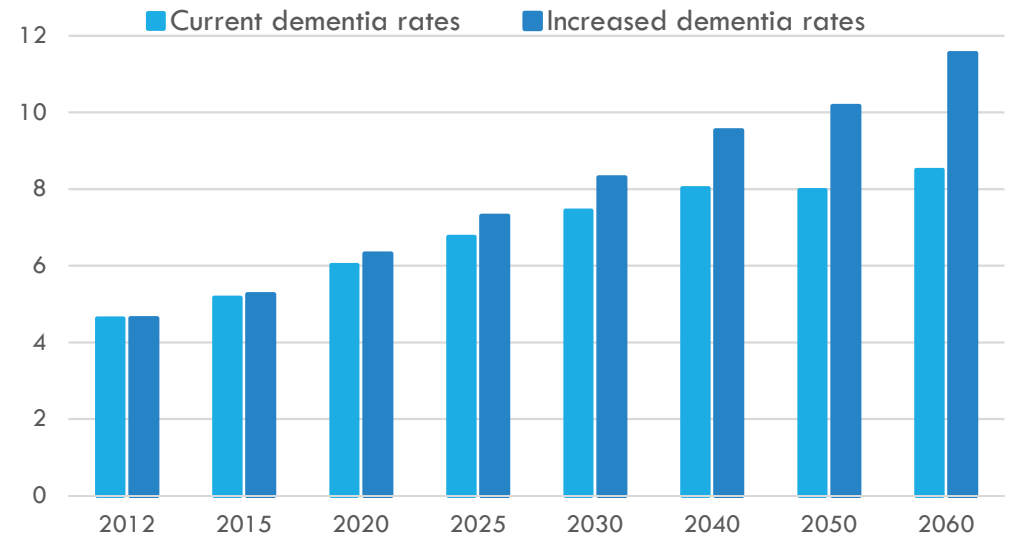
- The increase in dementia patients
- Disaster mental health
- The excess of suicide
- The increase in people with neurodevelopmental disorders
- Addiction as a social problem
- Social adaptation of the people with mental disorders who break the law
- Difficulties in transitioning to community life for long-term hospitalized patients

THE INCREASE IN DEMENTIA PATIENTS

■ The number of dementia patients is estimated to reach approx. 7 million in 2025.

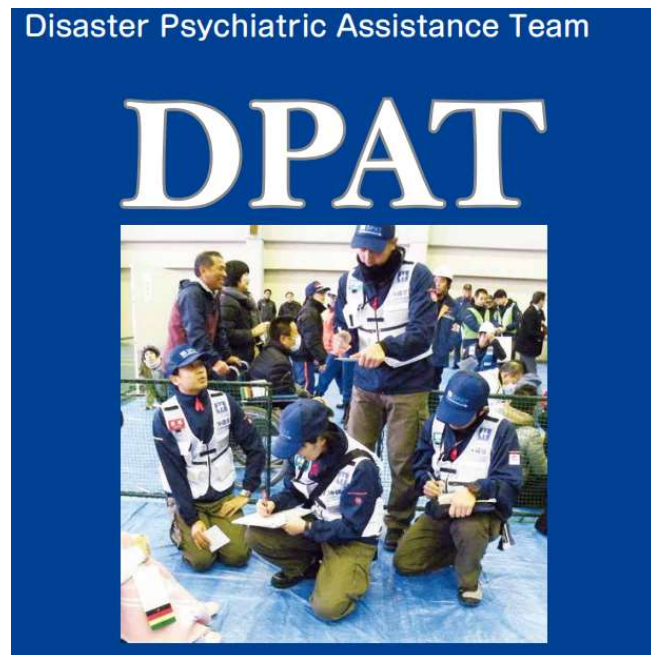
✓ The number of early-onset dementia patients was estimated to reach 37,750 people in a study by MHLW in 2009.

- Preventive measures
- Rehabilitative Intervention
- Continued employment support (for early-onset dementia patients)
- Alzheimer Café



DISASTER MENTAL HEALTH

- Japan disaster rehabilitation assistance team: JRAT(2015)
- Disaster psychiatric assistance team: DPAT (2013)
- Disaster Medical Assistance Team:DMAT(2005)



http://www.dpat.jp/images/dpat_documents/1.pdf



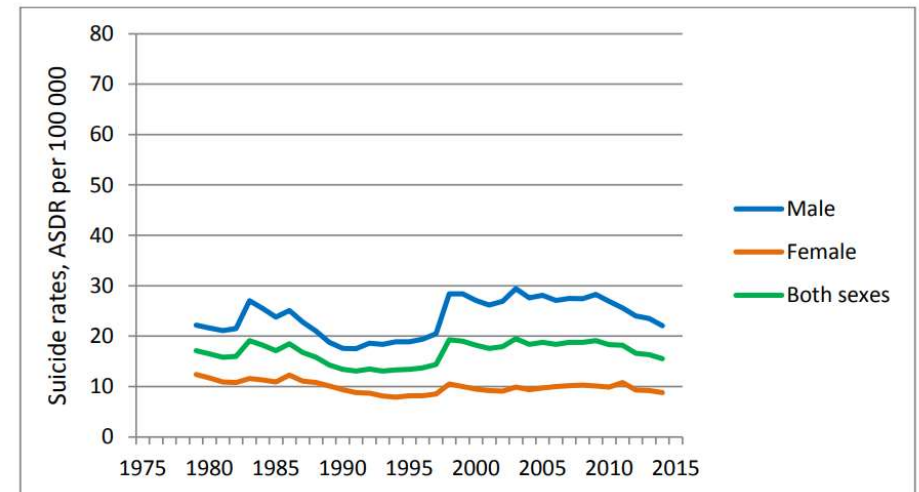
https://www.jrat.jp/images/PDF/rp_haken.pdf

THE EXCESS OF SUICIDE

20,840 suicides in 2018

- The number of suicides was reached to over 3 million in the period from 1998 to 2012.
- The cause and/or motive of suicides
 - Male: Economical problem, Daily life problem
 - Female: Health problem
- ✓ In those all circumstances, it is suggested that they have contracted depression.
- Medical Management of depression
- Preventive measures

Japan: Suicide rates, age-standardized, per 100 000 population, by sex and year (last available 2014)



Japan: Number of suicide deaths, by age group and sex, 2014

Age (years)	5-14	15-24	25-34	35-54	55-74	75+	All ages
Male	68	1180	2131	5710	5477	2254	16820
Female	34	432	814	2158	2512	1587	7537
Both sexes	102	1612	2945	7868	7989	3841	24357

THE INCREASE OF NEURODEVELOPMENTAL DISORDERS

- The number of children and students who have neurodevelopmental disorders (ASD, ADHD, or others) has reached to 41,986 according to a study by MEXT in 2015. It has increased 6.1 times as compared to the study in 2006.
- ✓ The number of patients have reached to 195,000 according to a study by MHLW in 2014.
- Involvement in places of education
- Support to the preschool children
- Support to the children after school
- Continued employment support to the adults



ADDICTION (DEPENDENCE) AS A SOCIAL PROBLEM

- Alcohol dependence

- Drug dependence

- Gambling addiction

- Alcoholism Rehabilitation Program; ARP

- Matrix model

- Serigaya Methamphetamine Relapse Prevention Program; SMARPP

SOCIAL ADAPTATION OF THE PEOPLE WITH MENTAL DISORDERS WHO BLEAK THE LAW

■ In the number of arrests who has mental disorders by crime name in 2017, theft was the highest order followed by assault and battery. Their ratio in total of criminal offense was 1.5% according to the white paper on crime in 2018.

➤ Act on Medical Care and Treatment for Persons Who Have Caused Serious Cases Under the Condition of Insanity(2003)

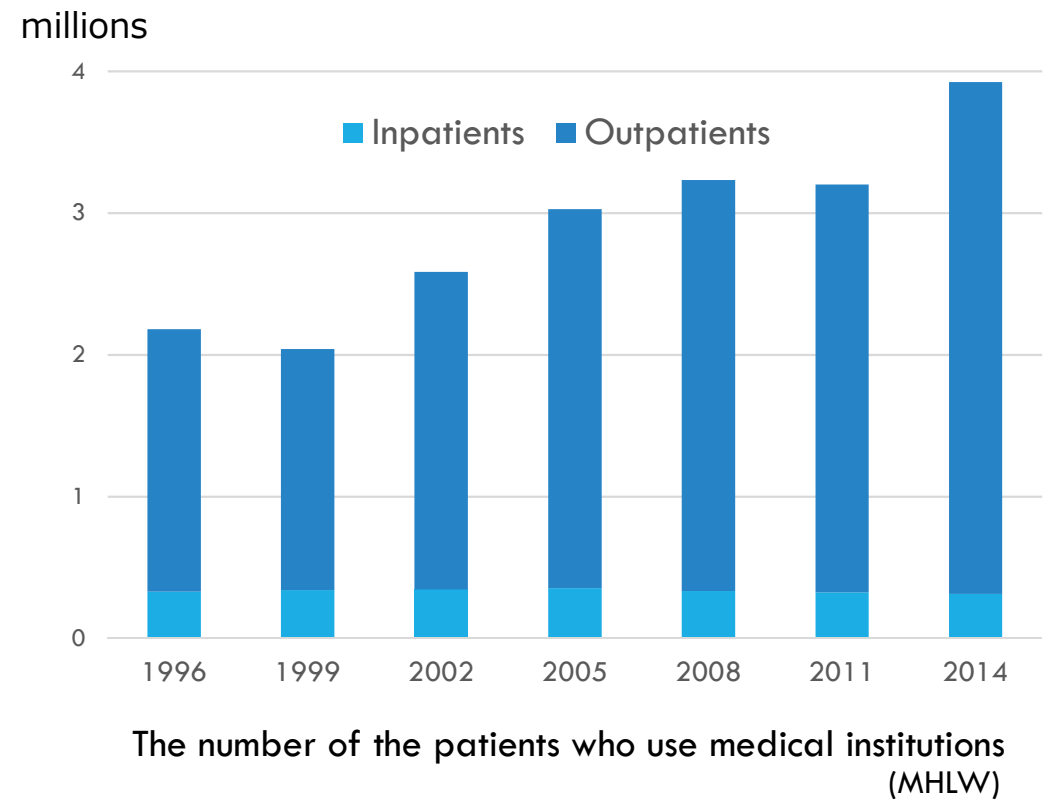
➤ Occupational therapy in prison

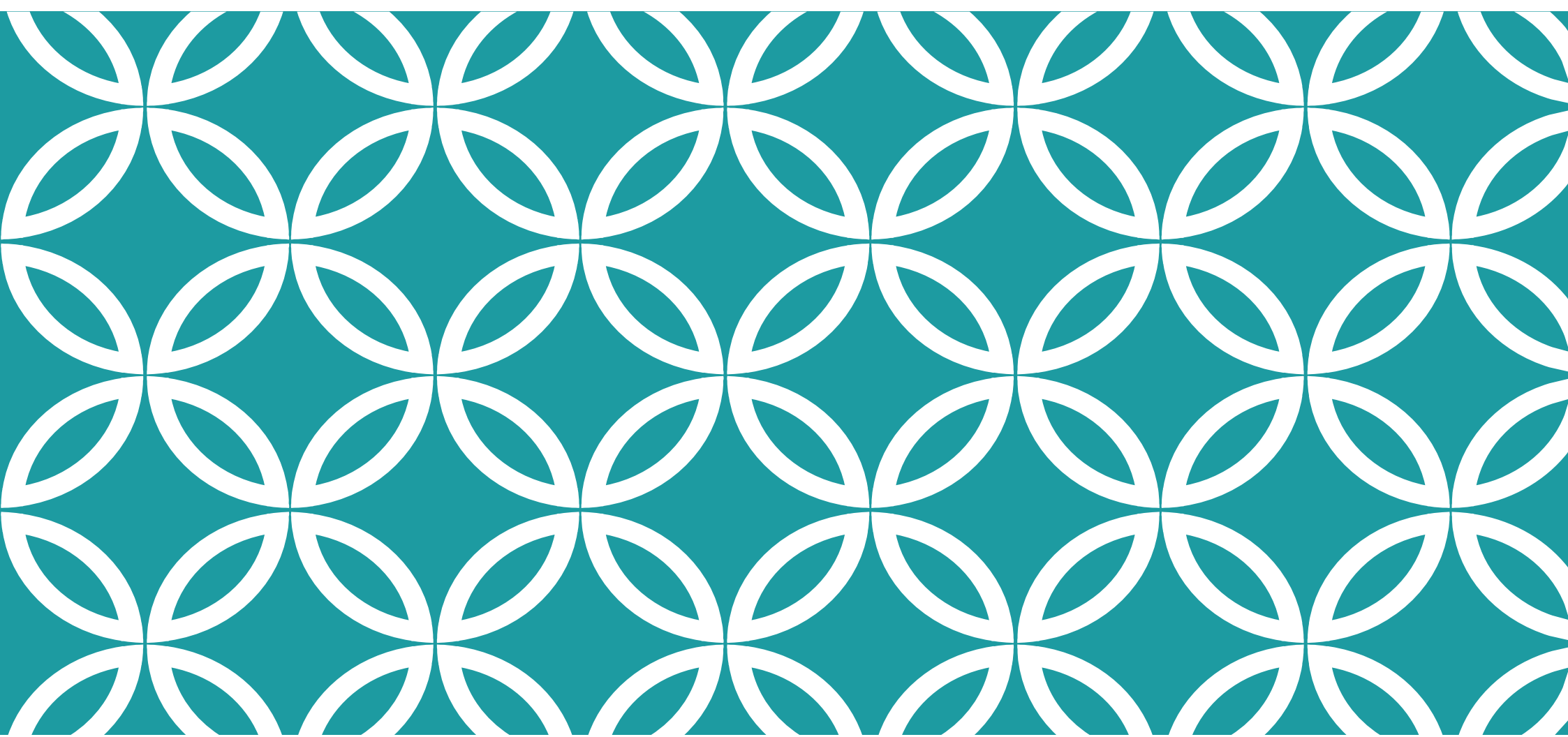
DIFFICULTIES IN TRANSITIONING TO COMMUNITY LIFE FOR LONG-TERM HOSPITALIZED PATIENTS

■ The number of the long-period inpatients was reached to 0.313 million in 2014.

- Their average hospitalization period was 281 days.
- Especially, cancelation of social hospitalization to the schizophrenia patients is one of serious issue to be work on.

- Strengthen support system at hospital for the patients move to live in local community.
- Resources in local community; medical care, food, clothing, employment, shelter, friend and entertainment.





**CONSTRUCTION OF COMMUNITY-BASED
INTEGRATED CARE SYSTEMS WITH
SUPPORT FOR MENTAL DISORDERS**

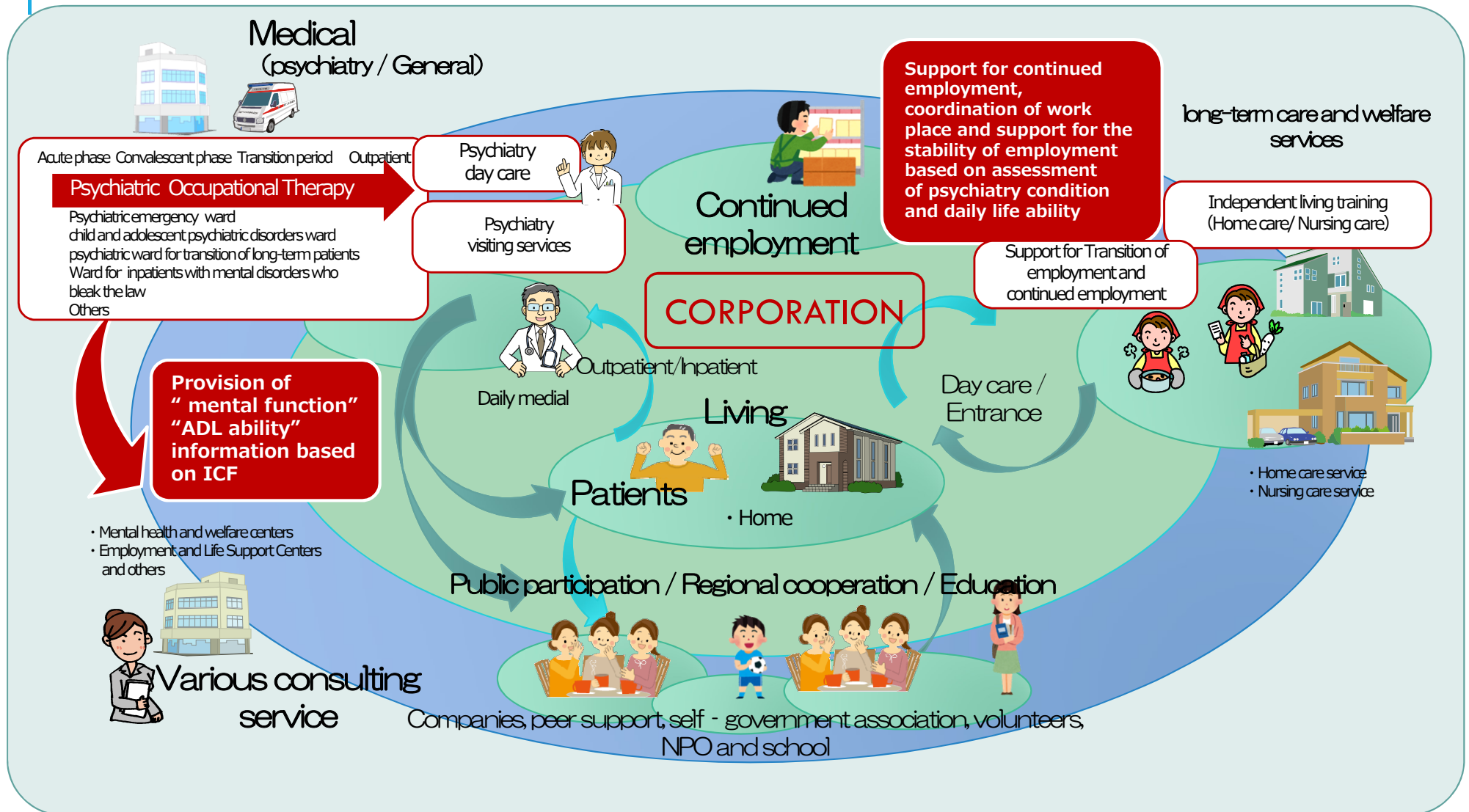


CONSTRUCTION OF COMMUNITY-BASED INTEGRATED CARE SYSTEMS WITH SUPPORT FOR MENTAL DISORDERS

- To support mental disorders patients to live in their own way with piece of mind as a member of local community, the system should be secured “medical care”, “long-term care”, “welfare services”, “shelter”, “social involvement”, “employment” and “education” comprehensively.
- The system should supports the idea of the movement from “the life centered around hospitalized medical care” to “the life centered around local community”.
- The system should be infrastructure to support various mental disorders.
- The system should be contributed to realize the “Inclusive Society” which creates daily life and worth living for every local resident, and their local community by all their members.

Create the Inclusive Society

CONTRIBUTIONS OF OCCUPATIONAL THERAPISTS TO THE REGIONAL COMPREHENSIVE CARE SYSTEM INCLUDING SUPPORT FOR THE PEOPLE WITH MENTAL DISORDERS



THE NUMBER OF PSYCHIATRIC MEDICAL INSTITUTIONS AND OCCUPATIONAL THERAPISTS DEALING WITH VARIOUS PSYCHIATRIC DISORDERS

N=452

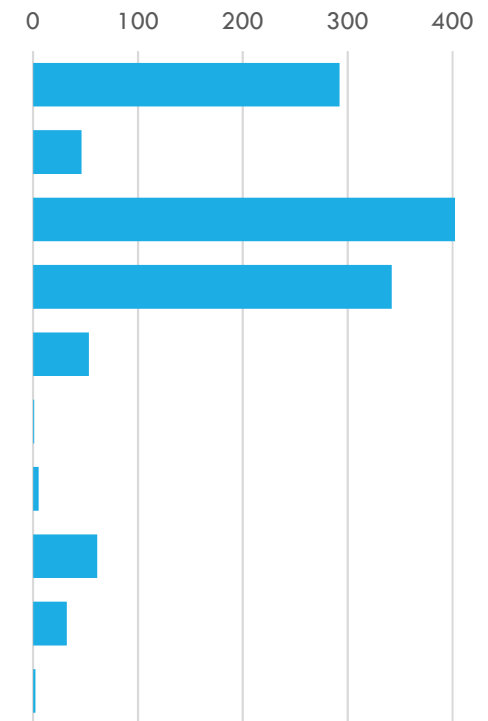
The number
of responded
institutions

The number of
Occupational Therapists

Schizophrenia	180	901
Depression	171	850
Dementia	179	879
Child and adolescent psychiatric disorders	64	315
Neurodevelopmental disorders	111	559
Alcohol dependence	118	575
Drug dependence	62	317
Gambling addiction	45	243
PTSD	54	299
Higher brain dysfunction	51	268
Eating disorders	71	379
Epilepsy	110	526
Psychiatric emergency	81	472
Physical complications (such as disuse syndrome, cerebrovascular disease and musculoskeletal disorders)*	68	371
Suicide prevention	37	182
Disaster mental health	28	177

MAIN MEDICAL CONDITIONS (PSYCHIATRIC OCCUPATIONAL THERAPY)

	The most largest of conditions	The second largest of conditions	The third largest of conditions	Total
(F0) Organic, including symptomatic, mental disorders	55	147	90	292
(F1) Mental and behavioral disorders due to psychoactive substance use	1	19	26	46
(F2) Schizophrenia, schizotypal and delusional disorders	353	46	12	411
(F3) Mood [affective] disorders	8	183	151	342
(F4) Neurotic, stress-related and somatoform disorders	2	6	45	53
(F5) Behavioral syndromes associated with physiological disturbances and physical factors	0	0	1	1
(F6) Disorders of adult personality and behavior	0	0	5	5
(F7) Mental retardation	0	9	52	61
(F8) Disorders of psychological development (including PDD, AS)	0	5	27	32
(F9) Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	0	0	2	2



n=419 * Three conditions are chosen by sequentially beginning with the largest.

RESTORATION PROCESS AND PURPOSE OF OCCUPATIONAL THERAPY









N=341

Purpose	Acute phase	Convalescent phase	Transitional period to the community
① Improvement of metabolic function	82	15	8
② Improvement of circadian rhythm	226	127	58
③ Prevention of mentally disuse atrophy	171	108	71
④ Steadiness of mind through occupational	307	239	113
⑤ Recovery of remaining capability and self-efficacy through occupa	206	281	138
⑥ Acquirement of the ADL/IADL abilities including continued employment	70	185	157
⑦ Improvement and acquirement of social skills	69	205	193
⑧ Acquirement of activation method for the compensation ability, including visualized structuralization and environment	9	43	45
⑨ Support to understand features of own disorders	97	162	152
⑩ Support to visit and experience the facilities of support for job seekers	5	17	96
⑪ Advise and direction on how to interact with helpers and their fan	21	22	98
⑫ Supprt to develop and perticipate in self-help group	3	4	37
⑬ Supprt for contued employment and stability of the jpb	1	0	51
⑭ Support for work balance and leisure activities	26	41	115
⑮ Others	15	6	14

OUTREACH SERVICE FOR THE PATIENTS DISCHARGED FROM THEIR HOSPITALIZED TREATMENT

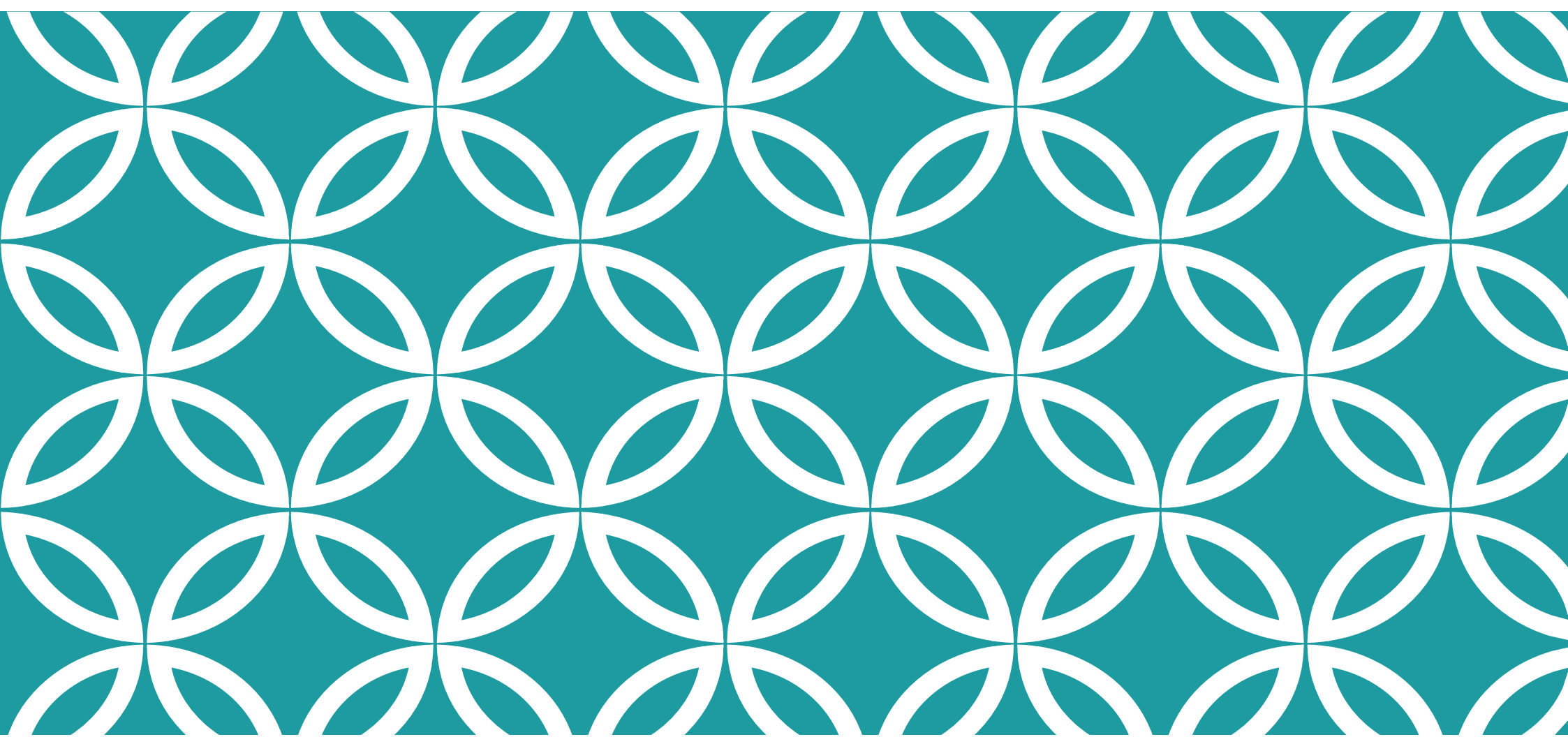
Main visiting place n=87 Multiple answers

■ The largest answer was their home, 85 responded (98%). Then, it was group homes (57 respondents), continued employment facilities (16 respondents), training facilities for daily life (9 respondents), employment offices (7 respondents) and patient's workplaces.

Skills and roll of Occupational Therapy for the patients subjected to outreach service	The number of responses	
Evaluation and intervention of mental function		68
Evaluation and intervention of physical function		25
Evaluation and intervention of activities, such as ADL and IADL		69
Evaluation and intervention of study and continued employment		5
Evaluation and intervention of leisure and participation in community		36
Evaluation and intervention of physical environment, such as assistive technology and living environment		14
Evaluation and intervention of personal environment, such as family and friends		28
Evaluation and intervention of social environment, such as institutions and services		15

EMPLOYMENT SERVICES BY OCCUPATIONAL THERAPISTS

- In the business handling transitions to the continued employment, the institutions which allocate occupational therapists had more than doubled new employments employed continually comparing with the institutions who do not allocate occupational therapists (MHLW 2017).
- ✓ In Japan, although there are 3,471 institutions which handling transition support, only few institutions allocate occupational therapists in their office (JAOT 2017).



**VISUALIZATION OF THE MENTALLY
DISORDERS PATIENTS' VOICE**

**To Create the
Inclusive
Society**

SEND THE RECOVERED PEOPLE'S MESSAGE ON INTERNET AND TV

- JPOP-VOICE (JPOP®; Japan Public Outreach Program 2009~)
- Baribara (Barrierfree Variety Show, Nippon Hoso Kyokai ; Nippon Hoso Kyokai (Japan Broadcasting Corporation) 2014~)
- Bethel-net, Bethel Movie (Bethel house)

ACTIVITIES OF PEER SUPPORT STAFF

■ iJaMP (established in 2015)

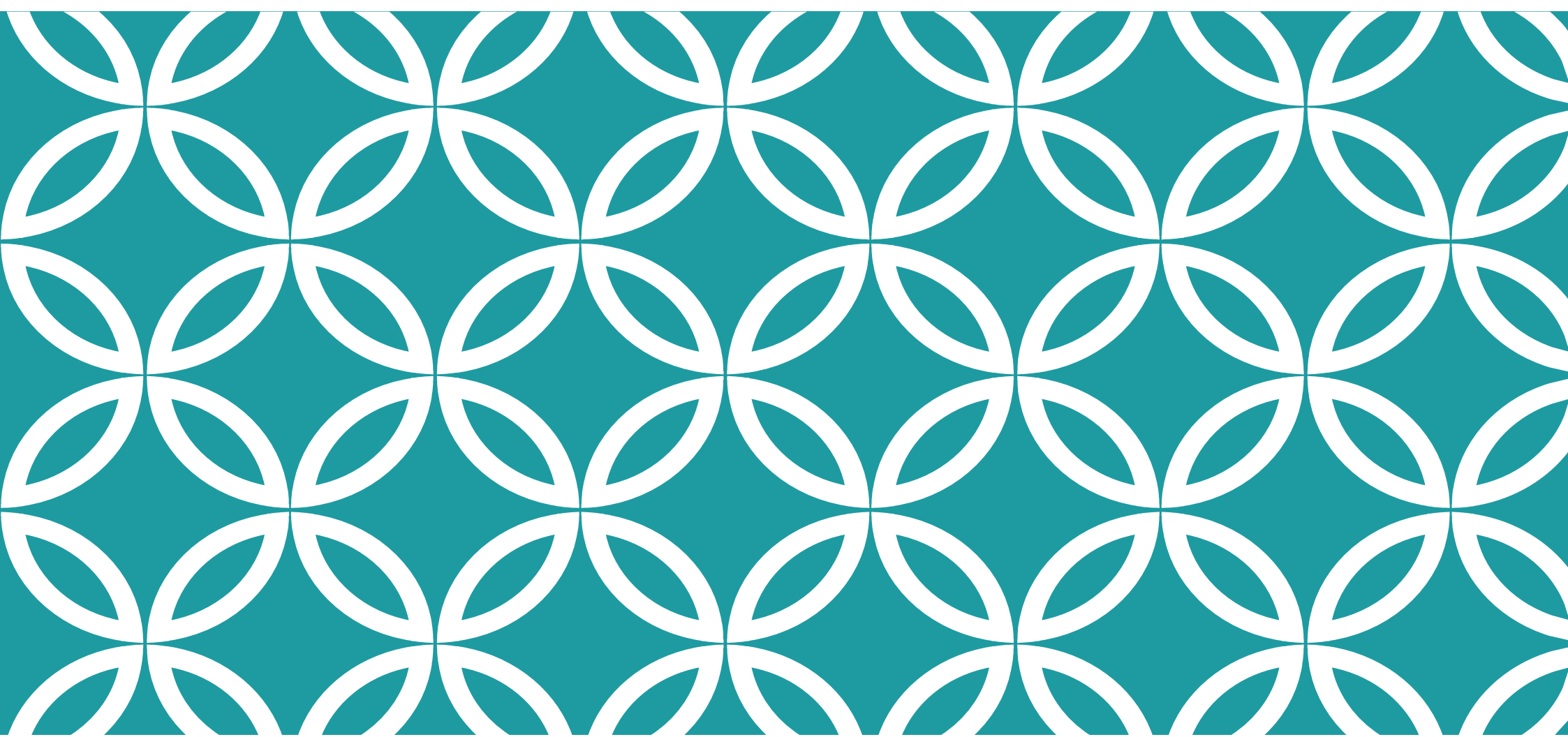
- An institution to develop peer support specialist of mentally disorder. The representative is a person with mental disabilities.

■ Hokkaido Peer Support Association (established in 2014)

- An institution working to develop and spread peer support. Hokkaido Peer Support Association is an institution The representative is a person with mental disabilities.

➤ The number of offices which using peer support staff was 130, and the number of the peer support was 337 people.

(in a study by Ministry of Health, Labor and Welfare in 2010)



CURRENT STATUS AND ISSUES OF PSYCHOSOCIAL OCCUPATIONAL THERAPY IN JAPAN

Based on the survey by the
Japanese Association of
Occupational Therapists
(JAOT)

PRESENT SERVICES WHICH OCCUPATION THERAPISTS ARE ENGAGED IN

■ Medical service

- Occupational Therapy to the inpatients from acute phase of the illness to the convalesce
- Occupational Therapy to the outpatients at day hospital
- Occupational Therapy in outreach service

■ Welfare services

- Employment transitioning support
- Return to work(re-work) program
- Training for self-reliant life
- Support for neurodevelopmental disorders

■ Medical welfare service in judicial area

- Occupational Therapy for inpatients with mental disorders who break the law
- Occupational Therapy in prison

CHANGES IN THE WAY OF APPROACH NOWADAYS

■ Cognitive behavioral approach

- Social Skills Training; SST
- Cognitive behavioral therapy; CBT
- Mindfulness Based Occupational Therapy; MBOT

■ Training program for neuro-cognition and social-cognition

- Neuropsychological educational approach to cognitive remediation; NEAR
- Social cognition and interaction training; SCIT

■ Approach based on recovery concepts and evidence

- Assertive Community Treatment; ACT
- Individual Placement and Support; IPS
- Illness Management and Recovery; IMR
- Wellness Self-Management; WSM

■ Approach developed and led by the patients

- Wellness recovery action plan; WRAP
- Self-directed research

CHANGES IN THE WAY OF APPROACH NOWADAYS

- Mainly in medical service, cognitive behavioral approach and introduction of training for neuro-cognition and social cognition are advanced. On the other hand, support activities based on person centered approach are spread by introducing recovery concepts mainly in the welfare services for people with mental disabilities.
- In Japan, theory construction and study on the effects of occupational therapy are future subjects.
- By introducing recovery concepts, approach from clients' viewpoints became more important. User involvement research will be also important in the future.

THE FUTURE AGENDA

- Promotion for the prevention and development of rehabilitation for the dementia.
- Construction of disaster support system and improvement of occupational therapy technique to the PTSD and so on.
- Involvement of suicide prevention, improvement of occupational therapy technique for depression.
- Construction of continuous support system for the people with neurodevelopmental disorders.
- Improvement of support technique for not only substance-related disorders but also addictive disorders of gambling and so on.
- Improvement of support technique and construction of support system for people with mental disorders who break the law.
- As contributions to the community-based integrated care system, firmly involvement in the transition to live in local community for the long-period inpatients, independence training to continue daily life in the community, allocation of the occupational therapist and improvement of the support technique toward continued employment support facilities.

THE FUTURE AGENDA

Additionally,

- Promotion of occupational therapy services and researches in collaboration with people with mental disabilities.
- Improvement of occupational therapy technique in emergency psychiatry, the prevention and early intervention in psychiatry.
- Construction of occupational therapy theory and verification of effectiveness.

A workplace friendly to female occupational therapists, and the support of Japanese Association of Occupational Therapists

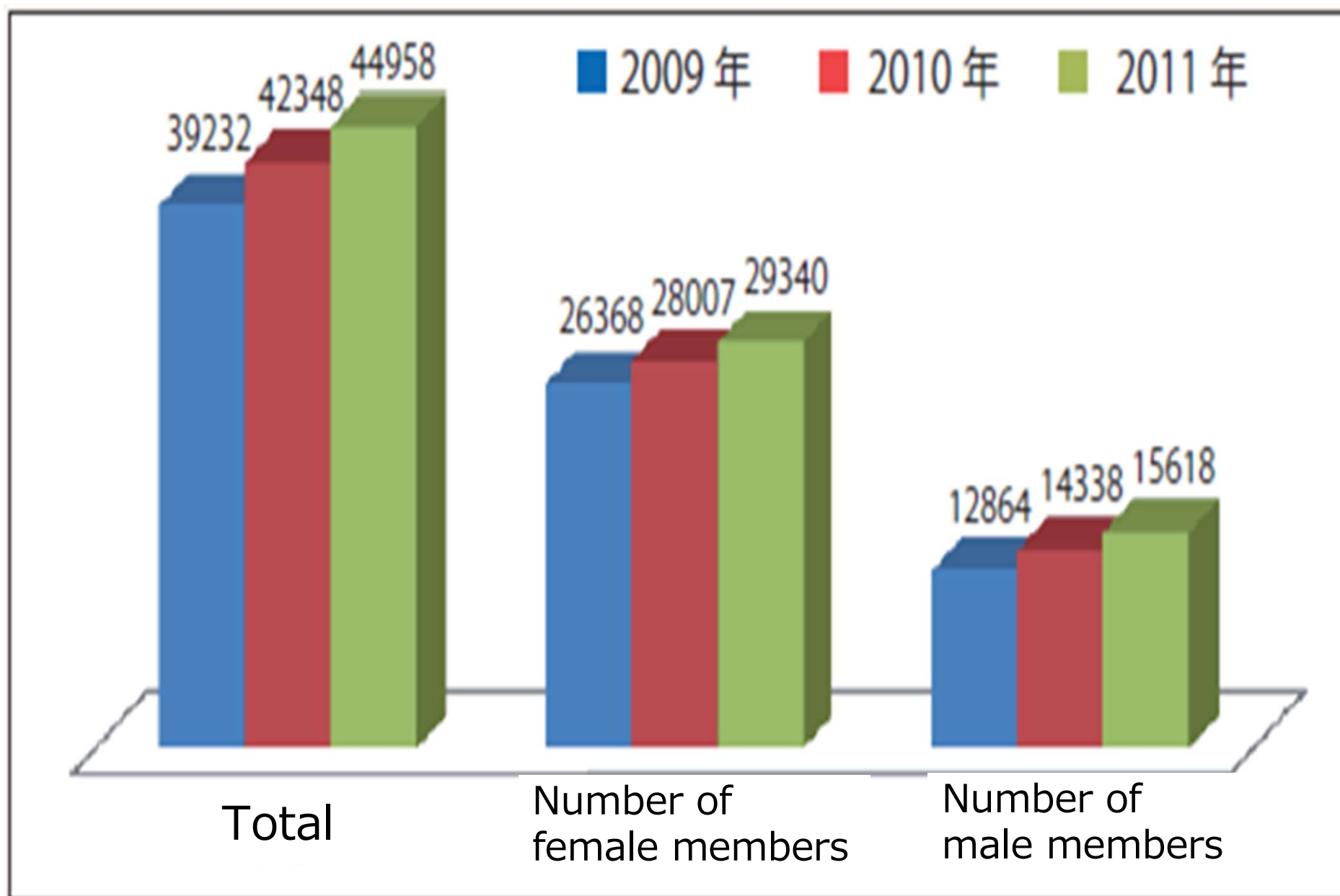
女性作業療法士が働きやすい職場と
日本作業療法士協会の支援



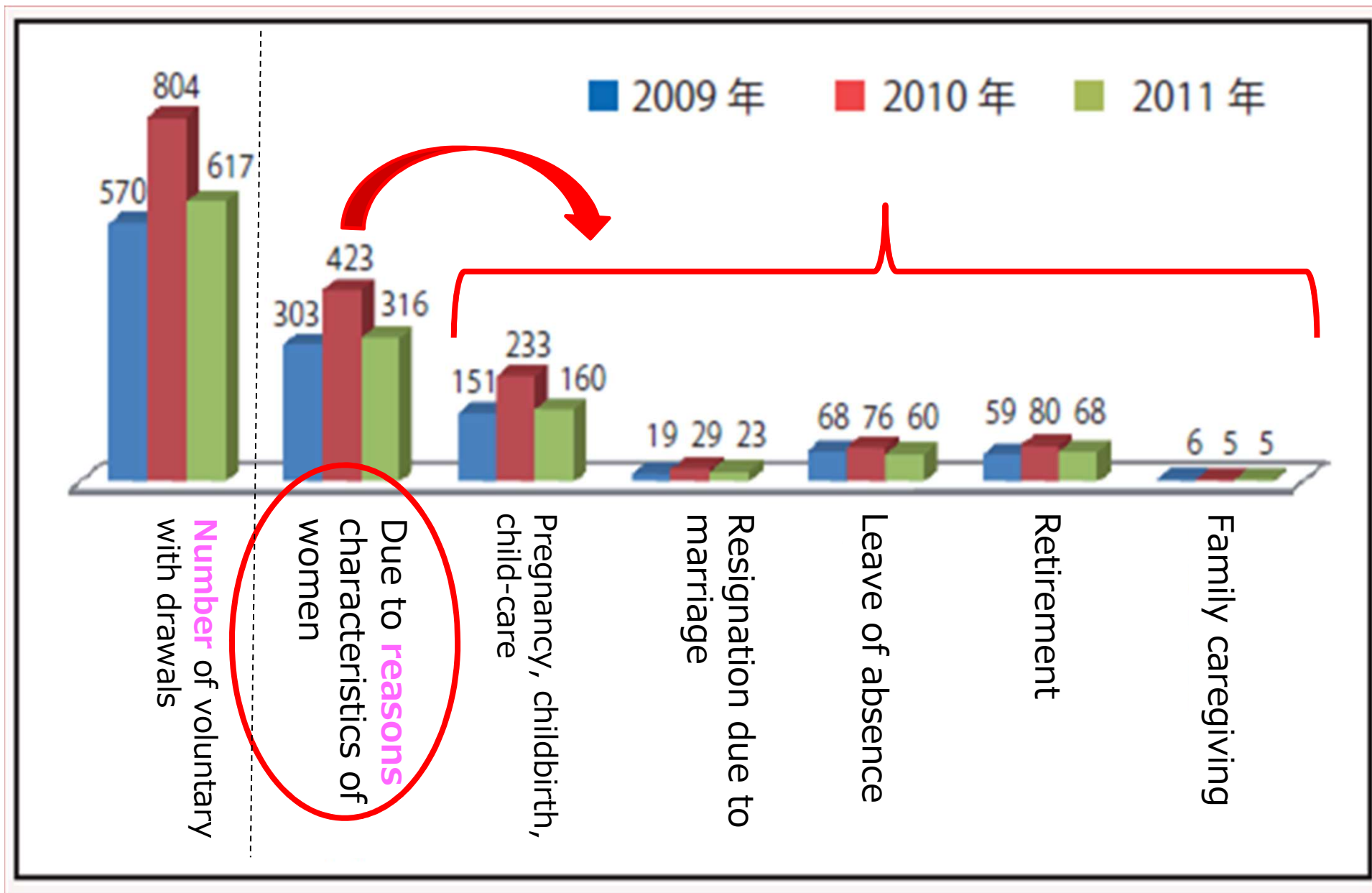
Japanese Association of Occupational Therapists

Executive Director UDA Kaoru

Changes in the number of JAOT members



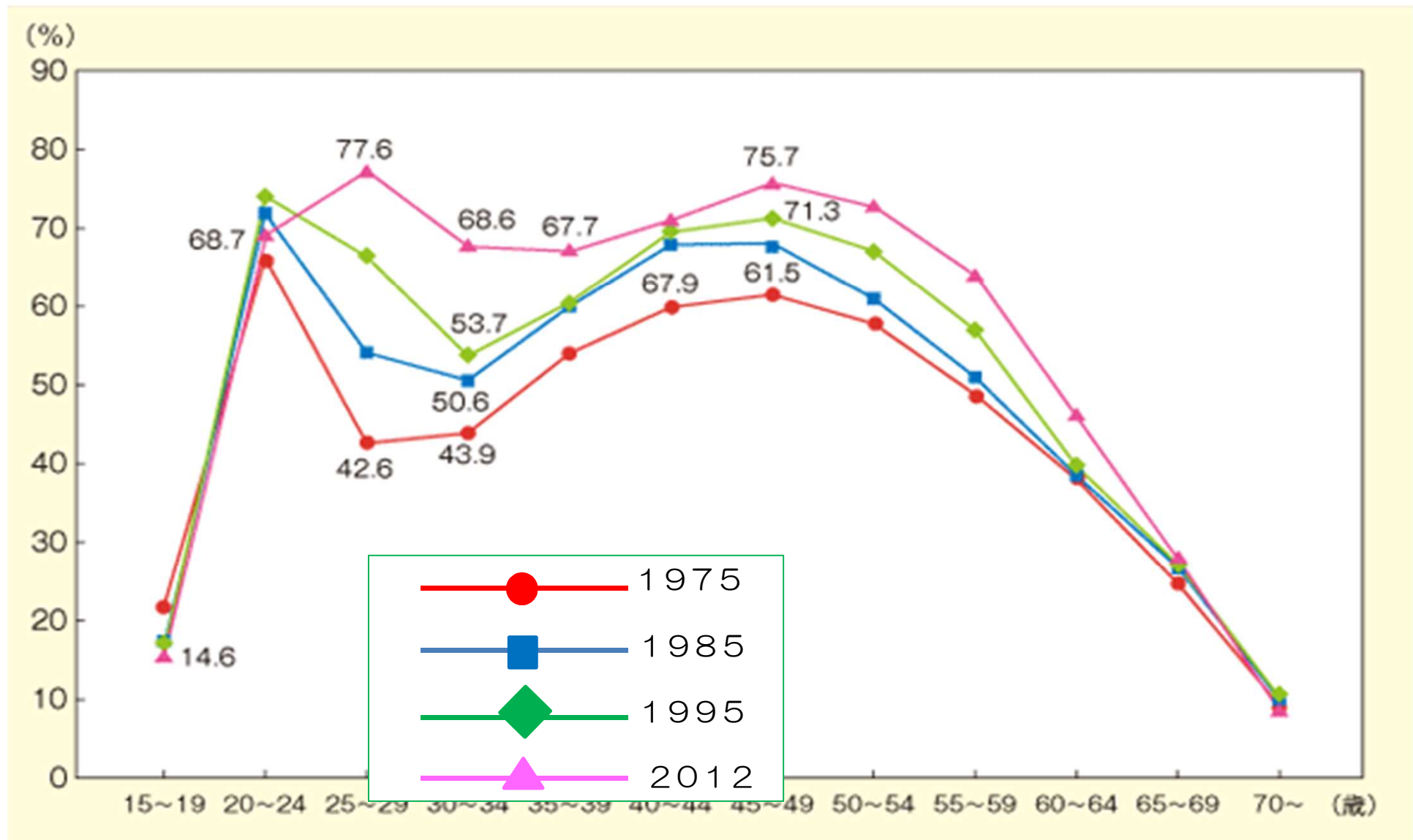
Voluntary withdrawals and reasons characteristics of women



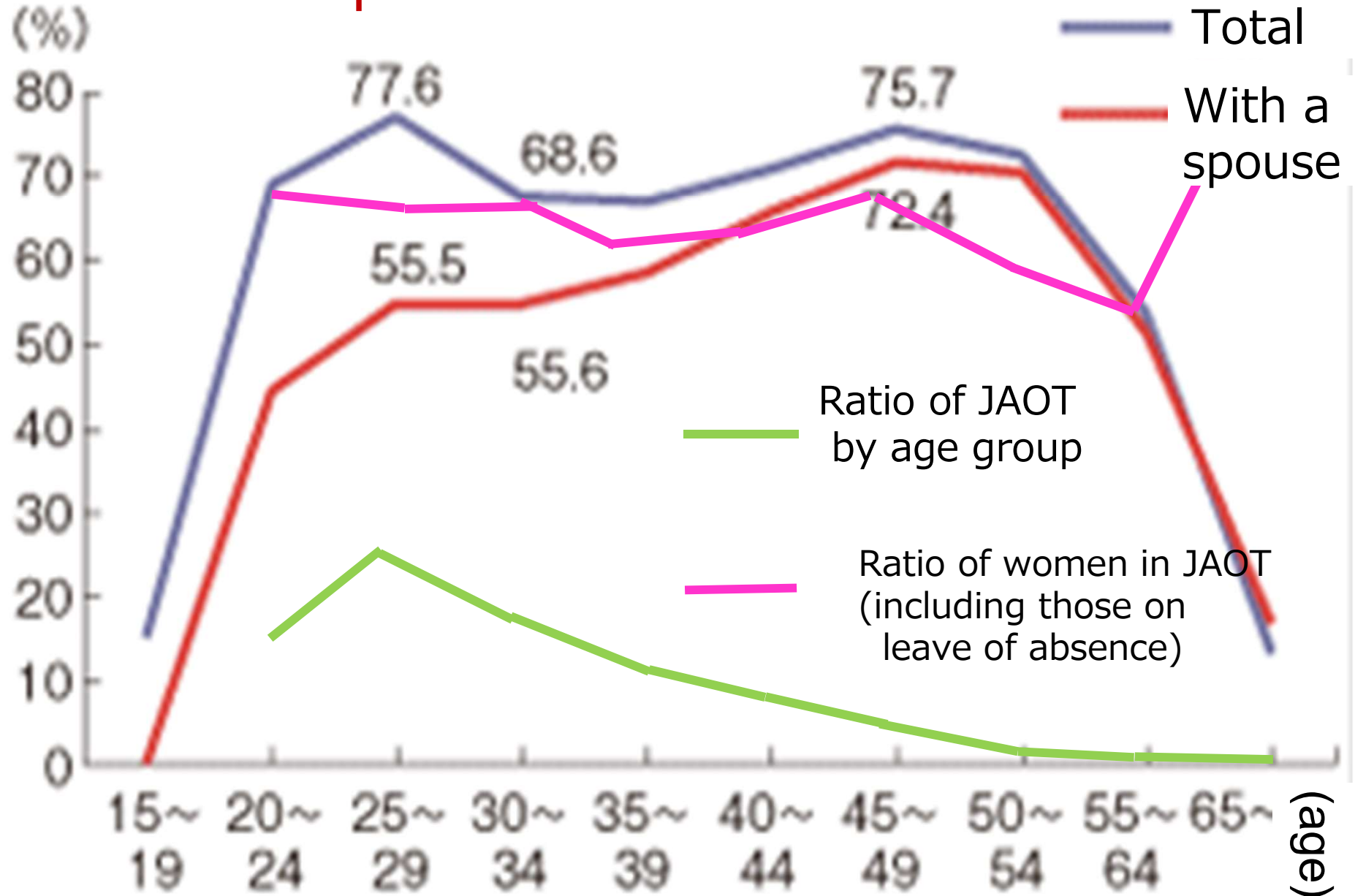
Current status of female members in JAOT

- Number of female Directors : 4people
(Male Directors : 18people)
- Number of Delegates: 29people(13.9%)
- Percentage of women
as department members
and committee members: 26.0 %

Changes in Japanese female labour force participation rate by age group (the M-curve)



2012 Comparison with ratio of female OT



The gap between statistics and reality



In statistics,

employment rate of Japanese female and the ratio of female OT remain high.



Whereas in reality we hear that,

“It’s so hard to achieve a good balance between work and family life.”

“I can’t get the help or understanding I need from the workplace or my family.”



Ratio of female members participating in JAOT activities is low.

Initiatives launched to facilitate female members' involvement in JAOT activities

2013 The 2nd 5-year strategic action goal was set as “facilitating female members' involvement in JAOT activities”

As 65% of JAOT members are female, we need to improve work environment to further facilitate their involvement in JAOT activities.

- Even in the case of life events such as pregnancy, childbirth, childcare etc., members should be able to keep working as OT and participate in JAOT activities.
- More female members' involvement in the management of JAOT as delegates or directors is needed.

Oct. 2015 Suggestions for facilitating female members' involvement in JAOT activities were made

Goal 1

Create an environment where one can

- 1) return to work smoothly even once resigned,
 - 2) join seminars even with children to care for, etc.
- In a word, to be able to keep working as an OT.

Goal 2

Set the desired ratio (30% for instance) of female members as delegates (since 2019) and management members (since 2019), and to realize it.

An introduction of initiatives launched

Homepage banners



Initiatives launched in conferences ①

💖 **Low-fare nurseries are installed**

- * Participants are increasing.
Participants with children are more often seen on conference sites.
- * Nurseries are still few in branch-level conferences and workshops.

Initiatives launched in conferences ②

♥♥ Installed the “booth for female members”:
presenting talks about
“JAOT with each directors’ childcare
experiences,”
“Female administrators’ way of work,”
“Branch associations with more female
directors”,
while members gathering there can
discuss freely.



- It became a place where members can talk about something they can't in the workplace.
- Members struggling to find their own way of work share their experiences with each other there.

“The window”, a featured page for female members on JAOT official magazine

♥♥ On JAOT official magazine, one page is designated to publish female members' articles.

- Published serially since July 2013
- Topics such as
“Difficulties in balancing work and childcare”,
“Issues faced after reinstatement”, and
“Appreciating the understanding of colleagues”
are common, while many members look forward to the release of new issues. They feel inspired by the positive attitude of OTs in these articles, and learn about female OT's wisdom.

From the columns on OT magazine

♥♥ Often times, one female OT's questions would gain feedback from three OTs, consisting of

- An OT in similar situation
- slightly senior female OT
- A very experienced female OT

- * There is always an advisor who is having the same experience.
- * The advisor herself talks about the experience also for the first time on a magazine.
- * Commonly asked questions not only include those about pregnancy, childbirth and childcare, but also family caregiving, being sick, and not having enough time to train juniors.

Findings from female OT's comments①

Achieve a balance: The point is not to achieve a balanced daily schedule, but to consider to what extent one's own vision of being an OT, a mother, a wife, and what one really want to do are achieved.

Understanding: What's needed is not only single actions such as "I can take a leave from work," "my husband would help with houseworks," "I can go to conferences," but also *understandings* in which one is "acknowledged as a human being."

Findings from female OT's comments ②

- ① They want to keep working as OTs.
- ② They are capable of self-management.

They are aware that they are equipped with the ability to manage their own actions and involvement in various occasions.

JAOT's support from now on

It is true that more time is needed to facilitate the involvement of female directors etc. in JAOT activities. Whereas,

- We can see that with improvements in work environment and regulations, it is easier for female OT to work in ways they want
- With the booth and/or consultation desk for female members installed in conference sites, female members are able to express themselves, and mutual understandings among JAOT members are facilitated.
- The above mentioned initiatives could be developed into a nationwide mechanism.



Thank you very much for listening.



OCCUPATIONAL THERAPY IN MONGOLIA

Erdenetsetseg Myagmar
President, Mongolian OTA

Fukuoka, Japan
2019

Content

1

MONGOLIA AT A GLANCE

2

OCCUPATIONAL THERAPY IN MONGOLIA

3

CHALLENGES

4

SUPPORTS NEEDED

Mongolia at a glance



Population
3.2M

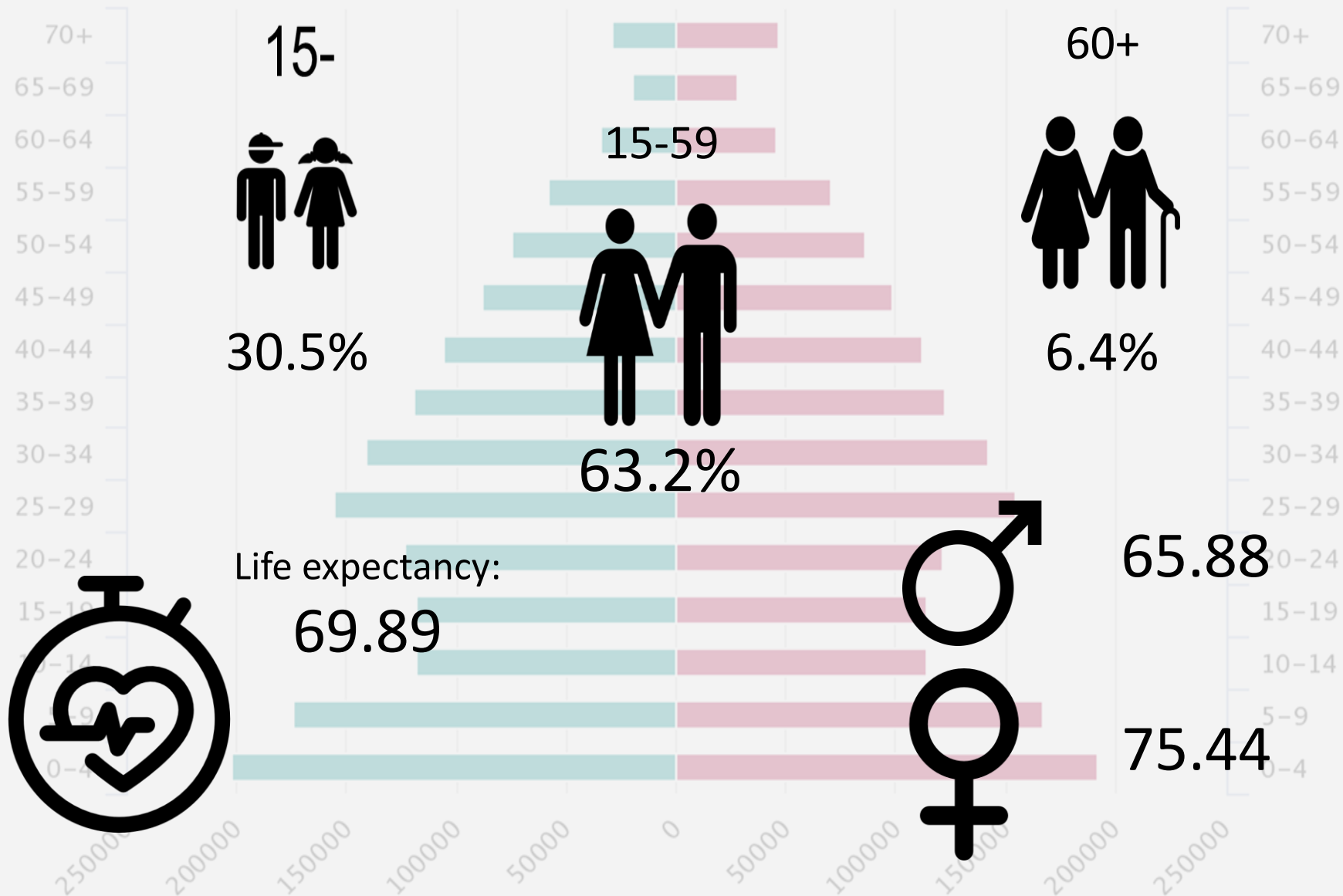


Territory
1.6M km²



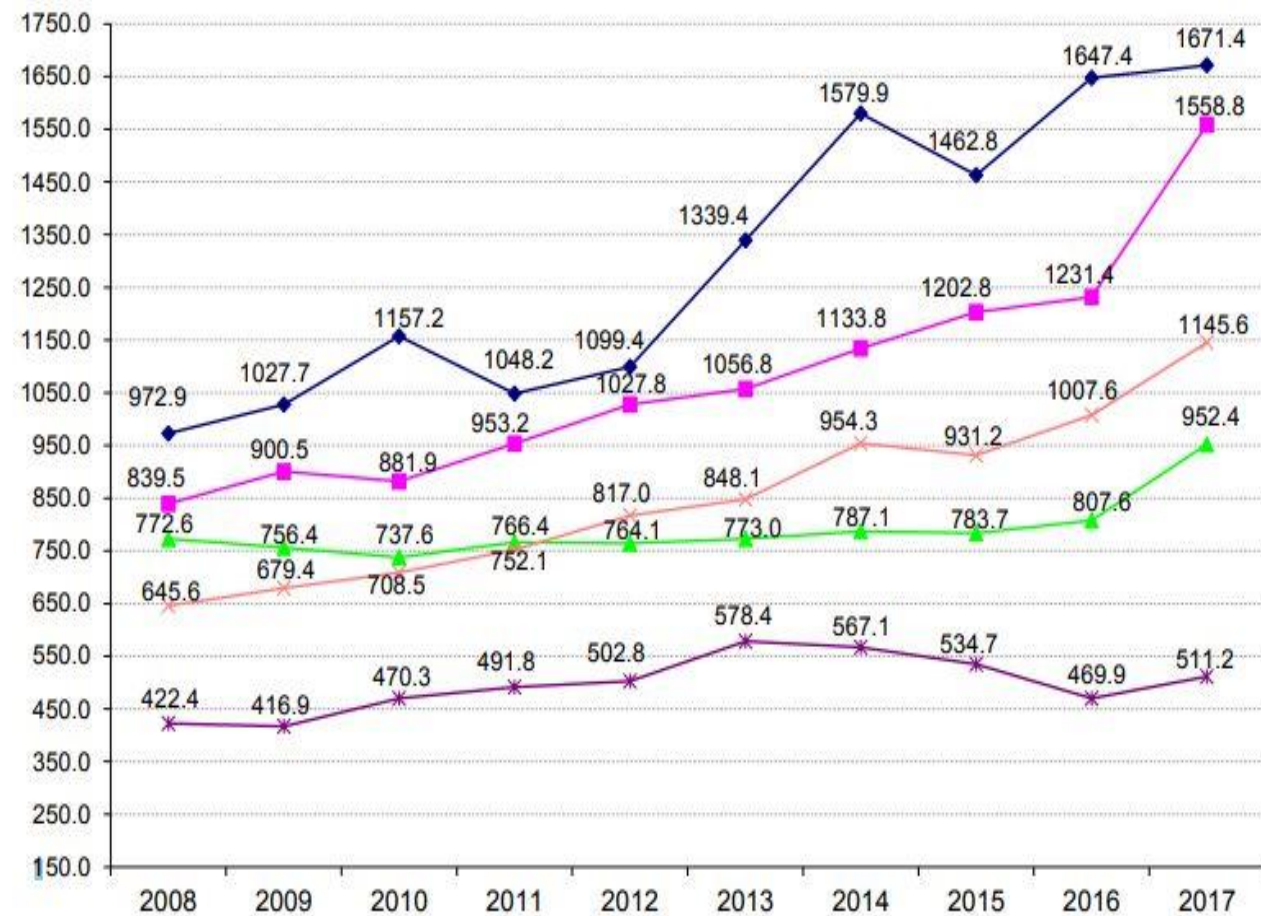
GDP
\$3,600

Population pyramid



The five most common causes of morbidity

per 10,000, 2008-2017

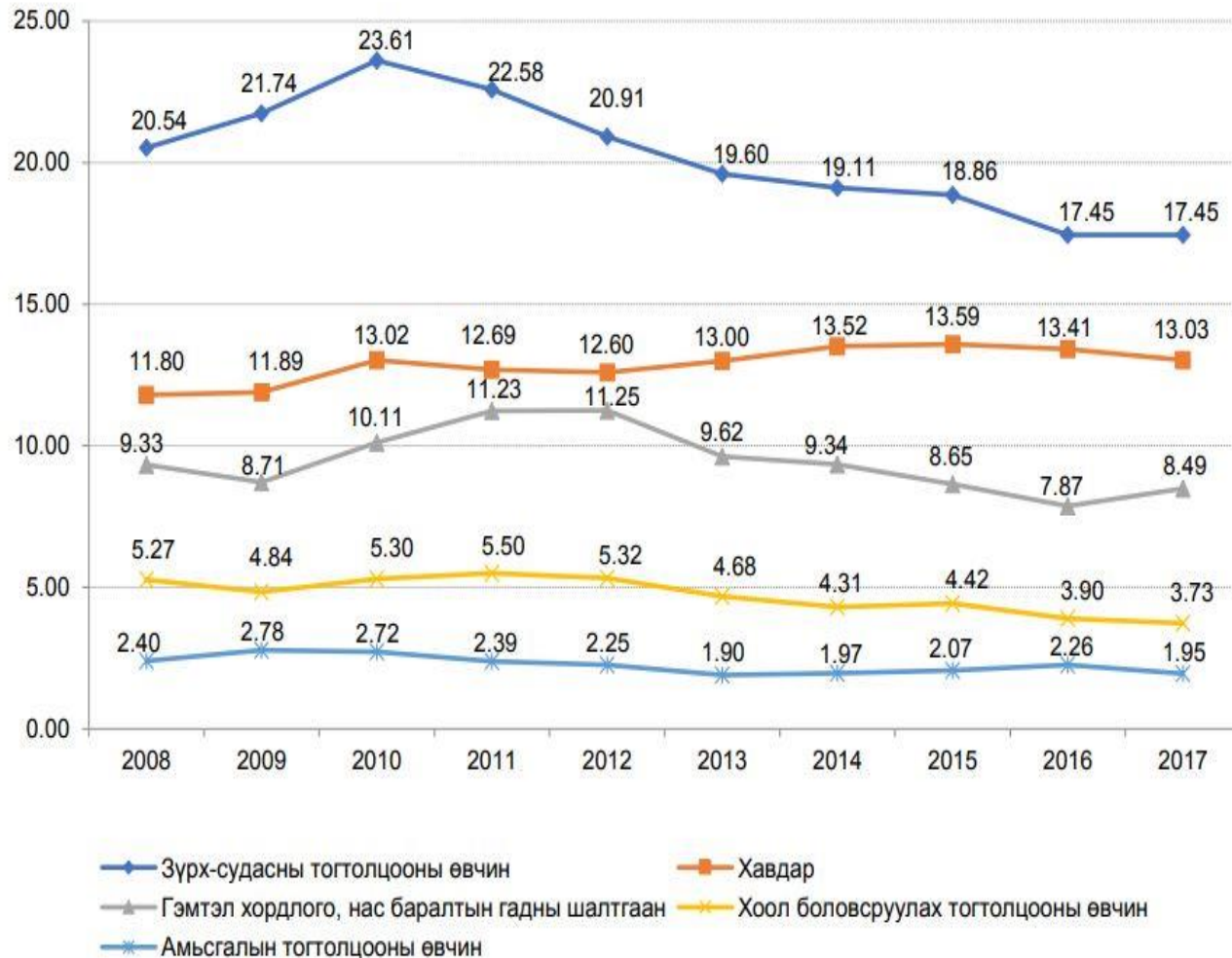


- Respiratory diseases
- Gastrointestinal diseases
- Cardiovascular diseases
- Urogenital diseases
- Trauma, intoxication

◆ Амьсгалын тогтолцооны өвчин
■ Хоол боловсруулах тогтолцооны өвчин
▲ Шээс бэлгийн тогтолцооны эмгэг
× Зүрх-судасны тогтолцооны өвчин
* Гэмтэл, хордлого ба гадны шалтгаант бусад тодорхой эмгэг

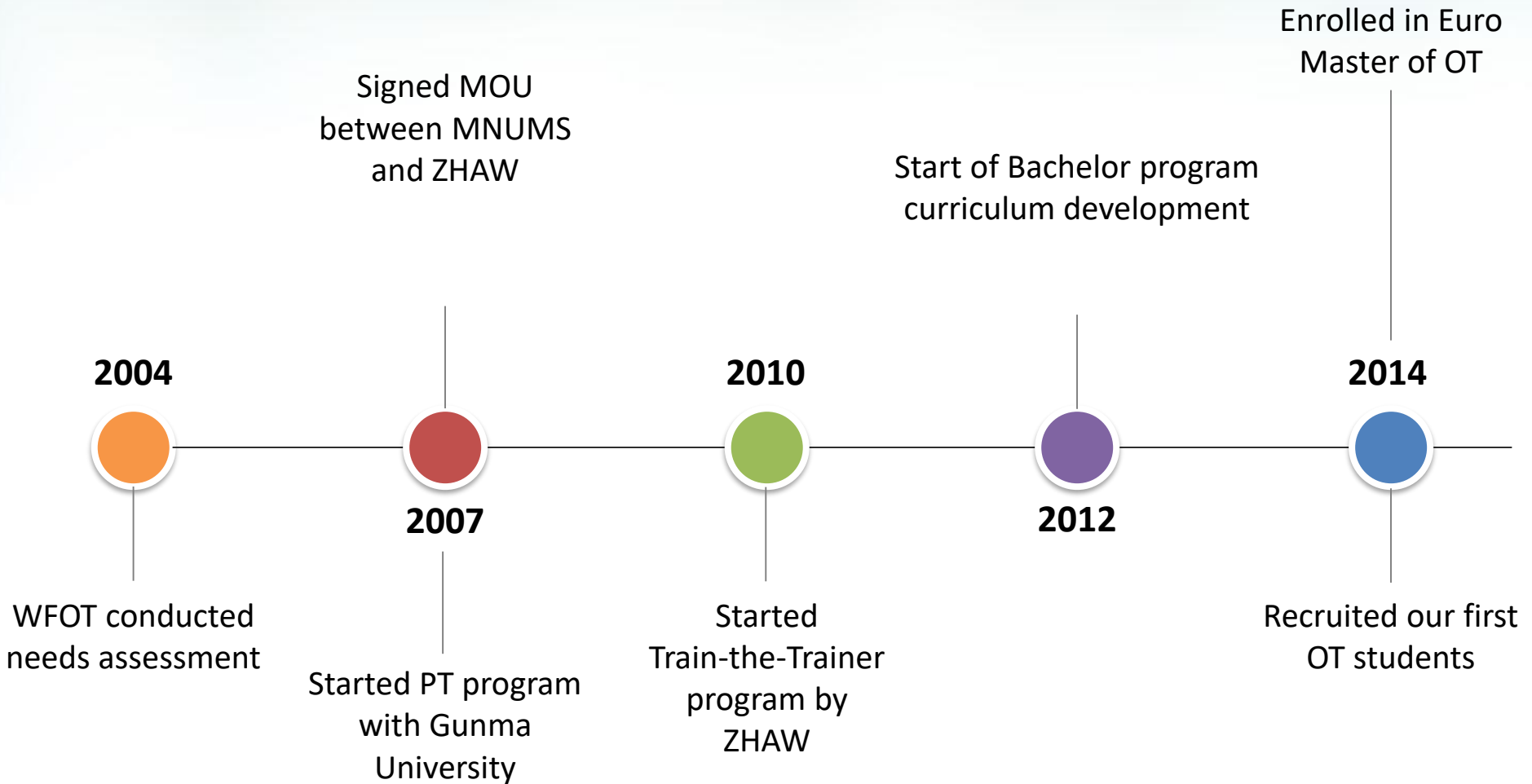
The five most common causes of mortality

per 10,000, 2008-2017



- Cardiovascular diseases
- Cancer
- Trauma, accidents, intoxication
- Gastrointestinal diseases
- Respiratory diseases

OT in Mongolia (pre-Bachelor period)



MONGOLIAN NATIONAL UNIVERSITY OF MEDICAL SCIENCES (MNUMS)



• School of Medical Sciences

• School of Public Health

School Of Nursing

• School of Dentistry

School of Pharmacy and Bio-Medicine



School of Nursing



Nursing
(Bachelor Degree)

Nursing (Diploma)

Physical Therapy
(Bachelor Degree)

Midwifery
(Bachelor Degree)

Technologist of Radiology
(Diploma)

Occupational Therapy
(Bachelor Degree)

OT in Mongolia (Bachelor program)



Tozato Fusae
Lee Bumsuk
Shiori Katsuyama



Second cohort
graduated

2015



2017

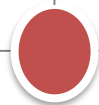


First OT students
graduated

2019



2016



Gunma guest lecturers

Tozato Fusae
Lee Bumsuk
Shiori Katsuyama
Tadahiko Kamegya



Tozato Fusae
Lee Bumsuk
Kiyotaka Iwasaki

2018



Our Team Layout



Occupational Therapy Lecturers

2



Occupational Therapists with Bachelor Degree

16



Occupational Therapy Students

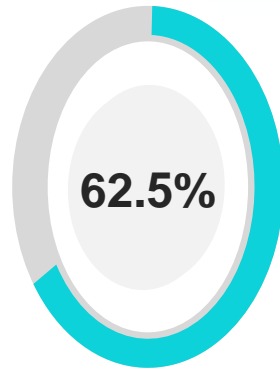
4+15+6+10

35

Employment of Occupational therapists

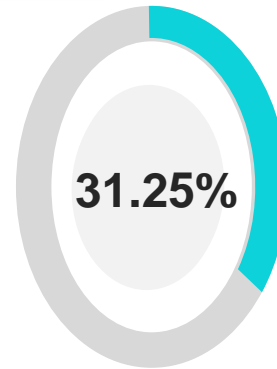
Pediatric OT

Rehabilitation Center for children
with disabilities
Kindergarten for children with CP
Kindergarten for children with
hearing disabilities



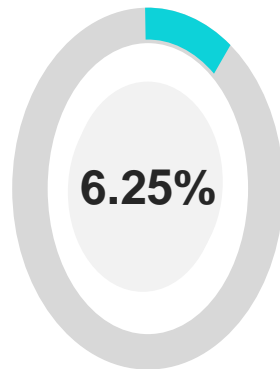
OT in Neurology & Trauma

Acute care tertiary hospitals
Sub-acute care rehabilitation centers



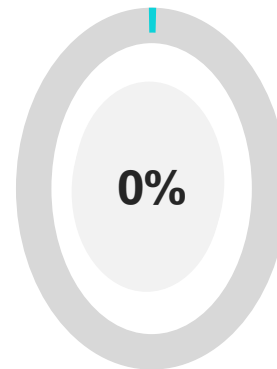
Working in different field

Lives abroad



Geriatric & Mental Health

No work positions in these fields.



To strengthen OT service...



01

Determine situation

03

Establish monitoring framework
and review processes

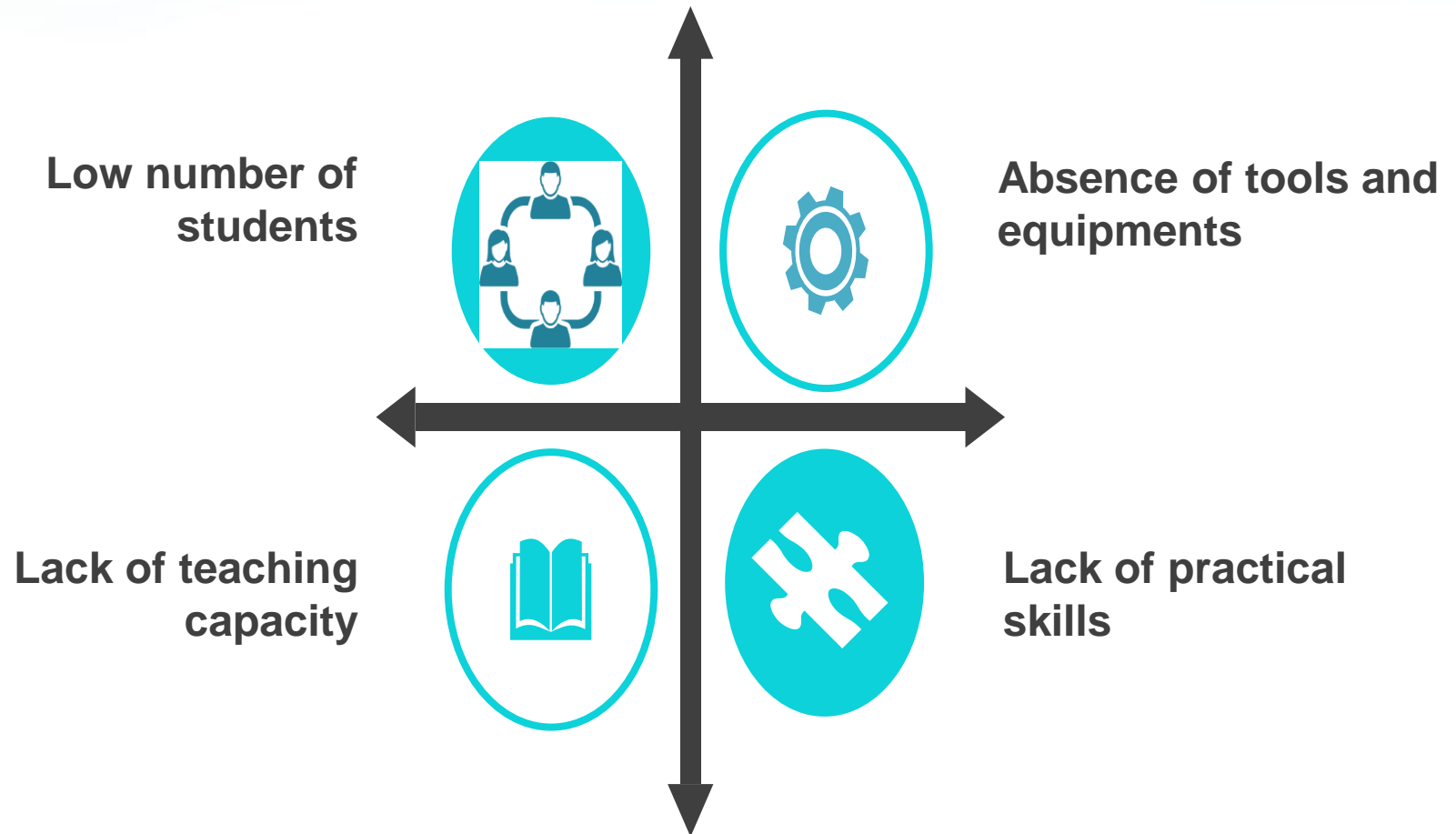
02

Develop strategic plan

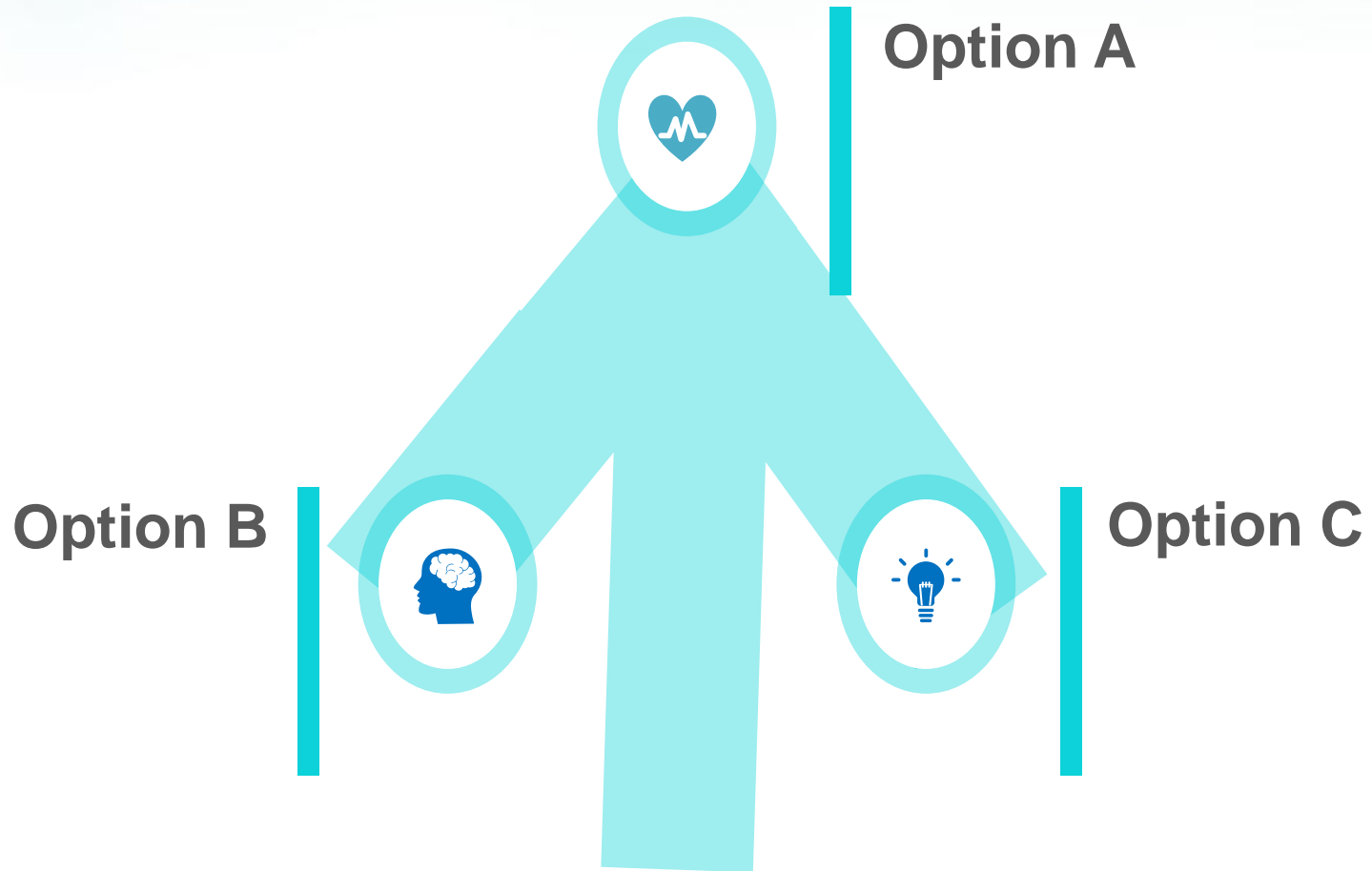
04

Implement

Challenges



Where are we now?
Where are we going?



Further Support Options

Scholarship for Undergraduate students

Student exchange programs

Post Graduate trainings





Thank you