

# Getting my life back:

Occupational therapy promoting mental health and wellbeing in Northern Ireland



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 Northern Ireland, mental ill health is the largest cause of illness and disability.<sup>1</sup> Figures reported by the World Health Organisation tell us that depression is one of the largest causes of disability worldwide.<sup>2</sup>

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 and Social Care Trusts 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 Northern Ireland Government has listed increasing employment as one of its strategic outcomes.<sup>3</sup> 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 Northern Ireland. 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 almost a third of sixteen year olds in Northern Ireland have experienced a serious emotional or mental health problem.<sup>4</sup> This simply has to change. 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 such as with third sector 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

## **Richard Pengelly, the Permanent Secretary and HSC Chief Executive, Department of Health**

*"Mental health and wellbeing is one of the priority areas the Department of Health in Northern Ireland is focusing on, as detailed in the document 'Health and Wellbeing 2026 - Delivering Together'. The Northern Ireland Government has also listed increasing employment as one of its strategic outcomes.*

*Mental health issues can be barriers to education, development and career opportunities, therefore, occupational therapists should be routinely deployed to address employment needs, when working with people with mental health problems; this includes self-esteem and social interactions.*

*The link between severe mental ill-health and poor physical health is one of the greatest health inequalities in Northern Ireland. This report clearly demonstrates how occupational therapists are leading in innovative mental health service design, to reduce the pressure on primary care and ensure timely interventions. It particularly targets increasing the participation of people with a disability and those living in areas of greater social need. Each district Council is working closely with local organisations to provide opportunities to get involved in sports and activities at accessible times and places."*

## **Paula Bradley, Chair of the Health Committee and DUP MLA North Belfast Constituency**

*"Mental illness is the single largest cause of ill health and disability in Northern Ireland. This report and its recommendations are particularly welcome as they illustrate the importance of accessing occupational therapy at key transition points in life, and show the hugely positive outcomes possible enabling people to live fulfilling lives. Occupational therapists are committed to moving away from traditional models of medicalised practice to one which focuses more on the everyday 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. I therefore look forward to seeing how this report translates into practice for the benefit of our population."*

## **Pat Sheehan, Sinn Fein MLA West Belfast and Health Spokesperson**

*"Mental health is a major issue in the North of Ireland with significant policy documents aiming to improve services for the population. This report from the College is particularly welcome as the recommendations chime with our policy aims of providing earlier access to the right support for people. By providing such services we can prevent more serious problems and enable people to continue to do the occupations they need and want to do and lead fulfilling lives. Occupational therapists work with people to make this possible at all stages in people's lives which is illustrated by the innovative examples in this report. Promoting these examples will enable services to take on the aims and objectives of Health and Wellbeing 2026 Delivering Together."*

## **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."*

## **Edward Gorringe, Chief Executive, MindWise**

*"Here at MindWise we are fully aware of the problems posed to the populations from mental ill health. The 2017 Northern Ireland Assembly report states that one in five adults and as many as 45,000 children will experience mental health problems at any one time in Northern Ireland. It notes that mental ill health is the single biggest cause of ill health and disability in Northern Ireland. The examples in this report clearly demonstrate the breadth of mental health issues and show that occupational therapists, deployed intelligently and at the right time, can have hugely positive effects in a variety of ways; enabling people to carry on doing the things that matter to them and lead fulfilling lives. We would encourage managers and commissioners to further investigate how to implement the report recommendations for the benefit of their service users."*

# Executive summary

## The case for change

The Northern Ireland Assembly reports that *'Mental illness is the single largest cause of ill health and disability in Northern Ireland (NI)... NI has higher levels of mental ill health than any other region in the UK - 1 in 5 adults and around 45,000 of children here have a mental health problem at any one time. 318 suicides were registered in NI during 2015 – the highest since records began in 1970 and a 19% increase on the suicides recorded in 2014 (268). Of the 318 suicide deaths 77% (245) were male.'*<sup>5</sup>

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 to address self-harm, trauma related to the conflict in Northern Ireland, stress, and poverty in rural communities.<sup>6</sup>

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 Northern Ireland. 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 *Health and Wellbeing 2026: Delivering Together*.<sup>7</sup>

## 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%.<sup>8</sup>

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, schools and football clubs. 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 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 Department of Health, Social Services and Public Safety states that: *'Further support for young people is vital in the form of broader skills development for work and training, including management of relationships, advice on continuing education, budgeting and debt management, parenting etc. Without life skills and readiness for work, young people will not be able to make the most of opportunities and take control over their lives.'*<sup>10</sup>

As the number of young people entering higher education has increased, so too has the proportion of students experiencing mental health problems. In its 2017 survey report, The National Union of Students in Northern Ireland (NUS-USI) stated that 78% of students had experienced mental health worries in the past year. The report highlighted that students' mental health had deteriorated generally over the past five years, mostly due to stress of work/study and financial issues.<sup>11</sup>

To help address this, the NUS-USI produced a set of recommendations aimed at supporting students with mental health problems. These include investing in student services and working with professionals to ensure appropriate and timely support, enabling students to complete their studies and improve retention rates.<sup>12</sup>

By employing occupational therapists to support young people with their learning opportunities, the education and training ambitions in the *Draft Programme for Government Framework 2016–21* will be achieved.<sup>13</sup>

Occupational therapists are already working in some student support services at Higher Education Institutions in Northern Ireland, and more recently in a high school in Belfast. In these settings, occupational therapists make assessments as to how people's ability to learn is affected by their mental health problems. They work with the 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.

## Edward's story:

Edward, a young man with Autism Spectrum Disorder (ASD) and anxiety, was planning to attend Ulster University to study English Literature. He had been on medication for his anxiety and panic attacks, and previously received specialist input for his ASD. Edward was looking forward to studying English but had never lived away from his family. The prospect of busy classes and shared accommodation with other students were worrying Edward and he considered not attending university.

As Edward had declared a disability on his university application form, he was invited to meet the Student Support AccessAbility Team. The occupational therapist based in the AccessAbility Team worked with Edward to assess his needs and plan how reasonable adjustments could be made for him in the classroom, exams and student accommodation.

The occupational therapist invited Edward and his parents to an ASD transition day, where they received a tour of the campus, including his room in the student accommodation, and met other prospective students. They explored the local area around the university to find the closest shop and swimming pool. Both Edward and his parents felt that this visit helped him to settle into university and lessened his anxiety. The occupational therapist also arranged for specialist mentorship to help Edward manage his workload and develop strategies for communication.

During the first semester, Edward engaged well in class, and even joined the student accommodation Block Wars gaming competition, where he competed with his flatmates. Edward was, however, finding it difficult to do presentations in front of the whole class. His anxiety levels would escalate as the presentation dates got closer and this impacted on Edward's ability to sleep. This led to changes in Edward's



engagement and demeanour which were noted by others.

At this point, the occupational therapist met Edward again and developed a plan for him to do his presentation at first directly to the lecturer and then gradually to more of the class as the course progressed. This allowed him time to adjust and build his skills and confidence. The intervention meant that Edward was able to fulfil the academic requirements of his course and he successfully entered the second semester. Finally, the occupational therapist ensured that Edward registered with a local GP service so that he could have his medication for anxiety reviewed regularly throughout the semester.

This minimal intervention meant that Edward received the necessary support and information, and learned the skills he needed to engage independently in his role as a student.

### **Service example 1: The AccessAbility Service, Ulster University**

Ulster University has a national and international reputation for excellence, innovation and inclusive learning environments. It makes a major contribution to the economic, social and cultural development of Northern Ireland.

The AccessAbility Service provides support and guidance for Ulster University's current and prospective students with a diagnosed disability or long-term medical condition. The service aims to help students who disclose their disability to achieve their academic goals. Their services are confidential and free of charge.

The occupational therapist in the service is an Accessibility Adviser who sees students with a range of disabilities including physical, sensory and mental health problems. Each student is invited for an assessment of their individual needs to inform recommendations for reasonable adjustments. This ensures that they have an equal chance to attend, participate in and succeed at their chosen course. The occupational therapist also supports students to complete the relevant paperwork for the Education Authority to access Disabled Students' Allowances. This funds specialist support and/or equipment.

The occupational therapist ensures other university staff are also aware of the legal requirements and reasonable adjustments required, as well as providing guidance for academic staff and follow-up review meetings with students.

The occupational therapist provides:

- Educational and supporting information for the student to help them self-manage their mental health and/or autism difficulties.
- Referrals to further support from Mental Health Mentors and Student Support Health and Wellbeing Practitioners.
- Signposting to other services, for example counselling, and financial or sexual health advice.
- Promotion of Student Support Services to prospective students linking with schools, transition units and autism support charities.
- Expert advice for both internal and external stakeholders to ensure disability rights are considered when developing strategy and new curriculum design.

#### **Outcomes:**

- Enhanced academic achievement of students with disabilities.
- Increased uptake of healthy living and sports opportunities.
- Improved mental resilience amongst student population.

**“** I'm passionate about inclusive learning environments and promoting a diverse society. This will support people with disabilities to have enhanced opportunities for employment.

**Anna Bradley**  
Occupational Therapist and Accessibility Adviser

#### **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

The Mental Health Foundation states that *'For some groups in Northern Ireland, the employment gap with Great Britain is particularly large. The employment rate is 15% lower for disabled people in NI than in the rest of the UK, and 12% lower for lone parents and 16–24 year olds... Mental Health is the leading reason for absence in Northern Ireland accounting for almost one out of every three days lost (31.9% of all days). Mental health reasons accounted for 39.1% of long-term sickness leave.'*<sup>14</sup>



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. In addition, the Mental Health Foundation reports that almost a third of people in Northern Ireland are experiencing *'high levels of rural unemployment, hidden rural poverty, increasing levels of debt.'*<sup>15</sup>

In its *Draft Programme for Government Framework 2016–21*, the Northern Ireland Executive lists increasing employment as one of its strategic outcomes.<sup>16</sup> 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*

### Connor's story:

Connor is a 43-year-old man known to mental health services for over 20 years. He spent at least 10 years as an inpatient. He recently transferred to residential care and was referred to occupational therapy to improve his independent living skills.

When the occupational therapist first met Connor he was feeling frustrated and wanted to do more for himself. Initially the occupational therapist focused on skill building for cooking, self-care, budgeting and time management, all of which improved. They were able to adapt his diet

and cooking in order for Connor to manage his recently diagnosed diabetes.

Next, the occupational therapist used remotivation techniques to stimulate Connor's interests in outdoor activities. They created a weekly schedule of meaningful occupations, such as football and going to the allotment. As his interest and knowledge grew, he began to do some regular gardening at the residential home. He was very motivated and had a strong work ethic.

The final stage of the occupational therapy intervention was to explore vocational choices at the local employability programme run by the District Council and Education Authority. Through this Connor was able to find a role as a groundsman at the local museum.

### Outcomes:

As a result of his new role Connor:

- Has become a valued member of the museum staff.
- Is leading a more independent and fulfilled life in supported accommodation with minimum supervision.
- Decreased contact with the Community Psychiatric Nurse.
- Has weekly contact with family and is making holiday plans.
- Is more confident and optimistic about the future, embracing his own recovery.

### Cost savings:

- Connor received 30 sessions from the occupational therapist over a year at £52 per session, equating to a total cost of **£1,560**.
- As a result of the occupational therapy intervention, Connor no longer required fortnightly CPN visits, twice weekly day-care sessions or support worker input, equating to a total yearly cost of **£7,986**.
- Total cost savings amounted to **£6,426**.

### Service example 2: Omagh Recovery Services, Western Trust

The Mental Health Recovery Services in the Western Trust exist to support people with serious and enduring mental health problems in their personal journey towards recovery. There are separate Primary Care Liaison Teams for people who need shorter-term interventions. Services are underpinned by the principles of a person-centred,

strengths-based approach, recognising the unique skills both of the service user and the professional.

There are five Recovery Teams and each has a full time occupational therapist, primarily focusing on the occupational needs of the service user. Their caseloads include skill building for resettlement, change of accommodation and employment. In this particular area of the Western Trust, the occupational therapist works closely with a local Council Employability Programme called ASPIRE, which supports individuals to gain qualifications and vocational experiences. Through partnership working with ASPIRE, Connor was given the opportunity to embark on his chosen work interest.

The recovery ethos in mental health is centred around the concept of hope. The occupational therapists in the Omagh Mental Health Recovery Service, translate this into a strengths-led model for its service users. Through engagement with local partnerships and an awareness of community resources, the service delivers meaningful vocational opportunities.

“ When someone feels of use and having a purpose to their day, there is every reason to be hopeful about the future.

**Patricia Maguire**  
Senior Occupational Therapist

### 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 Health and Social Care Board highlighted the importance of physical health in its 2014 *Regional Mental Health Care Pathway*. The section on personal wellbeing planning suggests for service users that *'My physical health is just as important as my mental health, therefore making healthy living choices is an essential part of my wellbeing. Mental Health Services will ensure my physical care needs are discussed with me and my health care needs are included in my personal wellbeing plan including screening programmes, monitoring of medication and any side effects.'*<sup>17</sup>

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 National Institute for Health and Care Excellence advocates that *'people with psychosis or schizophrenia, especially those taking antipsychotics, should be offered a combined healthy eating and physical activity programme by their mental healthcare provider.'*<sup>18</sup>

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.

### Joe's story:

Joe is a 57-year-old man with a long history of delusional disorder. He suffered a brain injury following a fall in 2012. He has also been diagnosed with type 2 diabetes, back pain, has high cholesterol and obesity, is a heavy smoker and has significant cognitive impairment.

Due to his high level of needs, Joe has spent long periods time in mental health inpatient care. He was transferred to the Psychiatric Intensive Care Unit (PICU) during admission due to his increased unsettled behaviour. Early exploration of possible discharge options was challenging because he required intense management and support. Joe also required constant observation by nursing staff as his behaviour was unpredictable.

When the occupational therapist first met him, Joe was unable to identify interests because of his fixed, grandiose delusional beliefs. Conversation was dominated by his delusional thinking. He was paranoid and suspicious at times, with unpredictable behaviour and verbal outbursts. Previously Joe had not been engaging with psychological interventions. The occupational therapist found that Joe was self-isolating in his room, he had low motivation, decreased energy and difficulty concentrating.

Joe had not been engaging in any meaningful activity on the ward. In order to address this, the occupational therapist spent regular, non-pressurising time with Joe to build up a therapeutic rapport to gain his trust and confidence. Over time it became apparent that as a teenager Joe had been interested in football. This coincided with the introduction of the new programme Every Body Active, which aims to provide physical activity on the ward. Joe showed initial interest and the occupational therapist designed a graded programme of gradual increased attendance and participation.

Since January 2017 Joe has attended the Every Body Active session weekly and now participates fully in activities. He particularly enjoys boxing, bowls and football. Joe no longer requires prompts to attend as he gets up, gets washed and dressed and has breakfast in time to attend morning sessions. His concentration and motivation has improved to the point where he will remain for the full duration of the session.

As a result of increased interest and participation in physical activity and improvement in behaviour, Joe also attends the Mental Health Unit gym. Over this period there was a clear improvement in Joe's frustration levels and a reduction in his verbal outbursts. Feedback from Joe included "its excellent.....makes your body feel good" and "makes you relaxed".

During an inspection by the Regulation and Quality Improvement Authority (RQIA), they reported how



impressed they were by the level of engagement and remotivation shown by Joe.

### Outcomes:

- Improved attention to personal care, time management, social interaction, communication skills and frustration tolerance.
- Increased level of physical activity leading to reduction in back pain and improved diabetes management.
- Improved structure to daily routine resulting in a better sleep pattern.
- Improved relationships with staff and patients on the ward.
- Potential for more discharge options due to improvements in behaviour.
- Reduction in the need for costly 1:1 observations by nursing staff.

### Service example 3:

#### Every Body Active in the Psychiatric Intensive Care Unit, Southern Health and Social Care Trust (SHSCT)

Every Body Active 2020 is a four-year lottery funded programme aimed at getting people more active through sport and physical activity in Northern Ireland. It particularly targets increasing the participation of people with a disability and those living in areas of greater social need. Each district Council is working closely with local organisations to provide opportunities to get involved in sports and activities at accessible times and places.

The Psychiatric Intensive Care Unit (PICU) provides multidisciplinary intensive care for people detained under the Mental Health Order in an acute and serious phase of their illness. Increased risks at this time mean that people need to be assessed and treated in a controlled environment.

The occupational therapist identified that physical activity levels on PICU should be improved due to the impact of sedentary lifestyle on life expectancy rates. However, due to ward restrictions, most people were unable to leave the ward to take part in physical activity. In conjunction with the Physical Activity Coordinator from the SHSCT Promoting Wellbeing Team, a multi-sports coach from Armagh, Banbridge and Craigavon Council was sourced who could facilitate the Every Body Active programme on PICU, in a covered courtyard area that could be risk managed. The occupational therapist works with the coach and nursing staff to co-facilitate the sport. Suitability for Every Body Active is discussed with patients at the weekly multidisciplinary team meetings and medical checks arranged if required.

Patients are introduced to the sports coach and encouraged to attend sessions, which include

boxercise, football skills, circuits, bocchia and kurling. Physical activity is tailored to individual's mental health needs and their level of physical fitness. The occupational therapist and other ward staff also actively take part in the sessions and some staff have been trained to facilitate gym instruction on the ward. In preparation for discharge, patients are supported by the occupational therapist to make contact with local sports facilities/schemes in their community.

### Impact:

Based on recommendations that adults should participate in 150 minutes of moderate physical activity every week, the introduction of the Every Body Active and gym sessions achieves this.

**60%** of patients attend the weekly sessions. This is a high percentage for people at an acute point of their mental illness. They report improvements in wellbeing and energy levels, and a reduction in feelings of anxiety.

- For the six months prior to Every Body Active, there were **31** MAPA (Management of Actual or Potential Aggression) incidents recorded on the ward.
- For the first six months of Every Body Active, this had reduced to 7 MAPA incidents – a reduction of **77%**.

### Outcomes:

- Improved morale and relationships between patients and staff.
- Higher rates of motivation, communication and socialisation.
- Increased involvement in other forms of meaningful and healthy occupations.
- Improved patient engagement with smoking cessation services and advice from dietitians.

Due to the success of the Every Body Active project on the PICU, it is now being piloted on the Acute Inpatient Ward.

### 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 and social care trusts.**
- **Occupational therapists should partner with Councils, 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 their 2016 report, the Department of Health in Northern Ireland reports that: *'Our future model of primary care is to be based on multidisciplinary teams embedded around general practice. The teams will work together to keep people well by supporting self-management and independence, providing proactive management of high risk patients. They will identify and respond earlier to problems that emerge whether related to health or social circumstances or the conditions in which people live, providing high quality support treatment and care throughout life.'*<sup>19</sup>

*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.<sup>20</sup> 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.

**“ We appreciated the quick and seamless service provided by the occupational therapist. My confidence and self esteem has grown.**

### Jolene's story:

Jolene is a 61-year-old woman, with memory and mobility difficulties, who lives with her husband. He and the rest of the family were concerned that Jolene was increasingly showing signs of early dementia. For example, on several occasions she had forgotten she had left the cooker on for several hours. Her mobility problems meant she stayed at home most of the time and this left her feeling depressed.

The occupational therapist from the Craigavon and Banbridge Primary Mental Health Care Service visited Jolene and used a standardised assessment tool to establish the level of cognitive and memory decline. The results of the assessment showed an average level of memory impairment for her age and was not indicative of dementia. This information was extremely reassuring to Jolene and her family and was an immediate boost to her mood. The occupational therapist provided information about strategies that Jolene and her family could use to address age-related memory problems.

To help Jolene maintain her improved mood, the occupational therapist introduced her to mood management techniques. These included a daily routine of activities that provided meaning and pleasure, such as baking for her grandchildren. The occupational therapist also taught Jolene daily living skills such as relaxation and problem solving, which enabled her to feel more empowered.

Her mobility issues meant that Jolene was unable to walk long distances. She told the occupational therapist that she wanted to be able to go to the shops with her grandchildren again, as this was important to her. It also gave her daughter-in-law the opportunity to do a few hours of home-based work. The occupational therapist was able to assess for and issue a self-propelling wheelchair, without having to refer to the wheelchair resource team. This meant that Jolene was able to regain some independence, go shopping, attend appointments and interact more socially. This also meant that her husband had to take less time off work.



#### **Service example 4: The Primary Mental Health Care Service, Craigavon and Banbridge, Southern Health and Social Care Trust**

The Primary Mental Health Care Service is based in a community clinic and covers the Craigavon and Banbridge locality. It supports people ages 18-64 with mild and moderate mental health difficulties. The service has been in operation for nine years and is the only one in Northern Ireland; it takes referrals direct from GPs. In one year they take approximately 5,500 referrals.

The team has 40 staff, 12 of whom are occupational therapists. The General Manager is also an occupational therapist. They use the Stepped Care Model<sup>21</sup> in the *Regional Mental Health Care Pathway*. The model aims to match people to the right level of support stepping up if they require more intensive support and stepping down when this is no longer required. The service acts as the front door to specialist community mental health care which means the occupational therapists see people at an earlier stage in their mental distress. This early access to occupational therapy means that people being stepped up to more intensive and expensive specialist services is avoided.

The occupational therapists have a specific and unique role within the service, including:

- Carrying out cognitive assessments for people with mild to moderate memory difficulties and early onset dementia. They offer practical strategies and techniques to help people manage their memory problems.
- Providing equipment to promote independent living, such as shower stools to improve personal care and lessen the need for costly carer support.
- Keeping people in the workplace when they are first experiencing mental health problems. This includes close liaison with local third sector providers who help with return to work and benefits advice. Occupational therapists are the primary referrers to these employment support agencies.
- Acting as link workers with GPs to provide advice about access to voluntary sector support or other more appropriate services.

**“** The occupational therapy team has grown because of the value and worth they bring to people using this service. A major strength is that we are able to address people’s mental health and physical health, so they have a quicker and less costly recovery.

**Dora O’Loan**  
Occupational Therapist and General Manager



#### **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 GPs and 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

- <sup>1</sup> Betts J, Thompson J (2017) *Mental health in Northern Ireland: overview, strategies, policies, care pathways, CAMHS and barriers to accessing services: NIAR 412-16*. (Research and Information Service Research Paper). [Belfast]: Northern Ireland Assembly. Available at: <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf>
- <sup>2</sup> World Health Organisation (2013) *Mental health action plan 2013-2020*. Page 8. Available at: [http://www.who.int/mental\\_health/action\\_plan\\_2013/en/](http://www.who.int/mental_health/action_plan_2013/en/)
- <sup>3</sup> Northern Ireland Executive (2016) *Draft programme for government framework*. Belfast: Northern Ireland Executive. Page 27. Available at: <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>
- <sup>4</sup> Mental Health Foundation (2016) *Mental health in Northern Ireland: fundamental facts 2016*. London: Mental Health Foundation. Page 8. Available at: <https://www.mentalhealth.org.uk/publications/mental-health-northern-ireland-fundamental-facts>
- <sup>5</sup> Betts J, Thompson J (2017) *Mental health in Northern Ireland: overview, strategies, policies, care pathways, CAMHS and barriers to accessing services: NIAR 412-16*. (Research and Information Service Research Paper). Page 3. Belfast: Northern Ireland Assembly. Available at: <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf>
- <sup>6</sup> Mental Health Foundation (2016) *Mental health in Northern Ireland: fundamental facts 2016*. London: Mental Health Foundation. Available at: <https://www.mentalhealth.org.uk/publications/mental-health-northern-ireland-fundamental-facts>
- <sup>7</sup> Department of Health (NI) (2016) *Health and wellbeing 2026: delivering together*. Belfast: Department of Health (NI). Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>
- <sup>8</sup> NHS Benchmarking Network (2017) PowerPoint presentation. Occupational therapy NHS Benchmarking data.
- <sup>9</sup> Wilcock AA (2006) *An occupational perspective of health*. 2nd ed. Thorofare, NJ: SLACK Incorporated.
- <sup>10</sup> Department of Health, Social Services and Public Safety (2014) *Making life better: a whole system strategic framework for public health 2013-2023*. Belfast DHSSPS. Available at: <https://www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health>
- <sup>11</sup> National Union of Students Northern Ireland (2017) *NUS-USI student wellbeing research report 2017*. Page 6. Belfast: NUS-USI. Available at: <https://www.nusconnect.org.uk/articles/student-mental-health-crisis-could-be-on-the-horizon>
- <sup>12</sup> National Union of Students Northern Ireland (2017) *NUS-USI student wellbeing research report 2017*. Pages 35-38. Belfast: NUS-USI. Available at: <https://www.nusconnect.org.uk/articles/student-mental-health-crisis-could-be-on-the-horizon>
- <sup>13</sup> Northern Ireland Executive (2016) *Draft programme for government framework 2016-21*. Belfast: Northern Ireland Executive. Page 25. Available at: <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>
- <sup>14</sup> Mental Health Foundation (2016) *Mental health in Northern Ireland: fundamental facts 2016*. London: Mental Health Foundation. Page 20. Available at: <https://www.mentalhealth.org.uk/publications/mental-health-northern-ireland-fundamental-facts>
- <sup>15</sup> Mental Health Foundation (2016) *Mental health in Northern Ireland: fundamental facts 2016*. London: Mental Health Foundation. Page 21. Available at: <https://www.mentalhealth.org.uk/publications/mental-health-northern-ireland-fundamental-facts>
- <sup>16</sup> Northern Ireland Executive (2016) *Draft programme for government framework 2016-21*. Belfast: Northern Ireland Executive. Page 27. Available at: <https://www.northernireland.gov.uk/sites/default/files/consultations/newnigov/draft-pfg-framework-2016-21.pdf>
- <sup>17</sup> Health and Social Care Board (2014) *You in Mind: Regional mental health care pathway. Promoting hope, opportunity and personal control*. Page 45. Belfast: HSC. Available at: [http://www.northerntrust.hscni.net/pdf/Care\\_pathway\\_for\\_people\\_who\\_require\\_mental\\_health\\_care\\_and\\_support.pdf](http://www.northerntrust.hscni.net/pdf/Care_pathway_for_people_who_require_mental_health_care_and_support.pdf)
- <sup>18</sup> National Institute for Health and Care Excellence (2014) *Psychosis and schizophrenia in adults: prevention and management*. Clinical guideline [CG178]. London: NICE. Available at: <https://www.nice.org.uk/guidance/cg178>

# References cont'd

- <sup>19</sup> Department of Health (NI) (2016) *Health and wellbeing 2026: delivering together*. Page 14. Belfast: Department of Health (NI). Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>
- <sup>20</sup> Royal College of Occupational Therapists (2017) *Living not existing: putting prevention at the heart of care for older people in Northern Ireland*. London: RCOT. Available at: <http://cotimprovinglives.com/improving-lives-saving-money-putting-prevention-heart-care-older-people/>
- <sup>21</sup> Health and Social Care Board (2014) *You in Mind: Regional mental health care pathway. Promoting hope, opportunity and personal control*. Page 16. Belfast: HSC. Available at: [http://www.northerntrust.hscni.net/pdf/Care\\_pathway\\_for\\_people\\_who\\_require\\_mental\\_health\\_care\\_and\\_support.pdf](http://www.northerntrust.hscni.net/pdf/Care_pathway_for_people_who_require_mental_health_care_and_support.pdf)
- <sup>22</sup> 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>
- <sup>23</sup> 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>
- <sup>24</sup> 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:

- Prisons<sup>22</sup> and secure services<sup>23</sup>
- Health and wellbeing clinics
- Fire and rescue services<sup>24</sup>
- 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

[www.rcot.co.uk](http://www.rcot.co.uk)

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