Getting my life back:
Occupational therapy
promoting mental health and
wellbeing in England
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Occupational Therapy
Improving Lives, Saving Money
#ValueofOT
We can no longer ignore people's mental health. Around one in six people in England report experiencing a common mental health problem each week.\(^1\) 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 commissioners 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.

Only 43% of people with mental health issues are in regular employment, compared with 74% of the general population.\(^3\) Employment is not just about earning a wage; but also self-esteem, social interactions and having a meaningful role in the community. Furthermore, unemployment can lead to a range of other health problems. A key function of occupational therapy is to support individuals with work. Occupational therapists should be at the front line of vocational and job seeker services within communities, to get people back to work and support local economies.

The link between severe mental ill-health and poor physical health is one of the greatest health inequalities in England. 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 Education Policy Institute show that young people are waiting, on average, over 80 days to start treatment in mental health services.\(^4\) This simply isn't good enough. Early intervention is vital in providing effective support for people with mental health problems. Occupational therapists are leading in innovative mental health service design to reduce the pressure on primary care and ensure timely interventions. This can be achieved via partnerships 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?*

Julia Scott, Chief Executive Officer
Royal College of Occupational Therapists
Stakeholder comments

Rt Hon Norman Lamb, MP and Former Health Minister

“Occupational therapists have an essential role to play in supporting people with mental ill health – helping them to engage in work and study and empowering them to lead active and fulfilling lives. However, more needs to be done to fully unlock these benefits and ensure that occupational therapy is at the forefront of holistic mental and physical health care. This important report underlines the need for occupational therapy to be effectively incorporated into mental health services, which should be treated as a priority by government and the NHS. As well as the enormous benefits to people’s quality of life, we know that this also makes economic sense by reducing pressure on other parts of the health service.”

Luciana Berger MP, President of the Labour Campaign for Mental Health

“Mental ill health presents itself in many guises and what this report draws out is the effectiveness of occupational therapy in addressing the variety of problems people of all ages can face. The examples in this report show the additional value of occupational therapists working in new areas - with students and young people transitioning into the world of work, and helping people find and stay in work; getting involved in people’s care at an early stage of their illness; and providing solutions and support to enable people to get on with their lives.

“The more individuals we can reach earlier, the better for them, their families, their friends and their colleagues and employers, and the recommendations in this report show how by using occupational therapists innovatively, this can be achieved.”

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.”

Leila Reyburn, Policy and Campaigns Manager, Mind

“Mental health isn’t just about drugs and talking therapies – services that support people with other aspects of their lives that may be affected by their mental health are also crucial. We welcome this report and, in particular, the examples that show clearly how intervening early to get someone the right help can reduce the need for more complex support further down the line. Occupational therapists play a key role in mental health services, supporting people to live independent lives.”

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.”
The case for change

NHS England report that ‘One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS’.5

In recent years there has been an undoubted shift in the perception and understanding of mental ill health, yet people still struggle to access mental health support in the UK. Only 25% of those estimated to need mental health services have access to them.6

Early access to the right support when people first ask for help will lessen the impact of mental health problems, by focusing interventions on outcomes that really matter to them. Building mental health support around the individual’s hopes and aspirations is vital. Whether it is by reducing anxiety to enable work or study, or helping recovery from depression, occupational therapy has a pivotal role in combating mental ill health in England. 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 NHS England’s vision of The Five Year Forward View for Mental Health.7

Why occupational therapy?

Occupational therapists focus on helping people achieve their life ambitions and chosen occupations, such as looking after a home, having a good education and good employment. Occupational therapists can work with people in a more streamlined way because they are uniquely trained to address both mental health and physical health at the same time. They work across all ages and at all stages of a person’s mental health recovery. It is recognised, for example, that inpatient units with higher occupational therapy input have the shortest lengths of stay by up to 20%.6

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 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 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.
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

Evidence from the House of Commons states that: ‘Young adults aged 16-24 today are more likely than previous generations of young adults to experience mental health issues and the numbers of students reporting mental ill health is increasing... The impact of mental health issues can be serious and according to the Higher Education Statistics Authority (HESA) there has been a 210% increase of students leaving university due to mental health problems over the last five years.’

In 2017, the Institute for Public Policy Research published a set of recommendations to support students with mental health problems. These recommendations include having effective and well-resourced systems in place to support students’ progress throughout their course.

Employing occupational therapists to support young people with their learning opportunities will ensure that providers are better placed to fulfil their duties in line with the Equality Act, 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 England. 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.

Sarah’s story:

Sarah was in her second year of a BA Hons music degree at Leeds College of Music when she contacted the Student Health and Wellbeing Service. She had been experiencing an increase in stress, anxiety and obsessive compulsive behaviours due to a recent diagnosis of chronic fatigue syndrome (CFS). Following occupational therapy assessment it was clear that Sarah was struggling with self-care, was behind in her academic work, felt unable to relax and overwhelmed by her problems.

The occupational therapist worked with Sarah to:
• improve her daily routines
• advise on coping skills to manage her CFS and stress
• encourage use of university wellbeing initiatives; and
• teach assertiveness skills.

As a result of the occupational therapy intervention, Sarah reported feeling more in control of her own mental and physical health. She felt more able to manage her interpersonal relationships which positively impacted upon her stress levels and feeling of empowerment. Sarah also acknowledged that by better managing her activities of daily living, and having a structured daily routine, she was able to avoid ‘burn out’ and spot the early warning signs of mental or physical ill health. Achieving a degree has increased Sarah’s opportunities and prospects for her future working life.
The cost of the occupational therapist’s intervention in Sarah’s case was approximately £252 for six hour long sessions. For this investment the university avoided a loss of income of up 75% of the tuition fee for that academic year and any subsequent years that Sarah remains registered on her course.

I genuinely feel that I would not have been able to get through my degree without the support that your team has offered me. I am so very grateful.

**Service example 1:**
**Student Health and Wellbeing Team, Leeds College of Music**

The service was set up in September 2016 to address any aspect of a student’s mental health or wellbeing. In one academic year the service has seen around 30% of the student population.

Led by an occupational therapist, the team also consists of two counsellors, two wellbeing advisers and an international wellbeing adviser. The majority of students accessing the service are aged between 18–25 on higher education degree courses in music. The majority of the students have attended mainstream education settings; a small number of these have previously had access to mental health services. Students have a range of emotional and mental health issues such as mood and personality disorders, psychosis and anxiety disorders. The service works closely with the Disability Support Team to organise reasonable adjustments and liaise with other specialist mental health services.

The main remit of the service is to impact positively upon a student’s ability to engage with their studies and student experience by addressing any mental health and wellbeing issues. The occupational therapist explores how the environment impacts on the student’s ability and motivation to plan and organise their day to day occupations. Examples of specific interventions include activity scheduling, goal setting, behavioural activation, motivational interviewing, coping strategies, psycho-education and encouraging occupational engagement. These interventions encourage autonomy and are targeted at a student group that has a strong commitment to musical practice/performance, alongside academic work and financial constraints.

**Outcomes:**

- Students report a link between improvements in their mental health and wellbeing, better attendance at lectures and seminars, increased submission of academic work and some improvement in grades.
- Students also report feeling more hopeful about the future and make positive changes in lifestyle choices, such as healthy eating and exercise.
- Students who use the service are less likely to require ongoing input from GPs and other NHS mental health services.

As occupational therapists work collaboratively with their client group, we are able to empower students to manage their own wellbeing and learn mental resilience through the use of meaningful, purposeful occupation.

Clare Copley (Occupational Therapist)
Student Health and Wellbeing Manager

**Key components for delivering the recommendation:**

- Locally agreed referral processes allowing sixth form schools and Higher Education Institutions to access occupational therapy for students.
- Occupational therapists should be employed within occupational health or student services at Higher Education Institutions.
- Provision of a range of resources for students promoting healthy occupations to support wellbeing.
Occupational therapists should be deployed to address employment needs when working with people with mental health problems.

Rationale

NHS England states that ‘The employment rate for adults with mental health problems remains unacceptably low: 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Of people with ‘mental and behavioural disorders’ supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. There is a 65 per cent point gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population’.13

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, Public Health England reports that ‘children growing up in workless families are more likely to fail at every stage of educational testing’.14

Unemployment also has wider societal implications; for those who claim Employment and Support Allowance, mental illness is the most frequently reported health problem.15 The Five Year Forward View for Mental Health states that ‘the NHS must play a greater role in supporting people to find or keep a job’.16 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.

I got my perfect job within four months that matched my skills, experience and ambition. It has changed my life.

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, occupational therapists 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.17

Occupational therapy-led return to work services can improve employment outcomes and address an unmet need that perpetuates health inequalities.
Service example 2:
Vocational Rehabilitation Service, Kent and Medway NHS and Social Care Partnership Trust (KMPT)

The Vocational Rehabilitation Service is occupational therapy-led and forms part of the core community services provided by KMPT. The multidisciplinary service is designed to meet the employment needs of people with complex mental health problems and recovery is the fundamental principle underpinning the care.

The service offers individuals support in their personal recovery journey to achieve their employment goals with hope, optimism and confidence.

The service bases its interventions on the evidence-based Individual Placement and Support (IPS) approach which helps the individual gain and retain paid employment. The service provides:

- Comprehensive assessment of employment needs and aspirations.
- Supported employment interventions, offered as part of secondary mental health care.
- Employer liaison and specialist advice.
- Rapid job retention support to facilitate return to work following sick leave. People are contacted on the day of referral and seen within 48 hours.
- Liaison between primary and secondary mental health employment services to enable early intervention and efficient, timely transfer of care.
- Provision of early intervention advice and support for people in hospital.
- A twelve-week Job Taster Programme giving individuals the opportunity to ‘taste’ work and gain valuable work experience within KMPT as a pathway to paid employment.

Outcomes:
People who have been supported by the Vocational Rehabilitation Service to find, return to and retain employment report that:

- They feel a positive link between employment and self-worth.
- There is a reduction in mental health symptoms, including anxiety while reintegrating back into the workplace.
- They feel confident that they can manage their mental health in the work environment with support from the service.

Employers also report an increase in confidence in managing their employees’ mental health needs in the workplace and value the input from the service.

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.

Jason’s story:

Jason is a middle-aged man with a long-term history of anxiety and depression. He was referred from the Community Mental Health Team to the occupational therapist based in the Kent and Medway Vocational Rehabilitation Service. At the point of referral he had been signed off work by his GP for 12 weeks with no date set for his return. There were unresolved issues between Jason and his new line manager which needed mediating and there were no plans in place to support his return to work.

The occupational therapist’s intervention at this stage in his recovery was timely and crucial. With the occupational therapy support, Jason was able to commence a gradual phased return to work within two weeks from the point of referral. A Wellness Recovery Action Plan was completed identifying reasonable adjustment recommendations, including a temporary move to another work location while the outstanding issues between Jason and his manager were successfully resolved during a workplace mediation session. The occupational therapist provided resources for the manager on how to successfully manage and support an employee with mental health problems in the workplace. Weekly check-ins were also arranged for Jason via a Workplace Buddy.

Since his return to work, Jason has had no need for further meetings with his care coordinator, thereby reducing the workload of the Community Mental Health Team. Jason was transferred to primary care as a result of the occupational therapy interventions.

Cost savings in this example were achieved by moving Jason from specialist mental health services back to primary care. The average cost of one hour’s contact with the CMHT is £190 compared to a cost of £36 for 10 minutes with a GP.¹⁸
Improving the physical health of people with serious mental health problems

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
NHS England states that ‘Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months’.19

There are a range of strategies that can improve the physical health of those with serious mental health problems, including interventions that tackle diet, smoking, alcohol consumption and encourage exercise. Increasing people’s physical activity, for example through the use of sport, is an excellent and cost effective way of extending life expectancy. The National Institute for Health and Care Excellence advocate 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.’20

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 a 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.

Sam’s story:
Sam has psychosis; he wasn’t leaving the house and had made an attempt to end his life. Due to his illness, he was neglecting his self-care and struggling to look after his home. He rarely cooked for himself and his family were worried about him.

Sam’s occupational therapist in the Crisis Resolution Team carried out an assessment to understand how best to engage Sam in occupations that mattered to him. The occupational therapist discovered that his main interest was football and she encouraged him to join the local mental health trust’s football club. Attending the football club meant that Sam had to get up in the morning, wash, dress and have breakfast. This routine was motivated by his desire to play football.

Since attending the Hounslow Hawks for weekly training sessions, Sam’s mood has improved and his anxiety has reduced. By having a regular routine and taking part in an activity that he enjoys, Sam’s motivation to leave the house has increased and he is now going out regularly. His self-care has improved; he cooks for himself on a regular basis, his confidence has also improved and he has started to make some friends. By working with Sam, the occupational therapist was able to use football as a way to get his life back on track.

As Sam benefited so well from his involvement with the Hounslow Hawks, he required less input from the local Crisis Resolution Team. This avoided a further eight home visits costing £191.00 per session, which would have cost £1528 in total.

Cost savings:
• The Hounslow Hawks costs £13.02 per session, per person.
• This equates to £13.02 x 48 weeks = £624.96
• This means a saving over a year of £903.04 per person when compared to further home visits by the Crisis Resolution Team.
• For the whole Hounslow Hawks (12 team members) this equates to a potential cost saving of approximately £10,836.
Service example 3: 
Occupational Therapy Service, West London NHS Trust

Hounslow Hawks Football Club is managed by the Occupational Therapy Service at West London NHS Trust and is part-funded by the Trust’s charity. It has been running under the guidance of a Trust Occupational Therapy Technician for 10 years. The occupational therapy service is ideally placed to bridge the transition between statutory mental health services and mainstream community sport.

People with mental health problems are offered weekly football training and attend monthly league matches. The project aims to reduce stigma surrounding mental health, increase social interaction, reduce social isolation, and improve players’ structure and routines.

Through football, people are motivated to attain and maintain positive physical and psychological wellbeing. As a result of playing a team sport, their communication, recovery, self-esteem and confidence improves too. It also aids their personal development to allow access to other community resources.

Over the last year Hounslow Hawks has received coaching from Brentford Football Club Sports Community Trust. As well as this, they have run a mix of football and socialising opportunities in conjunction with Brentford Football Club Community Sports Trust, Middlesex Football Association and Hestia at Osterley Goals Centre. As part of their latest success, Hounslow Hawks has won a ‘Best Inclusive Project’ FA Community Award for encouraging participation from all regardless of age, sex, race or disability, and championing social inclusion schemes within the Hounslow community.

Football is low-cost with many positive benefits, from improved health and wellbeing to feeling accepted and supported. Many of the players would normally be excluded from joining a ‘mainstream’ football team/club due to their physical ability, medication, symptoms, lack of confidence and financial constraints.

Hounslow Hawks gives them a chance to be their own stars when on the pitch.

Michelle Nielsen
Occupational Therapy Technician

Key components for delivering the recommendation:

• Occupational therapists should be part of local strategic planning to improve the physical health and activity of local populations.

• Occupational therapists should lead on the education and promotion of healthy occupations in mental health trusts.

• Occupational therapists should partner with leisure centres and sports clubs to ensure accessibility to physical activity for people with serious mental health problems.
Occupational therapists should lead innovative service delivery that improves access to mental health support in primary care.

Rationale
In their 2017 report, the King’s Fund and the Royal College of Psychiatrists state that ‘The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three. Over the next five years and beyond the NHS will increasingly need to dissolve these traditional boundaries’.

Currently vanguard sites are trialling new ways of delivering health and social care services. The recent review by the King’s Fund confirms that there are pockets of good practice that have not yet been embraced across the whole country. Their review gives several examples of vanguard sites that are utilising the skills of occupational therapists to address the needs of people with complex mental health needs living in the community.

More occupational therapy-led services will alleviate pressures on primary care. Innovative new ways of working in partnership, such as with third sector partners, enables occupational therapists to intervene early to promote safety and self-management. 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.

Fay’s story:
Fay has been well known in secondary mental health services for several years due to mental distress that results in her self-harming. After support to help her develop new ways of coping with mental distress, Fay was due to be discharged from secondary mental health services but felt extremely anxious about this. She was referred to the Pathfinder Clinical Service and offered a ‘step down’ transition intervention. This consisted of 1:1 sessions with the occupational therapist to identify activities that will help her when she is feeling distressed. This helped her structure a routine of daily activities, which included looking after her home, her health and wellbeing, and taking up swimming again.

Improving access to mental health support in primary care

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

“"We offer timely short-term interventions with the aim of helping people get back on the road to recovery."

Jenny Edge
Occupational Therapist and Team Leader

“I don’t think the CMHT service would have discharged me successfully. I felt supported being discharged by the Pathfinder clinician and confident in leaving Sussex Partnership Foundation Trust services, which I wasn’t before.”

Occupational therapy promoting mental health and wellbeing in England – Royal College of Occupational Therapists
**Service example 4:**
Pathfinder Clinical Service, Sussex Partnership NHS Foundation Trust

Pathfinder West Sussex is an alliance of organisations working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing. It provides a pathway of mental health recovery support so people can move freely between services to get well and stay well.

The Pathfinder Clinical Service offers easy access to mental health support and helps to form a bridge between statutory and non-statutory services to improve people's experiences. The service is co-produced and delivered by all alliance members including a team of people with lived experience.

This is only one of three areas in the country to offer this style of alliance. Pathfinder West Sussex has no lead provider and all organisations are equal partners. The alliance has recently joined the West Sussex Time to Change hub to embed anti-stigma and anti-discrimination locally.

The occupational therapy led clinical element of the alliance provides support for people transitioning out of secondary care, facilitating discharge and also offers proactive, preventative work. Clinicians (occupational therapists and nurses) spend about 80% of their time with partner organisations, such as Mind and Richmond Fellowship.

The Pathfinder Clinical Service has three key focus areas:

1. **Transition interventions (step down):**
   - Supporting people's discharge from secondary mental health services. These time-limited interventions include a six-session transitions group based on *Five Ways to Wellbeing*.24

2. **Protective interventions (step-up):** Proactive interventions for those people using the Pathfinder services. There are four levels of intervention available according to a person's need. These aim to prevent further deterioration of mental health and potential escalation to secondary care.

3. **Stabilisation interventions (step-across):**
   - Supporting access and engagement with other services such as Substance Misuse and Primary Care Psychological Therapies.

**Outcomes:**
People who have been supported by the Pathfinder Clinical Service report:

- Better mental health and wellbeing.
- Improved confidence, self-esteem and optimism.
- Fulfilling and meaningful structure to daily routines.
- Improved social connection with others.
- Greater use of other local resources.

**Cost savings:**
As a result of the Pathfinder Clinical Service, there has been a reduction in the use of secondary mental health services.

In a 3-month period (January to March 2017) 46 people were discharged from secondary care, which equates to approximately 184 people in one year.

- Each person has an average of 6 sessions with the Pathfinder Service costing £42 each = £252.
- If each person had 6 sessions with secondary mental health services costing £173.25 each = £1039.50
- Cost saving per person £1039.50 - £252 = £787.50
- Cost savings for 46 people £787.50 x 46 = £36,225 in a 3 month period.
- Over a 12 month period this would equate to approximate cost savings of £144,900.

**Key components for delivering the recommendation:**

- Appoint occupational therapists to lead in establishing and maintaining partnerships across sectors, for example housing, voluntary organisations, private providers and social enterprises.
- Provide access points to occupational therapy advice for community providers across the voluntary and private sector.
- Ensure sufficient occupational therapy resources to provide training and mentoring for peer workers and team members within non-statutory organisations.
- 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 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.

Health Education England states that occupational therapists have a ‘fundamental role to play in the delivery of the Five Year Forward View for Mental Health’, particularly in tackling education, employment, housing, social connection and physical health.  

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


References cont’d


27 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

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

These include:

- Prisons\textsuperscript{26} and secure services\textsuperscript{27}
- Health and wellbeing clinics
- Fire and rescue services\textsuperscript{28}
- 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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