



National Assembly for Wales
[Health and Social Care Committee](#)

[Post-legislative scrutiny of the Mental Health \(Wales\) Measure 2010](#)

Evidence from College of Occupational Therapists – MHM 04

Scrutiny of the Mental Health (Wales) Measure 2010

Response from the College of Occupational Therapists

1 -The College of Occupational Therapists (COT) is pleased to provide written evidence for the Health and Social Care Committee. The College of Occupational Therapists is the professional body for occupational therapists and represents over 28,000 occupational therapists, support workers and students from across the United Kingdom. Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

2 - Occupational therapists are regulated by the Health and Care Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties. The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of or having limited access to occupation can affect physical and psychological health.

3 - Our members have reported improvements that have arisen as a result of the Mental Health Measure due to the occupational therapy interventions they have been able to deliver to clients who have not previously benefited from occupational therapy. Other members have also reported some unintended difficulties they have experienced as a result of the Measure. This submission gives the improvements first in paragraphs 4 - 7 and then the difficulties in paragraphs 8 – 10.

4 - Occupational therapists are among the professions that have moved to work in the Local Primary Mental Health Support Services (LPMHSS) and we are pleased that they have been able to demonstrate the valuable contribution the profession can make in these new services. They work based in the community and take referrals direct from GPs. The occupational therapy posts were created as the teams' needed professionals with practical, problem solving skills who could focus on client's occupational difficulties particularly around activities of daily living, employment, leisure and support networks.

5 - After an initial assessment the occupational therapists offer six to eight intervention sessions to improve the individuals' engagement in health enhancing, socially inclusive occupations. Our members report that most clients have problems with high



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anxiety and depression and struggle with motivation. Some have not been able to leave their homes for many years but because they are not a risk to themselves or others and not in acute crisis, they have not previously received any mental health support. Our members have reported surprise at the relatively high levels of mental illness and disability that exist in primary care, most of which has received little previous input.

6 - Our occupational therapy members also report that they have been offering Occupational Empowerment groups that help individuals look at how their illness has affected their roles, routines and functional skills and how they can start to use meaningful activity as part of their Recovery journey. The groups encourage people to use their own resources and strengths to develop new occupational skills. Key in this work has been the use of individualised goal setting to stay solution focused and improve motivation. Our members report that they have been able to identify clients' occupational needs and deliver interventions quickly with the help of the community development workers who complement their work.

7 - In addition to addressing mental health needs, our members report high level of work for clients with significant physical health problems and long term conditions. As occupational therapists are qualified to work with clients with both mental and physical health problems they have been able to assist with advice on mobility issues, daily living equipment and transport and have liaised extensively with physical health occupational therapists and physiotherapists. Our members feel there is definitely scope in the future for more cross over work between primary care services to address both physical and mental health problems and occupational therapists would be keen to help with this.

8 - Despite the improvements described above, our members also report difficulties in particular the huge numbers of referrals (500 a month have been reported in one area) versus the size and capacity of the teams. Tapping into this previously unserved population has led to stressors in other parts of the mental health services. Our members report that Community Mental Health Teams (CMHTs) have tightened their eligibility criteria meaning many referrals are now declined and passed back to primary care. Those who can access the CMHTs are seen for shorter periods of time which does not work well for all clients.

9 - Day centres have also restricted their eligibility meaning some clients have been forced to leave a stabilising factor in their routine and have since relapsed. With fewer clients attending day centres, the range of therapeutic activities offered has been reduced making it harder to find activities that will motivate clients to get involved in their own Recovery.

10 - Although we have some occupational therapists working in the LPMHSS who report good results, we have been disappointed not to have had more posts to meet needs. Some of the services have no or very limited occupational therapy input. Our members feel that these services have generally been woefully understaffed and that the ideals of the Measure will only be met with a substantial increase in primary care



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resources. While we are aware of the need for prudent health and social care, it remains deeply saddening that while mental health problems are approximately 25% of the disease burden, mental health generally receives less than half of this in funding.

If you would like any more information about this submission please contact:

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