



The Case for Occupational Therapists in Occupational Health

Friday, 27 November 2020, 12pm - 2pm



Leading and Developing Occupational Health as an Occupational Therapist

Paul Dunning

Professional Head of Staff Health & Wellbeing

Swansea Bay University Health Board

2016



2016



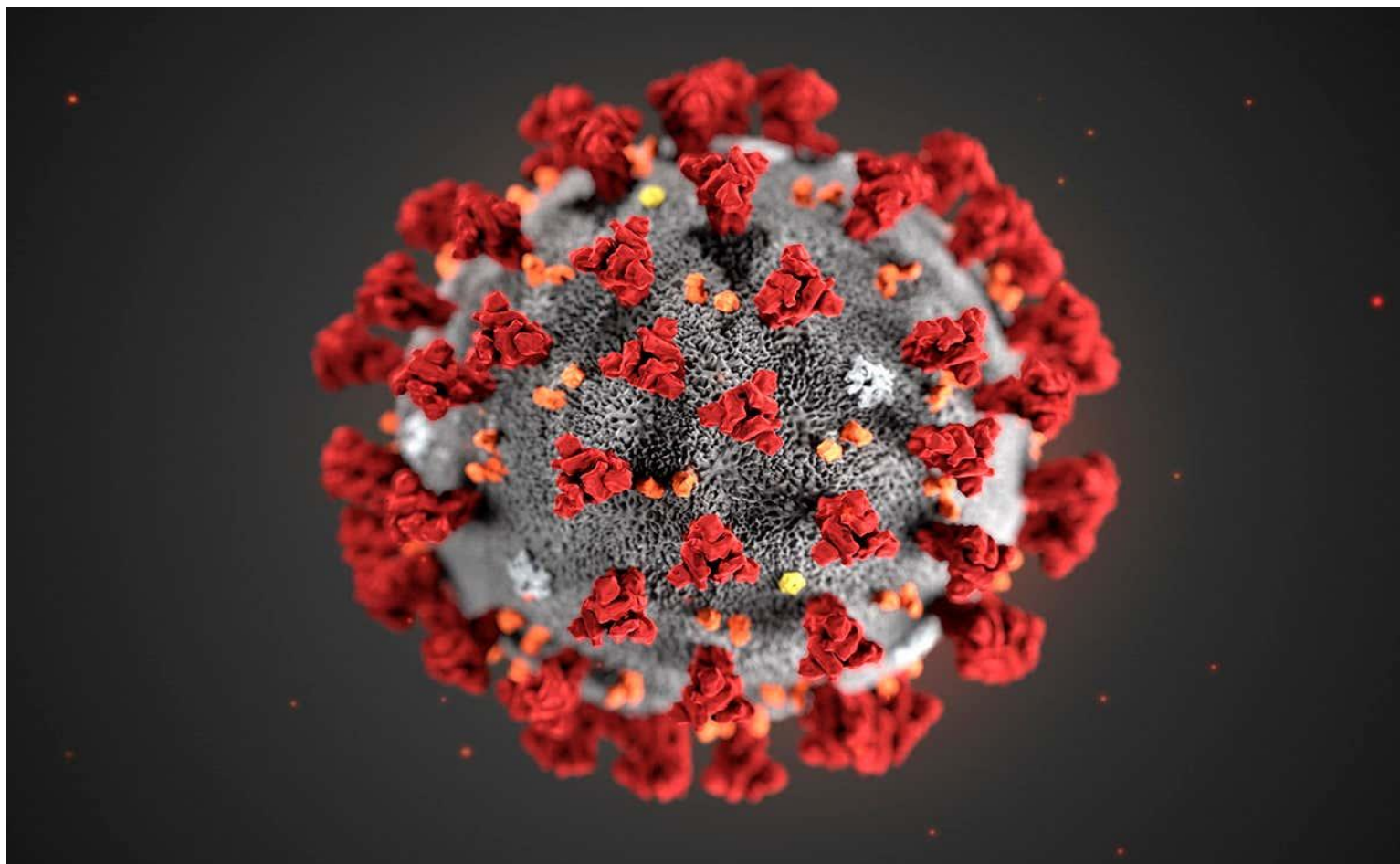
2017



2018/19



2020





Occupational health team of the year (public sector)

Winner – Swansea Bay University Health Board

Swansea Bay University Health Board's (SBUHB) occupational health service had historically been delivered through a very traditional, paper-based clinical model, with more than 25,000 records spread across four sites – an inefficient system that was leading to delays and complaints. Because of the national shortage of OH professionals, a rethink was needed to ensure the service was fit for purpose.

SBUHB's transformation programme involved the creation of a new leadership team, investment in technology and the creation of a wider multidisciplinary team that included allied health professionals, who were upskilled to meet the service's needs.



Strategic Command

Headquarters Defence Medical Services Group

**Occupational Therapists
Delivering Vocational Rehabilitation
within an
Army Regional Occupational Health
Team**

**FATIMA CATARRO
Occupational Therapist**



Occupational Health...

‘aims to promote and maintain the highest degree of physical, mental and social well being of workers and prevent departure from health caused by work activities or work environment’

A soldier in full combat gear, including a ghillie suit and a rifle, is shown in a field. The soldier is aiming the rifle, and a British flag patch is visible on their uniform. The background is a field of tall grass under a bright sky.

Vocational Rehabilitation is...

‘the early intervention whereby service personnel who have an illness, sustained an injury or have either a temporary or permanent disability, are supported and assisted to overcome barriers accessing, maintaining or returning to their previous employment or other gainful employment’

Origins of Occupational Therapy and Vocational Rehabilitation

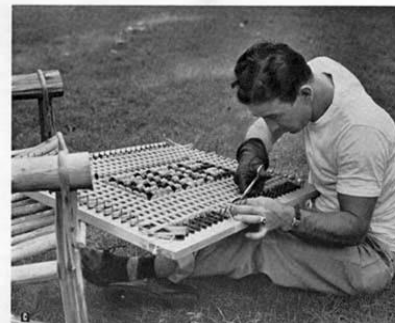
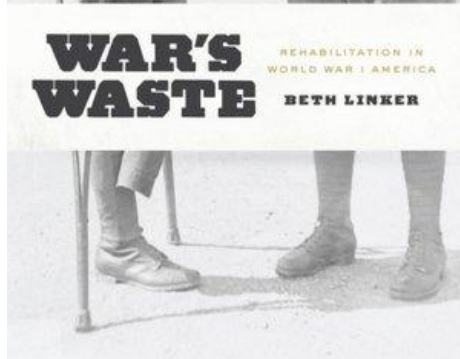


FIGURE 18.—Continued. C. Weaving as a hobby and possible future vocation. D. Gardening with special tools.





2012 - 2020: OTs in Defence OH

Language and Skills

OT Term

Home assessment

Activity analysis

Graded rehabilitation

OT assessment

Therapeutic activity

Adapting activity & environment

Retraining skills

VR Term

Workplace assessment

Job demand analysis

Phased / graduated return to work

Functional capacity evaluation

Modified work

Ergonomics and human factors

Education



The case for OTs in OH

- Undergraduate training underpins deliverables
- Already trained in assessing and intervening within a BPS model of delivery
- Work is OT core business
- ‘One stop shop’
- It says it on the tin - Occupational



Occupational Therapy

Points to consider?

- When did we forget our origins and find ourselves thinking that work is a new practice area?
- Why do we think supporting people in work needs post graduate training?
- Why is working in OH not core OT business but a specialist activity?
- Why is work defined by a specialist section when leisure and self care are not? If we truly adopt a biopsychosocial approach, these are OT core deliverables without the need for distinction.



Your **COVID Recovery**

Occupational Health, Work and Wellbeing
Sara McGuinness, Occupational Therapist

- ❖ Screening (45 minute telephone appointment).
- ❖ Mapped session content
- ❖ Offered to staff experiencing symptoms significantly impacting their daily function.
- ❖ 1 hour session, every week for 6 weeks.
- ❖ Outcome measures, Work and social adjustment scale (WSAS) and Warwick and Edinburgh mental wellbeing scale (WEMWBS)

* **Group**





❖ From mapping exercise developed main topics including;



What is Long Covid

Fatigue management

Respiratory management

Returning to physical activity

Cognitive dysfunction

Acceptance & mental wellbeing



* **Session content/delivery model**

- ❖ Small cohort of 7 people
- ❖ All participant attended 3 or more sessions with 4 people (57%) attending all 6 sessions.
- ❖ 5 of the 7 completed outcome measures.
- ❖ All participants demonstrated improvement in the wellbeing measure (WEMWBS)
- ❖ Half of participants showed improvement in WSAS.
- ❖ Written feedback collected



* Outcomes/ reflection

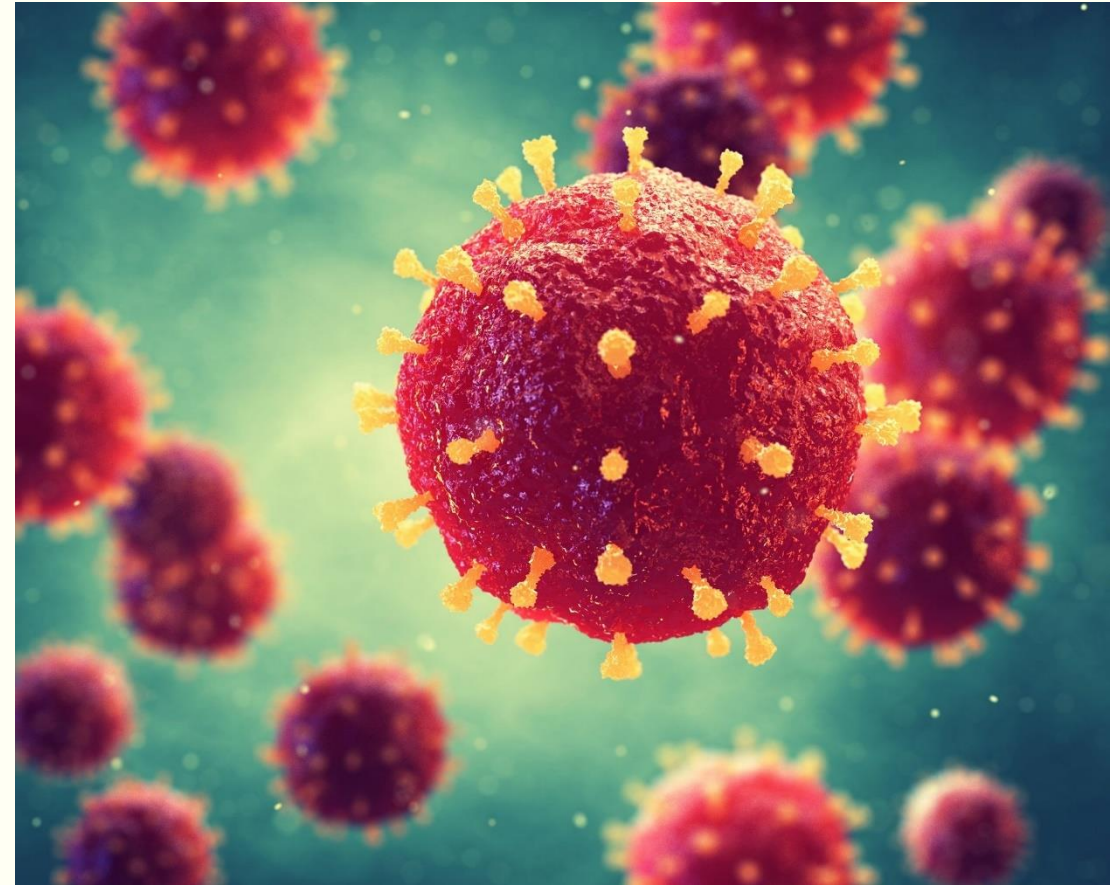
- ❖ Group have started their own WhatsApp group for ongoing peer support.
- ❖ Offered monthly group catch ups for 6 months initially.
- ❖ Offered 1:1 review with OT to formulate treatment plan. Offer tailored advice where appropriate.



*What happens next

LONG COVID – LIFE & WORK REHABILITATION

Veronica Swainson (Senior Occupational Therapist,
Occupational Health, Kings College Hospital)



Pilot project

- Aim: To support people with Long COVID to be well and productive in their work.
- Referrals: Drawn from existing caseload
- Outcome Measures Used:

COPM
Canadian Occupational Performance Measure

The **Canadian Occupational Performance Measure (COPM)** supports high-quality, client-centred, occupation-based practice. The COPM is an individualized measure designed to detect change in a client's self-perception of occupational performance over time. The COPM is intended for use as an outcome measure. As such, it should be administered at the beginning of service to establish intervention goals, and again at an appropriate interval thereafter to determine progress and outcome.

The COPM is used to:

- identify problem areas in occupational performance;
- provide a rating of the client's priorities in occupational performance;
- evaluate performance and satisfaction relative to those problem areas;
- provide the basis for goal-setting; and,
- measure changes in a client's perception of his/her occupational performance over the course of occupational therapy intervention.

CLIENT INFORMATION

Client name: _____

Client date of birth: ____/____/____

Initial assessment: ____/____/____ Re-assessment: ____/____/____

Therapist name: _____

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals ____ + ____ + ____ + ____ =
Total score ____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0-4: minimal anxiety | 5-9: mild anxiety | 10-14: moderate anxiety | 15-21: severe anxiety

Fatigue Severity Scale (FSS)

1	My motivation is lowered when I am fatigued	1-7
2	Exercise brings on my fatigue.	1-7
3	I am easily fatigued.	1-7
4	Fatigue interferes with my physical functioning.	1-7
5	Fatigues causes frequent problems for me.	1-7
6	My fatigue presents sustained physical functioning.	1-7
7	Fatigues interferes with carrying out certain duties and responsibilities.	1-7
8	Fatigue is among the 3 most disabling symptoms.	1-7
9	Fatigue interferes with my work, family life and social life.	1-7

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	A few days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: ____ + ____ + ____ + ____ =
TOTAL: ____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ____

Somewhat difficult ____

Very difficult ____

Extremely difficult ____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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Patients and treatment

- Levels of complexity: Complex, moderate, mild

- Symptoms

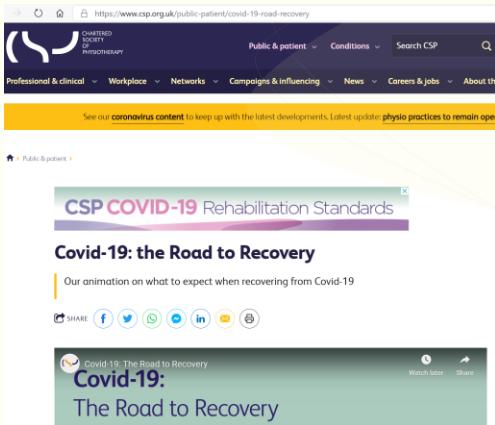
- Therapy Delivery Mode:

- Initial assessment
- One off work-place visit (as needed)
- Then F/u approx. every 2 weeks for up to 5 additional sessions.
- This was mostly delivered virtually or over the telephone.



Self management resources

- The RCOT have a good resource on Post virus fatigue: <https://www.rcot.co.uk/conserving-energy>
- Self management advice **brochure** from WHO on Post COVID recovery
- CFS/ME guidelines for Post-virus fatigue
- National COVID support website - it's just a resource and not a rehab service: <https://www.yourcovidrecovery.nhs.uk/>
- Covid-recovery **video**, specific physical activity sheet, activity planner and Post Viral Fatigue management guide (compiled by the British Association of CFS/ ME) <https://www.csp.org.uk/public-patient/covid-19-road-recovery>

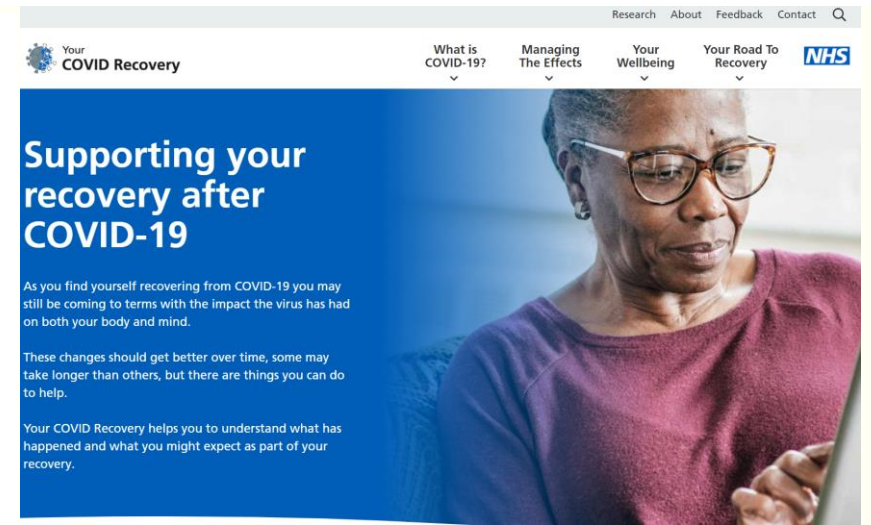
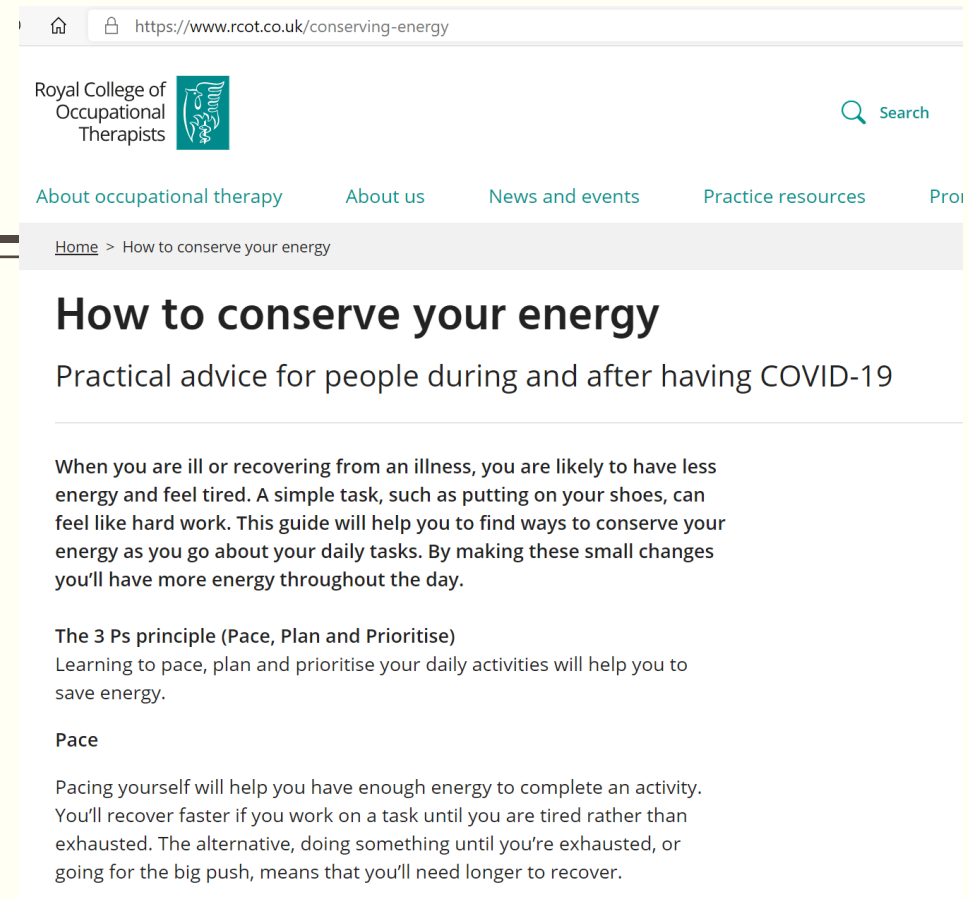


Support for Rehabilitation Self-Management after COVID-19-Related Illness



Post-Viral Fatigue
A Guide to Management

May 2020



Treatment

- Long COVID education (using the research and the resources that are currently available)
- Personalised goal setting using a motivational interviewing style of dialogue to support patients.
- Sleep hygiene
- Activity diaries
- Fatigue management, pacing
- Finding the new normal
- Movement/gentle activity programs
- Advanced WSV, reports, case management



Outcomes

Feedback

“Thanks for your time, for being sympathetic and understanding as well as offering practical advice.”

“I'm very grateful for all the time you've put into writing this report - thank you, you're fab. I feel safe in your hands and well taken care of!”

Outcomes:

- Av 20-30% FSS, GAD7&PHQ9, COPM performance and satisfaction scores
- Complex group = no change, still off work
- Moderate and mild = working with no sickness absences in last 1month

Reflections





An Occupational Health Clinical Forum as part of RCOT Specialist Section –Work?

Mandy Whalley, Tailored Employment Solutions
Genevieve Smyth, Royal College of Occupational Therapists



Should there be an Occupational Health Clinical Forum within RCOT Specialist Section - Work?

- RCOT has a brilliant Specialist Section for Work run by a dedicated group of volunteers.
- They provide leadership and support, share information, promote best practice and have regular Committee meetings, events, webinars, newsletters.
- <https://www.rcot.co.uk/about-us/specialist-sections/work-rcot-ss>
- A sub group within a Specialist Section can develop called a Clinical Forum. We are exploring this idea and what it would mean...



What would it mean?

- Having a small committee, up to 6, to direct activity with one or two identified Leads who meet up to four times a year.
- Delivering one networking event a year, regular updates for the RCOT SS Work newsletter and the webpages.
- One Lead needs to also attend the regular RCOT SS Work Committee meetings to feed back and link in.
- Every person has to join RCOT SS Work –annual fee £35, £17.50 for students
- The Clinical Forum is an official branch of RCOT.



Benefits of joining a Specialist Section as a Clinical Forum

- Network with like minded occupational therapists and be part of the professional community
- Have the work recognised and supported as part of the clinical forum
- Share, develop and keep up to date with your practice
- Participate in RCOT Specialist Section website/webpages
- Use RCOT Specialist Section social media networks
- Participate in RCOT Specialist Section newsletters, e-Newsletters, bulletins
- Support work of the group through consultation, guidance, briefings etc.
- Support for/from the National Executive Committee (NEC) of a Specialist Section i.e. funding/events
- Have framework for being a group i.e. data protection
- Access to materials and resources, events listings etc.
- Access to RCOT resources/officers
- Access to training for new NEC members
- Support at events/study days etc.
- Meet the requirements of the HCPC

