

Your Honorable Letitia James and the Office of the Attorney General, thank you for taking the time to do a public hearing regarding access to mental health care for people with serious mental illness in the Western New York Region.

My name is Stephen Nawotniak, and I am an Occupational Therapist and New York State Certified Peer Specialist successfully living with a bipolar condition. I work as the Director of Peer Services at the Buffalo Psychiatric Center, so I have personal and professional experience with our mental health system.

Let me start by highlighting the difference between managing symptoms and functional living. Managing symptoms is important, but fulfillment and function come from successful engagement in meaningful activities. One's function determines self-worth and quality of life; function allows an individual to contribute to society. I have found that occupational therapy and peer services are to function what medication and counseling are for symptom management. Both facets are required to live with a lifelong mental health condition successfully.

I have learned that my symptoms will never entirely go away. As such, I must learn techniques to work with them. I was exposed to occupational therapy while hospitalized for depression but I never received occupational therapy in the community setting because it was unavailable. My use of occupational therapy techniques for my bipolar condition came from applying the approaches that I learned through my coursework to my own life. This occupational therapy perspective and my involvement with the peer movement have shifted my focus away from simply managing and reducing symptoms. Instead, the focus now is building skills, tools, and approaches to improve my quality of life, reduce my dependence on the mental health system, improve my independence in the community, and positively contribute to society. Four specific examples of techniques occupational therapy taught me are below:

- Break down desired occupations or tasks into component parts. Task analysis helps me identify which pieces of a given task are strengths and which cause difficulty. Then, I can

work on specific components that make the overall task successful by identifying the root cause of that difficulty (a sensory challenge in the environment, problems with executive function, etc.). This applies regardless of whether the approach modifies how the task is completed, the environment in which the task is done, or directly addresses my individual challenges.

- Structure the environment for success. My environment can profoundly influence my ability to engage in desired tasks. Changing the environment to support sensory needs, using queuing to help remember important tasks, or structuring key workspaces to support focus are all ways to use the environment to support success.
- Establish schedules based on the desired activities identified. Schedules help me remain productive and responsible when experiencing symptoms such as mental fog. The creation of episode-specific day schedules helps me with self-regulation while maintaining function. Medication management techniques are integrated into my daily routines and schedules.
- Create strategies to improve financial awareness. Depression can make it challenging to stay on top of responsibilities, and mania can lead to poor decision-making. Developing a financial plan and structure (such as bill auto-pay, budgets, and theme-specific bank accounts) supports me in guiding my financial situation and decision-making.

As you can see, the occupational therapy approach is different and complementary to the traditional medication management and psychotherapy process.

My personal and professional experience has shown me that while hospitalization is necessary to stabilize an individual when in a psychotic state or a danger to self or others, one does not learn life skills for community living in this artificial environment. The hospital teaches compliance with a set of rules. Prolonged hospitalization causes institutionalization, a break down in social supports, and dependence on the mental health system for basic care and existence. This dependence becomes both expensive and labor-intensive for the mental health system to uphold. The only place one truly learns life skills is in the setting in which one lives. The only way to learn to live successfully in the community is in the community setting.

This supportive education can take place in 3 settings. They are:

1. An outpatient clinic or office where a person can access services just as they would a psychiatrist or a counselor.
2. A supportive housing environment is where a person can work on the skills they need to successfully live in their home environment and stay out of the hospital.
3. A community program such as PROS or a recovery center setting.

All three of these require funding that can support an occupational therapy practitioner, and this funding is far less than the cost of hospitalization. Current reimbursement rates through Medicaid are so low an organization cannot afford the salary of an Occupational Therapist or Occupational Therapy Assistant. As such, occupational therapy is not available in the community setting outside of programs that bundle services from a flat payment structure. The only programs that I am aware of in the Western New York Region that have occupational therapy in the community setting are the state funded Assertive Community Treatment (ACT) Teams, Mobile Integration Teams (MIT) or a county funded Community Integration Team (CRT). These limited programs do not provide adequate access to services to the general public.

According to the CDC 1 in 5 Americans will experience a mental health crisis in a given year. There is a gap in the current mental health system's ability to meet this need as evidenced by the long wait lists at mental health facilities. Occupational therapy practitioners are already trained in psycho-social approaches and are a workforce ready to step in to help close this gap.

So, while medications help to soften symptoms, and talk therapy supports processing challenging emotions around one's symptoms and diagnosis, it is success in meaningful activities that leads to a sense of fulfillment. This success comes from establishing a lifestyle that supports an individual in living out healthy choices and routines while experiencing symptoms. This lifestyle, in turn, helps one navigate the external demands of life's circumstances during strong and compromised mental states and address any self-stigma associated with one's diagnosis. Self-awareness, personal insight, and

intentional living allow one to step outside of merely coping with symptoms and experience a life of success, fulfillment, and contribution.

Respectfully submitted,

Stephen Nawotniak, OTR/L, NYSCPS