

A Strategic Framework For Occupational Therapy In Mental Health

OPTIMISING

A Strategic Framework For Occupational Therapy In Mental Health

MENTAL

A Strategic Framework For Occupational Therapy In Mental Health

HEALTH

A Strategic Framework For Occupational Therapy In Mental Health

October 2000

Optimising Mental Health

**A STRATEGIC FRAMEWORK FOR OCCUPATIONAL THERAPY
IN MENTAL HEALTH**

October 2000

OCCUPATIONAL THERAPY IN MENTAL HEALTH SERVICES

A Strategy document for the Occupational Therapy Profession produced by
The Regional Occupational Therapy Mental Health Forum in partnership with
The Department of Health and Social Services and Public Safety.

October 2000

This paper is related to the implementation of the PAM Strategy

FOREWORD

As chairperson of the Regional Occupational Therapy Mental Health Forum, I take great pleasure in presenting this document, which is a combination of a strategic plan and a position paper for Occupational Therapy in Mental Health. The document provides a review of the role, the present position and the future development needs of the Occupational Therapy profession within mental health services throughout Northern Ireland.

This initiative evolved against a backdrop of continuing change in the delivery of mental health services and the need for professional skill utilisation, recognition, support, development and standardisation practice in Northern Ireland. It is a unique development in that it is the first published strategy for Occupational Therapy practice in mental health to be produced regionally or nationally. It represents a lot of dedicated time and energy from many senior Occupational Therapy practitioners in mental health in an effort to promote a high standard of practice regionally. It follows on from the PAMs Strategy in 1997 and is actively supported by the PAMs Officer at the Department of Health and Social Services and Public Safety.

The contribution that Occupational Therapists can make within mental health to the assessment of need, illness prevention, rehabilitation and maintenance is not yet fully understood, realised or utilised. This is partly attributed to the lack of PAMs specific involvement into strategic decision making at Board and Trust levels.

It is hoped that this strategy will be utilised by all personnel involved in the commissioned, planning and delivery of mental health services, who require information on the role of Occupational Therapists within mental health services. The document highlights a strategic framework for Occupational Therapy to contribute in meaningful way to planning, management and development of mental health services in Northern Ireland. It is anticipated that it will facilitate better intra and inter professional communications and provide a clear vision to help make a difference to mental health service provision through the utilisation of Occupational Therapy skills.

Central to Occupational Therapy core value is the importance of teamwork. Occupational Therapists are committed to this value in order to ensure service users and carers needs can be addressed.

The Occupational Therapy Profession within mental health looks forward to working collaboratively in partnership with the statutory, voluntary and private sector bringing forward this strategy to ensure that the goals for improvements in health and well being are actioned in the millennium and beyond.

CARMEL HARNEY

Chairperson of the Regional Occupational Therapy Mental Health Forum

CONTENTS

	Page
<input type="checkbox"/> Foreword	2
<input type="checkbox"/> Introduction	4
<input type="checkbox"/> Mission Statement	5
<input type="checkbox"/> Purpose of the Document	5
<input type="checkbox"/> Current Position	6
<input type="checkbox"/> The role of the Occupational Therapist in Mental Health	7
<input type="checkbox"/> The role and recommendations for Occupational Therapy in specialist areas of mental health	10
<input type="checkbox"/> Quality and Clinical Governance	18
<input type="checkbox"/> Effecting Change	21
<input type="checkbox"/> Recommendations	22
<input type="checkbox"/> Conclusion	23
<input type="checkbox"/> Appendix 1 – Strategic Context for Mental Health Services	24
<input type="checkbox"/> Appendix 2 – Membership of the Regional Occupational Therapy Mental Health Forum	28
<input type="checkbox"/> Appendix 3 – Membership of the Regional Occupational Therapy Strategy Implementation Group	29

INTRODUCTION

The DHSS Regional Strategy 1997 – 2002 aims to target those clients with severe and enduring mental illness, promote health and prevent further deterioration for clients with mental health problems. It is vital to highlight the contribution Occupational Therapy can make to this process.

A Regional Occupational Therapy Mental Health Forum was established in 1996 to give strategic direction to future service delivery and to promote evidence based practice through raising awareness of professional practice.

This document is intended to inform those involved in the delivery, planning and commissioning of mental health services, of the strategic direction of Occupational Therapy. It provides an overview of the current situation, an indication of future directions and proposals for future work. It identifies the unique skills that Occupational Therapists have to offer within mental health teams. It also identifies recommendations for change to ensure that health and social gain is maximised for service users* with mental health problems and their carers. Areas of more unmet need are highlighted within speciality sections for immediate attention. The key issues for consideration are:

The Current Position

The unique role of Occupational Therapists in mental health

Quality and Clinical Governance

The role and recommendations for Occupational Therapy in specialist areas of mental health

Recommendations and Conclusion

This strategy embraces the views of all Occupational Therapy clinicians, managers and educators. Participation from Occupational Therapists at clinical and management level across all the Trusts in Northern Ireland demonstrates the enthusiasm for, and commitment to helping achieve the regional and national strategic objectives for mental health services. As referenced in Appendix 1 this document will outline how Occupational Therapy will be provided to meet the current legislative and policy framework and the rapidly changing Government agenda for mental health services well into the millennium.

* Throughout this document the term “service user” refers to patients or clients.

A STRATEGY FOR OCCUPATIONAL THERAPISTS IN MENTAL HEALTH

Mission Statement

Occupational Therapists are committed to empowering and enabling individuals, with mental health problems and where appropriate their carers, achieve their optimum participation in life through the use of purposeful activity.

Our vision is to work in partnership with others and to make Occupational Therapy Services accessible to all who require them in order to promote maximum health and social gain.

Purpose of the Document

This document sets out a clear position statement, which underpins the strategic direction of mental health services for the Occupational Therapy Profession, Commissioners, HPSS Trusts and Training Bodies regarding:-

- The Current Position
- The role, core, generic and specialist skills of the Occupational Therapist in Mental Health Services.

Recommendations for the future service delivery of Occupational Therapy in Mental Health including specialist areas of practice.

CURRENT POSITION

All Occupational Therapy students undertake a four year Bachelor of Science Honours Degree in Occupational Therapy as part of their under graduate training. An essential aspect of this includes fieldwork experience in a mental health setting and training in research methodology.

Occupational Therapists must register with the Council for Professions Supplementary to Medicine (CPSM) in order to be eligible for employment in the HPSS.

In the last decade limited opportunities have been afforded to Occupational Therapists to influence decision making in strategic planning, policy formulation and commissioning of mental health services. However there have been some significant developments in the following areas:-

- The appointment of a PAMs Officer, DHSS & PS has facilitated recent involvement of Occupational Therapists at policy formulation level i.e. Forensic mental health, DHSS Review of Counselling.
- Review of PAM Services (Northern, Eastern, Western Boards)
- The appointment of PAM Commissioning Officers (Northern & Eastern Boards)
- PAMs Equity Study (Southern Board)

Occupational Therapists have a key role to play in contributing to the Regional Strategic objectives for mental health services. There is significant evidence to suggest that the profession is not being fully utilised to the maximum benefit of the service user. In particular the need to target services to the severe and enduring mentally ill cannot be addressed within existing resources.

A recent study was carried out to establish the level of investment in Occupational Therapy Services in Mental Health throughout the region (Harney; 2000). This demonstrates that there has been no new funding allocated for Occupational Therapy posts within the last decade. This is of great concern for the profession as lack of rehabilitation is failing service users leading to chronicity of their illness and perpetuating functional difficulties. (Position Paper AOTI 1999)

In some Trusts Occupational Therapy Managers are active members of the Mental Health Management/Planning Team. This arrangement should be in place in all Trusts that have responsibility for mental health services to ensure service users needs are fully assessed and incorporated into Trusts business. Programme commissioning Groups at Board and Primary Care level do not have formal arrangements for Occupational Therapy representation which limits the scope for total assessment of need and commissioning of appropriate rehabilitation services within mental health.

The Mental Health Commission are an independent body corporate charged with the duty of keeping under review the care and treatment of persons suffering from mental disorder. The current membership of the Commission does not include any Occupational Therapists. The Regional Occupational Therapy Mental Health Forum are pursuing this matter to ensure appropriate specialist advice will be available to the Commission.

The Occupational Therapy profession are committed to working collaboratively on both an inter-professional and inter-agency basis in order that maximum benefit may be gained for users, service providers and all commissioners. It is essential that the unique skills of Occupational Therapy are understood and appropriately deployed to ensure that users needs are met and that services are provided in the most effective and efficient manner.

THE ROLE OF THE OCCUPATIONAL THERAPIST IN MENTAL HEALTH

There is a strong body of evidence to demonstrate the value of Occupational Therapy in the area of mental health. As far back as 1731 the benefits of planned purposeful activity for people with mental health problems was realised.

“Absence of occupation is not rest, a mind quite vacant is a mind distressed” (William Cooper).

The Regional Strategy 1997-2002 highlights the importance of Health Promotion, Disease Prevention and Rehabilitation. **“Rehabilitation is a crucial building block to the general functioning of the National Health Service”** (Modernising Mental Health Services, Dobson 1999). The value of established inter-disciplinary, inter-agency, mental health teams providing rehabilitation is indisputable, particularly when the team involvement commences early in the treatment process and extends across different agencies.

The Occupational Therapist has an essential role in the assessment, treatment and management of a wide range of mental health problems. These include mild to moderate and severe and enduring mental illness regardless of whether they occur in childhood, adolescence, adulthood or in the later stages of life.

As an integral member of the multi-disciplinary team the Occupational Therapist has a vital contribution to empower service users with mental health problems to achieve an independent, productive and satisfying lifestyle and to become as fully integrated as possible in society.

CORE SKILLS

- **Assessment and Treatment**

People with mental health problems often experience difficulty with everyday activities and therefore may be less able to lead productive satisfying lives. In these specific areas the Occupational Therapist will carry out assessment and treatment programmes to ensure service users and if relevant their carers achieve optimum independence.

The Occupational Therapist will focus on the service users functional ability and carry out assessment and treatment programmes in the areas of:-

- > Activities of daily living
- > Domestic Activity
- > Work skills / productivity
- > Community living skills
- > Leisure skills / Constructive use of time
- > Social skills
- > Coping with stress / anxiety and anger management
- > Time management

Appropriate intervention in these areas helps to enhance self worth and well being and reduce feelings of dependence and hopelessness. These skills are essential to empower service users to function independently in the community.

In addition assessment and intervention to modify any obstacles within the physical, psychological or social environment will be carried out by the Occupational Therapist.

A key role of the Occupational Therapist is to reduce preventable causes of illness and disability and to encourage and support people to take responsibility for their own lives. Service users are assisted towards independence by the Occupational Therapist supporting their capacity to establish friendships, maintain healthy relationships and be in control of their lives.

- **Activity Analysis and Purposeful Activity**

Activity analysis, a crucial element of Occupational Therapy involves breaking a task into a series of parts and steps and deliberately matching these to service users abilities. The Occupational Therapist can grade activities in terms of intensity, complexity, social/behavioural and emotional/cognitive demands and levels of support required.

It is the application of activity analysis and the use of planned purposeful activity that is matched to client's needs that makes this treatment medium so unique to Occupational Therapy. This process will enable the service user to learn, improve, or maintain their skills in overcoming problems specific to their illness.

The Occupational Therapists intervention can be individual or group focused whichever best facilitates the service user with the necessary skills to function in a more socially acceptable way.

Treatment may involve teaching the individual a range of skills enabling them to live life in a more meaningful way.

GENERIC SKILLS

Like other team members the Occupational Therapist possesses a range of generic skills and responsibilities. These may include:-

- > Observation of mental state
- > Mental health assessment
- > Risk assessment
- > Counselling skills
- > Problems solving skills
- > Key worker role
- > Care manager role
- > Health promotion
- > Consultancy role

Many Occupational Therapists have specialised in various treatment approaches and techniques such as counselling, cognitive behaviour therapy, cognitive therapy, drama-therapy and psychotherapy. This training reflects the skills required in order to keep pace with the demands of the rapidly changing Health and Personal Social Services and to meet the targets of the regional and local strategies.

It is recommended that

- **The range of core and generic skills possessed by the Occupational Therapist are fully understood and appropriately deployed to ensure that users are met and services are provided in the most effective and efficient manner.**

Commissioners and Providers take into account the value of money concept of prioritising the focus on rehabilitation provided by Occupational Therapists. Early intervention, rehabilitation and habilitation can lesser dependency and consequently the need for recurring packages of care.

SPECIALIST AREAS OF OCCUPATIONAL THERAPY PRACTICE

The Occupational Therapist has expertise in the following specialist areas:-

Primary Care
Crisis Intervention
Child and Adolescence Mental Health Services
Forensic Mental Health Services
Addiction Services
Dementia Services
Severe and Enduring Mental Illness
Vocational Rehabilitation

PRIMARY CARE

Over 90% of the contacts between the population and the Health and Personal Social Services takes place in the primary care setting. Many of the Primary Care Commissioning Pilot Projects in Northern Ireland are looking at innovative ways of improving access to mental health services at primary care level.

In Primary Care the Occupational Therapist can make a major contribution focusing on health promotion, disease prevention, rehabilitation and maintenance.

Examples of good practice include **Cook** (1998) Occupational Therapist who won the Sainsburys Centre Award 1998 for Mental Health for providing a needs led client centred comprehensive care project in the community. **Creek J** (1998) carried out a programme of purposeful activities for mental health service users within the GP surgery. This demonstrated positive outcomes resulting in illness prevention and alleviation of symptoms for users referred for anxiety related problems or depression.

Involvement of the Occupational Therapist at primary care level may avoid the need for hospitalisation, facilitate earlier discharge from hospital and maintain client independence in the community. Other benefits may include provision of a seamless service and a rapid response avoiding the need for accessing secondary care level services.

It is recommended that

- **The Commissioners of Primary Care Services recognise the unique and diverse range of skills that Occupational Therapists have to offer within the strategic areas of mental health and undertake an informed assessment of need for this service.**
- **Primary Care Team members ensure that they understand and fully utilise the expertise of Occupational Therapy in Mental Health.**
- **There is appropriate utilisation and deployment of Occupational Therapists to ensure a more accessible and cost effective comprehensive service to our users.**

CRISIS INTERVENTION

Early intervention for people with mental health problems is crucial. Experiencing a mental illness causes major disruption in a persons life roles, social relationships and contribution to society. The cost of not intervening can be extremely high in terms of both health, personal and family costs. The needs of mental health services users are many and varied. If the needs are successfully met in a timely manner their chance of recovery is greater and relapse is less likely.

Despite the fact that the Occupational Therapist is specifically trained and skilled in carrying out a key role in the early intervention many of the service development bids for Crisis Teams have not included Occupational Therapy.

The Occupational Therapist has a pivotal role to play within Crisis Intervention Teams.* This includes:-

- Improving client's independence in daily living skills.
- Facilitating service users sense of accomplishment, satisfaction and empowerment.
- Enhancing levels of physical and mental health and sense of well being.
- Increased outcomes in self-esteem and self worth.
- Increased productive potential as a result of vocational rehabilitation programmes.

* The term "Crisis Intervention Team" may also be referred to as "Home Treatment Team"

* "Assertive Outreach Team" or "Rapid Response Team"

It is recommended that

- **Crisis Intervention Teams include Occupational Therapists if the total needs of service users are to be accurately assessed and fully addressed.**
- **Any early intervention strategies must embrace the rehabilitation and maintenance needs of the individual.**
- **An accurate assessment of need for Occupational Therapy resources at all levels is carried out to ensure the service can respond in a timely manner to the needs of clients without adversely affecting other areas of service provision and waiting lists.**

CHILD AND ADOLESCENCE MENTAL HEALTH SERVICES (CAMHS)

The contribution that Occupational Therapists have to make the independence and quality of life for children and adolescents with mental health problems is substantial. The Health Advisory Review **“Together We Stand”** (1995) highlights the Occupational Therapists role in analysing a child and family’s function and dysfunction in the areas of daily living. Therapeutic activities are devised for children and families, which take account of the emotional and physical development needs of the individual child. The Occupational Therapist works in a flexible way to ensure that therapy is responsive to the needs of parents and children. Intervention will focus on:-

- Independent living skills
- Interpersonal skills
- Play/Leisure/Community Living skills
- School work, prevocational/Employment

CAMHS in Northern Ireland do not have any dedicated Occupational Therapists. There is a lack of awareness of the contribution the Occupational Therapist can make within Planning and Commissioning of children’s services. This is impacting on the availability of Rehabilitation Services unlike counterpart services in England and the Republic of Ireland where Occupational Therapists are dedicated members of CAMHS.

Consequently CAMHS referrals to Occupational Therapy are having to be placed on lengthy waiting lists (for up to 12 months). The absence of Occupational Therapy intervention at the early stage of diagnosis is leading to chronicity of the condition and perpetuating functional difficulties. (Occupational Therapy in Child and Adolescent Mental Health, Position Paper, Republic of Ireland, 1999)

It is recommended that

- **Equity of access to rehabilitation for service users must be afforded if targets for health and social gain are to be fully achieved.**
- **An accurate assessment of need for Occupational Therapy skills and deployment of these as a core element of CAMHS be completed by Boards and Trusts.**
- **CAMHS have dedicated Occupational Therapy resources with clear protocols for liaison with primary care.**

FORENSIC MENTAL HEALTH SERVICES

An area of significant growth for the Occupational Therapy profession within England, Scotland and Wales during the last decade has been Forensic Psychiatry. Both the institutional and community settings provide the Occupational Therapist with opportunities to develop invaluable rehabilitation programmes. The Reed Report 1992 (one of the most influential reports on mentally disordered offenders) highlights the Occupational Therapy profession as a necessary part of this process to ensure that the mentally ill offender be provided with a chance to sustain an independent life.

The strategic direction for Community Forensic Mental Health services is to allow service users greater independence and improved quality of life.

The mentally ill offender has to deal with both the illness and the secure setting, often with little autonomy or responsibility in his/her daily life. Occupational Therapy is tailored to suit the individuals needs and following assessment intervention will focus on the areas of self care, leisure and productivity.

The current Project Group “Forensic Mental Health Services in Northern Ireland” have recognised the specialist skills the Occupational Therapist can provide to Forensic Mental Health Services.

To ensure that step down care, rehabilitation and discharge options are fully addressed avoiding unnecessary blocking of beds in the Secure unit, it is recommended that:-

- **There should be a dedicated team of Occupational Therapists for the Regional Secure Unit.**

At least one whole time equivalent Occupational Therapist can be deployed for each Community Outreach Forensic Team.

ADDICTION SERVICES

The Occupational Therapy Service has much to offer to enable the Regional Strategic objectives for Alcohol related Harm and Drug misuse to be realised.

Working as part of the multi-disciplinary team the Occupational Therapist can assess how the addiction impacts on the person's daily life-style, work and leisure pursuits and devise treatment programmes to promote the acquisition of such skills. Life-style management, vocational assessment and training can help change the service users maladaptive life-style, reducing dependence on services. Skills training to participate in daily living, and community life can improve the individuals ability to interact positively without resorting to alcohol.

Occupational Therapists are committed to a collaborative approach and work across departments and agencies to maximise the addicts potential for living a fulfilling quality of life free from addictive substances.

If rehabilitation of these service users is to be achieved it is recommended that:

- **Commissioners assess the need for specialist Occupational Therapy resources in this area with particular reference to additional monies allocated for Drug and Alcohol related problems 1999-2002.**
- **At least one while time equivalent specialist Occupational Therapist is required for each Inpatient Unit and Community Addiction Team to ensure the spectrum of rehabilitation is fully addressed.**

DEMENTIA SERVICES

At present there are 16,500 people suffering from Dementia in Northern Ireland. The very nature of the Dementia illness as a progressively deteriorating condition will place a demand on Specialist Mental Health Services for ongoing input and support over a number of years.

Some of the Health and Personal Social Services Trusts have now established Specialist Community Dementia Teams. The Occupational Therapist has the skills and knowledge necessary to advise and provide intervention to help service users/carers and providers manage this condition.

Specific areas of Occupational Therapy intervention include:-

- Promoting functional independence in the full range of daily living skills
- Risk Assessment/Management in functional performance, home environment and manual handling
- Coping strategies to deal with memory loss
- Advice and education to carers
- Health Promotion, Education and Liaison

It is recommended that

- **Commissioners assess the current demand for Occupational Therapy for specialist Dementia Services. This should inform future service development proposals.**
- **Commissioners invest in Occupational Therapy resources to counteract current waiting lists and ensure timely access to these services.**
- **Involvement of Occupational Therapy at Primary Care level should be maximised to ensure earlier intervention with the user/carer to promote optimal independence and reduce reliance on recurring expensive packages of care.**
- **Funding for adequate stocks of specialist equipment to facilitate quick discharge from hospital or prevent hospital/nursing home admissions must be provided on a recurring basis.**

SEVERE AND ENDURING MENTAL ILLNESS

Recent statistics highlight that one person in 100 will have a psychotic illness such as schizophrenia or bi-polar affective disorders (manic depression). The DHSS Regional Strategy 1997 – 2002 aims to target services at those people with severe and enduring mental illness.

The Occupational Therapist has a distinct and vital role with service users who have severe and enduring mental illness and may work with this client group in a variety of Inpatient, Day patient and Community Settings.

Specific areas of intervention include promoting independence, community integration and skills acquisition in the areas of daily living, work and leisure.

The benefits of early intervention include:-

- Reduction in the need for recurring hospital admissions
- Facilitation of earlier hospital discharge
- Enabling/empowering service users to continue living in their local community
- Reduced dependency on services
- Uptake of Employment Schemes lessens dependency and promotes self esteem

The absence of dedicated Occupation Therapists for clients with severe and enduring mental illness has been highlighted across HPSS Trusts in Northern Ireland (PriceWaterhouseCoopers) “Value for Money Study” 1998). Consequently unsatisfactory compromises are made and lack of rehabilitation is failing this already disadvantaged group as well as placing inappropriate demands on other areas of service provision.

It is recommended that

- **There is a broader understanding and utilisation of the skills of Occupational Therapists in the rehabilitation and maintenance of clients with severe and enduring mental illness.**
- **The benefits of Occupational Therapy in supporting carers of service users with severe and enduring mental illness is realised at Commissioning and Provider level.**
- **Dedicated Occupational Therapists are deployed in Inpatient Rehabilitation services, Day centres and Community Mental Health Teams to ensure that health and social gain targets for this client group are achieved.**

VOCATIONAL REHABILITATION

The Occupational Therapist possesses the skills that bridge the gap between health and employment rehabilitation services whether it involves users with mild to moderate or severe and enduring mental illness. The role includes:-

- Work assessment
 - Preparation for employment
- Training and placement in a vocational environment

In most HPSS Trusts the Occupational Therapist works as part of an inter-disciplinary/interagency team which involves representatives from The Department of Higher and Further Education, Training and Employment and Action Mental Health. These models of good practice are referred to as “Job Clinics”. Through partnership with these agencies the Occupational Therapist has a vital role to play in the provision and development of Vocational Rehabilitation services.

Successful return to employment will enhance client’s self-esteem, well being and economic independence, consequently avoiding the benefits trap and reliance on other services. The community can equally gain through increased productive potential because the user is able to work for the first time, resume employment or contribute to voluntary schemes. The Occupational Therapist has demonstrated the positive impact of sheltered work opportunities on re-admission rates and dependency on traditional day facilities.

If the problems of social inclusion are to be overcome then provision of Vocational Programmes across all specialist areas of mental health is essential.

It is recommended that

- **There are dedicated Occupational Therapists for Vocational Assessment and Rehabilitation Programmes across all specialist areas of mental health within each HPSS Trust.**
- **Specialist education and training is provided on an ongoing basis for these Occupational Therapists.**

Occupational Therapists develop a consultancy role for the Voluntary, Statutory and Private sectors.

QUALITY AND CLINICAL GOVERNANCE

“Clinical Governance is a framework that will ensure that NHS organisations have a clear and coherent plan for addressing quality including clear accountability professional development and proper monitoring” (College of Occupational Therapy 1999)

The Government White Paper “A First Class Service: Quality in the New NHS! (DH; 1998) developed the concept of “Clinical Governance” as a tool for ensuring that high clinical standards are met and that processes are in place to ensure continuous improvement in clinical practice within Trusts. Although this concept is backed up by a new statutory duty for quality within the NHS in England, it is not bound in legislation for Northern Ireland as yet.

Notwithstanding this, the principles outlined in clinical governance have been adopted in Northern Ireland as they emulate a process for ensuring the provision of high quality services.

The Occupational Therapy Profession welcome all aspects of continuous quality improvement and are fully committed to the Clinical Governance agenda. Continuous implementation of the following must be ensured:-

- High quality standards of practice
- Regular monitoring and review of standards
- Professional self regulation
- Life long learning
- Meaningful service user involvement

Research and Development

Occupational Therapists have initiated the development of a comprehensive research base for practice in Mental Health. Practitioners have begun this process in recognition of the research and development required to empower practitioners to meet their obligations in respect of clinical governance.

A significant development is the establishment of a Regional Collaborative Enquiry Group which has cross border and university links. This aims to promote and standardise good clinical practice, research initiatives and the continued development of clinical standards. Within the province there are many examples of evidence based practice for Occupational Therapy. These include group work approaches for promotion of self esteem, improving leisure pursuits and anxiety management programmes. Many Occupational Therapists are involved in uni and multi professional audit projects at Trust and Board level.

Lack of funding for:

- Appropriate technology
- Ongoing research training
- Adequate professional back up to maintain service provision can limit the potential for the development of local research expertise.

The imminent appointment of a Regional Research Liaison Development Manager for PAMs will play a central role in taking forward the regional Research and Development Agenda.

This will facilitate greater opportunities for equitable Occupational Therapy input into research and development. The Regional Occupational Therapy Mental Health Forum intend to pursue equitable access to training and research opportunities for the profession relating to the HPSS Research and Development Strategy.

Life Long Learning

The availability of adequate funding for postgraduate training for Occupational Therapists has historically been lacking. Continuing education and life-long learning will be pre requisites to state registration and competence to practice following the introduction of the new Health Professionals Council. This will require identification of a specific budget for training to ensure the delivery of high quality Occupational Therapy Services.

Inadequate funding has manifested itself in the following specific areas:-

Child and Adolescent Mental Health
Severe and Enduring Mental Illness
Dementia Services
Alcohol related harm and drug misuse
Vocational Rehabilitation

The Regional Occupational Therapy Mental Health Forum have developed a training and development strategy for Occupational Therapists in Mental Health. This will ensure availability of appropriate levels of skills, up to date practice/techniques, research and reflection.

Collaborative Training for Mental Health Practitioners

There are many specialist areas where mental health professionals could further explore collaborative training/working to ensure the best outcome for the service user. Occupational Therapists are committed to pursuing greater equity of opportunity for uni and multi professional training in many areas eg.

Forensic Psychiatry
Child and Adolescence Mental Health Service
Addiction Services
Cognitive Therapy

The Regional Occupational Therapy Mental Health Forum will ensure that all aspects of the training strategy for Occupational Therapy in Mental Health is implemented. This will require collaborative working between the Profession, HPSS Trusts, Commissioners, DHSS&PS and Education.

Workforce Planning

Within Mental Health Services there are workforce and education implications for Occupational Therapists, which must be addressed.

- Workforce projections for all areas in mental health including specialist areas.
- Skill mix/grade mix of staff required inter and intra professionally.
- Development of appropriate contracting currency.
- Staff recruitment and retention. The current availability of qualified Occupational Therapists should be utilised to bridge existing gaps in mental health.
- Career opportunities – Equity must be afforded to Occupational Therapists for specialist posts.
- Greater investment in life-long learning.

EFFECTING CHANGE

The Government has committed itself to positive action on mental health as a leading cause of ill health and disability. The DHSS&PS, Boards and Trusts have agreed service priorities for hospital and community based care which impact on a range of issues for the Occupational Therapy Profession.

It is vital that people with mental health problems have equitable access to all services at acute, primary and secondary care levels. The importance of early intervention and an ability to respond in a timely manner will assist in achieving maximum health and social gain. To assist in the realisation of these objectives, informed assessment of need and service commissioning for Occupational Therapy must take place to ensure that the rehabilitation needs of service users are met.

The Occupational Therapy profession is committed to pursuing equitable and appropriate professional input into the planning, commissioning, management, evaluation and policy formulation for mental health.

The Occupational Therapy profession is also committed to working collaboratively on both an inter-professional and inter-agency basis in order that maximum benefit may be gained for service users, service providers and all commissioners.

Client centred care will only be achieved by genuine collaboration within and between professions. All aspects of mental health care should embrace the client centred approach promoting the best interests of service users. Mental Health Services should be provided by professionals with relevant education and clinical experience to ensure that service users receive appropriate interventions. There needs to be investment in raising awareness of service users needs, professional roles and in team building to ensure referral is made to all appropriate professionals in a timely way.

Occupational Therapy has a vital contribution to make in the promotion and maintenance of good mental health and to targeting health and social need for the people of Northern Ireland.

The following recommendations aims to ensure that a holistic approach will be taken to meeting service users/carers needs.

RECOMMENDATIONS

- It is essential that the commissioning and delivery of mental health services include Occupational Therapy to ensure a comprehensive care approach for people with mental health problems.
- Mental Health service provision should fully embrace the skills of Occupational Therapists to ensure an enhanced approach to health promotion, prevention, rehabilitation and habilitation needs of service users.
- Within all areas of mental health an accurate assessment of need and investment in Occupational Therapy is vital to ensure a timely response to the rehabilitation needs of service users.
- It is essential that the unique contribution that Occupational Therapy can make to mental health service provision is fully understood and utilised by service commissioners and providers.
- It is essential that formal arrangements must be put in place to ensure Occupational Therapy input into policy formulation, the assessment of need, planning, commissioning and evaluation of mental health. This will be in keeping with the arrangements made available to medicine, nursing and social services at Regional, HPSS Board and Trust levels.
- The Occupational Therapy profession plan to review and further develop their uni and multi professional standards/audit and care pathways to service delivery.
- Building on the current Regional Collaborative Enquiry Groups for evidence based practice the Occupational Therapy profession is pursuing the development of a sound research base, clinical effectiveness and uni professional audit.
- The current links with the DHSS&PS, College of Occupational Therapy, Universities and the Research and Development Office will be further developed.
- The Occupational Therapy profession plan to implement a training and development strategy to seek financial support to ensure Clinical Governance standards are met.
- To ensure appropriate expertise/competence in specialist areas of mental health, the Occupational Therapy profession will continue to implement staff development programmes at regional and national level.

It is essential that equitable access to accredited postgraduate programmes should be afforded to Occupational Therapists.

- It is vital that adequate resources are made available to facilitate the development of a sound research base for Occupational Therapists in Mental Health.
- It is essential that meaningful information systems and an appropriate contracting currency are developed for Occupational Therapy in Mental Health.
- It is essential that workforce planning for Mental Health Services will address the current unmet need and future demands for Occupational Therapy. This should also focus on skill/grade mix, recruitment and retention, career development and life-long learning.
- It is essential that Occupational Therapists become members of the Mental Health Commission. The Regional Occupational Therapy Mental Health Forum are pursuing this matter to ensure the focus on health promotion, prevention, rehabilitation and habilitation is fully addressed.
- The Regional Task Force on Mental Health Promotion in Northern Ireland have set out a clear strategy for the promotion of optimal mental and emotional health. If a Regional Co-ordinating Group is established to implement and evaluate this strategy the Occupational Therapy profession should be involved in this initiative to enhance the focus on rehabilitation.

CONCLUSION

For the period 2000-2005 a Regional Occupational Therapy Strategy Implementation Group has been established to oversee the implementation of this strategy framework for Occupational Therapy in Mental Health. This group will develop an action plan to progress all of the recommendations in order to ensure the achievement of the regional targets for health and social gain.

The Group looks forward to working in partnership with service users, commissioners, providers and the statutory, voluntary and private sectors in taking forward this strategy.

Appendix 1

STRATEGIC CONTEXT FOR MENTAL HEALTH SERVICES

Summary of Strategic Context for Mental Health Services.

- The DHSS Regional Strategy 1997-2002 and Well into 2000 (1997)
- “Minding our Health” Draft Strategy for Promoting Mental and Emotional Health in Northern Ireland
- The National Service Framework for Mental Health (1999)
- Development of Health Action Zones, Healthy Living Centres
- Targeting Health & Social Need (DHSS&PS 1999)
- The Northern Ireland Child and Adolescent Mental Health Services (Report 1999)
- Fit for the Future
- The Primary Care Agenda
- Reducing Alcohol related Harm in Northern Ireland (DHSS Policy Review 1998)
- Drug Strategy for Northern Ireland (DHSS Review 1998)
- The New Deal Initiative (1998)
- Disability Discrimination Act (1997)
- Section 75 of the Northern Ireland Act (1998)
- DHSS Review of Counselling Group

Detailed Summary of Strategic Context for Mental Health Services

The Regional Strategy for Health and Well Being 1997-2002 acknowledges the need to address the social economic and personal determinants and factors, which affect mental health. These messages were echoed in the complimentary document “**Well into 2000**” (1997). The Government has committed itself to positive action on mental health as a leading cause of ill health and disability.

“**Minding Our Health**” A Draft Strategy for Promoting Mental and Emotional Health in Northern Ireland (1999) offers a positive strategic framework and action plan for mental health promotion.

The Occupational Therapist as a key mental health professional has a vital contribution to make in the promotion and maintenance of good mental health and well being across all age ranges. Central to Occupational Therapy is the focus on independence training in daily living skills, work and leisure which must be afforded to young people if they are to develop a positive self image and be fully integrated into family and community life.

The Occupational Therapist has skills in sustaining good mental health in the general population and achieving optimum health and social gain through rehabilitation and empowerment of service users/carers.

The National Service Framework for Mental Health (1999) sets national standards and defines service models. Although it has not been extended to Northern Ireland it provides clear guidelines for the delivery of high quality, patient/carer centred mental health services. There is a strong emphasis on meeting service users occupation, social and leisure needs, independence in daily living skills, the home environment and family/social roles.

If these challenges are to be realised then provision of timely occupational therapy services across the spectrum of mental health services must be urgently addressed.

Health Action Zones and Health Living Centres provide an effective vehicle for promotion and maintenance of good mental health. They aim to link health, regeneration, employment, education, housing and anti poverty initiatives, which are tailored to the needs of different communities. Occupational Therapists have an active role to play in providing information and services to these schemes to maximise health and well being.

Targeting Health and Social Need (DHSS&PS 1999) aims to reduce inequalities by targeting Government efforts and resources on those in greatest need. The promotion of social inclusion can be achieved by Government departments working together as well as working outside departmental boundaries.

There must be genuine access points to Occupational Therapy Services to address the current inequality and ensure opportunities for those most in need.

The Northern Ireland Child and Adolescent Mental Health Services is aimed at promoting the mental health and well being of children and adolescents.

The Children's Order N.I (1995) and **Education Order ('997)** also lay down a framework for ensuring that the special needs of children are met. It is now quite clear at a national and regional level that the mental health needs of children and young people are a priority for commissioners of mental health services. This is a highly specialised area of Occupational Therapy practice, which is unresourced and is not effectively meeting the current needs of the local population.

Within Northern Ireland the consultation paper **Fit for the Future** highlighted the concept of a **Primary Care** centred health and social services. Whatever the future shape of Health and Social Services, primary care will have a greater involvement in and control of the commissioning process. Many of the primary care pilot sites are developing innovative schemes for mental health services. This is an area where the Occupational Therapist has a vital contribution to make in respect of health promotion, disease prevention, rehabilitation and maintenance.

The need to develop **Crisis/Rapid Response Teams** has been outlined in **National and Regional Strategies for Mental Health** and the Government White Paper on Saving Lives. Such schemes will ensure a rapid response for those service users in greatest need, prevention of unnecessary hospital admissions, earlier discharge from hospital and safer monitoring of vulnerable patients in the community.

The need for Occupational Therapists on these teams is essential for effective rehabilitation and reduction of dependency on other services.

Reducing Alcohol related Harm in Northern Ireland (DHSS Policy Review 1998) and the **Drug Strategy for Northern Ireland** (DHSS Review 1999) make recommendations to reduce and tackle the problems of alcohol related harm and drug misuse in Northern Ireland. These will impact on mental and emotional health and the Occupational Therapist has a vital role to play in this specialist area. The profession must be involved in policy making in this area if the strategic vision for this user group is to be realised.

The New Deal Initiative (1998) launched by the Training and Employment Agency, present opportunities for working with people with long-term unemployment. **The Disability Discrimination Act** (1997) and **Section 75 of the Northern Ireland Act** (1998) outline a statutory requirement for the Health and Personal Social Services to ensure optimal access and equity to employment opportunities. The role of the Occupational Therapist in assessment, preparation and placement in vocational programmes is well understood. There is now substantial evidence that unemployment can affect mental health and lead to increased suicide. However, if we are to tackle and prevent the problems of social inclusion then provision of vocational rehabilitation programmes across all specialist areas of mental health are essential.

The DHSS Review of Counselling Working group was established in 1999 in response to the Social Services Inspectorate's report "Living with the Trauma of the Troubles" which identified a number of concerns about counselling. The group led by the Social Services Inspectorate is reviewing the standards of counselling practice and is taking a general approach to counselling rather than the narrow troubles related focus as suggested in the report. The review group will report in 2000 outlining the findings of the project and make recommendations regarding counselling standards, qualification accreditation and supervision requirements for counsellors.

The development of **Indicators for the promotion of mental and emotional health** must be informed in a multi-disciplinary, inter-agency way with active user involvement. Occupational Therapists have a critical role in this area with their focus on independence training, empowerment and community integration.

The Regional Occupational Therapy Mental Health Forum wish to acknowledge the value of “Minding our Health” A Draft Strategy for Promoting Mental and Emotional Health in Northern Ireland prepared by the Regional Task Force on Mental Health Promotion in Northern Ireland.

Appendix 2

Membership of the Regional Occupational Therapy Mental Health Forum

Carmel Harney (Chairperson)	St Lukes Hospital
Eilish Smith (Secretary)	Belmore House, Enniskillen
Mary Connolly	St Lukes Hospital
Brenda Byrne	Daisy Hill Hospital
Mary Rose Finnegan	Dairy Hill Hospital
Patrick Convery	Gransha Hospital
Lorna Akroyd	Gransha Hospital
Bernadette Thompson	Albertbridge Road Day Hospital
Lesley Burnside	Holywell Hospital
Rosalind McLaughlin	Whiteabbey Hospital
Maria McManus	Downshire Hospital
Geraldine McComiskey	Whiterock Day Centre
Carolyn Maxwell	Coleraine Mental Health Resource Centre
Patricia McClure	University of Ulster
Leah Glenny	Belfast City Hospital
Elizabeth Doherty	Russell Drive, Lurgan
Ethne Bale	Shantallow Community Mental Health Team
Christine Beane	Mater Hospital

Appendix 3

Membership of the Regional Occupational Therapy Strategy Implementation Group

Brid De Ornellas	North & West Belfast HSS Trust
Mary Taylor	Holywell Hospital
Maria McManus	Downshire Hospital
Eilish Smith	Belmore House, Enniskillen
Carmel Harney	St Lukes Hospital
Carolyn Maxwell	Coleraine Mental Health Resource Centre
Patrick Convery	Gransha Hospital
Brenda Byrne	Daisy Hill Hospital

