



## Mental health and rehabilitation

### Question 1:

### In what new ways could occupational therapists address mental health needs?

- Depends upon which area you work in. In physical acute setting, people's mental health needs can be neglected. Using mental health recovery model as part of initial assessment. Also using wellbeing outcome measures. Each time a person is readmitted to hospital due to a long-term health condition, the wellbeing review/assessment can be continued.
- Mental health in-patient/community settings; using new and creative technologies e.g. virtual community mindfulness walking groups via Zoom. Also, virtual guided talking therapy. A lot of in-patient groups have carried on as before (pre-COVID).
- Assessments are now being conducted remotely along with equipment prescribing, ordering and demonstrating and risk assessments.
- Mental health perspective can be different in an acute setting; there needs to be a broader definition of rehab in mental health i.e. it is for everyone, not just for people with complex psychoses. Everyone has rehab needs no matter which service you are working in. RCPsych should work with RCOT as there are limited examples of mental health rehab resources from RCOT. RCOT needs to do more.
- Weight management service: service suspended, and occupational therapists redeployed due to COVID. Previously set-up mindfulness eating group, then adapted this to work with therapy staff to help them cope with stress caused by the pandemic. Five occupational therapists came together and set up the new service in three days. Team provided 1:1 sessions providing a listening ear, compassion-based approaches, validation, wellbeing services for staff. Also provided anxiety management sessions for staff who then can provide anxiety management for people who use their services. Helped promote wellbeing and resilience. One of the occupational therapists is now working in occupational health. HEE and NHS Confederation have asked for a case-study regarding the new service which is going to be included in their People Plan.
- Changes in mental health services – now working more in primary care services via a transformation project. They can now support patients in primary care who have COVID-19 related anxiety.
- Mental health occupational therapists now thinking more about physical health. Working in primary care.



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### Question 2:

### **How can we best build on occupational therapy leadership to innovate and change how we meet mental health needs?**

- Advocating for mental health care. Occupational therapy is the most accessible therapy for people. Work with people who are homeless and have a dual diagnosis. There is always something (an occupation) that people can do.
- Very important to demonstrate outcomes to demonstrate the value and benefit of occupational therapy interventions. We need more occupational therapists in senior leadership positions.
- Importance of recognising occupational deprivation due to COVID-19. Everyone has experienced this due to lockdown.
- We need to build more partnerships with other organisations, e.g. HEIs.
- Co-working with psychologists to work on social cognition programmes.
- Intermediate care – physical rehab with adults with mental health problems. Importance of occupation and occupational therapy for all; moving away from being either a mental health or physical health occupational therapist, to an occupational therapist. Creating competency-based learning for all occupational therapy staff.
- All occupational therapists can be leaders; value of occupational therapy within personal health budgets, using Section 117 funding to address occupational deprivation. The money can be used to help people who are in digital poverty e.g. purchasing a lap-top with/for them.
- Occupational therapists need leadership training in order to build their confidence. Every occupational therapist is a leader.



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### Question 3:

### How can occupational therapists in all settings drive social justice to tackle mental health inequalities?

- Occupational therapist setting up mental health service supporting people working in the construction industry. Looking at work-life balance via an online clinic. Assisting construction HR department to write a mental health policy for its employees. Managing people who are at high risk of suicide. Aiming to reduce stigma.
- Occupational therapy lecturer from Scotland; we prepare our students to engage with people who experience high levels of deprivation; this is a core element of teaching. Examining social justice and oppression. Learning cultural humility and intersectionality.
- MSc study; common mental health problems/social aspects of NHS staff. Stress and anxiety is most common in staff in lower bands. Social determinants of health.
- Ethnic minority groups – experiences of deprivation. We need more diversity in occupational therapy
- Use of population segregation tools.