

Getting my life back:

Occupational therapy
promoting mental health and
wellbeing in Scotland



Royal College of
Occupational
Therapists



Occupational Therapy
Improving Lives
Saving Money
#ValueofOT

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Occupational Therapy

Improving Lives, Saving Money

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Foreword



We can no longer ignore people's mental health. In 2014-15, around one in five people in Scotland reported experiencing a common mental health problem.¹ Figures reported by the World Health Organisation tell us that depression is one of the largest causes of disability worldwide.²

These latest reports in the Royal College of Occupational Therapists' *Improving Lives, Saving Money* series, are focused on mental health. Our investigations highlight, once again, the invaluable contribution occupational therapists make; in this instance by supporting wellbeing, reducing costs and preventing the escalation of mental health issues.

The recommendations in this report offer a wide range of opportunities for NHS Boards and managers to benefit from the value that occupational therapy brings to mental health services. A third of the 37,000 strong occupational therapy workforce work in NHS mental health services, and occupational therapy has been identified as one of the five key professions for mental health.

Mental health issues can be barriers to education, development and career opportunities which may lead to longer-term health and wellbeing problems. This report shows how occupational therapists can help ensure that every opportunity is grasped and every aspiration is achieved by supporting individual ambitions and goals for young people making the transition into adulthood.

The Scottish Government has stressed that work is a key priority area for people with mental health problems.³ Employment is not just about earning a wage; but also self-esteem, social interactions and having a meaningful role in the community. Furthermore, unemployment can lead to a range of other health problems. A key function of occupational therapy is to support individuals with work. Occupational therapists should be at the front line of vocational and job seeker services within communities, to get people back to work and support local economies.

The link between severe mental ill-health and poor physical health is one of the greatest health inequalities in Scotland. Poor diet, smoking, excess alcohol consumption and lack of self-care can lead to serious physical conditions such as heart disease and diabetes. This report demonstrates how occupational therapy supports individuals with severe mental health issues by engaging them with healthy occupations, such as sport.

It is time now to rethink mental health services, innovate the services provided, and really focus on the social determinants of health. Figures from the Mental Health Foundation show that about half of young people in Scotland referred to Child and Adolescent Mental Health Services wait more than eight weeks to start their treatment.⁴ This simply isn't good enough. Early intervention is vital in providing effective support for people with mental health problems. Occupational therapists are leading in innovative mental health service design to reduce the pressure on primary care and ensure timely interventions. This can be achieved via partnerships with other organisations. These interventions are preventing people's mental health problems from escalating and therefore reducing the reliance on more costly and intensive support.

We must value physical and mental health equally. Parity of esteem in terms of support available to those with mental health problems is lagging behind physical health. We owe it to our communities to push the boundaries in mental health intervention to achieve better services and better outcomes for our citizens. I hope those who read this report will see the value that occupational therapy can bring and will be open to talking, and listening, to us when designing the mental health services of the future.

We're ready – are you?

A handwritten signature in black ink that reads "Julia Scott". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Julia Scott, Chief Executive Officer
Royal College of Occupational Therapists

Stakeholder comments

Dr Lisa Cameron MP, East Kilbride, Strathaven and Lesmahagow SNP Spokesperson on Mental Health, Chair APPG Disability, Member of Health Select Committee and Commons Reference Group on Representation and Inclusion

"The Scottish Government in its ten year mental health strategy sets out 40 actions to improve access to services and ensure people get help earlier. This timely report highlights how deploying occupational therapists within primary care and education can enable people to participate fully in the things that matter to them, to lead fulfilling lives and combat mental health issues. With one in four of us experiencing mental health problems in our lifetime, intervention at an early stage is vital and the recommendations in this report will enable services to deliver on this."

Clare Haughey MSP, Member of the Scottish Parliament for the Rutherglen Constituency

"The role of occupational therapists in mental health care cannot be underestimated. From early detection, care and treatment to recovery they are key to improving outcomes for service users and their families. In my experience occupational therapists are hands on professionals who make a real difference to those they care for."

Sir Michael Marmot, Director, Institute of Health Equity

"Education, employment, and income are key social determinants that affect mental health. This report from the Royal College of Occupational Therapists focuses on increasing people's chances to do well in education and employment and highlights the importance of creating opportunities to engage in healthy behaviours. To improve the mental health of the nation, these social determinants must be addressed and healthcare delivery should be rebalanced to help achieve this end. The Royal College puts forward recommendations to highlight the role of occupational therapists in this important sea change. It is a most welcome report."

Dr Carey Lunan, Chair, Royal College of General Practitioners Scotland

"We very much welcome this report from the Royal College of Occupational Therapists. Meeting the mental health needs of our population is a significant challenge and requires a joined up, multidisciplinary approach. We recognise that occupational therapists are highly trained professionals who already have significant skills and expertise in this area. We welcome the proposals included within this report to develop these new models of services in collaboration with both patients and professionals working across all sectors of health and social care."

Philip Gaskell FRCGP, Patient, GP, Broadcaster

"Getting back to work, activity and exercise - all very important in regaining health and quality of life during or in recovery from mental illness. This report highlights the unique contribution occupational therapists make when given the opportunity to engage with this patient group."

Realistic medicine at its best - focused, skilled, cost-effective and delivered in a team setting."

Sarah Brennan OBE, Chief Executive, Young Minds

"This report draws attention to the importance of having multi-disciplinary teams helping children and young people in addressing mental health problems. Occupational therapists can play an important role in both preventing the escalation of problems and in helping us learn about ourselves and how we can manage life, and mental health issues much better, so we can achieve our goals and enjoy life."

Executive summary

The case for change

The Scottish Government reports that *The scale of the challenge to achieve parity is considerable:*

- *Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.*
- *People with life-long mental illness are likely to die 15–20 years prematurely because of physical ill-health.*
- *People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department.’⁵*

In recent years there has been an undoubted shift in the perception and understanding of mental ill health, yet people still struggle to access mental health support. For example, further development is required to address the considerable level of health inequalities and suicide rates in Scotland.⁶

Early access to the right support when people first ask for help will lessen the impact of mental health problems, by focusing interventions on outcomes that really matter to them. Building mental health support around the individual's hopes and aspirations is vital. Whether it is by reducing anxiety to enable work or study, or helping recovery from depression, occupational therapy has a pivotal role in combating mental ill health in Scotland. Doing well at school, being happy at work and enjoying life are essential to good mental health and central to occupational therapy.

Many mental health services and teams include and rely on the valuable contribution of occupational therapists. As a significant part of the workforce, occupational therapists are committed to moving away from traditional models of medicalised practice to one which focuses more on the everyday occupational concerns of people and their families. These concerns are frequently about the most important determinants of health and life expectancy, such as education, employment and social support.

In this report, the Royal College argues that early access to occupational therapy for people with mental ill health will ensure that they have the best long term health and social care outcomes. It will improve longevity and quality of life; enabling people to get back in control of their lives. Occupational therapists improve access to services, integrate

mental and physical health and promote good mental health. The examples in this report not only support but drive the vision of the *Mental Health Strategy: 2017-2027*.⁷

Why occupational therapy?

Occupational therapists focus on helping people achieve their life ambitions and chosen occupations, such as looking after a home, having a good education and good employment. **Occupational therapists can work with people in a more streamlined way because they are uniquely trained to address both mental health and physical health at the same time.** They work across all ages and at all stages of a person's mental health recovery. It is recognised, for example, that inpatient units with higher occupational therapy input have the shortest lengths of stay by up to 20%.⁸

Occupational therapists are already established in many statutory mental health services and are recognised as key members of the multidisciplinary team. In addition, as demonstrated by the examples in this report, occupational therapists are moving out of traditional services and offering occupational therapy in new, innovative and cost-effective ways, such as in higher education and community clinics. Initiatives such as these can reduce mental health stigma and give people speedier access to services.

This report also includes an example of occupational therapists leading new models of service in primary care, which relieve pressure on statutory services and make better use of the third sector provision. Working in different ways offers a less stigmatising and quicker service.

The Royal College welcomes current national ambitions to improve mental health services and achieve parity of esteem between mental and physical health. This requires an understanding of where services are working well and identification of how best to target resources.

As such the Royal College undertook a year-long programme of investigation to meet with service providers, collect data and to understand the impact that the right support has for people with mental health problems. Common themes emerged which highlighted the importance of accessing occupational therapy at key transition points in life, and led to the four key actions for service change outlined in this report.

Recommendation for change

Recommendation for change

The Royal College of Occupational Therapists recommends that occupational therapists lead and innovate in the design and delivery of mental health services in four key areas:

1 Ensuring young people with mental health problems transition well into adulthood by helping them achieve their full educational potential.

2 Addressing employment needs when working with people with mental health problems.

3 Improving the physical health of people with serious mental health problems, incorporating and promoting **healthy occupations**.

4 Improving access to mental health support in primary care.



1 Ensuring young people with mental health problems achieve their full educational potential

Occupational therapists should be deployed to support young people with mental health problems transition well into adulthood by helping them achieve their full educational potential.

Rationale

The Scottish Government states that: *'As many young people told us during the Fairer Scotland conversations, today's generation faces enormous challenges. A range of social security support has been withdrawn over recent years. Young people are not covered by key improvements to the National Minimum Wage. And a lack of social mobility remains a major problem. We are already investing heavily to support young people – for example, enhancing the Educational Maintenance Allowance and protecting the right to free university tuition. But we heard you loud and clear: we must do more, and we will do more.'*¹⁰

As the number of young people entering higher education has increased, so too has the proportion of students experiencing mental health problems. The National Union of Students Scotland highlighted a 47% increase in students trying to access mental health support services from 2011 to 2015.¹¹

To address this, the Scottish Government has included further and higher education as one of the themes in its ten-year *Mental Health Strategy*.¹² This includes supporting students' mental health by promoting self-management and addressing discrimination. The Scottish Government has also committed to expanding the NUS *Think Positive*¹³ project, particularly for the most vulnerable students.

Employing occupational therapists to support young people with their learning opportunities will ensure that providers are better placed to fulfil their duties in line with the *Equality Act*,¹⁴ including making reasonable adjustments. If young people's mental health problems are better addressed at this stage, they are more likely to complete their courses, apprenticeships and internships. This is of benefit to both the provider and the student.

Occupational therapists are already working in some student support services in Higher Education Institutions. In these settings, occupational therapists make assessments as to how a person's ability to learn is affected by their mental health problems. They work with students to develop strategies, enabling them to complete their courses/placements and fulfil their student role. They also provide advice and guidance to tutors so they, in turn, can support students. In addition, occupational therapists contribute to promoting a wider understanding of mental health and wellbeing to the education provider. Occupational therapists' non-medical approach means they can tackle a wide range of issues and focus on the students' education to enable them to get their lives back on track.

Donna's story:

Donna is a 22-year-old young woman with schizophrenia. She had previously been to university but unfortunately had become extremely unwell and had to leave her course. This was followed by a prolonged recovery period during which Donna decided that she would like to return to university. When her mental state was stable enough, the community mental health team referred her for occupational therapy-supported education.

The occupational therapist first met with Donna to assess the barriers that she was experiencing to accessing education. Donna was extremely anxious about returning to a large university campus and worried that this would prevent her starting another degree. She also had concerns about making the successful transition back into the student role, in particular relating to time management, study skills and social interaction. Donna was worried that the stress would overwhelm her and cause her to become unwell again.

The occupational therapist and Donna worked on a graded exposure programme so she could get used to travelling to and orientating around the university campus. This helped to lessen her anxiety before starting her course.

Donna and the occupational therapist wrote a plan of coping strategies to help her manage specific aspects of her student role, for example the use of diaries and electronic reminders for attending lectures. Donna's partner wanted to support her in returning to university and the occupational therapist invited her to join Donna's sessions so they could problem solve together.

As Donna's application progressed, and with her permission, the occupational therapist made contact with the university to discuss reasonable adjustments. These particularly focused on reducing stressors and how to intervene early if Donna was feeling unwell.

Outcomes:

- Successful entry on to the university course of Donna's choice.
- Reduction in anxiety around re-establishing Donna's education.
- Improved emotional and practical support from Donna's partner.

“ By harnessing this young person's motivation, I was able to facilitate a rapid return to university and re-engagement with a valued occupational role.

Kate Appleyard
Occupational Therapist

Service example 1:

Adult Occupational Therapy Mental Health Service, Fife

Part of this service includes occupational therapy-supported education, aimed at supporting people with severe and enduring mental health problems to access and remain in further education. Referrals can be made by NHS mental health teams, colleges, universities and third sector partner organisations.

Occupational therapy-supported education consists of the following components:

- Agreeing education action plans for each person to help them understand how their mental health symptoms may impact on day-to-day educational activities.
- Supporting people to explore the identity,

roles and habits of being a student to help them successfully make the transition.

- Acting as a mediator and facilitator of the person's practical engagement in education.
- Facilitating peer support in both the learning environment and wider social setting.
- Improving the knowledge of others, including subject tutors and student support staff, regarding mental ill-health prevention and management.

Outcomes:

- More students accessing and completing their higher education.
- Better self-management skills for students' mental health problems.
- Higher Education Institution staff better equipped to support students with mental health problems.
- Increased self-confidence for students and college staff.
- Improved mental health and wellbeing for students.
- Increased student resilience and career opportunities.

Key components for delivering the recommendation:

- **Locally agreed referral processes allowing sixth form schools and Higher Education Institutions to access occupational therapy for students.**
- **Occupational therapists should be employed within occupational health or student services at Higher Education Institutions.**
- **Provision of a range of resources for students promoting healthy occupations to support wellbeing.**

Occupational therapists should be deployed to address employment needs when working with people with mental health problems.

Rationale

In its 10-year *Mental Health Strategy*, the Scottish Government states that: *'Not having a job is the single biggest inequality that people with mental health problems can face. We will use our new employability powers to work across health and employability services to support people with mental health problems to stay in work and to support people to get back into work. We will also encourage employers to support the mental wellbeing of their employees.'*¹⁵

The importance of employment cannot be overestimated; it gives a person access to an income, social contact and a role. For most adults work and employment is a significant part of their life and identity. It gives people a sense of purpose, focus and the feeling of belonging to society. Significantly, along with other health determinants there is a link between employment and life expectancy.

The Scottish Government states that *'Work can be good for mental health. Not being in work can be a factor in poverty, which is a determinant of mental ill-health'*.¹⁶ In recognising this, the Scottish Government has committed to explore new ways of maximising the contribution of mental health, disability and employment support. To meet this aim, occupational therapists must be deployed to address the employment needs of the people they work with. If people with mental health problems are supported to achieve their employment aspirations, it improves their health and the wellbeing of their family and has cost benefits to the overall economy.

All occupational therapists offering interventions to working age adults are in a position to ask the 'work' question. Supporting people to remain in, return to or obtain work is a key function of occupational therapy. As occupational therapists are trained to assess the person, the demands of the job and the working environment, they are able to identify best fit solutions to mental health problems that prevent work. In addition to supporting the employee, they work with employers to increase their understanding of mental health problems. Interventions can range from those needing minimal to more intensive specialist services, supported employment or vocational rehabilitation.

Occupational therapy-led return to work services can improve employment outcomes and address an unmet need that perpetuates health inequalities

Murray's story:

Murray is a 41-year-old, self-employed project manager. He contracts his skills to various financial institutions across central Scotland and northern England. He takes on difficult, high-pressure contracts dealing with complex business problems, often after previous contractors have been involved. To be able to fulfil his work role and maintain his professional reputation, Murray is required to have strong skills in leadership, assessment and prioritisation, communication and building consensus. He has identified the financial sector as becoming more stressful; people are less cooperative and work is less secure.

The challenge of the projects meant that Murray had been subsumed by his worker role to such an extent that he was feeling depressed and suicidal, and was visiting his GP weekly for support. Rather than referring him for secondary mental health services, the GP referred Murray to the Fife Adult Mental Health Occupational Therapy Service.

When Murray met the occupational therapist they established that he had previously been an active individual with a range of interests outside his job. However, since becoming depressed he had neglected this side of his life. It also became apparent during the occupational therapy assessment that Murray was struggling to make decisions as a result of his low mood. He was feeling 'burnt out' and hopeless about his future. The occupational therapist's intervention at this stage in Murray's recovery was timely and crucial.

First, the occupational therapist worked with Murray to amend his routines and schedule specific hours for non-work activities. This helped him re-establish his interest in music and outdoor pursuits that had been put aside while he was unwell. By re-engaging in previously enjoyable occupations, Murray's mood started to improve. His suicidal thoughts decreased as he reconnected with activities that gave his life meaning and pleasure.

Next Murray and the occupational therapist looked in more detail at the work demands that he had to carry out in his project manager role. This revealed that Murray had tended in the past to take on demanding contracts, for example change management, implementing new procedures for staff, new information technology systems and

products. The occupational therapist helped Murray to alter the ratio between high-intensity and routine tasks so they are graded to match his mood and energy levels on a particular day. They also worked to look at future contracts to ensure taking on a wider variety of task complexity, so Murray could balance a difficult contract with an easier contract.

Finally, the occupational therapist and Murray identified self-management techniques that he can use in the future to prevent work stress before it starts to impact on his mood. These include:

- Resuming contact and social activities with friends.
- Monitoring alcohol intake (as this can lower mood).
- Ensuring healthy diet and exercise.
- Checking that he is sleeping well by doing relaxing activities in the evening.

Outcomes:

- Reduced suicidal thoughts and depression.
- Positive re-evaluation of Murray's work, home life and priorities.
- Actively seeking new contracts to help diversify in a more rewarding direction.
- Fewer visits to GP and no need for referral to secondary mental health services.
- Resuming social interaction.

Cost savings:

- Over a six month period Murray received 12 sessions with the occupational therapist and six sessions with the GP at a total cost of **£600**.
- The alternative would have been weekly GP sessions and two contacts with secondary mental health services at a cost of **£1246**.
- Potential cost savings would therefore be **£646**.

With benefit spending in Scotland at approximately £3,238 per person annually,¹⁷ additional cost savings for Murray have been achieved.

“ I feel the IPS programme has given me back my self-respect. I don't think I would have had the confidence to do it alone.

Service example 2:

Fife Adult Mental Health Occupational Therapy Service, Fife Health and Social Care Partnership

Vocational rehabilitation is offered by the Fife Adult Mental Health Occupational Therapy Service. It provides support to both inpatient and community services across three hubs throughout the Kingdom of Fife. With a strong emphasis on recovery and independent living, people who use this service may

experience acute or more enduring mental health problems. There are 16 occupational therapists providing work support and using the *Allied Health Professions (AHP) Advisory Fitness for Work Report*.¹⁸ The service piloted the use of the AHP Fitness for Work Report to improve the employment rates of those with mental health problems.

The occupational therapy team also delivers the Fife Individual Placement and Support (IPS) Service. It is a partnership between the NHS, Department of Work and Pensions and several third sector organisations. This IPS service aims to support people with severe and enduring mental health problems to find and retain competitive employment. This includes identifying skills, job-matching, job searching/ interview skills, help with applications and engaging employers. They continue to offer support once the person is settled in work. The service has gained good fidelity to the IPS model in an external audit, and is working towards exemplary fidelity to improve its job outcomes.

Outcomes:

- Increased number of people gaining and retaining employment and no longer claiming welfare benefits. The service currently has **57%** of people placed in employment.
- More people going on to further education and training.
- Improved self-management of mental health both in and outside of work.
- Improvement in confidence and wellbeing.
- Reduction in the use of mental health services.

Cost savings:

In a six-month period **26** people gained employment. This means a decrease in use of NHS services and welfare benefits, which equates to an approximate saving of **£113,698.00**.

Key components for delivering the recommendation:

- **All occupational therapy posts should have employment as a key responsibility within their job specifications.**
- **Occupational therapists should be employed to lead vocational services.**
- **Agreements should be put in place to support direct working between occupational therapists and the local Job Centre Plus, in particular with Disability Employment Advisers.**

Occupational therapists should be involved in plans to improve the physical health of people with serious mental health problems, incorporating and promoting healthy occupations.

Rationale

The Scottish Government's Mental Health Strategy states that: *'It is unacceptable that people with severe and enduring mental illness may have their lives shortened by 15 to 20 years because of physical ill-health. This is a significant health inequality...*

*There must be actions that improve the physical health of people with mental health problems and that improve the mental health of people with physical health problems.'*¹⁹

There are a range of strategies that can improve the physical health of those with serious mental health problems, including interventions that tackle diet, smoking, alcohol consumption and encourage exercise. Increasing people's physical activity, for example through the use of sport, is an excellent and cost-effective way of extending life expectancy. The Scottish Government in the *Active Scotland Outcomes Framework* tasks primary care with providing additional support to people with disabilities through goal setting and follow up to increase their activity levels.²⁰ Furthermore, the Scottish Association for Mental Health is running a programme led by peers to improve physical activity levels for those with serious mental illness.²¹

Occupational therapists promote healthy occupations (activities) that improve the physical health of people with serious mental health problems. Occupational therapists are unique in that they are trained to address/work with both a person's physical and mental health needs. They deliver targeted programmes to change people's smoking, alcohol consumption and poor diet and replace them with healthy occupations such as exercise. This ensures that people are given the right tools to help them self-manage their physical health problems.

Ross's story:

Ross has been in high and then medium secure care. He is now supported by the forensic community mental health team. Ross was given the diagnosis of schizo-affective disorder in his early 20's. He experiences auditory hallucinations which cause him distress and to feel unsafe around people he does not know. After many years of living in a structured and managed environment, Ross was struggling to cope with the transition into the community and was isolated with a poor routine.

When Ross first met the occupational therapist, she asked him about the activities he enjoyed doing in the past. The occupational therapist considered what motivated and interested Ross and what strategies and skills he had been able to use in the past to participate in occupations. They agreed goals to overcome the barriers he was currently facing in order for Ross to become more active. Ross particularly liked taking part in gym and football sessions when in hospital. He felt sport kept him fit and lifted his mood. Football reminded him of happy times with his father and grandfather.

The occupational therapist set up a Live Active referral for 6 weeks of free gym sessions at his local sports centre. She introduced Ross to the Queens Park Football Club for fitness training and monthly football games as part of a mental health league using football grounds across Scotland.

Ross was encouraged to join an indoor climbing group facilitated by the occupational therapy team and a climbing tutor.

As a result of the occupational therapy intervention, Ross visits the gym each week; he continues to play for the football team and takes great pride in being part of the league. Ross is a keen supporter of Celtic Football Club and this was a big incentive for him to join and complete their Health and Wellbeing Course. This has resulted in Ross walking rather than taking the bus on shorter journeys.

Ross also attended all 10 sessions of the climbing group and due to his significant progress achieved membership of the climbing centre.

“ Before long I was flying up the climbs. My confidence grew higher than the walls! We all had faith and trust in each other which is very important.

Service example 3:

Forensic Community Mental Health Team, NHS Greater Glasgow and Clyde

The team works with mentally disordered offenders from age 18 years old in Greater Glasgow. The team consists of psychiatry, psychology, community psychiatric nurses, social work, three occupational therapists and a technical instructor. Most of the people using the service are men in their 30s and 40s, who have been in forensic services, secure hospital care or prison.

The service is set up to support people with high levels of complex mental and physical health needs. In line with the recommendations in the RCOT (2017) practice guideline,²² the occupational therapists aim to engage people in positive occupational roles, refrain from offending behaviour and maintain good mental and physical health.

They provide a range of sporting activities for example:

- Great Run Local – a free local running group. To support people to attend, the occupational therapist uses ‘*Couch to 5k*’.
- The occupational therapist links with the Scottish Association of Mental Health for weekly badminton sessions with the Scottish Badminton Association.
- Free Wheel North which provides organiser-led cycle rides three times per week. It is a free, safe way to introduce people to cycling and they can lend people bikes.

Outcomes:

- People are more engaged in positive occupations and report a more stable mental state.
- Decreased number of re-admissions to hospital.
- Improved social inclusion due to better engagement with mainstream community resources.
- Reduced stress for carers as the service user’s mental health recovers.



Key components for delivering the recommendation:

- Occupational therapists should be part of local strategic planning to improve the physical health and activity of local populations.
- Occupational therapists should lead on the education and promotion of healthy occupations in mental health trusts.
- Occupational therapists should use exercise referral schemes and partner with leisure centres and sports clubs to ensure accessibility to physical activity for people with serious mental health problems.

4

Improving access to mental health support in primary care

Occupational therapists should lead innovative service delivery that improves access to mental health support in primary care.

Rationale

The Royal College of General Practitioners Scotland has called for 'enhancement of multi-professional practice teams' to address health inequalities.²³ Their vision, welcomed by the Deputy First Minister and Cabinet Secretary for Health and Wellbeing, recommends that 'General practice should focus less on disease process markers and more on care that is person centred and directed towards the goals and outcomes identified by the patient. There is evidence to suggest that goals of this type improve social participation'.²⁴

Occupational therapists can promote faster access to mental health support in primary care for people with mental health problems

More occupational therapy-led services will alleviate pressures on primary care.²⁵ This will prevent people's mental health problems from escalating, and reliance on more intensive, costly support. This will mean occupational therapists are the perfect fit for primary care; addressing transitions for young people, employment and physical health at the appropriate times.

“ I liked the fact that I did not have to wait to be seen and that I could phone up and be offered an appointment in a prompt manner.

Janet's story:

Janet referred herself to the Occupational Therapy Community Clinic Project after picking up a leaflet in her local job centre. She had been feeling low and isolated and was spending much of her time cleaning. She had received support in the past from mental health services but did not feel on this occasion that she needed that level of support.

The occupational therapist discussed with Janet how she could reconnect with activities in her community to improve her mental wellbeing. She provided information on:

- A stress control class.
- Community learning resources.
- Healthy Valleys (an organisation that focuses on health improvement within rural communities).
- Vocational rehabilitation service.

“ It was good that there was lots of information on local resources during the clinic and I did not need to wait for further contact or to chase up.



Service example 4:

Occupational Therapy Community Clinic Project, NHS Lanarkshire

The occupational therapy clinic is an early intervention initiative within mental health services being delivered in ten community settings. The project is accessed via self-referral, which is promoted in a range of community settings, such as libraries and leisure centres. The purpose is to offer a prompt, brief intervention that supports people to self-manage and prevents escalation to primary care.

Following initial screening over the telephone, the person is offered a one off appointment at the clinic where they will be given the chance to talk about their mental health and ability to participate in daily life. Tailored information is given on ways to maintain mental health and wellbeing through activity. After the session, their GP is contacted and onward referral to other services is made when required.

Outcomes:

- A research audit of the project looked at the experience of 43 people. This showed clinically significant improvements in anxiety, depression, mental wellbeing and quality of life.
- A typical one off session costs £32 to deliver.
- An hour with a community mental health team costs £192.
- This equates to a saving of **£160**.
- For the 43 people audited, this is a potential saving of **£6,880**.

“ It is clear that the Occupational Therapy Community Clinics have proven to be effective in terms of their overall delivery and have demonstrated positive outcomes for service users. A relatively small cost on a monthly basis can provide far reaching benefits for a person’s mental health and wellbeing.

Danielle Turner
Occupational Therapist



Key components for delivering the recommendation:

- **Appoint occupational therapists to lead in establishing and maintaining innovative services within primary care to ensure that people receive faster and earlier access to occupational therapy.**
- **Provide access points to occupational therapy advice for community providers across the voluntary and private sector.**
- **Deploy occupational therapists to provide both mental and physical health interventions at a primary care level.**
- **Ensure flexible access points to occupational therapy for hard to reach groups such as those living in rural communities and members of Black, Asian and Minority Ethnic communities.**

In conclusion

Meeting the current and future mental health needs of the population requires the full expertise of the workforce. Enabling occupational therapists to lead innovation in primary care, can ensure that people transition well through education and employment, staying both mentally and physically well.

Occupational therapists, as the experts in 'occupation', help people with mental health problems achieve their full potential. They offer a cost-effective and efficient way to improve mental health and wellbeing. By engaging in healthy occupations at the right time, people get their lives back on track.

The Royal College of Occupational Therapists is committed to supporting people with mental health problems, by building on existing best practice to ensure that occupational therapists:

- Take an innovative approach to extend the range of their practice, sharing their expertise, developing resources and working with communities.
- Engage directly with GPs, either based within GP practices or within teams that have direct links with local practices.
- Take on leadership roles to establish and maintain partnerships across statutory, voluntary and private sectors to promote mental and physical health, wellbeing and **healthy occupations**.
- Lead on employment and the development of vocational services.

“ I know that without your help and contact point, I would still be suffering in silence, but now I have more confidence, more self-esteem and, most importantly, I have my life back. So once again, thank you.



References

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The RCOT has further examples to demonstrate how occupational therapists are transforming the occupational lives of people with mental health problems.

These include:

- Prisons²⁶ and secure services²⁷
- Health and wellbeing clinics
- Fire and rescue services²⁸
- Occupational health teams
- Mother and baby units
- Autistic spectrum condition teams
- Bariatric services
- Respiratory and cardiac mental health teams
- Primary mental health services
- Homelessness health services
- Gender identity clinics

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