

Occupational therapists have a role in many aspects of public health and health promotion

Public health concerns keeping people healthy and preventing ill-health. Alongside this, health promotion is the process of working with people to enable them to make healthy lifestyle choices in order to improve their health. These two linked topics form an agenda of increasing importance and relevance for occupational therapists, who facilitate health promotion through working with people of all ages to enable their participation in meaningful occupations (COT 2004). The NHS Future Forum now places an expectation on all health and social care providers that they will support the NHS to use every contact with service users to assist them with maintaining and improving their physical and mental health and wellbeing (DH 2012).

A systematic review of Allied Health Professions and Health Promotion (Needle et al 2011) reviewed 28 studies related to occupational therapy and public health, and found related interventions in the areas of mental health, arthritis, pain and fatigue, pulmonary rehabilitation, stroke, drug and alcohol problems, and falls prevention.

Following the use of activity monitors and energy conservation advice, patients with COPD were found to take fewer steps to achieve their intended activities (Sewell 2010).

The use of alternative media (telephone, text, email) by an occupational therapy-led CFS/ME service was found to improve access to services for people who are unable to attend face-to-face appointments (NHS Evidence 2009a).

The development of a falls prevention service in the community reduced the fall rate and improved the clinical outcome for older people who had previously fallen and called an ambulance for assistance (Logan et al 2010).

Regular occupational therapy sessions encouraging older people to carry out daily routines and activities can help maintain or improve their health and wellbeing (NICE 2008). Relevant sessions include providing information to assist older people gaining greater knowledge of personal care, staying active and safety issues.

Occupational therapy nutritional educational programmes for children who are obese, using play activities such as interactive board games and video games, can effectively promote their understanding of healthy nutritional concepts (Munguba et al 2008).

Occupational therapy interventions for obese people of all ages focus on changes to participation and performance through community programmes of health promotion, lifestyle change and wellness programmes, home adaptations and the provision of assistive technologies (Clark 2007).

Community occupational therapy is both cost-effective and beneficial for older adults with dementia. It improves their mood, quality of life, health status and benefits care-givers by increasing their sense of control over their lives (Graff et al 2007).

Evidence shows that by working collaboratively with the child and the family, occupational therapists enable children with ASD to participate more fully in everyday life, reduce parental stress and increase feelings of confident parenting. (Dunn 2011).

A small study has found that participation in a physical activity intervention combining counseling, discussion, advice and supervised exercise resulted in improved independence, integration, education and health for a group of individuals within a community-based alcohol service. The occupational therapist was shown to play a pivotal role in promoting fitness-oriented physical activity for people with substance misuse problems (Ussher et al 2000).



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A feasibility study undertaken to assess the role of the occupational therapist in delivering brief motivational counseling to alcohol abusers admitted to medical wards found that this was an appropriate intervention, and has provided background information to support future research proposals in this area (McQueen et al 2006).

Key benefits from occupational therapy intervention in public health and health promotion

By reducing face-to-face contacts through developing alternative communication mechanisms, an occupational therapy-led CFS/ME service improved access to services for patients and achieved annual cost savings of £34,000 (NHS Evidence 2009a)

A costing study has demonstrated that an occupational therapy-based vocational rehabilitation intervention for people with Multiple Sclerosis averaged 18 hours and cost approximately £630 to deliver (Playford 2011)

Weekly educational sessions led by occupational therapists have been found to promote and maintain positive changes in the mental health scores (measured by SF-36) of independent-living older adults (Clarke et al 1997).

A 2-hour group session of preventative advice delivered by an occupational therapist was found to improve the mental wellbeing of older people and was cost-effective with a cost per QALY of \$10,700 (Hay et al 2002, reported in NICE 2008).

The NHS Evidence QIPP collection includes Pre-emptive occupational therapy for healthy older people to inform commissioners of the benefits of developing occupational therapy health promotion services (NHS Evidence 2009b).

National picture

Current spending on areas that are the responsibility of Public Health England is in the region of £4bn (DH 2010)

The NHS spends 5-6% of its total budget on the effects of obesity, in 2009/10 there were 1.1million alcohol-related hospital admissions and in 2006/7 treating smoking-related illness was estimated to cost the NHS £2.7bn (DH 2012)

Health and wellbeing boards will bring together NHS, public health, social care and children's services (DH 2010).

In Northern Ireland, the Public Health Agency has a remit to improve public health and wellbeing and reduce inequalities in health and social wellbeing, Nursing and Allied Health Professionals form a discrete area within the operational framework (Public Health Agency 2011)

The Scottish Government has made a commitment to help people sustain and improve their health (Scottish Government 2007).

The Welsh Health Survey identified that 30% of adults undertake sufficient physical activity to be beneficial to their health, while 34% are classed as sedentary (Welsh Assembly Government 2008).



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