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Models of Health and Wellness

"Striving toward occupational justice is the major ethical dilemma facing occupational therapists in every corner of the world."

—WILCOCK AND TOWNSEND, 2014, P. 541

This chapter will review the following prevailing systems of health care and the position of occupational therapy within them:

- The medical continuum of care
- The biopsychosocial model
- The World Health Organization's model
- The recovery model in mental health
- Client-centered care
- Public health models
- Wilcock's occupational perspective of health

These provide a further context for understanding the changes that are occurring in the occupational therapy profession both nationally and globally and how they will affect the theories, models, and frames of reference we develop and apply now and in the future.

The Medical Approach to Continuums of Care

No one can argue that the medically based system of health care in the United States is in trouble. Consider the following scenario: Sue, a healthy 75-year-old widow, fell and injured her knee while walking down the front steps to her car, which was parked in the driveway. It hurt, but she got up anyway and continued with her errands. By 4 o'clock in the afternoon, her knee had become swollen and red, and Sue's friend, whom she was visiting, told her to go to the doctor right away. Sue called her primary care physician, but he couldn't see her until later in the week. She refused to go to the city hospital's emergency room, so her friend suggested a walk-in clinic at a local strip mall. There, a physician's assistant examined her knee, wrote a prescription, and sent her for an X-ray. By then the radiology center was closed, so after filling her prescription for an anti-inflammatory medication, she returned home with instructions to wrap her knee with ice packs and keep her leg elevated. Sue tried filling plastic bags with ice cubes, but the bag wouldn't stay on her knee, and she found the cold hard to tolerate. The next morning, the pain in her knee had increased, making it difficult to walk. Sue also worried about her out-of-pocket medical costs. Her Medicare Advantage insurance plan only covered certain pharmacies and medical providers, and she found out that neither the walk-in clinic nor the pharmacy near her friend's home were in her network. She drove with difficulty to get her X-ray and had it sent directly to her primary care physician, with whom she made an appointment for the next day. Although the X-ray showed no broken bones, by then her knee had developed a full-blown infection, for which she was sent directly to the hospital she was trying so hard to avoid. One week and several thousand dollars in copays later, while still in the hospital receiving intravenous antibiotics, Sue was told that some complications were found on magnetic resonance imaging (MRI) and she would now need knee replacement surgery. This entailed some other preparatory tests, a surgical procedure at the hospital, a stay in a subacute rehabilitation center, and outpatient rehabilitation

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