

Occupational therapists meeting mental health needs in primary care, a north Wales example

By Alexis Conn from Betsi Cadwaladr University Health Board.

The COVID-19 pandemic exacerbated the impact of already existing health inequalities in North Wales. Between 2017 and 2020 Wales had one of the highest populations of people living in poverty, with associated higher levels of health inequalities.

The protracted lockdowns led to an increase in loneliness, isolation, substance misuse and domestic violence, particularly for those who were shielding. This resulted in an increase in the need for urgent mental health support in primary care, backed by evidence from various sources, including the population needs Assessment for north Wales which clearly indicates that the number of patients with mental health problems is increasing

OT Action

Early in the first lockdown, the occupational therapy service in North Wales proactively acted to support primary care, reaching out to those who were shielding. This quickly grew into supporting individuals presenting at primary care with common mental health concerns.

From this, a co-production project developed, linking occupational therapy services with the I CAN programme – an established programme led by mental health services across north Wales offering drop-in community spaces, unlimited intensive employment support and volunteering opportunities, with an enhanced offer back to volunteers of support, supervision and reflective practice.

I CAN Primary Care was piloted with the occupational therapists completing assessments as an alternative to GPs, offering occupation-focused interventions and linking into local resources, including I CAN hubs. There were no restrictive eligibility criteria for access and the service was extremely responsive.

The I CAN programme offers easier, earlier access to prevent and mitigate health inequalities, practical help, and a focus on opportunities for people to get active again in their everyday lives.

Outcomes

An early evaluation of the programme demonstrated that:

- Occupational therapists offered self-management interventions in 76% of cases, compared with 5% offered by the GP.
- In 67% of cases, GP appointment/s were avoided, either because an occupational therapist was able to complete the appointment or because follow-up appointments were not needed.
- In 26% of cases, a referral to the community mental health team was avoided.

Over a five-month period, working one day per week in the project, the occupational therapists saw 386 patients. The projected average cost-saving per person who saw an occupational therapist was **£327.59**.

“Whilst this has of course assisted in relieving the GP workload, [the occupational therapists] have given care GPs could not have provided. They have had support from our clinical team where necessary, and we have all benefitted from case discussions and reviews.

However, their contribution has been very significant, particularly where they have enabled patients to manage anxiety and avoid medicalising it or indeed avoided medication, by using strategies I as a GP could not offer.” GP

“I was a mess. Thanks to her [the occupational therapist], my life is back on track.” Patient