OTs Walk With NAMI: Promoting Community Health and Wellness by Building Alliance and Advocacy

By Suzanne White, MA, OTR/L; Amy Anderson; and Amanda Roberts

“Each one of us has the capability to form an idea, seek an opportunity, knock on a door, and lead change. Now is the time for each one of you to take action which should include the three elements: values, ideas, energy.” —Penelope Moyers Cleveland (2008, p. 740)

W ellness is a conscious, deliberate process that requires a person to be aware of and make choices for a more satisfying healthy lifestyle. Achieving mental health through the recovery process includes wellness. As such, programs like The 10 by 10 Campaign have noted the importance of overall physical health as an essential component of mental health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010; Swarbrick, 2010). In 2007, through the organization of the New York State Occupational Therapy Association’s (NYSOTA’s) Mental Health Task Force of the Metro New York District (MNYD), occupational therapy students, faculty, and clinicians met to plan a community outreach initiative to expand their wellness advocacy role in the practice of mental health occupational therapy.

Each year, occupational therapy faculty, clinicians, and students are encouraged to form partnerships with mental health facilities throughout New York City and the local chapters of the National Alliance on Mental Illness (NAMI). The project’s aim is to provide support and encouragement to consumers to actively increase physical activity by making walking part of their daily routine as a health benefit and to promote self-advocacy by participating in the NAMI-NYC Metro NAMIWalk crossing the Brooklyn Bridge (Tewfik & White, 2007). This annual NAMIWalk is a joint effort of NAMI national and local affiliates to fundraise for their organization in order to provide free education and family support. MNYD Mental Health Task Force leaders envisioned that occupational therapy students, supported by faculty and clinicians, would introduce the OTs Walk With NAMI program to consumers during their fieldwork and would start walking groups throughout New York City (Haiman & Learnard, 2010). The collective goal is to foster physical wellness, combat the negative effects of chronic illness, promote mental health awareness, and promote consumer advocacy.

OTs Walk With NAMI is a Web-based program with online materials and resources. It is designed to use evidence which shows that weight control and physical exercise are effective physical and mental health interventions for this population. The program includes detailed protocols, goals, session plans, evidence-based articles, and outcome measurements. The program also includes an annual walk preparation tool kit and fundraising ideas, tools to monitor changes, a consumer-friendly video, and PowerPoint presentations to help make walking become part of a wellness routine. The project coordinators created a Web site repository of accessible program materials to be shared and serve as an inspiration for students and consumers (http://www.downstate.edu/CHRP/ot/nami.html).

Community Health and Wellness

Interventions for prevention and health promotion in mental health communities need to match the challenges of the affected population. Physical exercise has been known to have many benefits, physically and mentally, that are recognized universally (Parks, Svendsen, Singer, & Fotti, 2006). The positive impacts of physical exercise include weight loss, reduction in cardiovascular complications, relief from depression, and reduced stress and anxiety (Priest, 2007). It is well known that the recovery oriented populations include both co-occurring physical and substance-related disorders. These populations are considered vulnerable due to an increase in mortality and morbidity which is largely due to treatable medical conditions that are caused by modifiable risk factors, such as lack of exercise, smoking, and lack of access to medical care (Parks et al., 2006; Virmani, Binienda, Ali Syed, & Gaetani, 2007). Therefore, access to exercise could greatly benefit this underserved population in multiple ways (Brown, Goetz, Van Sciver, Sullivan, & Hamera, 2006; Ogilvie et al., 2007; Siegfried, 1998).

Many populations that would show the most benefits from exercise are, in turn, the populations with restricted access to physically active lifestyles (e.g., persons with co-occurring mental illness and substance-related disorders). SAMHSA recognizes that co-occurring disorders are widely present in this population and need to be treated concurrently. Physical activities are not often included as a structured part of many programs due to perceived and actual barriers that include cost, available time, staff training, client motivation and precautions for those who have not exercised in a long time (Emerson, Glovsky, Amaro, & Nieves, 2009; SAMHSA, n.d.).

Building Alliances

Staff from both the NAMI national office and local NAMI NYC-Metro welcomed the idea of building a large base of support with...
this occupational therapy program. NAMI was established in 1979 and has, since then, been dedicated to the advocacy, support, education, and research related to mental illnesses. NAMI focuses numerous efforts on educating the public on mental illness. It provides resources to decrease stigma and increase awareness of the disease. It promotes understanding into one’s own illness and how to maintain a healthy lifestyle with the disease. Programs provide education, information, insight, and support networks, which were drawn from the feedback and advice of professionals, but most importantly, from those individuals who have lived with a mental illness (NAMI, n.d.).

As the OTs Walk With NAMI program developed, NAMI recognized the thoughtfulness with which the project considered the needs of the consumers by providing them with a no-cost method to engage in physical wellness activities and tiring this into a larger recovery intervention. NAMI and its affiliates also appreciated the use of consumer-friendly adaptive designs of the professional materials for its members. NAMI staff members are fully committed to the project and speak each year at the OTs Walk With NAMI pep rally to educate diverse audiences about NAMI’s purposes, free programs, and the NAMIWalk.

To build alliances with occupational therapy students, the MNYD board of managers decided the OTs Walk With NAMI project was an opportunity to introduce students to its professional organization. The board initiated an annual pep rally open to all of the metropolitan New York area occupational therapy education programs. The pep rally introduces the occupational therapy and occupational therapy assistant students to the district, the OTs Walk With NAMI program, NAMI, and the wellness and prevention group protocols, which are designed by clinicians and/or students and are based on evidence and supporting the tenets of occupational therapy. This gives the students ideas that they can use during their mental health fieldwork or community practice courses.

This is a City University of New York College occupational therapy student’s reaction after participating in the NAMIWalk. She stated,

NAMI 2011 was a great experience. While you’re out collecting donations, you realize that you also get a chance to advocate for OT and NAMI and it works! You also get a chance to meet people in other professions and walks of life who support the cause as well. Every year it’s more exciting than the last.

To build consumer alliances, Eileen LaMourie, an occupational therapy student at SUNY Downstate Medical Center, designed a 12-minute motivational video (Doyle & LaMourie, 2008) for the project as part of her community practice coursework. She explained,

Obesity is a national problem; it’s not just a problem for people who are at risk for metabolic syndrome. I really started to think about how we were going to best facilitate going into outpatient centers and clubhouses, presenting people with this walking program, and then expecting them to get up and actually start walking. I wanted to do something dynamic. (as cited in Strzelecki, n.d.)

Jeni Dulek, a senior occupational therapy clinician at St. Luke’s, worked extensively with a client before the Walk to address the anxiety he felt related to getting to the Walk on time, and by himself. As a result of their work, the client wrote the article below. It sums up why anyone would want to be involved in the NAMIWalk, and particularly why occupational therapy practitioners and students should consider getting their clients involved for health, wellness, and self-advocacy. You see the results of their work together as reflected in the client’s writing:

I saw my psychologist, my OT, and my peers. It was a wonderful feeling to be a part of something I search for: community. And the positive feeling lingered long after the walk was over, and in my heart I felt hope.

Building Evidence: Evaluating a Walking Intervention Based on the OTs Walk With NAMI Protocol

This group walk took place at Starhill Palladia Inc., a 400-bed residential substance abuse facility located in Bronx, NY. Many of the residents at Starhill have co-occurring conditions and are court mandated to participate in the program. At the time of this intervention, the residents did not have a consistent outlet for physical exercise. The OTs Walk With NAMI protocol was adapted by two of the authors (Anderson and Roberts) as part of their Psychosocial Fieldwork I and Master’s Research Project at SUNY Downstate Medical Center. They designed the Mind and Body Wellness Scale which is composed of six questions that address present levels of energy, tension, self-confidence, social mood, worrying thoughts, and openness to new ideas. The scale was used to quantify the intervention outcome. The goal was to demonstrate that walking can be a positive leisure activity that may be used when replacing old habits that are be deemed harmful to recovery or wellness. Feedback about the members’ experiences was collected with the aim of providing insight for future development and continuation of walking groups.

This group walk took place once a week for an hour, which included walking for 45 minutes and then spending 15 minutes on processing, which included self-assessment, group stretching, and discussion. For each walking session, a pre- and posttest were used for the Mood Scale (which is part of the original protocol) and the Mind and Body Wellness Scale, which were self-administered and self-reported. Throughout the 12 weeks, participants volunteered to stay after the walk to answer interview questions that would provide qualitative feedback about their personal experience. The interview was based on two open-ended questions: (a) Do you feel that this group will benefit you during your recovery? (b) Do you plan on incorporating walking into your life as a positive leisure activity? If so, in what ways?

The walking group members were educated about NAMI services throughout the 12 weeks. The last meeting of the walking group was composed of a presentation by NAMI to prepare the members for participating in the annual NAMIWalk in May. Many members of Starhill were excited about participating in the event, and they felt a sense of accomplishment and involvement in this meaningful activity. Seventeen members were able to attend the NAMIWalk.

The overall walking group consisted of 42 participants, who varied in attendance. The following are the results of the Mind and Body Wellness Scale, a six item assessment with a 4-point Likert scale questionnaire, interview questions, and written comments. To determine differences between mean scores for the overall Mind and Body Wellness Scale, a paired sample t-test was calculated, resulting in a statistically significant difference from pre- (mean=18.11) and post-test scores (mean=21.33). These six questions were also examined
individually to see whether any area had a greater effect than others. The question relating to body tension had the greatest difference, meaning that after the walk the participants felt less tense. Closely following was change in energy level, showing an increase in energy directly following the walk.

The decision to implement the OTs Walk With NAMI program for members at the therapeutic drug community at Starhill was built upon the need to integrate physical exercise with mental health care in efforts to provide a healthy and supportive recovery. One member shared, “My walk was very enlightening and very stimulating mentally as well as physically. This walk does my body and heart very good towards maintaining my health.” (sic)

The results supported our efforts in providing a positive leisure activity that would promote health and wellness. The results displayed improvement for the group overall as well as individual improvement for each member’s mood after each walk. All of the areas of the Mind and Body Wellness Scale were hypothesized to be positively affected by participating in group exercises, which our results supported. Another member shared that, “Since I began the walks, I have experienced a great deal of physical and emotional recovery.”

Feedback from members emphasized a need for motivational support, showing the effectiveness of a group atmosphere to positively influence socializing and to be a motivating factor for adherence. The social aspect resulted in a valuable impact on the members, facilitating an increased ability to communicate and relax with one another during walks. This was portrayed as extremely beneficial in building supportive relationships in a time and place that is often regarded as stressful and challenging. The walking group reflected a holistic approach to health and recovery that recognizes the importance of encouraging wellness. Members repeatedly reported that they felt healthier in their bodies as well as their minds.

The study demonstrates the adaptability of the OTs Walk With NAMI program. The intervention feedback supports recovery components by integrating mental illness and substance-related disorders, and providing opportunities for links to health, wellness, and self-advocacy.

As occupational therapy practitioners look to expand the wellness and prevention aspects of their practice, the holistic benefits of a walking group should be considered. The positive results of this study were many, including gaining a sense of control over their health, releasing tension, getting social support, and becoming motivated to exercise. The results of this walking project provide a continuing basis of support to encourage both inpatient and outpatient facilities to include walking groups as a therapeutic activity. It is important to highlight that this activity is not only free, but has a positive impact on clients and encourages self-care strategies for maximizing health and independence.

Conclusion

The OTs Walk With NAMI project is multi-purpose, as it provides an adaptable Web-based intervention, and builds a coalition of educators, clinicians, students, fieldwork sites, and an advocacy organization. It supports recovery while preserving and expanding the rich heritage of occupational therapy mental health practice. It educates students about the power of advocacy by joining with consumers to promote participation in society for an underserved population where stigma can prevent people from receiving evidence-based wellness and recovery interventions. For additional inquiries about OTs Walk With NAMI, contact Suzanne White at Suzanne.White@downstate.edu.

Acknowledgements

The following are some of the people who have contributed to this project: Eileen La Mourie, Mary Donohue, Jennifer Dulek, Wendy Brennen, Joe Videtto, Marissa Miller, the Board of Managers of MNYD of NYSOTA, the NYC Occupational Therapy Programs who participate in this program yearly, Diane Tewfik, our fieldwork supervisor, and most importantly the men and women in recovery at Palladia, Inc., Starhill.

References


Suzanne White, MA, OTR/L, is Clinical Associate Professor and founding member of the Mental Health Task Force of MNYD of NYSOTA. Address correspondence to SUNY Downstate Medical Center, Occupational Therapy Program, Box 81, 450 Clarkson Ave., Brooklyn, NY 11203; Suzanne.white@downstate.edu.

Amy Anderson and Amanda Roberts are students in the Master’s of Science in Occupational Therapy Program at SUNY Downstate Medical Center. White, S., Anderson, A., & Roberts, A. (2013, June). OTs walk with NAMI: Promoting community health and wellness by building alliance and advocacy. Mental Health Special Interest Section Quarterly, 36(2), 1–3.
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