RCOT Informed View – mental health rehabilitation

Context

COVID-19 has highlighted the importance of mental health rehabilitation in the UK. Mental health stressors, such as loneliness, grief, relationship breakdown, discrimination, job insecurity and poor housing, have led to an increase in people experiencing depression, anxiety, post-traumatic stress symptoms, and suicidal and self-harming thoughts and behaviours. Particularly for people living with pre-existing mental and physical health conditions, isolation at home, disruption to health and social care services, cancelled plans and uncertainty have led to poorer mental health and wellbeing.[1]

We were already seeing increasing numbers of people needing support to gain confidence in managing their mental health and day-to-day life before the pandemic, with GPs reporting that 40% of appointments involved mental health[2]. In response to this need, people are usually offered access to psychological services. Improved Access to Psychological Therapies (IAPT) services in England successfully support 51% of people to recovery, but improvement varies between social groups, with some minority groups less likely to experience positive outcomes.[3] Alongside counselling services, short-term rehabilitation is starting to be offered, with occupational therapy included in the development of multidisciplinary services.[4]

In mental health services, occupational therapy is associated with shorter lengths of stay within inpatient psychiatric units.[5] The ambition, however, is to develop community services for people living with severe mental illness, reducing reliance on inpatient care and rehabilitation beds.[6] This requires a greater focus on developing local pathways with services that allow flexible access, such as self-referral, and are person centred and co-produced. These pathways require support from teams staffed to offer an alternative to hospital admission and should be developed with local providers of supported accommodation, education, vocational rehabilitation services and other community resources.[7]

The challenge

The term ‘rehabilitation’ can be problematic within the mental health sector, as it is typically associated with complex rehabilitation for people with psychosis, delivered in tertiary services. This means occupational therapy delivered in wider mental health services, such as community teams, is not commonly framed as rehabilitation.

As a broad term, the aim of rehabilitation is to maximise people’s ability to live, work and learn. Occupational therapy interventions focus on helping people to achieve these goals to the best of their potential.[8] This aligns with a recovery approach in adult mental health services and a reablement approach within older people’s mental health services.

Occupational therapists are underrepresented within multidisciplinary mental health teams. Where roles do exist, capacity to offer rehabilitation may be diluted by generic responsibilities.

Across the UK there is a renewed focus on the best way to deliver rehabilitation[9][10]. This requires innovative new approaches and service redesign[11], co-produced and co-delivered with people who access services. This offers a unique opportunity for occupational therapists to influence development and implementation.

RCOT view

1. Occupational therapists should contribute to an expansion of rehabilitation in the UK to address people's mental health needs.

Occupational therapists should frame their practice as rehabilitation, identifying when people would benefit from rehabilitation, and addressing both mental and physical health needs. Occupational therapists can influence team thinking to develop services that are needs led and personalised, for example working with colleagues to embrace risk so people can be as active in their lives as possible[12].

Occupational therapists can use anticipatory care planning[13] to support people to make their own decisions about activity and risk taking, embracing recovery as part of our rehabilitation language.

Services can collaborate with local partners to develop and build supportive professional networks. This will enable occupational therapists to share skills, provide mutual support and draw on the expertise of multidisciplinary colleagues.

Expanding services require role development as well as recruitment. To make best use of the rehabilitation workforce, occupational therapists can train, supervise and mentor support workers to deliver interventions, which maintain and enable recovery of daily occupations. As with a reablement model, occupational therapists can take on expert advisory roles, assessing and reviewing people with complex needs[14].

2. Occupational therapists across all parts of the system should offer mental health rehabilitation to prevent the need for costly and overstretched acute/crisis care.

Occupational therapists can offer rehabilitation across all parts of the health and care system, and across both mental and physical health. Rehabilitation should be available for everyone based on need, not just for distinct diagnostic groups. It should be focused on ensuring people's goals are achieved using a 'what matters' approach. Where occupational therapists are employed for COVID-19 rehabilitation, a holistic approach should offer both mental and physical health rehabilitation to increase occupational participation.

Rehabilitation can be part of the core offer in new areas of occupational therapy practice, such as primary care. To ensure that this is equitable across groups that experience health inequalities there should be agreed standards, consistency in care plans, and self-assessment tools[15]. Occupational therapists can work with and support social prescribers, enabling people to engage in healthy occupations in their community. Occupational therapists are ideally suited to offer specialist supervision to social prescribers where complexity exists in their caseload, thereby releasing GP time.

3. Occupational therapy skills can be brought to a wide range of roles and settings to deliver rehabilitation.

There has been an increase in mental health and rehabilitation roles with generic responsibilities, through a push to open up vacancies to wider groups of professionals. Occupational therapists can bring additional value to generic roles by applying their unique lens of occupational engagement and performance. By using these skills, being ambassadors for the

profession, and making effective use of networks and supervision, occupational therapists can retain and develop their professional identity within roles that are not specific to the profession.

4. **Occupational therapists can lead specialist mental health rehabilitation.**

   Services should be led with a focus on meaningful occupations, ensuring people keep links with local employment and education, manage daily living and social skills, and take part in leisure and community activities. It is fundamental that rehabilitation is person and occupation focused and that services address environmental, social and economic need.

   Considering the physical environment, occupational therapists should build links with supported and general housing providers, to support and upskill housing officers. This will ensure that care plans have a rehabilitation focus, and people are supported to manage tenancies and maintain or move to independent living. This will free up supported living resources for people that most need it. When placements are deteriorating, early intervention by occupational therapists is key to help individuals manage their environment, working alongside services addressing substance misuse, domestic abuse and homelessness.

   Occupational therapists can address social need by working with link workers, social prescribers, peer support workers and recovery colleges to ensure people develop social and community networks. In collaboration with community groups, employers and occupational health services, occupational therapists can address economic need through vocational rehabilitation for those who wish to seek or remain in work.

   Occupational therapists in mental health settings should have links to colleagues in different specialisms, such as learning disabilities and/or neurodevelopmental conditions. Their advice will help to upskill staff working with people with multiple needs to live successfully in the community and only come into hospital when necessary. A dedicated occupational therapy focus will be needed for those who have become stranded in acute care.

5. **Occupational therapists should use outcome measures to monitor and improve the effectiveness of interventions and services.**

   Consistent data collection and outcome measurement is essential to demonstrate the value of occupational therapy rehabilitation and identify areas for development. Service and intervention outcome measures should include patient reported experience measures (PREMs) and caregiver reported experience measures (CREMs). Validated outcome measures such as the Model of Human Occupation Screening Tool (MoHOST)[16] should be used to measure changes in occupational participation.

In line with this view, RCOT is committed to the following actions:

1. We will work with partners such as the Royal College of Psychiatry, British Psychological Society and community rehabilitation alliances/coalitions to rebrand rehabilitation for mental health.

2. We will showcase and share best practice examples of occupational therapists leading and delivering rehabilitation services.

3. We will scope and promote innovation and research in rehabilitation, for example, early adopter sites in England.

4. We will work closely with government departments in all UK nations to improve access to, and delivery of, rehabilitation.

References

[1] Office for Health Improvement and Disparities (2021) *COVID-19 mental health and wellbeing surveillance: report*. Available at: https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report London: OHID

[2] MIND (2018) *40 per cent of all GP appointments about mental health*. (News). Available at: https://www.mind.org.uk/news-campaigns/news/40-per-cent-of-all-gp-appointments-about-mental-health/ London: MIND

[3] UK Parliament (2021) *Mental health statistics: prevalence, services and funding in England*. (Research Briefing). Available at: https://commonslibrary.parliament.uk/research-briefings/sn06988/ London: The Stationery Office

[4] NHS England (2019) *Expanding our workforce*. Available at https://www.england.nhs.uk/gp/expanding-our-workforce/ London: NHSE

[5] NHS Benchmarking Network (2017) *Occupational therapy NHS benchmarking data*. PowerPoint presentation to the RCOT English Board, 9 October 2017.

[6] NHS England (2017) *Transforming care*. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf London: NHSE

[7] NHS England (2016) *Guidance for commissioners of rehabilitation services for people with complex mental health needs*. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/04/rehabilitation-comms-guid-16-17.pdf London: NHSE

[8] World Health Organisation (2017) *Rehabilitation in health systems*. Available at: https://www.who.int/publications/i/item/9789241549974 Geneva: WHO

[9] Welsh Government (2021) *Rehabilitation: a framework for continuity and recovery 2020 to 2021 – a framework to help organisations plan rehabilitation services following the coronavirus pandemic*. Available at: https://gov.wales/rehabilitation-framework-continuity-and-recovery-2020-2021-html Cardiff: Welsh Government

[10] Scottish Government (2020) *Framework for supporting people through recovery and rehabilitation during and after the COVID-19 pandemic. Section 9*. Available at: https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/pages/9/ Edinburgh: The Scottish Government

[11] NHS Rightcare (2020) *Community rehabilitation toolkit*. Available at: https://www.england.nhs.uk/rightcare/products/pathways/community-rehabilitation-toolkit/ London: NHSE

[12] Royal College of Occupational Therapists (2017) *Embracing risk; enabling choice: guidance for occupational therapists*. London: RCOT^. Available at: https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/embracing-risk London: RCOT

[13] Scottish Government (2010) *Anticipatory care planning: frequently asked questions factsheet*. Available at:*https://www.gov.scot/publications/anticipatory-care-planning-frequently-asked-questions/pages/1/* Edinburgh: The Scottish Government

[14] Royal College of Occupational Therapists (2019) *Relieving the pressure on social care: the value of occupational therapy*. London: RCOT. Available at: https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money London: RCOT

[15] Friends, Families and Travellers (2021) *Inclusion health self-assessment tool for primary care*. Available at: https://www.inclusion-health.org/pcn/

[16] Parkinson S, Forsyth K, Kielhofner G The Model of Human Occupation Screening Tool (MOHOST) (Version 2.0, 2006). Chicago: University of Illinois.