**Royal College of Occupational Therapists response to the Mental Health Strategy 2021-2031 for Northern Ireland**

**Vision and Founding Principles**

**Do you agree the vision set out will improve outcomes and quality of life for individuals with mental health needs in Northern Ireland?**

The vision in the strategy is useful but will improve outcomes and quality of life only if the services, structures, and workforce are orientated to deliver this vision and believe in it.

***Social Determinants of Health***

For example, occupational therapists know that the social determinants of health have the biggest impact on quality of life and life expectancy. These main drivers for mental distress such as poor access to education, housing, employment, and social support can often feel like the “add on” rather than the central focus for healthcare and this needs to change.

We do not accept the argument that these determinants which are strongly linked to quality of life are outside the remit of the Department of Health and suggest a cross department working group is established to address them.

*This action of a cross department working group needs to be added to the first theme in the strategy.*

**Do you agree the founding principles set out provide a solid foundation upon which to progress change?**

The founding principles are a good platform but need better cohesion with the value base in the vision. These principles should be a description of the beliefs or rules that will guide any actions going forward.

***Quality of Life***

For example, the vision describes a focus on improving quality of life and enabling people to achieve their potential, but this is not mirrored in the principles. A straightforward way to approach this would be to describe the things that are needed for a good quality of life such as feeling safe; a sense of belonging; life of structure; meaningful daily activities and social participation.

*We would like to see “quality of life informed decisions” clearly added to these principles.*

**Theme 1: Promoting wellbeing and resilience through prevention and early intervention**

**Do you agree with the ethos and direction of travel set out under this theme?**

The ethos and direction of travel are very good and encapsulate many of themes we believe are necessary to achieve the vision such as the social determinants of health, school-based programmes, and employment support. The case studies are vibrant, and we have included some occupational therapy case studies at the end of this submission.

**Do you agree with the actions and outcomes set out under this theme?**

Despite having the longest introduction (seven pages) of any of themes, it has the smallest number of actions (4 actions) and therefore does not reflect the importance of many of the issues and good practice described.

It is positive to see the Condition Management Programme included, however improved integration across departments in terms of planning, budgeting/resources, workforce, and research is needed to ensure that both health outcomes and work related outcomes are measured.

***Employment***

For example, employment is one of the most important determinants of health and a protective factor in suicide prevention. While occupational therapists frequently assist people into work, everybody should work together to meet this aim.

*We would therefore like to see an action that ensures that work as a health outcome and employment support are offered to everyone with mental health needs.*

***Primary Care***

We support the action to expand talking therapy hubs so that they are managed by primary care. It will mean looking at the primary care model as a whole so people can access the right treatment whether a brief intervention of talking therapy or some other form of support such as employment support.

We have several occupational therapists managing the new primary care mental health services, making an excellent contribution to their roll-out and success. However, the role of the Mental Health Practitioner is very new and can be a nurse, social worker, or occupational therapist. All references to this role need to clearly article the value that having a range of professionals brings.

In addition, we are aware that Primary Care Liaison Posts are developing in the Western Trust which offers short term interventions. This variety between Trust approaches opens the possibility of substantive occupational therapy specific roles in primary care which we believe would be attractive to the workforce and an effective way of utilizing our skill set across both mental and physical health.

*We would like to see an action that creates clear leadership, career structure and identity for Mental Health Practitioners so that the role is better defined and promoted.*

*We would like to see an action that considers regional occupational therapy provision for primary care rather than only via the Mental Health Practitioner role.*

**Children’s Mental Health**

We believe that the greatest contributions that this strategy could make would be to improve the positive social and emotional development of children, particularly as the current best predictor we have for life expectancy and quality of life is educational attainment.

‘*Children growing up in workless families are almost twice as likely as children in working families to fail to reach the expected levels at all stages of their education,’ Department for Work and pensions (2017) Improving Lives: Helping Workless families Analysis and Research pack Available at:*

[*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/696368/improving-lives-helping-workless-families-web-version.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696368/improving-lives-helping-workless-families-web-version.pdf) *Accessed on 19.03.21*

The health implications of not being in work for individuals and Northern Ireland society as a whole must be recognised and the link between health and work prioritised as well as ensure support for people who wish to remain in, return to or obtain work.

We support the proposal of early intervention in mainstream education. Occupational therapy led wellbeing hubs have already been proposed to the Department of Health and Department of Education by RCOT as a new approach to supporting the mental health of students in post-primary, mainstream education. This was based on the experience of an occupational therapist who has been working within a mainstream school in Belfast to improve the mental health and wellbeing of students using a range of universal, targeted and specialist interventions.

*We would like to see an action added that sees this type of model rolled out across Northern Ireland.*

**Theme 2: Proving the right support at the right time**

**Do you agree with the ethos and direction of travel set out under this theme?**

The ethos and direction of travel in this theme are good and most actions are encapsulated in this wide-ranging section. For example, we support a fundamental change in secondary care which moves towards population-based approaches that focus on GP Federation areas.

**Occupational therapy specific roles**

We believe to deliver our full potential particularly for addressing both mental health and physical health, those posts need to be occupational therapy specific posts. There is currently a review of the new MDTs in primary care so there is an opportunity to change the model.

We have evidence from pilots in Scotland and Wales that show that occupational therapy posts in GP surgeries can adapt to local population demands and see older adults, people with mental health problems and can provide employment support. The advantage of this means that people with both physical and mental health problems (approximately a third of people) can have a holistic intervention that address both at the same time. If GPs have more flexibility about how to grow their teams, rather than the current standard approach, they could where needed employ occupational therapists with a broad skill set as we are trained equally both mental and physical health.

**Do you agree with the actions and outcomes set out under this theme?**

***Recovery Colleges***

We generally support the actions and outcomes in this theme. For example, cementing the role of Recovery Colleges will be crucial. We support the proposal that the whole workforce should be involved in Recovery Colleges as vehicles for ensuring a recovery focus is embedded by every clinician.

*We would like to see an action that every clinician, regardless of professional background is expected to deliver at least one psychoeducational group a year in co-delivery with a peer support worker in a local Recovery College.*

***Physical Health***

We also support improvement in the physical health outcomes of those with serious mental illness. RCOT are members of Equally Well UK and think the organisation would benefit from an increased membership from Northern Ireland. We agree that all people with serious mental illness should have written programs for healthy eating and exercise and that these could be delivered for example, through the Recovery Colleges.

*We would like to see an action that the Department of Health join and sign up to Equally Well to align with similar national ambitions.* [*https://equallywell.co.uk/about-us/*](https://equallywell.co.uk/about-us/)

*We would like to see an action that every Recovery College delivers programmes to address healthy eating and exercise.*

***Rehabilitation***

We support the proposal to create a regional structure for recovery-based rehabilitation services. Access to occupational therapy rehabilitation that addresses both mental and physical health needs is of growing importance in Northern Ireland both highlighted and exacerbated by Covid-19.

Occupational therapists have an excellent skill set for rehabilitation which aims to maximize people’s ability to live, work and learn to their best potential and many occupational therapy interventions deliver exactly this. The rehabilitation frame of reference it is embedded in everything we do.

Moving forward, the rehabilitation offer has to be multi-layered, flexible and led by need rather than diagnosis. It should be multi-disciplinary, multi-agency, wrapping around a person to offer step up/down, on/off with excellent links with all wider services to ensure participation.

Occupational therapy led specialist mental health rehabilitation services should focus on meaningful, everyday activities, ensuring people keep links with local employment and education, daily living skills, social skills and community activities.Housing and homes will also need to be a large area of focus in order to get environments right for people’s complex mental, physical and social needs.

*We would like to see an action added to develop occupational therapy led specialist mental health rehabilitation services.*

***Low secure services***

We agree with the action to develop regional low secure in-patient care for people who need it. Occupational therapy for adults in secure hospitals can literally transform a patient’s experience of their detention. The occupational therapist is the member of the multidisciplinary team (MDT) who has the training to extend skills and activities, allowing people to gain a sense of re-empowerment, validation and the beginnings of hope.

It is also one of the areas of occupational therapy practice that has the strongest evidence base which are described in the NICE endorsed “Occupational therapists’ use of occupational focused practice in secure hospitals; practice guidelines” <https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/secure-hospitals>

*We would like to see an action added that the new regional low secure in-patient service delivers these practice guidelines and uses the audit tool at the link to measure progress against.*

***Perinatal Mental Health services***

RCOT believe we can make major contributions to the proposed development of perinatal mental health services. Occupational therapists have been key to the rollout and development of infant and perinatal services elsewhere. In these services, we are promoting women’s recovery from perinatal mental health problems by helping them overcome the barriers preventing them from participating in activities that are important to them and their infants.

Perinatal mental health draws on our skills in both physical and mental health, and our knowledge of child development. The fact that we work across sectors (health, social care, housing, education, employment) is also a real benefit in this field.

*We would like to see an action that specialist perinatal mental health services adopt the following infographic so that all members of the workforce, including the occupational therapists, can address or know to access targeted interventions for each circled item.*



***Personality Disorder Services***

RCOT supports the proposal to create a personality disorder service and enhance specialist interventions in Northern Ireland. We have occupational therapists who are very active in the NI Regional PD Network and who made a detailed submission for this consultation.

People with personality disorders can have difficulties their identity, management of emotional regulation, and attachment difficulties, leading to problems with everyday living and activity. Occupational therapists are uniquely placed to address all of these difficulties and service users often report that access to occupational therapy interventions involving creative activities, animals and exercise, in addition to intensive talking therapies, is preferable. Finally, it is imperative that delivery of therapies makes concurrent improvements in aeras such as getting back to education or work, and this needs further focus moving forward.

**Theme 3: New ways of working**

**Do you agree with the ethos and direction of travel set out under this theme?**

***Workforce vacancies***

We agree with the need for a Regional mental health service and workforce transformation. Despite being active members of the workforce subgroup and making written contributions that were used for this workforce section, we are disappointed that our vacancy rate information was omitted.

Occupational therapy vacancy rates across Northern Ireland are approximately 10% and in the past ten years there has been a decrease of 16.6% in undergraduate commissioned places. National shortages mean that occupational therapy has recently been added to the Priority Immigration Shortage Occupation List.

The demand for the 50 occupational therapy training places in Northern Ireland remains high with on average 500 applicants every year, which is ten applicants per training place. In addition, Northern Ireland has the lowest investment in undergraduate training per head of population. For example, Wales with a population of approximately 3 million has 115 commissioned places (one graduate per 27 000 population), while Northern Ireland with a population of approximately 2 million has 50 commissioned places (one graduate per 38 000).

*We would like to see an action that this information is re-added to the strategy.*

**Do you agree with the actions and outcomes set out under this theme?**

We generally agree with the actions and outcomes in this theme. However, while the strength of services and teams is the “biopsychosocial” approach, often the focus is predominantly biological/medical with some psychological focus and social factors left till last. We would even go as far as to suggest that the term “sociopsychobio” better reflects the current evidence base about quality of life and life expectancy.

*We would like to see an action added that ensures that a true “biopsychosocial” approach can address these determinants equally.*

***Representation and training numbers***

We support a full workforce review as part of the development of a Regional mental health service. Proper occupational therapy representationwill be crucial to ensure regional occupational professional leadership is not lost in the process.

An occupational therapy workforce review based on the 6-Step Methodology was submitted to the Department of Health in July 2019. This review was initiated, guided and endorsed by the Department of Health and completed by the Occupational Therapy Heads of Service from each of the five Health and Social Care Trusts. It was a considerable and robust investment by all parties that has not resulted in action or outcomes being delivered on, as it has still not been signed off.

*We would like an action added that occupational therapy should be represented by an occupational therapist at every stage of both the workforce review and the development of a Regional service.*

*We would like the workforce review to take note of the previous information already submitted to the Department of Health to increase the number of occupational therapy training places* *from 50 to 70 a year.*

*We would also suggest that post graduate entry routes into the profession are also, considered to ensure a sustainable future workforce. Unlike other parts of the UK, Northern Ireland does not offer a post graduate qualification in occupational therapy through either a MSc degree or apprenticeships.*

***Regional Outcomes Framework***

Finally, we support the action to introduce a regional outcomes framework and would like to contribute to this work to ensure it measures outcomes that truly contribute to quality of life.

For example, measuring the medication a person is on and if they have received talking therapy tells us what intervention has been delivered but not what change this made in the person’s everyday life.

While these interventions may help a person deal with physical and psychological symptoms of mental distress, if they are still housebound and not doing more in their everyday lives, such as looking after their homes, working, seeing family/friends, then we would query their outcome.

Occupational therapists are frequently the team member who bind these interventions together to ensure the result is that people are more active and engaged in their lives. Focusing on the quality-of-life outcomes that matter to the person needs greater prominence embedded through systems and teams.

The following areas are frequent common concerns for people:

* Can I look after myself better now? E.g., eat and dress well, exercise
* Can I look after my home better now? E.g., pay my bills, get things fixed
* Can I go to school, university or work now?
* Can I do things with family and friends?
* Can I do the things I Iove in my spare time?

*We would like to see an action that these items above become routine measurement across the system.*

**Prioritisation**

**If you had to prioritise the actions set out above, which top 5 actions would you take forward (with 1 being the most important to you)**

1. Undertake a review of the mental health workforce including consideration of increasing training places and training of the existing workforce (Action 26 in the document)
2. Develop a regional outcomes framework in collaboration with service users and professionals to use as a method to underpin service development and delivery. (Action 28 in the document)
3. Develop a Regional mental health service operating across the five HSC Trusts with regional professional development, responsible for consistency in service delivery and development. (Action 25 in the document)
4. Further promote positive social and emotional development throughout the period of childhood including pre-school and school settings. (Action 3 in the document)
5. Continue the rollout of specialist perinatal mental health services. (Action 21 in the document)

**Finally, is there any one key action you feel is missing from the draft strategy?**

RCOT have suggested several additional actions that we feel are missing from the strategy. If we had to prioritise any of these it would be the following to do with representation and workforce:

*We would like an action added that occupational therapy should be represented by an occupational therapist at every stage of both the workforce review and the development of a Regional service.*

*We would like to see an action that this workforce vacancy information is re-added to the strategy.*

*We would like the workforce review to take note of our previous request to the Department of Health to increase the number of training places*

*We would like to see greater consideration of wider society and how we can develop a more trauma Informed approach to services.*

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**Case study: Community Mental Health Rehabilitation Team (CMHRT)**

Southern Trust has spear headed the introduction of a MDT Community Mental Health Rehabilitation Team, the first dedicated tertiary service of its kind in Northern Ireland. The Team is now well established within mental health services and is delivering a specialist specific service to vulnerable people with serious mental illness. This model could be expanded across Northern Ireland.

Occupational therapists working in the area of Resettlement and Rehabilitation holistically look at all areas of a person’s life and functioning including activities of daily living, cognition, meaningful education and employment opportunities, with the desire to develop and maintain skills, promote social inclusion, community integration and enable service users to achieve maximum independence.

The core work of the Community Mental Health Rehabilitation Team will involve adapting a recovery orientated approach that has shared ethos, co- produced goals to develop self- management and reablement skills which support individuals to acquire the skills to take control of their own care in the community.

For example, Aiden is a young man with a psychotic disorder which has resulted in several lengthy admissions for acute inpatient care. Living in a supported living facility he faced problems with motivation, looking after himself and his space, social isolation and low confidence. He wanted to make friends again while avoiding anti-social behaviours and misuse of substances.

The occupational therapists in the CMHRT worked with Aiden using the Recovery Star outcome measure tool which helped prioritise goals for Interventions. These included improved home management skills, healthy eating habits, daily routines and social activities with others. The team led a combined effort to help him achieve his goals which initially focused on a personalised weight management programme, making healthy food choices, increased physical exercise activities including engagement in graded exercise sessions such as weekly walking, cycling and gym activities. The occupational therapists also introduced him to new skills in the kitchen to help with his goal of healthy eating.

Aiden started to take part in weekly social activity groups provided by the CMHRT service, working alongside supported living staff to offer opportunities in the day and evening time such as attending the local cinema, crazy golf, shopping and visits to tourist attractions.

Aiden also participated in a 12 week “Remotivation through Activity” group with specific emphasis on social, physical and leisure participation. Aiden was encouraged to become actively involved in the co –design and co- production of these planned group interventions.

The result of these interventions is that now Aiden’s life and skills have improved to the point where he can successfully live in his own flat within his local home town. He has maintained his new living arrangement for a substantial period of time, with significant reduction for the need of CMHRT support achieved. He has identified his next goals as gaining paid employment and his driver’s licence which would help promote the quality of his life.

**Case study: The Adult Autism Intervention Service for Support and Recovery**

This service works alongside existing mental health services in supporting those with Autism Spectrum Disorders (ASD) and enduring mental health difficulties and is delivered by an occupational therapist and social worker. The focus of the service is to promote independence across all areas of living, working close working with the voluntary sector, housing associations and employment agencies.

For example, Linda is a woman with low mood, anxiety and an autistic spectrum condition who has recently been self-harming. She is a mother and wife; these roles are very important to her and her husband is supportive. She works part time but has had difficulty remaining in work due to her poor mental health. She is keen to return to work in a way that she can sustain into the future.

When she met the occupational therapist, who tailored her approach specifically for those with ASD, Linda recognised that she needed to develop her self-care skills, particularly to achieve a balance of rest and relaxation to improve her mood. She had a strong love of creative activities which she had lost while feeling unwell. She identified that she would like to resume them at home with online group support during the ongoing Covid19 pandemic.

The occupational therapist worked with Linda to identify her strengths and needs and formulated a return to work to plan which Linda agreed with her employer. The occupational therapist offered ongoing review and support for her graded return ensuring success in this area. They also used a goal setting approach to help Linda get back to looking after her personal care. The ability to use relaxation and mindfulness resources for rest was important and allowed her to balance the busy roles she had in her life with time to recuperate. The occupational therapist also helped Linda select creative activities and groups that she could explore online so she could resume art-based activities from home in line with Covid19 restrictions.

Linda has now returned to work part time. She continues to create rest and relaxation periods for herself, incorporating this as an essential part of her daily life. She also has a routine for her personal self-care needs and finds that these routines help manage her anxiety and low mood. She has got back to art activities in her home during the evening and finds this very relaxing and fulfilling. She hopes to build on this in the future and feels some optimism about her life and that of her family once more.