

Getting my life back:

Occupational therapy
promoting mental health and
wellbeing in Wales



Royal College of
Occupational
Therapists



Occupational Therapy
Improving Lives
Saving Money
#ValueofOT

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Occupational Therapy

Improving Lives, Saving Money

#ValueofOT

Foreword



We can no longer ignore people's mental health. The overall cost of mental health problems in Wales is an estimated £7.2 billion a year.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 Health 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 Welsh Government has stressed that work is a key priority area for citizens 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 frontline 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 Wales.⁴ 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 young people in Wales are waiting double the amount of time than adults for outpatient mental health treatment.⁵ 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 written in a cursive style with a long, sweeping underline that extends to the right.

Julia Scott, Chief Executive Officer
Royal College of Occupational Therapists

Stakeholder comments

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.”

Alun Thomas, Chief Executive, Hafal

“People with the most serious mental illnesses can live fulfilled and happy lives. Empowering people and equipping them with the tools and techniques to manage their mental health is vital. Hafal’s Recovery Programme is a modern approach to dealing with mental illness and encourages people to take a ‘Whole Person’ approach to their life. It offers clients a methodical way of achieving recovery by focusing on improving all areas of their life. This chimes perfectly with occupational therapy and in particular the recommendations in this report. We welcome this report and the evidence it presents demonstrating occupational therapy as an integral part of an effective treatment plan for the management of serious mental health conditions.”

Ewan Hilton, Chief Executive, Gofal

“Good mental health is the cornerstone of personal wellbeing and the key to living a fulfilled life and yet there remain clear challenges for individuals trying to access support, despite renewed vigour and focus on mental health issues from the National Assembly. What is clear from this report is the range of effective interventions led by occupational therapists which enable meaningful and long-lasting changes to aspects of life that are important to the individual. We would encourage greater scrutiny and subsequent adaptation of these innovative services to ensure the future wellbeing of every Welsh citizen.”

Sarah Stone, Executive Director, Samaritans Wales

“Suicide prevention is the main objective for Samaritans Cymru, and one of the major factors in preventing suicide is effective early intervention for individuals so that they can access mental health support. The examples in this report show how occupational therapy can effectively support individuals with mental health issues. Such interventions have an important part to play in helping to address the suicide rates in high-risk groups within Welsh communities.”

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 Mental Health Foundation states that: *'The overall cost of mental health problems in Wales is an estimated £7.2 billion a year. In Wales, around £600 million is invested in mental health services a year, which is more than any other service in the NHS.'*⁶

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 of services is required for the 1 in 3 citizens living in rural Wales, the 1 in 5 Welsh language speakers and for young people with serious mental health problems.⁷

Early access to the right support when people first ask for help, a duty under the *Mental Health (Wales) Measure 2010*,⁸ will lessen the impact of mental health problems by focusing interventions on outcomes that really matter to them. Building mental health support around people'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 Wales. 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, underpinned by the principles of Prudent Healthcare,⁹ the Royal College argues that early access to occupational therapy for citizens with mental ill health will ensure that they have the best long term health and social care outcomes. It will improve longevity, quality of life and enable people to get back in control of their lives.

Occupational therapists show in this report how they 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 strategy *Together for Mental Health*.¹⁰ They will further support the transformation of services proposed by the 2018 *Parliamentary Review of Health and Social Care in Wales*,¹¹ and the *Well-being of Future Generations (Wales) Act 2015*.¹²

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 and physical health at the same time.** They work across all ages and at all stages of a citizen'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%.¹³

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 universities and sports clubs. Initiatives such as these can reduce mental health stigma and give citizens 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 Welsh Government reports that *'Together, we are all responsible for ensuring that every young person in Wales has an equal opportunity to reach the highest standards.*

*We are committed to the success and wellbeing of every learner, regardless of background or personal circumstance. Equity and excellence go hand in hand and we cannot have one at the expense of the other. Geography, deprivation or childhood experiences should not prevent learners from reaching their potential. Our learners will be resilient, imaginative, compassionate and ambitious – they will aim high and achieve their goals.'*¹⁵

As the number of young people entering higher education has increased, so too has the proportion of students experiencing mental health problems. To address this need, the Welsh Government has included education as one of the four key themes in its 2017 programme for Government *Prosperity for All*.¹⁶ This involves providing support for every learner to overcome barriers to reaching their full potential, and developing a meaningful focus on mental wellbeing and resilience for young people.

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 *Well-being of Future Generations Act*,¹⁷ 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 at Higher Education Institutions in Wales. As mental health advisers, occupational therapists make assessments as to how people'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.

Glynn's story:

Glynn is a 21-year old man who contacted the Disability Service halfway through the first year of his biological sciences degree for help with his obsessive compulsive disorder (OCD). Glynn's goal was to become a bio-medical scientist and he was extremely motivated to achieve this. His perfectionism and repetitive behaviour, however, meant that he was months behind in his lecture notes due to his need to rewrite them when he felt they were not of a good enough standard. This would take hours, leading to fatigue and increased anxiety.

Glynn was initially seen by one of the mental health advisers, who is an occupational therapist. It became clear that his OCD was making it difficult for him to live in halls of residence. He struggled to use the communal kitchen due to contamination fears, was under eating and restricting the foods he would eat. He was using alcohol to manage his anxiety and was struggling with sleep, often staying awake until 5am and then missing morning lectures due to fatigue. His need to check the doors before leaving meant he was often late for lectures.

Drawing on her occupational therapy skills, the mental health adviser worked together with Glynn to identify how his strengths (such as good insight, motivation and problem solving skills) could be used to help him stay on his course. First, they agreed a move to a shared house where Glynn could choose who to live with and was able to have an open discussion with his house-mates. This was essential for his second year in order for him to feel comfortable and be able to use communal spaces. Glynn was provided with sleep hygiene advice and the mental health adviser helped him to apply for Disabled Students Allowance, which would pay

for extra support and equipment. He identified that he found visual images easier to work with as notes and so the mental health adviser facilitated a successful application for funding for a tablet with drawing software. This meant Glynn did not have to make written notes but could instead 'draw' his notes with the stylus, erase if necessary and save the images. Finally, the mental health adviser ensured that Glynn had ongoing support for his OCD from primary care NHS services and academic support from weekly meetings with a mentor.

As a result of this intervention, Glynn's living situation and food intake improved and he felt more supported by his house-mates. He was able to cook for himself in the kitchen and to feel safer in the house. The technology meant he was able to catch up with his course-work and, most crucially, stay on the course moving successfully from one academic year to another. He remains motivated to achieve his goal of becoming a bio-medical scientist as he wishes to research the genetics of mental illness and offer hope to people struggling with conditions such as OCD in the future.

His family remain proud of him as he is the first family member to attend university. As he now has a good therapeutic relationship with the mental health adviser, Glynn knows he can get back in touch if he needs help again.

Service example 1: Bangor University, North Wales

Bangor University has a long tradition of academic excellence and a strong focus on the student experience. It is the only university in Wales to achieve a Gold Award in the National Teaching Excellence Framework. It is rated amongst the top 10 universities in the UK for student satisfaction.

The Disability Service, which is part of Student Services, provides a wide range of advice and guidance for students, including mental health support. The service ensures the full inclusion of all students within the academic and social community, fostering self-reliance and promoting equality. The occupational therapist uses her professional knowledge in her role as one of three mental health advisers.

Their role is to:

- Assess mental health needs and help to avert or manage crisis situations.
- Provide information about mental health issues and signpost students to other services, such as community mental health teams.

- Identify strategies to remove barriers and make studying and everyday tasks more manageable.
- Work with students to develop their emotional resilience and help manage the impact of university life on their mental health.
- Liaise with tutors to deliver staff development to ensure the delivery of accessible learning.

Mental Health Advice Drop In

The mental health advisers have joined up with Bangor Students' Union to offer drop in sessions. These informal sessions take place in the Students' Union and are designed to provide accessible support in a non-stigmatising environment. Anyone is encouraged to attend to discuss their concerns, including increased levels of anxiety, lack of sleep due to worrying, exam or study related stress. The sessions are also open to those who are worried about a friend or housemate.

In one academic year 433 students with mental health problems were seen by the Mental Health Advisers. This is about 4% of the student population at Bangor University. The majority of students seen by the mental health advisers have anxiety and/or depression, while smaller numbers have eating disorders, psychosis or substance misuse difficulties.

“ We aim to support the occupational needs of talented people who would have previously dropped out of university. By intervening early, we try to ensure they get the best start to their academic careers and we offer support through the transition into adulthood and independent living.

Fiona Hill
Mental Health Adviser and
Occupational Therapist

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.**

2

Addressing the employment needs of people with mental health problems

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

Rationale

In its report, *Prosperity for All*, the Welsh Government states that 'Our aim is to drive a Welsh economy which spreads opportunity and tackles inequality, delivering individual and national prosperity. We will enable people to fulfil their ambitions and enhance their well-being through secure and sustainable employment. We will break down the barriers many face to getting a job, and create the right environment for businesses to grow and thrive.'¹⁸



The importance of employment cannot be overestimated; it gives citizens 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. *Together for Mental Health* states that 'work and valued occupation are generally good for our mental health and... this is an important factor for all people'.¹⁹

In the *Together for Mental Health Delivery Plan 2016–19*, a key priority area is to support citizens with mental ill health to sustain work, and to improve access to employment for those out of work.²⁰ 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

Rhys's story:

Rhys was referred to his local Early Intervention Psychosis (EIP) Team while experiencing hallucinations and delusions. His psychotic symptoms were preventing him from working and impacting on his family life, leading to social withdrawal. It was also reducing Rhys's confidence and self-esteem. He was not well enough to go to work and provide for his young family.

The occupational therapist from the Early Intervention Psychosis Team, met with Rhys to carry out an assessment of how his mental health problems were stopping him doing what

he wanted and needed to do in his everyday life. The assessment showed that prior to the current episode of psychosis, Rhys was leading a fully active life at home and work. He was highly motivated to maintain employment.

The occupational therapist worked with Rhys to set occupational and practical goals, to promote and develop self-management, return to work and social activities. The goals had a defined timeframe and were graded each week so they gradually built up his confidence whilst also providing the right level of challenge to get him active again. The occupational therapist also provided a relapse prevention plan focusing on his triggers for psychosis, the signs to look for to indicate worsening mental health and what to do if this happened.

As a result of the occupational therapy intervention, Rhys's psychotic symptoms reduced and his confidence, self-esteem and trust in himself grew. During his recovery he returned to work initially for a few hours a week, increasing to full time employment. Rhys's self-respect and dignity were restored, and family life returned to being happy and stable.

events were organised by the Health Board in partnership with the Department of Work and Pensions, Mind and Hafal and other employment support providers in Carmarthenshire. The first event aimed to raise awareness of employment support providers with frontline staff working with individuals within mental health services. The second event was aimed at raising awareness of mental health issues in the workplace and to inform employers of the support available for employees with mental health problems. During this event, service users shared their experiences of working with a mental health condition, and employers had an opportunity to sign the *Time to Change Wales* pledge. This event was attended by employers such as Tesco, and focused on normalising mental health issues, to reduce stigma in the workplace and enable individuals to access support.

As a result of these events, an Individual Placement and Support type service has been created in partnership with Mind Aberystwyth. The occupational therapist in the EIP team offers specialist advice and guidance to employment support workers provided by Mind. The occupational therapist is the Vocational Champion and takes a consultant role. This service started in January 2018.

Service example 2: Hywel Dda University Health Board

Hywel Dda University Health Board, along with other statutory and non-statutory organisations, carer and patient representatives, are working together to plan changes for the way mental health services are provided in Carmarthenshire, Ceredigion and Pembrokeshire. Over the past two years they have looked at how they can transform and improve mental health services. They aim to achieve a service that is accessible 24 hours a day, has no waiting lists, moves away from hospital and provides opportunities for meaningful daytime activities.

They intend to focus on recovery and resilience, rather than purely treating or managing symptoms, so that citizens with mental health problems can live independent and fulfilling lives.

Alongside these plans for service improvement, a new vocational service for people referred to the Early Intervention Psychosis (EIP) Teams is being introduced. This work has been progressed by the Professional Lead Occupational Therapist for Mental Health in collaboration with the Head of Psychological Therapies and Specialist Child and Adolescent Mental Health Services.

To create a successful environment for the introduction of the new services, two promotional

“ Having this service will enable individuals to access competitive paid employment that is tailored to their preferences and strengths, which will in turn aid their recovery journey.

Nicky Thomas
Professional Lead Occupational Therapist
for Mental Health

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

In its strategy, *Together for Mental Health*, the Welsh Government reported that *'Those with poor mental health or mental illness are at an increased risk of poorer general health, including heart disease and diabetes. They also have higher levels of smoking, alcohol consumption, drug misuse and lower levels of physical activity. People with a mental illness need to be informed about how to maintain positive mental wellbeing and be specifically targeted in mental health and general health promotion initiatives. A lack of exercise and poor general health can also result in poor mental health and wellbeing.'*²¹

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. Physical activity is a key factor in reducing vascular dementia.²² In the *Let's get Physical* campaign, led by people with serious mental illness and carers, Hafal tasked health and social care professionals to ensure that:

- *'People with a serious mental illness are offered a range of physical activities as part of a treatment approach, including use of gym equipment, swimming, walking.*
- *The opportunity for physical exercise using gym equipment and walking is routinely offered to all inpatients as well as those being treated in the community.'*²³

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 citizens are given the right tools to help them self-manage their physical health problems.

Ellie's story:

Ellie is a vulnerable 20-year-old with a background of repeated admissions to the Crisis Resolution Home Treatment Team and inpatient unit. She has an emotionally unstable personality disorder and Asperger's Syndrome, with self-harm and suicidal attempts. Ellie lives with her parents and siblings in rural Wales. Poor transport links, distance to local community, parents' work schedules and the need to care for Ellie's siblings, meant that she had become socially isolated and inactive. Her social withdrawal was compounded by a lack of routine and weekly structure.

The Home Treatment Team and family worked together to set up a clear bounded plan, with the last two weeks of interventions focusing on occupational therapy. This helped Ellie to identify her own occupational needs following considerable prompting and guidance. She identified that her best times had been during school where she had a structured routine that helped her cope with the Asperger's and access to sporting facilities. She recognised that she had been a sporty person in the past.

The occupational therapist's interventions focused on:

- Getting Ellie active again by using short and long term goals with graded steps, and by identifying obstacles and solutions to activity.
- Visiting local amenities and support in the community, including a football club and the Health and Wellbeing Centre.
- Constructing a timetable of routine activities such as: self-care, dog walking, running and socialising with a friend.
- Initiating a Wellness Recovery Action Plan using activity as a coping strategy to deal with overwhelming emotions.
- Building Ellie's confidence by reinforcing her strengths and normalising her difficulties as those of a young person.

Outcomes:

- Improved motivation to take part in meaningful occupations which were part of Ellie's previous role as a keen sports person. In particular, getting involved with a Welsh football organisation that promotes social inclusion.
- Development of a daily routine including new interests such as music.
- Improved involvement with family activities and gatherings.
- Exploration of longer term goals giving hope for the future, such as joining the fire service.

Cost savings:

- Ellie received 12 sessions from the occupational therapy service over 28 days at a total cost of **£871.50**.
 - The alternative would have been 28 days in a mental health unit at a cost of £376 per day and a total cost of £10,528.
 - Potential cost savings would therefore be **£9,965.50**.
- If the occupational therapy service delivered similar care to 10 people in one year it would equate to cost savings of approximately **£99,655.00**.

Service example 3:

Unscheduled Care Service, Neath Port Talbot Hospital

This service consists of a Crisis Resolution Home Treatment Team and Inpatient Unit. The Home Treatment Team was set up as a cost-effective alternative to Inpatient admission. They work closely together to ensure that only priority patients are admitted. An occupational therapist is based in each service with support from an occupational therapy technical instructor.

The aims of the occupational therapy service in unscheduled care are to:

- Prevent admission to the inpatient unit.
- Agree person-centred goals to include risk management, relapse prevention and education about the link between meaningful activity and symptom management.
- Develop self-management skills as part of the recovery process.
- Promote physical health and wellbeing through valued occupations, utilising the person's community and home environment.
- Plan effective discharge from the service to include structure and routine in order to maintain recovery and prevent further mental health crises.

Outcomes:

- Risk reduction and improvements in mental health.
- Increased ability to manage at home during a crisis period with less disruption to their occupational routines.
- Improved understanding of occupations that will maintain wellbeing.
- Stress reduction in home environment and for family members.
- Improved knowledge for service users and carers about how to access help in the future.

“ Occupational therapists working in unscheduled care can help people remain at home and stay in touch with their normal lives. This speeds up recovery and makes it easier for them to stay physically active.

Anne Goddard
Occupational Therapist

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 Health Boards.**
- **Occupational therapists should work with the National Exercise Referral Scheme and use social prescribing.**
- **Occupational therapists should 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

In the *Together for Mental Health Delivery Plan*, the Welsh Government states that they will ‘...work with health boards and clusters to consider the best use of therapeutic approaches in primary care and to identify workforce issues including the development of new roles to facilitate more fitting use of resources and better access to appropriate services’.²⁴

The Welsh Government recognises the importance of an equitable and timely service in primary care for citizens with mental health problems,²⁵ which builds on the ambitions of the *Primary Care Plan*.²⁶

Occupational therapists, employed as Primary Mental Health Practitioners, are already promoting faster access to mental health support.²⁷ By focusing on building confidence and developing self-management skills, people are supported to participate in the activities that matter to them.

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.²⁸ 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;²⁹ addressing transitions for young people, employment and physical health at the appropriate times.

Healthy Prestatyn /Rhuddlan Iach – Skills for Better Living Group

This group is for people with anxiety and depression that is affecting their ability to take part in the occupations that they need and want to do. The four week course teaches people techniques to become more active and involved in their lives again.

The course uses the *Five Ways to Wellbeing*³⁰ to help people identify and set meaningful goals. The occupational therapist uses their skills to harness the person’s motivation, grading and adapting the activity. This ensures success in meeting their aims. Group members are taught a range of self-management tools such as mindfulness, relaxation and cognitive behavioural strategies, to help them achieve their aspirations.

Seven people who attended the course included:

1. Beata, a 44-year-old woman, attended the group to access support over a crisis at work and in her relationship. **Outcome:** Beata found new employment and her relationship improved as she became calmer and more assertive.
2. Alwyn, 59 years old, was depressed following redundancy and knee surgery. **Outcome:** The occupational therapist completed an Allied Health Professions Advisory Fitness for Work Report which helped Alwyn return to work.
3. Kelly, a 26-year-old with young children, has a history of bulimia and self-harm. **Outcome:** Kelly was able to better manage acute distress with the support of the group, rather than using emergency care or out of hours GP services.
4. Beverley, 37 years old, suffers from migraines and low mood, which affects her activity levels. **Outcome:** Beverley identified and set occupational goals to improve her home environment and pride in her surroundings.
5. Sahid, a 33-year-old father, was off work due to anxiety and experiencing anger and trust issues affecting his relationship with his wife. **Outcome:** Sahid returned to work, motorcycling, playing with his children and his relationship with his wife improved.
6. Rose, 62 years, with anxiety and depression was struggling to leave the house and go out into the community. **Outcome:** As a result of the group, Rose started swimming again and feeling calmer.
7. Rhian, a 57-year-old woman, has low mood and anxiety after ill-health retirement due to a chronic condition and multiple bereavements. **Outcome:** The group supported Rhian’s goal planning towards post-retirement interests that built her confidence and pleasure.

Cost savings

The cost of the group run by two occupational therapists was **£1,040**.

Cost savings were achieved by group members requiring less:

- contact with the GP – saving approximately £216
- contact with community psychiatric nurse – saving approximately £3,000
- medication – saving approximately £112.
This equates to a potential saving of **£2,288**.



I can now leave the house without thinking about it, before I couldn't.

Service example 4:

Healthy Prestatyn/Rhuddlan Iach Primary Care Multidisciplinary Team Service, Betsi Cadwaladr University Health Board

Healthy Prestatyn/Rhuddlan Iach is a new model for primary care that started in April 2016 and is a pioneering approach for Wales. This innovative NHS service is made up of five key teams. Four teams, each with an occupational therapist, cover different geographical areas and the fifth team sees people who are unable to leave the home. Other team members include GPs, nurse practitioners and pharmacists. This arrangement means that people are seen by the professional most relevant to their needs and GPs can devote their time to those who need to see a doctor.

Their philosophy and approach focuses on being person-centred, accessible, medical only when needed and responsive to feedback from patients. Their services offer lifestyle and social interventions instead of tablets and medical interventions where these better meet people's needs. To improve accessibility they use email and a same-day service.³¹

The Occupational Therapy Service in Healthy Prestatyn/Rhuddlan Iach aims to promote good health and wellbeing through occupational goal-orientated interventions, enabling self-management. In addition to interventions for individuals, the four occupational therapists focus on seven work streams comprising:

- Diabetes – self-management through meaningful occupation.
- Employment – monthly satellite group for those wanting to return to work.
- Chronic obstructive pulmonary disease – self-management through meaningful occupation.
- Back Skills course for lower back pain – enabling people to remain as active as possible.

- Balance and strengthening class – for over 65s to aid activities of daily living.
- Coffee pod – weekly community group helping those who have been bereaved to re-engage with everyday occupations.

- Skills for Better Living Group – a self-management course for those with anxiety and depression.

In the first nine months, the Occupational Therapy Service received **338** referrals.

- **29%** of which only needed a 'light touch' approach of one or two sessions.
- **45%** needed a brief intervention of 2 to 6 sessions. The majority of interventions consisted of managing common mental health problems, such as anxiety, through home and community activities, using social prescribing where relevant.

Outcomes

Occupational therapy standardised measures are used at the beginning and end of the intervention. These show a significant improvement in people's skills and satisfaction in being able to resume their everyday life. In addition, on a standardised depression rating scale for use in primary care, post-intervention scores show a marked decrease in the symptoms of depression.



I am no longer questioning if I want to be here.

Key components for delivering the recommendation:

- **Appoint occupational therapists to lead in establishing and maintaining innovative services in primary care to ensure that citizens receive faster and earlier access to occupational therapy.**
- **Provide non-medical occupational therapy interventions to support citizens in meeting their social and occupational needs, thereby allowing GPs to focus on medical interventions.**
- **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 and those living in rural communities through the use of technology.**

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 citizens 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

- ¹ Mental Health Foundation (2016) *Mental health in Wales: fundamental facts 2016*. Cardiff: Mental Health Foundation. Page 4. Available at: <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>
- ² World Health Organisation (2013) *Mental health action plan 2013-2020*. Page 8. Available at: http://www.who.int/mental_health/action_plan_2013/en/
- ³ Welsh Government (2016) *Together for mental health: delivery plan 2016-19*. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/161010deliveryen.pdf>
- ⁴ Welsh Government (2012) *Together for mental health: a strategy for mental health and wellbeing in Wales*. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/121031tmhfinalen.pdf>
- ⁵ Mental Health Foundation (2016) *Mental health in Wales: fundamental facts 2016*. Cardiff: Mental Health Foundation. Page 6. Available at: <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>
- ⁶ Mental Health Foundation (2016) *Mental health in Wales: fundamental facts 2016*. Cardiff: Mental Health Foundation. Page 4. Available at: <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>
- ⁷ Mental Health Foundation (2016) *Mental health in Wales: fundamental facts 2016*. Cardiff: Mental Health Foundation. Page 4. Available at: <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>
- ⁸ Welsh Government (2010) *Mental Health (Wales) Measure 2010*. Cardiff: Welsh Assembly. Available at: <https://www.legislation.gov.uk/mwa/2010/7/contents>
- ⁹ Prudent Healthcare (2014) *Making prudent healthcare happen: Prudent Healthcare – setting out the prudent principles*. Available at: <http://www.prudenthealthcare.org.uk/principles/>
- ¹⁰ Welsh Government (2012) *Together for mental health: a strategy for mental health and wellbeing in Wales*. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/121031tmhfinalen.pdf>
- ¹¹ Welsh Government (2018) *The Parliamentary review of health and social care in Wales. A revolution from within: transforming health and care in Wales*. Page 14. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/180116reviewen.pdf>
- ¹² Welsh Government (2015) *Well-being of Future Generations (Wales) Act 2015*. Cardiff: Welsh Government. Available at: <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>
- ¹³ NHS Benchmarking Network (2017) PowerPoint presentation. *Occupational therapy NHS Benchmarking data*.
- ¹⁴ Wilcock AA (2006) *An occupational perspective of health*. 2nd ed. Thorofare, NJ: SLACK Incorporated.
- ¹⁵ Welsh Government (2017) *Education in Wales: our national mission. Action plan 2017-21*. Page 2. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dcells/publications/170926-education-in-wales-en.pdf>
- ¹⁶ Welsh Government (2017) *Prosperity for all: the national strategy, taking Wales forward*. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>
- ¹⁷ Welsh Government (2015) *Well-being of Future Generations (Wales) Act 2015*. Cardiff: Welsh Government. Available at: <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>
- ¹⁸ Welsh Government (2017) *Prosperity for all: the national strategy, taking Wales forward*. Cardiff: Welsh Government. Page 3. Available at: <http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>
- ¹⁹ Welsh Government (2012) *Together for mental health: a strategy for mental health and wellbeing in Wales*. Page 53. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/121031tmhfinalen.pdf>
- ²⁰ Welsh Government (2016) *Together for mental health: delivery plan 2016-19*. Cardiff: Welsh Government. Page 26. Available at: <http://gov.wales/docs/dhss/publications/161010deliveryen.pdf>

References cont'd

- ²¹ Welsh Government (2012) *Together for mental health: a strategy for mental health and wellbeing in Wales*. Page 23. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/121031tmhfinalen.pdf>
- ²² Elwood P , Galante J, Pickering J, Palmer S, Bayer A, Ben-Shlomo Y, Longley L, Gallacher J (2013) Healthy lifestyles reduce the incidence of chronic diseases and dementia: evidence from the Caerphilly cohort study. *PLOS ONE* 8(12). Available at: <https://doi.org/10.1371/journal.pone.0081877>
- ²³ Hafal (2014) *Let's get physical!* Campaign report. Page 3. Available at: <http://www.lgp.hafal.org/wp-content/uploads/2014/04/LGP-report.pdf>
- ²⁴ Welsh Government (2016) *Together for mental health: delivery plan 2016-19*. Cardiff: Welsh Government. Page 23. Available at: <http://gov.wales/docs/dhss/publications/161010deliveryen.pdf>
- ²⁵ Welsh Government (2012) *Together for mental health: a strategy for mental health and wellbeing in Wales*. Page 37. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/121031tmhfinalen.pdf>
- ²⁶ Welsh Government (2015) *Our plan for a primary care service for Wales up to March 2018*. Cardiff: Welsh Government. Available at: <http://gov.wales/docs/dhss/publications/150218primaryen.pdf>
- ²⁷ Welsh Government (2010) *Mental Health (Wales) Measure 2010*. Cardiff: Welsh Assembly. Available at: <https://www.legislation.gov.uk/mwa/2010/7/contents>
- ²⁸ Royal College of Occupational Therapists (2017) *Living, not existing: putting prevention at the heart of care for older people in Wales*. London: RCOT. Available at: <http://cotimprovinglives.com/improving-lives-saving-money-putting-prevention-heart-care-older-people/>
- ²⁹ Primary Care One (2017) *Occupational therapists*. Cardiff: Public Health Wales. Available at: <http://www.primarycareone.wales.nhs.uk/occupational-therapists>
- ³⁰ Government Office for Science (2008) *Mental capital and wellbeing: making the most of ourselves in the 21st century: final project report*. London: HMSO. Page 21. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292450/mental-capital-wellbeing-report.pdf
- ³¹ Healthy Prestatyn/Rhuddlan Iach (2017) *The service*. Available at: <http://healthyprestatyniach.co.uk/the-service>
- ³² Royal College of Occupational Therapists (2018) *Prisons: the value of occupational therapy*. London: RCOT. Available at: <http://cotimprovinglives.com/prisons-the-value-of-occupational-therapy>
- ³³ Royal College of Occupational Therapists (2017) *Occupational therapists' use of occupation-focused practice in secure hospitals*. 2nd ed. London: RCOT. Available at: <https://www.rcot.co.uk/node/397>
- ³⁴ Royal College of Occupational Therapists (2017) *Fire and rescue services: the value of working in partnership with occupational therapists*. London: RCOT. Available at: <http://cotimprovinglives.com/fire-rescue-services-value-working-partnership-occupational-therapists/>

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

These include:

- Prisons³² and secure services³³
- Health and wellbeing clinics
- Fire and rescue services³⁴
- 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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