

# Recovery-Oriented practice in Morocco: Tensions, adaptations, and opportunities in Occupational Therapy



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# Acknowledgements

- **Supervisory team:**

- Prof. Helen Killaspy (DOP, UCL)
- Dr Mary Wickenden (IDS)
- Dr. Jenevieve Mannell (IGH, UCL)

- **Key Moroccan Partners:**

- Prof. Driss Moussaoui
- Dr Said Nafai (OTAM)
- Dr Jamal Darkaoui
- Institut Supérieur des Professions Infirmières et Technique de Santé (ISPIT)
- Humanity & Inclusion Morocco.
- All participants involved directly or indirectly to this project



# Positionality Statement

## **Insider Perspective**

- Second generation immigrant: Moroccan background
- Family member with SMI living in Morocco

## **Outsider Perspective**

- Canadian Upbringing
- Occupational therapist trained in Canada
- (cis-)woman



Why does psychosocial disability and  
mental health rehabilitation matter in  
Morocco ?

# High unmet needs for social inclusion and participation

- **Women** with mental disabilities were **9x less likely to be employed** compared to men (2014).
- Most likely to experience **family conflicts and divorces** (2014).
- People with SMI have limited access to education and employment opportunities: second lowest employment rate (2014).

Social Exclusion,  
discrimination and  
reduced quality of life

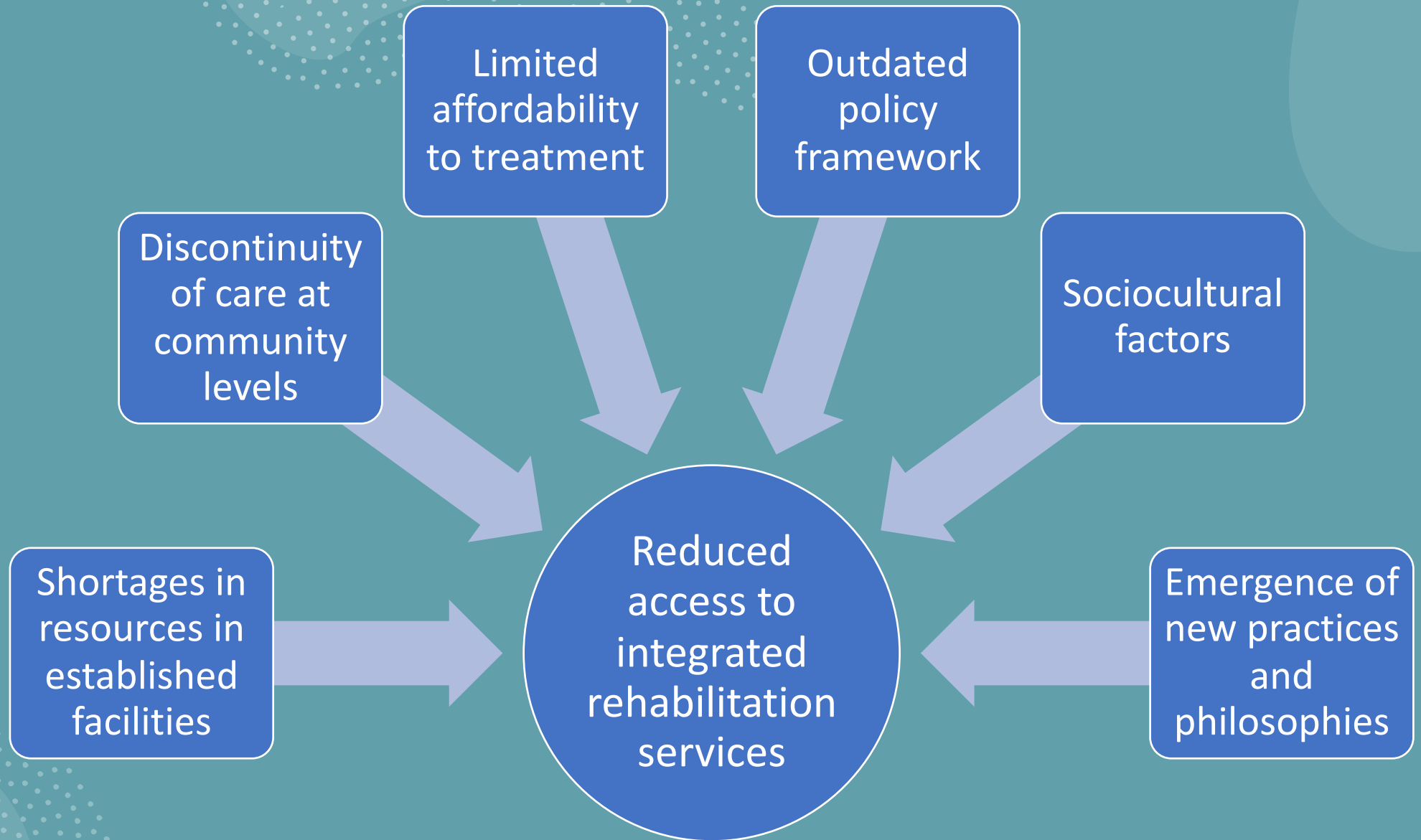
SMI

- 5.6% for psychotic disorders in the general population (2006)
- Absence of updated and accessible data on prevalence of SMI

Impairments and  
restrictions

- The **second most common impairment type** (2014)
- **26.5% displayed behavioral difficulties and 1.2% displayed other psychiatric difficulties** (2014)
- Methodological limitations: conceptual clarity

# High unmet needs for social inclusion and participation



# Rehabilitation: A healthcare strategy strengthening mental health systems

Occupational Therapy as a rehabilitation intervention supporting **recovery**, participation and inclusion for people with severe mental illness through **engagement in meaningful occupation**





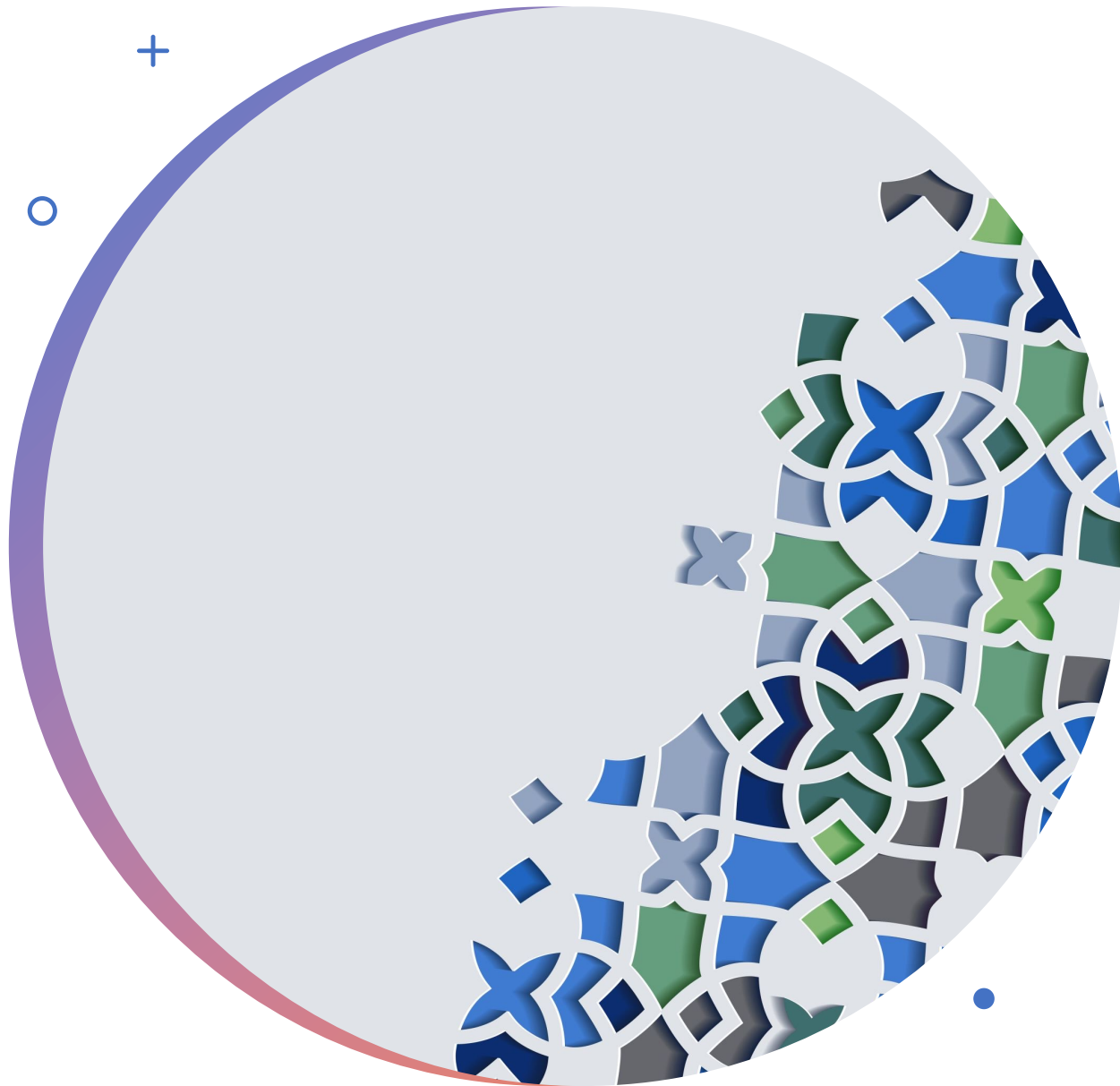
# Cross-Cultural mental health Rehabilitation: Ongoing Debate

Strong Evidence-based  
model  
Rooted in Western  
Epistemologies

- Lower care costs
- Improved health outcomes
- Improvements in subjective experiences of self-determination, self-esteem, positive identity and empowerment
- Supported by national mental health policies (UK, Canada, Australia, etc.)

Evidence of Cross-  
cultural variations in  
experiences of  
recovery and disability

- Evidence of cross-cultural variation in subjective experiences of recovery, **meaningful occupation** and hope in LMICs and MENA region

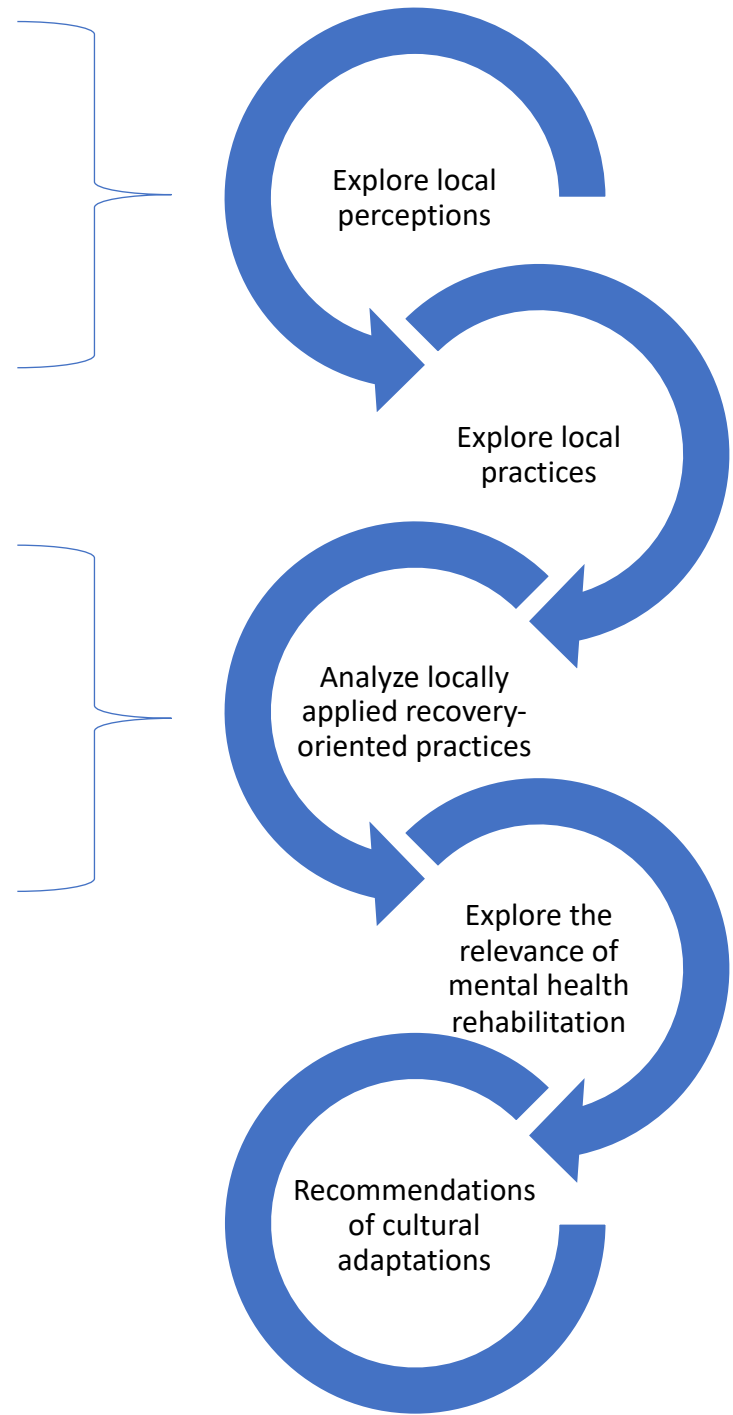


**Would Mental Health Rehabilitation, as a westernized practice model, be culturally relevant in supporting engagement in meaningful occupation within a Moroccan Context?**

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1. Perceptions of *disability in the context of SMI*
2. Perceptions of recovery

1. Contextual supporting recovery and aligning with recovery-oriented values

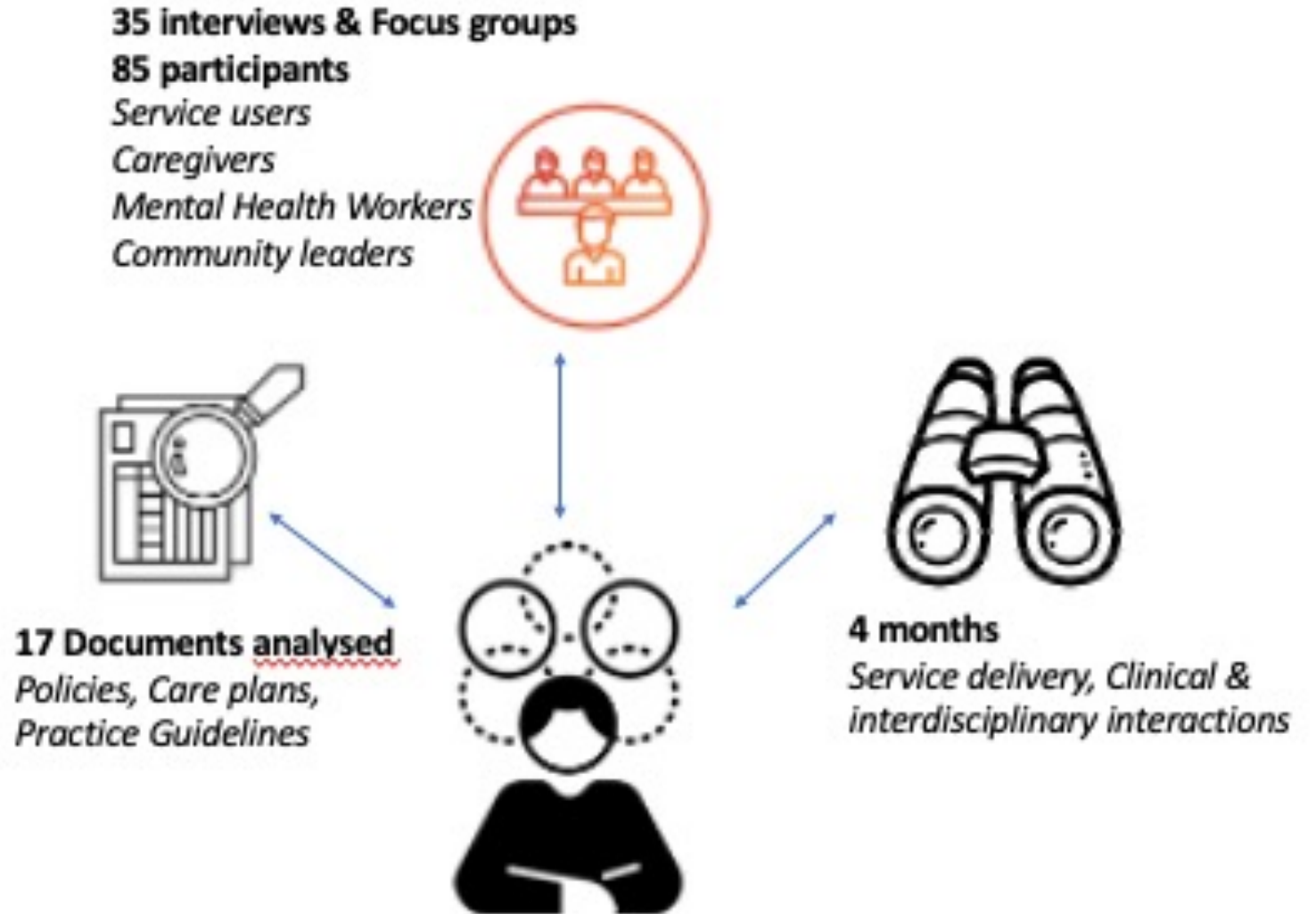


1. The contextual factors shaping mental health practices
2. Mental health practices
3. Perceptions on therapeutic approaches and services

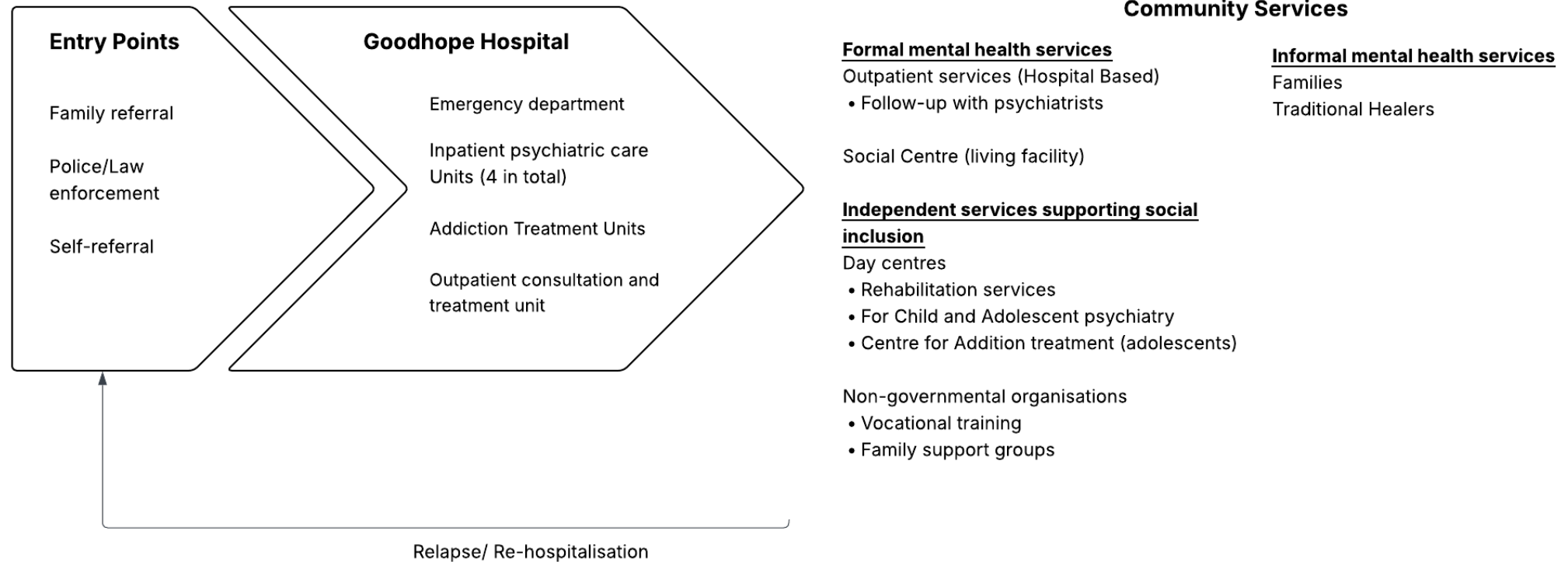
# Methods and Findings

## Short-term Ethnography

- Rooted in Anthropology and social studies
- Explore the contextual influences on services organization and delivery
- First study to examine this topic using this methodological approach



# Service User's pathways in research setting



# Main Findings

To explore the **local perceptions** of key stakeholders shaping expectations

➤ **Expectations around disability and recovery :**

- **Pessimistic** and rooted in stigma.
- **Differed across professionals** and **clinical experiences**.
- Emergence of optimism.

➤ **Perceptions around *meaningful occupation* are shaped by cultural factors:**

- People with SMI were **perceived as embodying the sick role**.
- Strong emphasis on **interdependence (family)**: shaping perceptions of **autonomy** and **self-determination**
- **Traditional beliefs and values (religious/spirituality)** shape expectations around symptoms and meaningful occupation.
- Social norms shape perceptions of meaningful occupation.

# Quotes...

*(Imam, male)- Some say that it is God who heals and not the person who makes the ruqyah [prayer], but when we make the ruqyah [prayer] by ourselves, we heal ourselves through the words of God...*

**Religion as a meaningful occupation  
supporting recovery**

*(Nursing academic, male)- [...] But patients are excused. [They are told] "you're just a patient whose excuse is a handicap, either mental or physical. [...] It's OK, you are ill, you don't need to work or take part in family activities". People with SMI are pushed aside, so they'll always be passive and there'll be no social integration.*

**Embodiment of the sick role  
reinforces exclusion**

# Challenges for Occupational Therapy

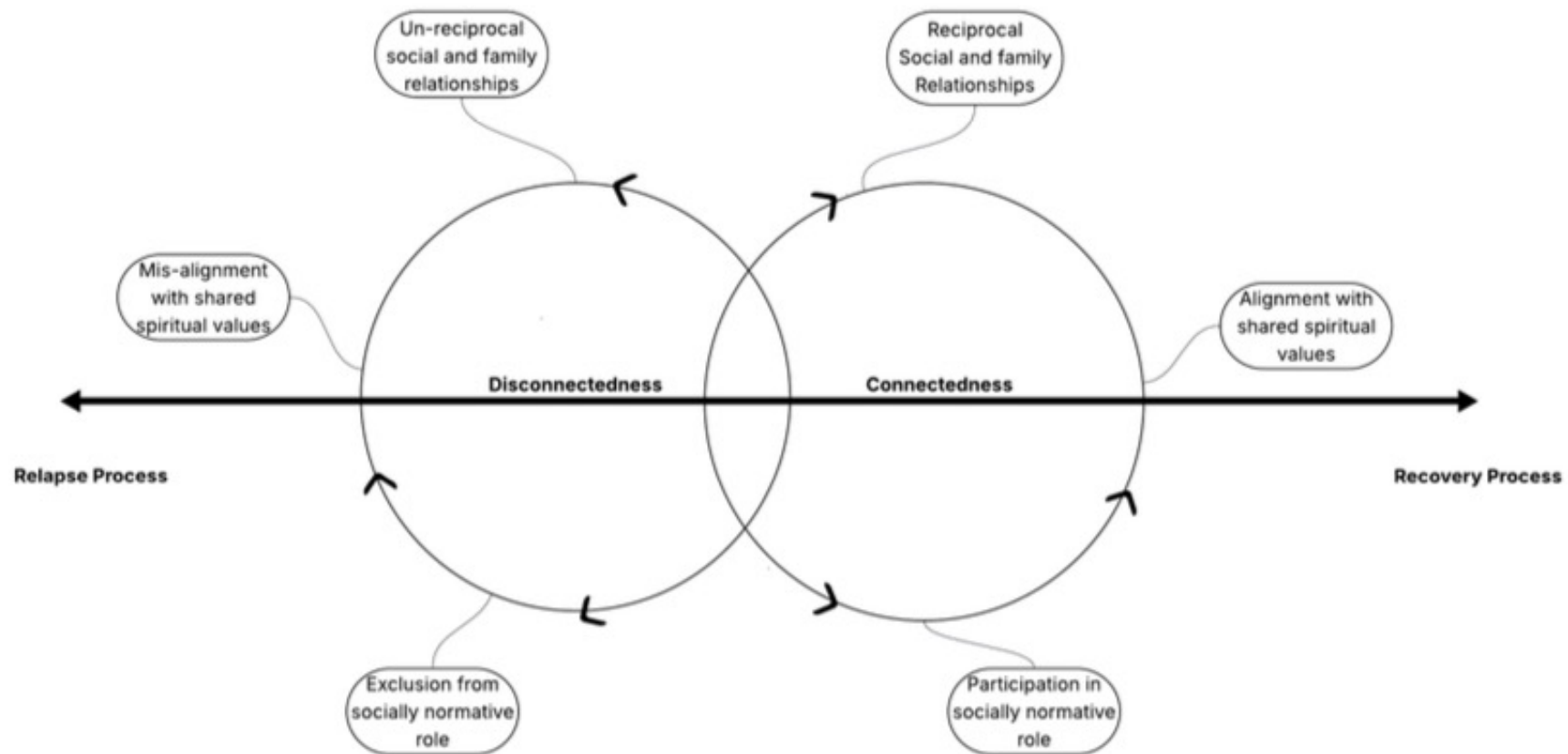
- **Strong Emphasis on risk management practices**
  - Standardized approach to care over person-centred approaches
  - Interdependence is valued over compared independence and self-determination
- **Limited understanding of the OT role within the mental health ecosystem**
  - Competing roles: Occupational therapist vs Activity Workers vs Psychomotricians
  - Remnants of the colonialism, international collaboration and community-based initiatives.
- **Cultural acceptability of occupational Therapy training not explored**
  - Epistemological foundation of professional training are largely derived from Western models of practice
  - Is the OT philosophy relevant within Morocco?
- **Limited systemic support**
  - Limited recognition of the value of rehabilitation and OT in mental health
  - Insufficient funding and job opportunities for early career OTs

***(Occupational therapist, woman)-*** *Actually, I understand the added value of occupational therapy, but the staff don't understand its value. The head of nursing (on inpatient wards) knows perfectly well the role of the occupational therapist in psychiatry, that we work on independence. [...] It may be that the role is more obvious there [...] But here the patients are stable... So what is my added value at this centre? For example, in occupational therapy, we can work on social skills through activity groups, group discussions and so on. But the nurse does that here! The activity workers do arts and crafts, drawing, etc. [...] They (staff) think that an occupational therapist is like an orderly. That I'm the one who's going to dress and change the patient. No, I will work with them to achieve their goal and support their autonomy!*

The background is a solid teal color. It features several decorative elements: a cluster of white dots in the top-left corner, a larger, irregularly shaped area of white dots in the top-center, a solid teal shape on the right side, a solid teal shape on the left side, and a cluster of white dots in the bottom-left corner.

How can occupational therapy support recovery in the Moroccan context?

# Recovery Process in a Moroccan setting



# Recommendations



## Systemic reforms

- Support early interdisciplinary collaborations
- Promotion of the OT practice in mental health
- Culturally relevant recovery training programs for staff, students, policy makers
- Promote recovery-oriented values (self-determination, personalization, etc.)
- Get policy makers involved

## Community Strengthening

- Tackling social attitudes to foster reciprocal relationships (e.g.: peer support groups)
- Public health interventions tackling mental health stigma (awareness campaign, social prescribing, etc.)
- Optimize traditional and religious support
- Implement family interventions (family therapy)
- Intersectoral collaborations (traditional healers, religious leaders, employers, etc.)

## Develop a culturally relevant OT practice

- Develop a culturally relevant definition of key concepts.
- Cultural adaptation of OT theoretical frameworks
- Prioritize health and medication management
- Support participation in *meaningful occupation*: 1) family roles (parenting-focused interventions); 2) Vocational rehabilitation (IPS or Clubhouse model)

# Conclusion

More research are needed:

- Cross-cultural explore of similar topics:
  - Remote areas
  - Across diverse cultural groups and minorities
- Co-development initiatives:
  - Community-based rehabilitation programmes and occupation therapy interventions
  - Training for OT students and staff members (recovery-oriented culture)

Questions?

Thank you!

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# Bibliography

- Angermeyer, M. C., Carta, M. G., Matschinger, H., Millier, A., Refai, T., Schomerus, G., & Toumi, M. (2016). Cultural differences in stigma surrounding schizophrenia: Comparison between Central Europe and North Africa. *British Journal of Psychiatry*, 208(04), 389–397. <https://doi.org/10.1192/bjp.bp.114.154260>
- Anthony, W. (1993). Recovery from mental illness: the guiding vision of the mental health system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11–23.
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11–23. <https://doi.org/10.1037/h0095655>
- Aroui, C., Khoubila, A., Alami, K. M., Agoub, M., Battas, O., & Moussaoui, D. (2017). Mental health and human rights in Morocco: The urgent need for new policy. In *European Psychiatry* (Vol. 41, p. S568). <https://doi.org/10.1016/j.eurpsy.2017.01.833>
- Asher, L., De Silva, M., Hanlon, C., Weiss, H. A., Birhane, R., Ejigu, D. A., ... Fekadu, A. (2016). Community-based Rehabilitation Intervention for people with Schizophrenia in Ethiopia (RISE): study protocol for a cluster randomised controlled trial. *Trials*, 17(1), 299. <https://doi.org/10.1186/s13063-016-1427-9>
- Asher, L., Fekadu, A., Hanlon, C., Mideksa, G., Eaton, J., Patel, V., & De Silva, M. J. (2015). Development of a community-based rehabilitation intervention for people with schizophrenia in Ethiopia. *PLoS ONE*. <https://doi.org/10.1371/journal.pone.0143572>
- Asher, L., Hanlon, C., Birhane, R., Habtamu, A., Eaton, J., Weiss, H. A., ... De Silva, M. (2018). Community-based rehabilitation intervention for people with schizophrenia in Ethiopia (RISE): A 12 month mixed methods pilot study. *BMC Psychiatry*, 18(1). <https://doi.org/10.1186/s12888-018-1818-4>
- Asouab, F., Benammar, R., & Saxena, S. (2006). WHO-AIMS Report on Mental Health System in Morocco.
- Badu, E., O'Brien, A. P., & Mitchell, R. (2020). Usefulness of Recovery services promoting personal recovery among Adults living with Severe Mental illness – A Comprehensive Integrative Review. <https://doi.org/10.21203/rs.3.rs-22134/v1>
- Bazeley, P. A. T. (2013). *Qualitative data analysis: Practical Strategies*. (J. Seaman, I. Antcliff, & B. Goodal, Eds.), Sage. Sage Publications.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2012). Thematic analysis. *APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological.*, 2, 57–71. <https://doi.org/10.1037/13620-004>

# Bibliography

Doroud, N., Fossey, E., & Fortune, T. (2015). Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues. *Australian Occupational Therapy Journal*, 62(6), 378–392. <https://doi.org/10.1111/1440-1630.12238>

Eaton, J., McCay, L., Semrau, M., Chatterjee, S., Baingana, F., Araya, R., ... Saxena, S. (2011, October 29). Scale up of services for mental health in low-income and middle-income countries. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(11\)60891-X](https://doi.org/10.1016/S0140-6736(11)60891-X)

Gamielien, F., Galvaan, R., Myers, B., & Sorsdahl, K. (2020). Exploration of recovery of people living with severe mental illness (SMI) in low-income and middle-income countries (LMIC): A scoping review protocol. *BMJ Open*, 10(2), 45005. <https://doi.org/10.1136/bmjopen-2019-032912>

Gearing, R. E., Schwalbe, C. S., Mackenzie, M. J., Brewer, K. B., Ibrahim, R. W., Olimat, H. S., ... Al-Krenawi, A. (2013). Adaptation and translation of mental health interventions in Middle Eastern Arab countries: A systematic review of barriers to and strategies for effective treatment implementation. *International Journal of Social Psychiatry*, 59(7), 671–681. <https://doi.org/10.1177/0020764012452349>

Gibson, R. W., Amico, M. D., Jaffe, L., & Arbesman, M. (2011). Occupational therapy interventions for recovery in the areas of community integration and normative life roles for adults with serious mental illness: A systematic review. *American Journal of Occupational Therapy*, 65(3), 247–256. <https://doi.org/10.5014/ajot.2011.001297>

Gyamfi, N., Bhullar, N., Islam, M. S., & Usher, K. (2020, June 1). Knowledge and attitudes of mental health professionals and students regarding recovery: A systematic review. *International Journal of Mental Health Nursing*. John Wiley & Sons, Ltd. <https://doi.org/10.1111/inm.12712>

Hall, R. E., & Livingston, J. N. (2006). Mental health practice with Arab families: The implications of spirituality vis-à-vis Islam. *American Journal of Family Therapy*, 34(2), 139–150. <https://doi.org/10.1080/01926180500357883>