



***Saskatchewan Society  
of Occupational Therapists***

**Position Statement**

**OCCUPATIONAL THERAPY AND PRIMARY HEALTH CARE:  
THE NATURAL FIT**

Written and submitted by the Saskatchewan Society of Occupational Therapists  
September 2003

## **Introduction**

This paper is written on behalf of the *Saskatchewan Society of Occupational Therapists*, which is the provincial association that represents both the professional and regulatory needs of Occupational Therapists within Saskatchewan.

The purpose of this paper is to discuss the possible contributions that occupational therapy can make to a primary health care system. Occupational Therapy has a holistic, client centred approach to health, which lends itself well to community based models of practice. Primary health care is a holistic approach to health care that is comprehensive & community driven.

## **What is Occupational Therapy?**

The framework generally used by Canadian Occupational Therapists is the Canadian Model of Occupational Performance, which addresses the individual's functional ability, i.e. the client's ability to perform their daily occupations. Occupation includes everything people do, such as looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity) (Townsend et al., 1997, p. 3).

The primary target of Occupational Therapy assessment and intervention is in the following daily occupations:

Self-Care – those activities that are done routinely to maintain the person's health and well being in their environment; e.g. eating, dressing, and bathing, etc.

Productivity – activities or tasks which are done to enable the person to provide support to self, family and society through the production of goods and services; to contribute to the welfare of the community; and to fulfill their life roles, e.g. cooking, housework, paid work, school, etc.

Leisure – the components of life that are outside of work and self-care, e.g. hobbies, socializing, outings, etc.

All three of these occupations contribute to a person's self image, self esteem and sense of involvement within their community.

Occupational Therapists believe in the worth of the individual and their need to reach full potential. Occupational Therapists view their clients holistically and therefore address the physical, mental, spiritual as well as the socio-cultural aspects of the individual. (CAOT, 2000). The profession's unique contribution lies in its' focus on the interaction between the person, the environment, & the occupation. Occupational Therapists then work to resolve the factors in these areas that are contributing to the difficulties experienced by the client.

## Linking Primary Health Care & Occupational Therapy

Occupational Therapy's common philosophical base has many features in common with primary health care as identified by the Saskatchewan Action Plan for Primary Health Care (June 2002):

**Primary Health Care:** Brings the first level of health care as close as possible to where people live & work.

**Occupational Therapy:** Works with individuals in a variety of settings including homes, workplaces, schools, and communities: that is the environments where individuals live & work.

**Primary Health Care:** Focuses on basic everyday health needs.

**Occupational Therapy:** Focuses on what people do on a daily basis (occupations) in the three main domains identified in the above definition (self-care, productivity, and leisure), and how their present health status influences their ability to perform these activities.

**Primary Health Care:** Serves to enhance people's physical, mental, emotional and spiritual well-being

**Occupational Therapy:** Assists people to identify and enhance the personal factors that contribute to their health & well being including their physical, mental, emotional & spiritual needs. (CAOT 1991)

**Primary Health Care:** Offers preventive, promotive, curative, supportive and rehabilitative services;

**Occupational Therapy:** Works with people to restore, maintain & promote health & well being (CAOT 1991).

**Primary Health Care:** A range of professionals provides services.

**Occupational Therapy:** Works with other professionals to facilitate integration of individuals with families, families with communities & communities with the larger social context.

**Primary Health Care:** Addresses the factors which influence health (determinants of health);

**Occupational Therapy:** Works in a variety of sectors including education, housing, employment, leisure & recreation, transportation, environmental design, health promotion & injury prevention & community development.

**Primary Health Care:** Is designed and delivered in conjunction with the public and community service providers.

**Occupational Therapy:** Works in partnership with individuals, their families, caregivers, relevant community agencies, educators, and employers.

Examples of Occupational Therapy practice that fit with primary health care:

**Occupational Therapy in Mental Health** (Newfoundland 2003, AAROT 2002)

Occupational Therapists work with individuals coping with mental health issues where occupational therapists enable clients to experience success in vocational, leisure & community settings by developing independent living skills. (e.g. budgeting, communication skills, social skills, stress management)

**Occupational Therapy in Home Care** (CAOT 2003)

Occupational Therapists ease the transition from hospital to home, prevent injuries, minimize caregiver burden & improve the capacity to live in the community.

Falls can be reduced & the ability to manage daily activities can be improved for frail older adults in the community.

Function declines at a slower rate; problem behaviors & caregiver burden can be decreased for individuals with Alzheimer's disease.

Anxiety, depression, & caregiver strain is reduced for individuals who have a stroke but are not admitted to a hospital.

Costs for elderly individuals with medical conditions are less.

Individuals with traumatic brain injury are facilitated in participating in daily occupations & social supports are mobilized.

**Occupational Therapy in End of Life** (CAOT 2003)

Individuals receive valued assistance to manage change such as fatigue & home environmental modifications.

Education & adaptive equipment can be provided to decrease pain.

Function is promoted & dependency may be decreased.

Caregiver stress is reduced as a result of education in areas such as stress management & transfer techniques.

**Occupational Therapy in Education** (AAROT 2002, MSOT 1995)

Assist children with special needs integrate into the school system.

Quantify the disability, advocate for modifications assist in providing information to children, parents, caregivers and teachers, and offer intervention techniques related to school work, leisure and activities of daily living.

**Occupational Therapy in the Workplace**

Provide ergonomic analysis & recommendations to prevent repetitive strain & injuries in the workplace

Recommend job modification that assist individuals & employers with reintegration into the work place after injury

## **Realities of Occupational Therapy in Saskatchewan**

Occupational Therapists work in the community, in acute care, in rehabilitative and long term care facilities. A smaller number work in the school systems, in mental health and in private practice that are primarily funded through third party payer systems. In rural Saskatchewan, Occupational Therapists generally have their home base in institutional settings, but their work takes them into the community, into the school system & into long term care facilities. They are often spread very thinly across a region, (e.g. sometimes offering only a day a month of consultative services to long term care).

Occupational Therapists are currently offering their services in a way that is compatible with the Primary Health Care Model. Services are accessible where people live & work and are planned in collaboration with those receiving the service. Occupational Therapy's philosophical foundation and educational background prepares them to work in a collaborative fashion on an interdisciplinary team, although interdisciplinary team members are not present in all communities or situations.

However, in Saskatchewan there are insufficient numbers of Occupational Therapists to meet the needs of the population in a comprehensive way and to the degree to which the profession is capable. Saskatchewan's ratio of Occupational Therapists to population numbers is one of the lowest in the country, (e.g. Alberta 3.2 OTs per 10,000 citizens, Manitoba 3.2 OTs per 10,000 citizens, Saskatchewan 1.98 OTs per 10,000 citizens). The reason for this inequity arises from the fact that both Alberta and Manitoba have educational programs for Occupational Therapy, while Saskatchewan currently relies on only 15 purchased seats in Alberta. The limited number of therapists is compounded by the fact that Saskatchewan's population is spread over a wide geographic area.

The challenge Occupational Therapy services face is to integrate the services already being provided into the primary health care plans of each regional health authority. This may mean changing service priorities in accordance with the regional primary health care plans, which could reduce services to some groups in order to serve others. Given that services are currently offered to the highest needs groups and often at less than optimal, the choices to be made are difficult for those who provide patient care. As part of the provincial and regional planning for primary health care, additional funding for positions for occupational therapists would assist with the recruitment and retention of professionals. Current notable gaps in Occupational Therapy services in Saskatchewan include services for children with special needs & persons with mental health issues. Services are also inequitable when looking at service to northern communities and aboriginal communities.

Investing in the education, recruitment, & retention of occupational therapists in Saskatchewan would ensure a more comprehensive contribution by Occupational Therapists. This would enable them to offer their unique perspective & skills to promote, restore & support primary health services in Saskatchewan.

## **Conclusion**

Primary Health Care and Occupational Therapy have a common philosophical base that supports a holistic approach to health, personal participation in achieving health, and an inter-sectoral approach that spans the educational, health, family and community sectors. Occupational Therapy's unique contribution to a Primary Health Care team would be their focus on the interaction between people, their environments, and their occupations. Occupational Therapists in Saskatchewan are located in the communities where people live & work. They have much to offer the primary health care system, but are currently constrained by the limited numbers of Occupational Therapists in Saskatchewan.

The *Saskatchewan Society of Occupational Therapists* looks forward to working with the Regional Health Authorities in expanding our role within Primary Health Care.