



Date: 31 October 2019

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## DRAFT MENTAL HEALTH ACTION PLAN

The [Royal College of Occupational Therapists](http://www.rcot.org.uk) is the professional membership organisation for occupational therapy staff across the UK.

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapy representing over 33,000 occupational therapists across the UK. There are 1,256 RCOT members in Northern Ireland of which 1,083 are professional members (RCOT, June 2019). Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy is a science based profession. Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapy improves the health and wellbeing of people through enabling participation in daily life which is made up of many occupations (or activities).

Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person's **environment** supports or hinders their activity (PEO Model). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

Occupational therapists have expertise in personalisation and have a significant role in supporting and developing this skill in others.

RCOT have reviewed the action plan and would like to raise the following:

### **Section 9 – Better mental health in primary care**

9.2 – Roll out of mental health workers in primary care MDTs

9.3 – Enhance availability of counselling at primary care

Missing from these two points: if they include occupational therapists in primary care MDTs as occupational therapists (rather than as mental health workers), it would increase capacity of those teams to address mental health and address parity of esteem as we can work with both mental health and physical health needs.

RCOT would like an additional action – *Enhance availability of occupational therapists at primary care.*

### **Section 11 – Encourage local initiatives and improve staff morale.**

Missing is an action about improving staff health and wellbeing, not just morale.

RCOT would like an additional action – *Ensure every NHS occupational health team includes an occupational therapist.*

## **Section 12 – Stronger mental health workforce**

12.3 – Increase the number of mental health nurses being trained.

12.4 – Increase the mental health workforce. Consider new methods in increasing the workforce by March 2020.

Missing is an action about *increasing the number of occupational therapists being trained*. We are a vital part of the workforce and need to be involved in these discussions, especially if they are happening by March 2020.

## **Section 15 – Better evidence and better use of evidence**

15.1 – Create an outcomes framework for mental health services to measure outcomes data.

Missing is an action to ensure that these *outcomes include people’s meaningful life goals, at home, at work and at leisure*.

RCOT feel that the priority should be the workforce section (10, 11 and 12) as without the workforce, none of these policy objectives will be delivered.

Other areas where occupational therapists could be a valuable addition to service providers include: CAMHS (5.1), forensics (5.2), adults (5.3), perinatal services (8.1), eating disorder services (8.2) and personality disorder services (8.3).

## **Other comments**

RCOT would also like to ask if the action plan is to consider how Departments will work together and co operate to achieve outcomes. DoH, HSCB and trusts are generally the Leads for all the objectives. Where is the cross departmental work going to be included. Objectives for prevention and early intervention could be more robust including with Education.

*“It is time now to rethink mental health services, innovate the services provided, and really focus on the social determinants of health. Figures from the Mental Health Foundation show that almost a third of sixteen year olds in Northern Ireland have experienced a serious emotional or mental health problem<sup>i</sup>. This simply has to change. Early intervention is vital in providing effective support for people with mental health problems”<sup>ii</sup>*

We are pleased in the plan to see references to CAMHs (in particular the transition from CAMHs to adult services) and perinatal mental health. An addition might be to consider universal services to support well-being and mental health in schools (early intervention/prevention).

In our report ‘Getting My Life Back, Occupational therapy promoting mental health and wellbeing in Northern Ireland’, the Royal College of Occupational Therapists recommends that occupational therapists lead and innovate in the design and delivery of mental health services in four key areas:

- Ensuring young people with mental health problems transition well into adulthood by helping them achieve their full educational potential.
- Addressing employment needs when working with people with mental health problems.
- Improving the physical health of people with serious mental health problems, incorporating and promoting healthy occupations.
- Improving access to mental health support in primary care.

The RCOT report 'Occupational Therapy: Unlocking the potential of children and young people'<sup>iii</sup> '[Unlocking the potential](#)' report does make the point that occupational therapists are well placed to address physical and mental health as we work across traditional service boundaries (page 4).

A member has also asked where the Autism strategy (2013-2020) sits with this plan, saying that although Autism is not a mental health condition - there are a high number of autistic individuals with mental health problems, in addition to high rates of suicide.

We would also ask where the crossover is for people with physical conditions which may impact on their mental health, such as someone with a stroke.

The draft Programme for Government outcomes framework stated purpose is to "Improve well being for all- by tackling disadvantage and driving economic growth"<sup>iv</sup> Community Plans have identified themes and outcomes such as physical and mental wellbeing and living longer and more independent lives. If the intention generally in Northern Ireland is to move towards a more equitable and person-centred approach, with a focus on prevention and care closer to home and communities, then a sense of how there is to be a joined up approach to the wider direction of travel and how this is going to link together could be more apparent in this plan.

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<sup>i</sup> Betts J, Thompson J (2017) Mental health in Northern Ireland: overview, strategies, policies, care pathways, CAMHS and barriers to accessing services: NIAR 412-16. (Research and Information Service Research Paper). [Belfast]: Northern Ireland Assembly. Available at: <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf> accessed 29/10/19

<sup>ii</sup> [Getting my life back: occupational therapy promoting mental health and wellbeing - Northern Ireland \(PDF, 1.03MB\)](#) accessed 29/10/19

<sup>iii</sup> [Occupational therapy: unlocking the potential of children and young people \(PDF, 706.99KB\)](#) accessed 29/10/19

<sup>iv</sup> Programme for Government Outcomes Framework Available at: <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/pfg-framework-working%20draft.pdf> accessed 29/10/19