Mental Health and Wellbeing Plan; Discussion paper and call for Evidence (England) Consultation

7 July 2022

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

**Chapter 1: How can we all promote positive mental wellbeing?**

How can we help people to improve their own wellbeing? Please provide your suggestions in relation to the wellbeing of different groups:

1. Infants and their parents or primary caregivers

Occupational therapists help babies, infants, and their parents grow, learn, have fun, socialise and play – so they can develop, improve their wellbeing, and reach their full potential. The focus is on self-management for self-care, like establishing routines for sleeping, eating, toilet needs and going out together.

1. Children and young people

Children and young people learn through doing. Children and young people ‘s mental wellbeing is significantly affected by the conditions in which they are born, live, learn and play.

Occupational therapists provide universal interventions that help children and young people improve their own wellbeing.

They provide training, information, and support to help parents/carers embed opportunities to promote physical and mental health into children’s daily routines and activities.

For example, advice can be provided about being productive – going to nursery or school, or volunteering. Or it could simply be about improving their ability to play with friends, compete at sport or take part in hobbies.

 c) Working age adults

Occupational therapists help people of working age to improve their mental wellbeing by helping them enjoy everyday activities that lead to a sense of purpose and enhance their chances of mental resilience.

For example, improving self-care such as building a morning route to regular walks or learning to cook healthy meals. It could be about managing finances better by developing a budget. Or the focus might be building confidence to go out, talk with neighbours or join a local group.

Occupational therapists also help people stay at work which in turn, can help maintain wellbeing, as long as the work is good quality.

d) Older adults

Occupational therapists help older people do activities that are important to them, to enhance their wellbeing and keep them healthy. This can include putting into place solutions that keep them safe and active, like walking aids or changes to the home. Occupational therapists also help to find more opportunities for social contact and work with them to increase their confidence when meeting new people.

1. People that are more likely to experience poor wellbeing

Occupational therapists have a valuable role to play in building individual and community mental wellbeing, improving and establishing equity of health and health outcomes. They do this by ensuring engagement in healthy occupations, education, and work.

By engaging with local occupational therapy services, and communities, services which are co-designed and co-produced, accessible and responsive will achieve the most effective outcomes for those most in need.

# Chapter 2: How can we all prevent the onset of mental health conditions?

What is the most important thing we need to address to reduce the numbers of people who experience mental ill-health? Please provide your suggestions in relation to different groups:

1. Infants and their parents or primary caregivers
2. Children and young people

Occupational therapists can enable children, especially those who experience mental ill health to develop skills and mental resilience to access education and realise their potential. They have the skills and expertise to:

* + Identify the occupations that children or young people do well and those that they find difficult.
	+ Identify the personal, environmental and task-specific factors that support or limit children’s performance and participation.
	+ Recommend alternative approaches or techniques, teach new skills and suggest changes to equipment or the environment to support children’s development, participation and achievement.

Occupational therapists address the mental health needs of children and young people at home, in early years settings, in mainstream and special schools, and at college/university.

c) Working age adults

The most important contributors to a life in good mental health for working age adults are to have a job that provides a sufficient income, a decent and safe home and a support network.

Early intervention to target these social determinants is vital in providing effective support and better recovery outcomes. Occupational therapists can help deliver this by:

* + - Providing tailored access points to early occupational therapy intervention and advice across statutory and voluntary organisations, particularly for working aged people facing multiple barriers.
		- Address employment needs for people with mental health problems and their employers.
		- Offer training in life skills for those at risk of becoming or already part of the criminal justice system.

 d) Older adults

For older adults with mental ill-health, accessible, warm, decent housing is a fundamental contributor to enabling people to remain living well and independently at home. Integrating services across social care, housing and health can achieve this, preventing or delaying the need for further costly mental health care and support services.

For example, home adaptation has significant returns on investment in falls prevention with older people with mental ill health. Even non-serious falls that do not require medical or social intervention can affect peoples’ lives, for example by causing increased anxiety, functional decline, and social isolation.

Occupational therapists can work with developers and registered providers work to build better, accessible, safe homes for older adults.

 e) People that are more likely to experience mental ill-health Marginalised people experience a ‘triple barrier’ regarding their mental health needs, with higher rates of mental health problems, difficulty in accessing services and a poor

experience of mental health interventions. Gradients of social disadvantage correlate to much poorer mental health outcomes.

Occupational therapists are a significant part of the mental health workforce in the UK. Approximately a third of all occupational therapists are embedded in statutory mental health services across the lifespan. By focusing on social justice, lived experience, access and joining up services, meaningful change can be created.

Health needs and inequalities are greatest in particular places and in the groups who live there. Any response needs to be shaped and located accordingly, drawing organisations together with a shared understanding of the needs and wishes of the local population.

Occupational therapy should be targeted where it has the greatest impact; locating occupational therapists with the right knowledge, understanding and skills where they can be accessible and effective:

* + - Where they can advise at planning and design level – housing and community rehabilitation.
		- Where they can provide early interventions – in primary care and community services.
		- Where they can enable and support education in schools, colleges, and universities.
		- Where they can support people to be in, stay in and return to work, through primary care, occupational health and rehabilitation services.
		- In training and advisory roles, for example, to social prescribers, housing providers, care homes and domiciliary agencies.

Do you have ideas for how employers can support and protect the mental health of their employees?

Enable occupational therapists to work with and within occupational health departments to support the mental health of staff. Occupational therapists’ knowledge and skills can be used for the accurate assessment of work ability of individuals with mental health problems.

In addition, they can look at using broader organisational interventions aimed at bringing about positive change in workplace attitudes to enable good work for people with mental ill health. They can help build NICE guidance -Mental Wellbeing at Work (March 2022), into organisational systems. https://[www.nice.org.uk/guidance/ng212](http://www.nice.org.uk/guidance/ng212)

# Chapter 3: How can we all intervene earlier when people need support with their mental health?

What more can the NHS do to help people struggling with their mental health to access support early? Please provide your suggestions in relation to different groups:

1. Infants and their parents or primary caregivers
2. Children and young people

By making greater use of occupational therapists to:

* + - Support the early years workforce to develop foundation mental health skills and mental resilience for learning into children’s daily routines and activities.
		- Build the capability of school staff to identify and address children’s mental health needs early, for example, inputting into undergraduate primary teachers’ training.
		- Identify the barriers that prevent or enable children/young people to access full time education, including identifying unrecognised additional mental health
		- Work with families and carers to develop and support children’s development, learning, healthy occupations and independence.
		- Work across traditional service boundaries to address physical, social and mental health needs that impact on learning.
		- Support students with physical, learning and/or mental health needs in further/higher education to complete their courses and realise their potential.

 c) Working age adults

Occupational therapy for working age adults with mental health problems, is still predominantly accessed through secondary and tertiary mental health services.

Access to occupational therapy services needs to be early and easy, preventing the development of long-term difficulties and addressing some of the wider social determinants of mental ill health. Services should be both universal across all aspects of life, and targeted

* shaped and placed according to the mental health needs of local population groups.

In some areas people can self-refer to community mental health and rehabilitation services. They can directly access the right expertise when needed, but for this to be inclusive services need to proactively identify local population groups that are not currently reflected on caseloads, then work with them to co-create access points and services that accommodate their requirements and preferences.

 d) Older adults

For older adults with mental ill health, there needs to be greater focus on developing local pathways with services that allow flexible, early access, such as by self-referral, and are person centred and co-produced.

These pathways require support from teams staffed to offer an alternative to hospital admission and should be developed with local providers of supported accommodation for older adults, rehabilitation services and other community resources.

 e) Groups who face additional barriers to accessing support for their mental health

Being able to access local and community-focused mental health support from occupational therapists is crucial. Occupational therapists can offer bespoke mental health interventions where required, in the context of care pathways which are co-produced and co-delivered with people who use services. Barriers to meeting mental health needs such as drawn-out referral processes should be addressed with flexible access such as self-referral and advice clinics. Occupational therapists can also offer advice and consultation across wider services, shaping multi-agency and flexible services around occupational needs rather than mental health diagnosis.

Occupational therapists:

* + Are uniquely trained to address both mental and physical health working across all ages and at all stages of people’s mental health recovery.
	+ Address employment and education needs - collaborating with occupational health services, employers and education providers to support and maintain good mental health.
	+ Improve the physical health of people with mental health problems, incorporating and promoting healthy occupations.
	+ Work with people that are underserved by health and social care services, such as those experiencing homelessness, to offer tailored mental health support.
	+ Help to create services that are informed by lived experience and focused

on functional benefit. This translates interventions into meaningful change in the person’s everyday life, ensuring their personal goals are achieved.

* + Work with communities to build social environments that facilitate positive relationships, confidence, and healthy routines for occupational participation.

# Chapter 4: How can we improve the quality and effectiveness of treatment for mental health?

What needs to happen to ensure the best care and treatment is more widely available within the NHS? We want to hear about the most important issues to address in order to improve NHS mental health care and treatment over the next 10 years. We would be grateful for views on:

NHS occupational therapy for children with mental health problems should be delivered through a framework of universal, targeted and specialist interventions for best care:

* + Targeted NHS interventions should be delivered in partnership with families, educators and third sector organisations and working across traditional service boundaries to provide early intervention for children/young people whose development, mental health and wellbeing is at risk.
	+ Specialist NHS interventions should be for individuals with the most complex mental health needs/circumstances, using a strength-based approach that fosters self- management and independence.

 c) Working age adults

With unique expertise in mental and physical health and an understanding of environmental and social factors, occupational therapists are found in roles across NHS mental health systems for working age adults.

With a strategic focus on the social determinants of health and combating health inequalities, they contribute to improving the mental health of individuals, communities, and populations.

NHS mental health services for working age adults can utilise occupational therapists to:

* + - Reduce the impact of existing mental health problems on people’s life expectancy by increasing their ability to access and participate in meaningful, productive occupations such as employment.
		- Intervene early to prevent a deterioration of circumstances, thereby maintaining or increasing independence
		- Provide the right information and tools for people with pre-existing long-term mental health conditions to self-manage their health problems and ensure they live well.
		- Enable access to education and employment – two recognised routes out of poverty.

 d) Older adults

NHS care and treatment for older adults should identify when people would benefit from rehabilitation, addressing both mental and physical health needs.

Occupational therapists can influence team thinking to develop services that are needs led and personalised, for example working with colleagues to embrace risk so people can be as active in their lives for as long as possible.

Occupational therapists can use anticipatory care planning to support older people to make their own decisions about activity and risk taking, embracing recovery and reablement as part of rehabilitation language.

NHS services can collaborate with local partners to develop and build supportive professional networks. This will enable occupational therapists to share skills, provide mutual support and draw on the expertise of multidisciplinary colleagues.

Expanding NHS mental health services for older adults requires role development as well as recruitment. To make best use of the rehabilitation workforce, occupational therapists can train, supervise and mentor support workers to deliver interventions, which maintain and enable recovery of daily occupations. As with a reablement model, occupational therapists can take on expert advisory roles, assessing and reviewing older people with complex needs

 e) Groups who report worse experiences and outcomes from NHS mental health services

For people with mental health problems to access occupational therapy expertise on an equitable basis there needs to be a flexibility and fluidity of access.

Access needs to be open, appropriate, and fair to population groups who have been known to experience reduced access to, and satisfaction with, mental health and care services e.g., those in economically deprived communities, BAME groups, LGBTQIA+ groups. This may also include people who find it physically difficult to attend appointments and access local community resources.

What is the NHS currently doing well and should continue to support people with their mental health?

Services such as the Autism Service at Cheshire and Wirral Partnership NHS Foundation Trust, could provide a template for coproduction and personalisation for people with mental health needs.

The service has been co-designed to provide diagnostic and post-diagnostic support to autistic people and their supporters across Cheshire and Wirral. The occupational therapist worked with autistic people, their families, colleagues, and commissioners to co-design and develop a predominantly occupational therapy/psychiatry diagnostic and post-diagnostic adult autism service, recognising the importance of making every contact count within the resources available.

The service provides practical recommendations and specific strategies to improve a person’s ability and confidence to function day to day, manage their stress and their vulnerability to mental illness.

The occupational therapist works with people to clearly articulate specific reasonable adjustments to reduce any distress caused through misunderstandings and misinterpretations and to support them to engage in health interventions, employment, and education. These reasonable adjustments are clearly noted on a person’s electronic health record and are shared with their GP.

# Chapter 5: How can we all support people with mental health conditions to live well?

What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions? We would be grateful for input relating to:

1. Infants and their parents or primary caregivers
2. Children and young people

Occupational therapists are unique in that they already work with children and young people across organisations in health and social care, housing, criminal justice, education, and the voluntary sector.

For occupational therapy personnel this is a time to challenge the more traditional structures and processes of children’s service provision, to lead on innovation and to demonstrate the unique approach, skills and value of the profession.

 c) Working age adults

To support working age adults with mental health problems to live well, it is vital that organisations and services do not plan or work in isolation, but take a joined-up approach to analysing, planning and meeting needs - a universal response.

To maximise support for adults with mental ill health, consideration needs to be given to the environment, healthy homes, work, and healthy occupations. Occupational therapists should be at the table to provide this strategic perspective.

A joined-up approach requires the sharing of information across services and systems, supporting safe and effective service provision, enabling occupational therapists to use resources sustainably, reducing repetition of data gathering, assessments and any overlap of services.

Advanced and senior occupational therapists must have scope within their roles to work with their counterparts across sectors to agree actions to minimise duplication and ensure effective use of knowledge and resources.

1. Older adults

Occupational therapists can offer rehabilitation for older adults to live well, across all parts of the health and care system, and across both mental and physical health.

Rehabilitation should be available for every older adult based on need, not just for distinct diagnostic groups. It should be focused on ensuring people’s goals are achieved using a ‘what matters’ approach.

e) Groups who face additional barriers to accessing support

Groups who face additional barriers need healthy and sustainable communities to develop, and those communities must be understood and involved. Mental health services and workforces need to reflect and be shaped by the culture of the communities that they serve, with a shared understanding of the desired outcomes for the community and the service.

For example, RCOT are working with the education sector to attract and support people into the profession from a range of backgrounds that reflect diversity within the UK.

Advanced and senior occupational therapists must have scope and objectives within their roles to work with public and patient contributors and groups to co-design how services are accessed, delivered and evaluated.

# Chapter 6: How can we all improve support for people in crisis?

What can we do to improve the immediate help available to people in crisis? Please consider:

1. Children and young people
2. Working age adults

In mental health services, occupational therapy is associated with shorter lengths of stay within inpatient psychiatric units. However, occupational therapists are underrepresented within crisis mental health teams. Where roles do exist, capacity to offer rehabilitation may be diluted by generic responsibilities.

When working age adults’ mental health is deteriorating, early intervention by occupational therapists is key to help individuals manage their environment, working alongside services addressing substance misuse, domestic abuse and homelessness.

 c) Older adults

Crisis mental health services for older adults should be led with a focus on meaningful occupations, ensuring older people keep links with local networks, manage daily living and social skills, and take part in leisure and community activities.

It is fundamental that crisis support for older adults is person and occupation focused and that services address environmental, social and economic need.

Considering the physical environment, occupational therapists should build links with supported and general housing providers, to support and upskill housing officers. This will ensure that crisis care plans have a rehabilitation focus, and people are supported to maintain or move to independent living.

 d) Groups who face additional barriers to accessing support

Occupational therapy offers a valuable contribution to people experiencing mental health crisis, many of whom may have experienced occupational deprivation during their life due to social, economic and environmental factors. Occupational therapists will use a whole system approach in which the wider determinants of health are addressed. Interventions might include:

* + health promotion activities during inpatient care
	+ life skills programmes to prevent crisis escalation
	+ interventions to help people who are in inpatient care gain skills in self-management and recovery
	+ helping prepare for re-integration into the community, including through educational and vocational rehabilitation programmes.

Occupational therapists also work in partnership with other services to identify and address an individual’s health, care and environmental needs, as well as risk factors, particularly for those with additional needs due to mental or physical ill-health or learning disabilities.

For further information on this submission, please contact:

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