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Recovering Ordinary Lives

The strategy for occupational therapy in mental health services 2007–2017

A vision for the next ten years

College of Occupational Therapists

Our Vision . . .
Our Culture . . .
Our People . . .

Occupational therapy at the HEART
of mental health service provision in the 21st Century . . .
Delivering what service users want, need and deserve

Core

College of Occupational Therapists

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www.cot.org.uk

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Foreword

'Some of the things we do and benefit from have no tangible benefit, such as music or singing but leave us feeling invigorated.'

(Service user.)

Comment: If you understand that the individual needs of service users cannot be found in any textbook, then you can truly deliver services that fit the person and not the other way around, which is what this person-centred strategy sets out to achieve.

Hello and welcome to the 2006 ten-year strategy for occupational therapy in mental health services by the College of Occupational Therapists.

The five themes to inform and shape this strategy are: ***Valuing occupation, Education, Workforce development, Leadership,*** and ***Added value of occupational therapy.*** Before I talk about what are for me some of the key messages to come from those themes, let me set the context in which this document sits. The latest phase of modernisation in psychiatry began in 1999 with the *National Service Framework for Mental Health* (Department of Health 1999) and has continued with the *New Ways of Working for Psychiatrists* (Department of Health 2005c), and it is within this context of change that this document sits.

Valuing occupation: When a person is unable to engage in occupation, the occupational therapist works with him or her to develop skills and promote social inclusion.
Comment: When a person is unable to engage in occupation, it can isolate them from the society in which they live. It is not until you lose something that you realise its importance and its value. Occupational therapists understand the need, and therefore the value, and have the ability to develop the skills in people to regain social inclusion.

Education: The *Ten Essential Shared Capabilities* (ESC) (Department of Health 2004) are fundamental to mental health practice and reflect occupational therapy values.

Pre-registration education must meet the needs of service users. Training opportunities should be developed and delivered in partnership with service users and carers. Involvement of service users in the programme design, delivery and evaluation would help to ensure the relevance of curricula.
Comment: Because the ESC are a part of occupational therapists' value base already, it will ensure that the continued development of their profession comes from a service user perspective, one of treating people as human beings.

Involving carers and service users in all aspects of professional education will ensure it is relevant and of the highest quality, and that it will meet their needs.

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Workforce development: It is important to review what outcomes are required and what skills would best meet the needs of service users.

Nationwide strategies are needed to encourage greater diversity within the occupational therapy workforce, including more men, people from Black and minority ethnic groups and disabled people.
Comment: If you start with the service user when designing the workforce, you will be delivering a workforce fit for purpose.

It is very important that all professions reflect within them the cultures of those they serve.

Leadership: Services will only benefit from the vision and expertise of occupational therapists if the profession is represented at a strategic level.
Comment: Whilst totally supporting leadership at a strategic level, I would go further by saying that service users need occupational therapists at all levels as leaders, especially within multi-disciplinary teams, where their social identity can have the greatest impact in changing the way care is delivered.

Added value of occupational therapy: Occupational therapists have the thinking skills and the time to reflect on a broad range of factors that influence engagement in occupation.
Comment: In today's world, where there are many parts to delivering care packages, occupational therapists are well equipped to provide holistic care, which is the desire and need of service users today.

The message is loud, it is clear and it is unequivocal for Government Ministers, the Department of Health, Commissioners, Chief Executives, Directors of Operations and Leaders of the Private and Voluntary sectors: that the value of occupational therapy and occupational therapists is absolute and therefore essential to the delivery of recovery in people's lives. This makes them, together with others who practise from a social perspective (including those who are psychosocially and/or Thorn trained), the most important professionals in the team. As a consequence, they must be placed at the heart of every team with responsibility for the management and wellbeing of the people they serve.

In delivering the highest quality of care that people/service users want, need and deserve, every team must have an occupational therapist in it and I fully support everybody in their usage of this strategy to achieve this vital goal for service users. I hope it will be delivered within the lifetime of this document (the next ten years).

It is very important to acknowledge the contribution of all those who were involved in the writing of this strategy, which includes carers and service users, and I do so here by saying, *well done* and *thank you* for all your hard work, time and effort.

David Tombs – Service user

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Preface

Those occupational therapists working in mental health services, or considering a career within those services, are indeed fortunate to have this valuable guide. The College of Occupational Therapists is proud and delighted to be able to illuminate the way forward for members of the profession working in the field of mental health.

The College commissioned the development of this strategy in order to create a user-led vision of how mental health occupational therapy services should be delivered. In doing so, the College endorsed the profession's philosophy that occupation is essential to health and wellbeing.

A vision without a way forward is only of limited use. This strategy not only delivers action points on five key themes, but also identifies just who is responsible for delivering each set of actions, including identifying actions and objectives for the College itself. As such, it supports development towards the vision in an unprecedented way. There is simply no excuse for not making things happen!

So, whether you are a practitioner, a manager, an educator, a commissioner of services or an officer of the professional body, this strategy will be an invaluable guide. I heartily commend it to you and hope that you find it a valuable and supportive tool that assists you in your daily efforts to deliver the best services possible to your service users.

Julia Scott
Chief Executive
College of Occupational Therapists

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Please note: the Specialist Section – Mental Health was formerly known as the Association of Occupational Therapists in Mental Health (AOTMH).

Executive summary

Mental health is a government priority for service improvement and modernisation in the United Kingdom. Policy initiatives drive and direct new methods of service delivery, new ways of working and new goals for tackling the negative consequences of mental ill health. Policy themes in the four UK nations include: involving service users and carers in the development and evaluation of services; focusing on health promotion and disease prevention; supporting social and psychological recovery; recognising the importance of employment; promoting social inclusion; increasing the quality and equality of access to health and social care, and requiring interventions to be based on the best available evidence.

These policies have profound implications for occupational therapists working in mental health services. *Recovering ordinary lives* identifies clearly their unique contribution and provides direction for the development of the profession in this field. The strategy was developed through extensive consultation with occupational therapists, service users, carers and other key stakeholders.

The aims of this strategy are twofold: to reassert the importance of occupation to health and wellbeing, and to develop a vision and principles that will guide occupational therapy practice within rapidly changing social and political environments. The strategy reaffirms our commitment to working in partnership with service users and carers in all areas of occupational therapy practice and to ensuring that occupational therapy services are accessible and timely, so that they meet the needs of the people who use them.

It is envisioned that, by 2017, mental health service provision in the United Kingdom will be better for the active role and inspirational leadership provided by the cultural heritage and identity of occupational therapy, which at its core is social in nature and belief and, therefore, will deliver the kind of care that service users want, need and deserve. This will be achieved by ensuring that:

- Occupational therapy is equally available to everyone on the basis of need.
- Systems are established that support substantive service user and carer participation.
- Services are audited to ensure that they are occupation-focused.
- Adults are supported in attaining, maintaining or regaining a work role.
- Services are provided in locations that best meet the needs of service users.
- Services are informed by research evidence and up-to-date information on best practice.

This document addresses five areas of development: valuing occupation; the added value of occupational therapy; professional leadership; education and training, and workforce development. It contains key messages in each of these areas for occupational therapy practitioners, managers of occupational therapy services, the College of Occupational Therapists, commissioners of mental health services, occupational therapy educators and researchers. Positive, focused action by these

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groups over the next ten years will ensure that, by 2017, mental health services are designed and delivered in ways that meet the occupational needs of the people who use them, thus promoting good mental health, assisting recovery and preventing mental ill health.

1 Introduction

Mental health is one of the government priorities for service improvement and modernisation in the United Kingdom (Department of Health 2002). Policy initiatives are driving and directing new methods of service delivery, new ways of working and new goals for tackling the negative consequences of mental ill health (Department of Health 2005b). These initiatives have brought about rapid and ongoing change, both in the goals of mental health services and in the context within which occupational therapists engage with service users. Mental health services are being redesigned to focus on the needs of the people who use them, on recovery, on health promotion and on employment and vocational opportunities. More than at any other time, the intentions and the language of government policy match the goals and values of occupational therapy, which focuses on helping people to recover ordinary lives when coping with mental ill health.

The past ten years have seen a progressive shift of emphasis in mental health services towards more sensitive and person-centred provision (Care Services Improvement Partnership 2006a). The drivers for this change have included policy documents and guidance designed to establish the principles underpinning modern mental health services (Review Of Mental Health And Learning Disability (Northern Ireland 2005), to address effectively the needs of particular groups (Department of Health 2001, Department of Health 2005a, Scottish Executive 2005) and to set themes for continuing service development (Department for Work and Pensions 2004, Department of Health 2005b, National Institute for Mental Health in England 2005, Office of the Deputy Prime Minister 2004, Scotland. Parliament 2003).

The principles and developmental themes set out in government policy statements for the four UK nations include:

- Involving service users and carers in the development and evaluation of services (Care Services Improvement Partnership 2006a).
- Focusing more strongly on health promotion and disease prevention (Department of Health 1999, Scottish Executive 2003, Wanless 2004).
- Supporting social and psychological recovery (National Institute for Mental Health in England 2005).
- Recognising the importance of employment, keeping people in work during an episode of mental illness and seeking vocational opportunities (National Institute for Mental Health in England 2003, Department for Work and Pensions 2004, Care Services Improvement Partnership 2006b).
- Promoting social inclusion, including tackling stigma and discrimination (Great Britain. Parliament 2005, Office of the Deputy Prime Minister 2004, Review Of Mental Health And Learning Disability (Northern Ireland) 2005).
- Increasing equality of access to, and quality of, health and social care (Department of Health 2005a, Care Services Improvement Partnership 2006a).

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- Requiring interventions to be based on the best available evidence (Chief Scientist Office 1998, National Assembly for Wales 1999, Department of Health and Personal Social Services. Research and Development Office 1999).

The College of Occupational Therapists recognises that these changes in the philosophical basis, delivery and direction of mental health services in the UK have profound implications for occupational therapists working in the field. Occupational therapy practitioners want to provide good and relevant services for the people who need them. They are seeking leadership, not only to develop the profession to meet new demands and expectations effectively but also to position occupational therapists in leadership roles within services. This is the right time for the College to present a strategy that identifies clearly the unique contribution of occupational therapy within mental health services and provides direction for the development of the profession in this field.

The aims of the strategy are to:

- Reassert the profession's belief that occupation is essential to health and wellbeing.
- Create a strategic vision for the future of occupational therapy services in the field of mental health across the United Kingdom.
- Identify the principles that guide occupational therapy practice in a rapidly changing social and political context.
- Make recommendations for action to achieve the strategic vision: in practice, in management and in education.
- Promote the contribution of occupational therapy to evidence-based mental health services,
- Provide a framework to enable commissioners to secure the delivery of high-quality and effective mental health services in which occupational therapy is a core component.

Action points towards achieving these aims can be found in the conclusion. In addition, key messages are contained within the document that the authors of *Recovering ordinary lives* think should be kept uppermost in mind by those commissioning, planning and delivering occupational therapy services.

The College will review the Strategy in 2010.

2 Statement of strategic intent for occupational therapy in mental health

2.1 The relationship between occupation, mental health and wellbeing

People have an intrinsic drive to be active that is expressed through the occupations that form the fabric of their daily lives. Occupation is the term used to describe all the things that people do in everyday life, including caring for themselves and others, working, learning, playing, creating and interacting with other people. Occupation is central to the existence of individuals, groups and communities. It is the mechanism by which people maintain themselves in the world and realise their potentials (Wilcock 1998).

To maintain normal functioning, the body and mind must remain active. Through what they do, people develop skills, exercise and test their capacities, interact with others, adapt to circumstances, meet basic vital needs, express who they are and strive towards reaching their goals. If a person is deprived of activity, or has access to only a limited range of occupations, physical and psychological health will suffer.

Occupations form an important part of each person's personal and social identities: in the eyes of the world and in our own eyes we are largely what we do. However, the occupations and activities of daily life change in response to such factors as environment, age, responsibilities and interests. Children need to engage in activities that will allow them to develop and learn. Adults require occupations that enable them to make a contribution to society and be rewarded for that contribution. Older people need occupations and activities that support their ability to be independent and give them a valued role in society.

Maintaining an acceptable and personally satisfying routine of activities that have meaning and value for the individual gives a structure to time and creates a sense of purpose and direction to life. Such a routine enfolds the individual within a physical and sociocultural context, thus supporting feelings of identity, normality and wellbeing, even in the presence of disease or disability. Conversely, any disruption of fulfilling daily routines, by illness, injury or external circumstances, can lead to dissatisfaction, disorientation and distress. Occupation is, therefore, essential for good mental health and wellbeing.

2.2 The vision for occupational therapy in mental health services

By 2017, mental health service provision in the United Kingdom will be better for the active role and inspirational leadership provided by the cultural heritage and identity of occupational therapy, which at its core is social in nature and belief and, therefore, will deliver the kind of care that service users want, need and deserve.

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In the year 2017, occupation will be seen as a human right and occupational deprivation as a violation of human rights. Occupational therapists will be acknowledged as experts in working with the occupational needs of people with mental health problems in all phases of the life cycle and will articulate their expertise and specialist skills to other professionals and mental health service users.

All occupational therapy services within mental health services will be based on an understanding of the occupational nature of people, and occupational therapy will be recognised as an approach that promotes good mental health, assists recovery and prevents ill health through engagement in activity. Occupational therapists will be seen as professionals who have the knowledge and experience to deliver creative solutions to complex problems. Occupational therapy services will be evidence based and client centred.

Occupational therapists will value recovery and will work within a socially inclusive framework to achieve goals that make a real difference to people's lives. They will encourage people with mental health problems to take decisions and responsibility for their lives by providing the necessary support. Occupational therapy services will be delivered in a manner that is consistent with the culture and beliefs of the mental health service user.

Occupational therapists will be a learning workforce through keeping up to date and being actively involved with theory, research, policy and new ways of delivering services. Working flexibly for a range of service providers within a variety of settings will be a key imperative.

Consequently, the occupational therapist of the future will:

- Provide interventions in locations that best meet the needs of service users. Occupational therapy may be provided in the home or in other community-based settings as an alternative to hospital, in response to the choices of service users.
- Deliver services that are easily accessible and timely by ensuring that people have access to services at times that suit them, regardless of day of week or time of day. For example, service users or carers who maintain their employment may find it difficult to take time off to attend appointments and will require access outside their working hours.
- Seek up-to-date information about best practice and know how to make use of research evidence, so that they are able to base interventions on the best evidence currently available.
- Establish systems that support substantive service user and carer participation in planning, monitoring and evaluating services and in the decision-making process.
- Audit services to ensure that they are occupation-focused.
- Support adults in attaining, maintaining or regaining a work role. This will involve more occupational therapists working in this area.

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It is anticipated that services in 2017 will be significantly different from those offered in 2006 and that the occupational therapy workforce, working with both children and adults, will be employed within a wide variety of services.

2.3 Guiding principles for mental health occupational therapy practice

These principles have been derived from the reports of two pieces of work carried out on behalf of the College of Occupational Therapists: *Occupational therapy defined as a complex intervention* (Creek 2003) and *Recovering ordinary lives, literature review* (College of Occupational Therapists, 2006a). Principles that are either stated or implicit in these two documents have been identified and set out clearly for the purposes of this strategy.

- Occupational therapy is equally available to everyone on the basis of need, irrespective of age, gender, sexuality, race, religion, disability, place of abode, social class or other personal or cultural characteristic.
- The therapist works in collaboration with the client to collect information, identify problems or needs, set goals, formulate plans for action, implement intervention, evaluate outcomes and end the intervention.
- Interventions involve the client in activity.
- Interventions support the client in developing or maintaining a satisfying personal and social identity.
- Interventions move the client in the direction of fuller participation in society through the performance of occupations that are appropriate to her or his age, social and cultural background, interests and aspirations.
- Interventions are designed to overcome physical, psychological, social and environmental barriers to participation.
- Interventions assist the client to achieve greater autonomy of thought, will and action.
- Interventions are appropriate to the client's lifeworld context and the treatment environment.
- The therapist evaluates the effect of every intervention on the client's skills, task performance, activities and occupations.
- People who use occupational therapy services play a part in developing, monitoring and evaluating those services.

3 The consultation process

In 2004, the College of Occupational Therapists (COT) announced its intention to produce a strategy for occupational therapy services in mental health. In 2005, officers of the College carried out a literature review to establish the policy framework for practice and the current scope of occupational therapy in the field of mental health. This has been published as a separate document (College of Occupational Therapists, 2006a).

Also in 2005, the College commissioned the Sainsbury Centre for Mental Health (SCMH) to carry out an extensive consultation to elicit the views of occupational therapists, service users and other key stakeholders on the future of occupational therapy in mental health services. A steering group made up of occupational therapy practitioners, a service user and College officers guided the work of the SCMH project team (*see page viii*).

Ethical approval for the consultation was sought and obtained through the College of Occupational Therapists' project ethics review process.

The main methods of consultation were through four focus groups, a postal questionnaire and telephone interviews with the chairs of specialist sections or their representatives, as shown in table 3.1. The project was advertised and promoted in *Occupational Therapy News*, on the College website and at local conferences and meetings in order to engage the membership and encourage participation.

Table 3.1: Consultation methods

Focus group of delegates at COT annual conference.
Questionnaire sent to a sample of occupational therapists and others.
Web-based forum set up for on-line responses.
Focus group of users of occupational therapy services in mental health.
Focus group of black and minority ethnic service users.
Focus group of carers.
Telephone interviews with chairs of relevant COT specialist sections or their representatives.

The College of Occupational Therapists' annual conference in Eastbourne in June 2005 provided the opportunity to launch the consultation work. The SCMH team produced a short, open-ended questionnaire asking participants to identify and prioritise the issues for occupational therapy services that a strategy would need to address.

The main consultation occurred between December 2005 and March 2006. The SCMH project team devised a set of consultation questions (*see Appendix*) based on themes identified from the College's literature review, findings from the conference prioritisation process and their own extensive knowledge of UK mental health policy and service frameworks. The questions

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addressed a range of topic areas and were designed to ascertain participants' views on:

- The impact of occupation on mental health and wellbeing.
- Roles and workforce issues for occupational therapists in mental health settings.
- Approaches to occupational therapy intervention.
- Education and training requirements.
- The extent to which occupational therapy is able to influence government agendas.

The questionnaire was sent to occupational therapists throughout the UK working in the field of mental health and to others whose work roles related to occupational therapy. Members of specialist sections of the College whose interests aligned with mental health were selected for inclusion: the College of Occupational Therapists Specialist Section – Mental Health (formerly AOTMH), the College of Occupational Therapists Specialist Section – Children, Adolescents and Families (formerly NAPOT), the College of Occupational Therapists Specialist Section – Older People (formerly OTOP), the College of Occupational Therapists Specialist Section – Learning Disabilities (formerly OTPLD) and the College of Occupational Therapists Specialist Section – Work (formerly OTWPP). A web-based forum was created on the College website to facilitate online responses to the questionnaire.

Concurrently with the questionnaire survey, three focus groups were held with: users of occupational therapy services in mental health; Black and minority ethnic service users, and carers. These focus groups were led by service user and carer consultants in settings provided by service user and carer organisations. Detailed outcomes from the focus groups have been published separately (College of Occupational Therapists, 2006b).

The SCMH project team conducted telephone interviews with the chairs or their representatives of the specialist sections that had been identified for their particular relationship with mental health services: Mental Health; Children, Adolescents and Families; Older People; Learning Disabilities; and Work. These interviews were structured around the questions in the postal questionnaire.

From the initial consultation and main questionnaire survey, 581 written responses were received, including 40 from service users and seven from carers. Responses were received from a wide range of occupational therapy stakeholders, including practitioners, managers, educators and students.

Themes derived from the literature review and initial consultation shaped the main enquiry process and formed a framework for the analysis of the findings. The five themes are:

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- Valuing occupation.
- The added value of occupational therapy.
- Leadership.
- Education.
- Workforce development.

The SCMH produced a draft report setting out the findings of the consultation process under these headings. Analysis of the findings revealed a number of strongly-held values and aspirations: these were incorporated into a vision statement. With guidance from the steering group, the findings were further analysed to draw out recommendations for action under each of the five themes. These recommendations were directed towards five groups: occupational therapy practitioners; managers of occupational therapy services; the College of Occupational Therapists; occupational therapy educators; and commissioners of mental health services.

To complete the strategy, two sections of the literature review were included: a statement about the relationship between occupation, health and wellbeing and a set of guiding principles for mental health occupational therapy practice.

4 Key messages

The consultation process, as described above, raised a number of issues that were considered to be important by the different groups consulted. These issues have been grouped into five themes: valuing occupation; the added value of occupational therapy; occupational therapy leadership; occupational therapy education and training, and occupational therapy workforce development. Each of these themes is summarised here and key messages are identified for five groups of stakeholders: occupational therapy practitioners; the managers of occupational therapy services; the College of Occupational Therapists; occupational therapy educators; and the commissioners of mental health services. These are the people whose work roles give them a responsibility to take action to implement the strategy.

Service users and carers made a significant contribution to the development of this strategy and they are major stakeholders in it. The key message for people who use occupational therapy mental health services is that the strategy focuses on what is being delivered to you. You are invited to use this document whenever the opportunity arises to make sure that occupational therapy services are acceptable, effective and delivered well.

4.1 Valuing occupation

> *'Doing things increases our sense of self-worth. If we have nothing to do then we can become very isolated and this works against us. Some of the things we do and benefit from, such as music or singing have no tangible benefit but leave us feeling invigorated and happy.'*
>
> (Service user.)

Occupational therapy practice in the field of mental health is based on an understanding of the relationships between occupation, health and wellbeing and a belief in the potential of people with mental health problems to learn and grow. Health and wellbeing are supported by engagement in a balanced range of occupations that are chosen and valued by the individual. Conversely, having too few occupations or limited choices can lead to poor mental health. When a person is unable to engage in occupation, whether due to personal, social or environmental factors, the occupational therapist works with her or him to develop skills, challenge inequalities and promote social inclusion. The value of occupational therapy is demonstrated in action.

Occupational therapy practitioners understand and accommodate traditional health and social care models (College of Occupational Therapists 2004a) but are able to work outside these frameworks and give attention to the needs and aspirations of individuals. However, if the service user is to be fully involved in the therapeutic process, the goals and approach of occupational therapy must be explained clearly. Occupational therapists must continue to develop a language for expressing occupational therapy concepts and use it consistently in speech and writing.

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Occupation is conceptualised by occupational therapists as being pivotal to health and wellbeing. Occupational therapists need to invest in research and development to build a strong evidence base for the relationships between occupation, health and wellbeing.

The centrality of occupation in the thinking of occupational therapists leads to a focus on the strengths of individuals, rather than their problems, and on their contribution to recovery. The occupational therapy approach encourages self-determination and promotes an active role for the person in working towards recovery. The service user becomes an active participant in the creation of his or her future, learning hope and building confidence. However, there is a danger that services do not meet the needs and aspirations of all the people who use them, and some client groups may require particular attention in order to provide appropriate interventions.

Taking risks is a necessary part of learning through doing, as people develop coping skills through participating in new experiences. This approach can sometimes conflict with the concerns of service providers, when they focus on risk management and do not allow this approach to flourish.

4.1.1 Key messages for occupational therapy practitioners

- Using occupational language, explain with confidence the meaning of occupation and its relationship to recovery and wellbeing to service users, carers, colleagues and service commissioners.
- Work in partnership with service users and carers, putting their needs, values and aspirations at the centre of planning and implementing interventions.
- Plan interventions that allow service users to take positive risks within the limits set by local protocols on risk assessment and risk management.
- Challenge inequalities in the provision of health and social care, ensuring that services are accessible and appropriate to all groups and individuals who need them.
- Write about service innovations that enhance occupational opportunities for service users and strive to publish these reports in appropriate journals.

4.1.2 Key messages for managers of occupational therapy services

- Involve service users in the planning and evaluation of occupational therapy services.
- Provide information within your organisation on the importance of occupation to recovery and wellbeing and on the cost-effectiveness of occupational therapy.
- Furnish service commissioners with information and evidence about the role of occupation in promoting recovery and supporting wellbeing.
- Ensure that occupational therapy services focus on the occupational needs of service users.
- Identify services and groups of service users that would benefit from having access to occupational therapy services and develop strategies to introduce occupational therapy into those areas.

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- Put in place risk assessment and risk management protocols that allow occupational therapists to engage the people who use their services safely in a range of appropriate therapeutic activities in various community settings.
- Audit occupational therapy services to ensure that they are accessible and appropriate to all the individuals and groups who need them.
- Involve occupational therapists in service developments at all levels of the organisation.
- Require that students of all disciplines are provided with opportunities to learn about occupational therapy during their time within the organisation.

4.1.3 Key messages for the College of Occupational Therapists

- Promote an understanding of the nature of occupation and its importance to health and wellbeing through engaging in responses to consultations, lobbying, releasing policy statements and seizing any other opportunities that arise, working with other professional bodies where appropriate.
- Promote the contribution that occupational therapists make to mental health services through engaging service users to participate in the process of recovery.
- Commission, support and promote research that investigates the impact of occupation on mental health and wellbeing, and disseminate the findings of such research.
- Lobby for the inclusion within the curricula of all health and social care courses of an occupational awareness component.

4.1.4 Key messages for occupational therapy educators

- Retain occupation at the heart of the occupational therapy curriculum and ensure that the curriculum remains abreast of developments in occupational science.
- Work in partnership with occupational therapy practitioners and with other academics to build the evidence base for occupation-focused practice.
- Disseminate evidence of the importance of occupation to health and wellbeing through a variety of publications.

4.1.5 Key messages for the commissioners of mental health services

- Ensure that occupational therapy is equally available to all who use mental health services on the basis of need.
- Understand the importance of occupation to health and wellbeing and identify service areas where there would be significant health gain and cost benefit through the use of an occupational approach as an alternative to, or enhancement of, the traditional approach.

4.1.6 Key messages for occupational therapy researchers

- Focus on providing evidence for a causal relationship between occupation, health and wellbeing.

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4.2 The added value of occupational therapy

> *'We felt that [occupational therapists] could play a big role (maybe vital) in the process of recovery and had a role in "kick starting your mind into recovery and occupation". This involved helping us find our own pathway in life and helping us learn the skills that would allow us to look after ourselves.'*
>
> (Service user.)

Occupational therapists work in all areas of mental health services and with all age groups. They work across service sectors and agencies, providing continuity and consistency of care for the people who use mental health services. Occupational therapists contribute a unique professional perspective that focuses on people's occupations in all areas of their lives: self-care, productivity, education and leisure. This approach requires that the occupational therapist has the thinking skills and the time to reflect on a broad range of factors that influence the client's engagement in occupation. Excessively large caseloads and pressure of time can interfere with the occupational therapist's capacity to provide an effective and efficient professional service.

Occupational therapists are concerned with the way that people live their lives, balancing the possibility that services might place undue emphasis on pathology and problems and enabling the engagement of service users and carers as active partners in the therapeutic process. They are experts in doing; helping people to develop skills and overcome barriers in order to engage in activities that support the development and maintenance of good mental health and that promote social inclusion. For example, the occupational therapist can lead on job retention and return to work programmes, advise on environmental adaptations in the home or workplace and facilitate involvement in community leisure opportunities.

By focusing on skills and opportunities for occupational engagement, the occupational therapist not only helps service users to enrich their lives but is able also to make services more efficient and cost effective. For example, timely occupational therapy intervention can prevent unnecessary hospital admissions, facilitate early discharge, reduce the number of incidents on wards and support adults of working age in retaining their jobs during an episode of illness. If the profession is to thrive and be valued for its specialised contribution to mental health care, it is essential to increase the volume of high-quality research into the impact of occupational therapy interventions.

The occupational therapist brings to the multidisciplinary team a different perspective on the functioning of the team, recognising that it is located and works within a particular environment and service delivery system. She or he also brings a range of planning and organisational skills to support the team.

4.2.1 Key messages for occupational therapy practitioners

- Keep up-to-date with current ways of working and best practice in occupational therapy.

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- Use outcome measures that give clear evidence that occupational therapy has made a difference to people's occupations.
- Act as a professional leader by seeking opportunities to implement new ways of working that focus on enhancing occupations and participation for service users.
- Seek opportunities to engage in research that will provide evidence of the effectiveness of occupational therapy interventions.

4.2.2 Key messages for managers of occupational therapy services

- Set standards for the workload of occupational therapy staff at all levels in order to make best use of and demonstrate their skills and expertise.
- Develop CPD opportunities that will enable occupational therapy staff to access and make use of the latest research evidence.
- Build pathways of care that highlight what service users can expect of their occupational therapy intervention.
- Seek opportunities to engage in service development and redesign in order to facilitate the work of occupational therapists.
- Work with academics to undertake practice evaluations and research that will demonstrate the effectiveness of occupational therapy services.

4.2.3 Key messages for the College of Occupational Therapists

- Explore opportunities for occupational therapy to impact on the mental health services provided by the non-statutory sector.
- Promote occupational therapy research within mental health with reference to the *Research and development strategic vision and action plan for the Association of Occupational Therapists in Mental Health* (College of Occupational Therapists 2005) and the identified research priorities of the College of Occupational Therapists.
- Seek support from major funders for research in mental health occupational therapy.
- Provide information to the Department of Health and other commissioners of services about the added value of occupational therapy.

4.2.4 Key messages for occupational therapy educators

- Through partnership working with practitioners, support occupational therapists in contributing to a culture of research, that will provide evidence of the effectiveness of occupational therapy interventions.
- Continue to ensure that occupational therapists are proficient in the core skills of activity, analysis and occupational analysis.
- Strengthen the place of reflective practice skills in the curriculum and demonstrate their application across all areas of practice.
- Maintain and strengthen links between education and current practice, and between practice and current theory and evidence.
- Promote the use of the language of occupation in learning and teaching environments so that occupational therapists acquire a professional vocabulary through which to articulate the uniqueness of their practice and have pride in their professional identity.

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4.2.5 Key messages for the commissioners of mental health services

- Uphold the right of all mental health service users to receive an occupational therapy assessment and intervention to meet identified needs.
- Ensure that services are adequately staffed to meet the occupational needs of service users.

4.3 Occupational therapy leadership

> *'We need to protect our specialist services as they are vital to many people. There are also many people with a mental illness who do not receive occupational therapy but could benefit from it and should be able to access it.'*
>
> (Service user.)

Occupational therapists provide leadership at all levels and in all areas of mental health practice, including leading inter-professional teams. However, occupational therapists do not always feel appropriately supported in these roles. Services will only benefit from the vision and expertise of occupational therapists if the profession is represented at a strategic level within the organisation, through occupational therapists working as senior managers.

At the level of service delivery, it is not essential for an occupational therapist to be managed by an occupational therapist but it is essential that professional advice and supervision are readily available. This is necessary to support occupational therapists, particularly those working in isolation, in applying occupational therapy principles and approaches and in making best use of resources to meet the needs of service users. For example, investment in professional clinical leadership, by creating more consultant occupational therapy posts, will support the development of professional practice in the field of mental health.

Occupational therapists are active in responding to consultations, representing the profession on working groups and seizing other opportunities to influence policy development. However, the profile of the profession could be stronger at a national level and this contributes to poor understanding of the nature and value of occupational therapy within the mental health field. Occupational therapy, together with nursing, social work, clinical psychology and psychiatry, is a key provider of mental health services. There is a need for the profession to become more visibly engaged with these other professional groups, with service user organisations and with government in order to have more influence on mental health policy and practice.

4.3.1 Key messages for occupational therapy practitioners

- Expect and demand professional supervision as part of your job.
- Seek leadership opportunities within and outside of occupational therapy.
- Contribute to local and national consultations and policy developments, ensuring that an occupational perspective is incorporated.

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4.3.2 Key messages for managers of occupational therapy services

- Continue to promote leadership opportunities for occupational therapists and provide appropriate training and support for staff in leadership positions.
- Champion occupational therapy services within your organisation and beyond.
- Support occupational therapy staff to become involved in consultations and other policy development processes.

4.3.3 Key messages for the College of Occupational Therapists

- Secure representation on government working parties, committees and other groups that develop or influence policy in the field of mental health.
- Work with specialist sections to identify and use occupational therapy champions working in the field of mental health.

4.3.4 Key messages for occupational therapy educators

- Inspire students with the possibilities for change that can be brought about by effective leadership.

4.3.5 Key messages for the commissioners of mental health services

- Require that the occupational therapy services are supported by robust systems of professional supervision.

4.3.6 Key messages for occupational therapy researchers

- Seek to develop and take the lead in co-ordinated programmes of research.

4.4 Occupational therapy education and training

> *'Service users and carers are involved in the training of many professionals. Occupational therapists would benefit from this experience: carers and service users employed as visiting lecturers.'*
>
> (Carer.)

There are a number of different educational routes to occupational therapy registration, including in-service, part-time, work-based, full-time and accelerated programmes leading to either a BSc(Hons) or postgraduate pre-registration award. It is important to sustain and develop routes into and through education and training with a view to maximising opportunities for potential occupational therapists from a wide range of backgrounds (College of Occupational Therapists 2004a).

Pre-registration education for occupational therapists must continue to strive to meet the needs of services users in modern mental health services. This means that programmes must aim to encompass the breadth and complexity of mental health services. Involvement of service users in programme design, delivery and evaluation helps to ensure the relevance of curricula and is one of the criteria in the COT *Standards for education* (2004b) against which occupational therapy programmes are measured for accreditation. Higher education institutions (HEIs) must continue to review the effectiveness of service user involvement in their programmes.

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All pre-registration occupational therapy programmes in the UK are subject to approval by the Health Professions Council (HPC) to ensure that they meet the *Standards of education and training* (Health Professions Council 2005). This is the only statutory regulation of programmes leading to eligibility for registration. Approval is open-ended: the HPC will review the programme if it undergoes substantial changes, if the annual monitoring process gives rise to concerns, or after 10 years if there has been no reason to do so before then. Universities have their own internal review and quality assurance mechanisms.

Presently, all programmes undergo voluntary accreditation by the College of Occupational Therapists to test their conformity with the *College of Occupational Therapists curriculum framework for pre-registration education* (College of Occupational Therapists 2004a) and *College of Occupational Therapists standards for education: pre-registration standards* (College of Occupational Therapists 2004b). This accreditation lasts for five years but is monitored for substantial changes. Further development of these standards might ensure that they continue to match the needs of occupational therapists, mental health service users and services. In view of the rapidly changing policy and practice contexts of mental health services, it would be appropriate to continue to review, as required in the current curriculum framework, the content and delivery of pre-registration educational curricula.

Practice placement experience is the place where theory and practice best link for the student. The congruence of theory and practice depends on both the content of the educational curriculum delivered through the higher education institution and the currency of practice that the student encounters during periods of practice education. For example, the ten *Essential shared capabilities* (Department of Health 2004) are fundamental to mental health practice and reflect occupational therapy values. If occupational therapy students are to learn how to demonstrate these values throughout all their mental health practice, both educators in HEIs and placement educators in practice settings need to incorporate them into their teaching. Practice placement contexts should be evaluated for how they address such policy and practice developments.

Continuing professional development (CPD) is a requirement of the Health Professions Council (2006) and a condition for continued registration. Occupational therapy practitioners must maintain their fitness for practice within changing mental health services if the profession is to retain and raise its status. At present, there are few occupational therapy-specific continuing development opportunities and more are needed to consolidate and develop skills. Such training opportunities should be developed and delivered in partnership with service users and carers.

4.4.1 Key messages for occupational therapy practitioners

- Offer a range of mental health practice placement opportunities and ensure that placements provide a positive experience for students within mental health services.

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- Assist students to consolidate their understanding and application of legislative and policy developments relating to mental health practice.
- Offer to teach mental health practice to students within the university programme in addition to providing practice placement opportunities.

4.4.2 Key messages for managers of occupational therapy services

- Make sure that there are practice placement opportunities for occupational therapy students within the service.
- Encourage staff to take up teaching opportunities, including visiting lectureships, exchanges and lecturer-practitioner posts.

4.4.3 Key messages for the College of Occupational Therapists

- Further develop standards for pre-registration education to ensure that programmes continue to match the needs of occupational therapists, mental health service users and services.
- Work with service users, educational institutions and mental health service providers to develop standards against which to measure the content and quality of teaching in classroom and practice contexts and explore means by which legislative and policy developments might be regularly incorporated into the curriculum.

4.4.4 Key messages for occupational therapy educators

- Work in partnership with practitioners and service managers to develop more mental health practice placement opportunities.
- Maintain and develop a variety of routes into and through pre-registration education in order to facilitate the entry into the profession of occupational therapists from a wide range of backgrounds.
- Continue to ensure that the pre-registration curriculum, including the practice placement component, is developed and delivered in conjunction with mental health service users.
- Continue to promote strategies to ensure that the mental health components of the pre-registration curriculum, including legislative and policy developments relating to mental health practice, are relevant, up-to-date and comprehensive.
- Identify the potential to expand practitioner contributions to the curriculum so that mental health education is grounded in current best practice.

4.5 Occupational therapy workforce development

> *'There is a big divide between the role of the occupational therapist for those with physical disability and mental health. Same character content but the delivery to each of these client groups is different. For instance, occupational therapists when working with physical disabilities are more likely to go around to the home and do assessments, putting in ramps and adapting bathrooms, the list goes on and on. In my ten years of using mental health services, I have never had one come round my home. Everything was based in a group setting. Occupational therapists are not outward looking.'*
>
> (Service user.)

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Demographic and related information about the existing workforce, in the NHS, social services, other agencies and independent practice, would be useful in the further development of the mental health occupational therapy workforce. Workforce planning would be more effective if it were based on information such as total staff numbers, where employees are working, in what roles, at what grades, full/ part-time hours, qualifications and personal characteristics.

Where any staff vacancy occurs in mental health services it is important to review what outcomes are required and what skills would best meet the needs of service users. Occupational therapists have specialist skills that should be used to fill new or reconfigured posts. Commissioners of services need to take an overview of the skills mix across wider services and consider where occupational therapists might have the most impact in meeting service user needs. Occupational therapists need to see the possibility of using their expertise in new areas of work, to be aware of and take advantage of such opportunities. This will include keeping skills and knowledge up to date.

Recruitment and retention are of concern to many staff groups working in mental health and of concern for occupational therapists across many areas of practice. For example, in 2003 the King's Fund (Genkeer et al 2003) published a report that identified occupational therapists in London as the most difficult to recruit and retain of all mental health professionals. Occupational therapists working in mental health must be employed at grades appropriate to their level of expertise if they are not to be lost to other areas of practice.

Managing the transition from student to practitioner is key to consolidating knowledge and skills and retaining new practitioners in mental health services. Preceptorship offers protection to newly qualified occupational therapists through structured support to facilitate their development as part of the requirements of the agenda for change process (College of Occupational Therapists 2006c). Experienced professional colleagues are expected to provide guidance and developmental activities to ease the transitional experience of new practitioners to ensure that standards of professional practice are met.

The majority of occupational therapists are white women, which may influence how occupational therapy is perceived and may, for some service users, be a barrier to engagement with services. Ongoing, nationwide strategies are needed to encourage greater diversity within the occupational therapy workforce, including more men, people from black and minority ethnic groups and disabled people.

4.5.1 Key messages for occupational therapy practitioners

- Appraise potential employment opportunities for the specialist contribution that an occupational therapist might make.
- Continue to develop new skills, through a variety of CPD experiences, in readiness for alternative employment opportunities.
- Seek opportunities to work in new areas and to apply for posts that match your skills, whether or not an occupational therapist is targeted.

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- Promote occupational therapy in schools and other places where people of different backgrounds may be recruited into the profession.

4.5.2 Key messages for managers of occupational therapy services

- Collect and keep information about the occupational therapy workforce.
- Create enough entry-level occupational therapy posts and senior positions to make mental health an attractive career option and achieve a sustainable workforce.
- Aid and evaluate the transition of newly qualified occupational therapists into employment through a preceptorship or equivalent programme that takes account of their learning needs and facilitates uptake of CPD resources and activities as appropriate.
- Recruit staff from Black and minority ethnic groups to create a workforce that reflects the local population.
- Challenge the practice of retaining a post for a single discipline when a range of different professionals might be capable of filling the position.
- Identify opportunities for occupational therapists to work in new practice areas where their skills can be used for the benefit of service users.

4.5.3 Key messages for the College of Occupational Therapists

- Charge the Department of Health and country administrations with collecting data on the occupational therapy workforce within mental health services.
- Identify areas where there have been significant recruitment difficulties and work with employers to develop strategies for more effective recruitment.
- Work with the Department for Work and Pensions to influence the employment of occupational therapists within the spectrum of employment and vocational services.
- Work with Department of Health and the National Institute for Mental Health in England to develop new ways of working for occupational therapists in mental health services.

4.5.4 Key messages for occupational therapy educators

- Foster the development and evaluation of innovative access routes for occupational therapy training in support of an inclusive and diverse workforce.
- Develop a post-registration curriculum and framework that fits occupational therapy and service user needs.

4.5.5 Key messages for the commissioners of mental health services

- Take an overview of the skills mix across services and consider where occupational therapists might have the most impact in meeting service user needs.
- Review the mental health services currently provided against this strategy.
- Be aware that this strategy can be a mechanism for implementing *New ways of working for occupational therapists* (Department of Health, in press).

5 Conclusion

Occupational therapy in mental health is concerned with helping people to recover ordinary lives that have been affected by mental ill health. In order to meet the occupational needs of the people they serve, occupational therapists work in partnership with clients, carers and colleagues to provide creative solutions to problems of daily living: occupational therapists are able to deliver the kind of services that people want, need and deserve.

In addition to playing an active role in providing excellent mental health services, the profession of occupational therapy has the potential to provide inspirational leadership to improve mental health service provision in the United Kingdom. In order to realise this vision, we need to take action now.

By 2010:

- Occupational therapy practitioners will understand the importance of occupation to mental health and be confident in their unique professional role;
- Occupational therapy managers will have identified the occupational needs of all those people who use mental health services.
- The College of Occupational Therapists will actively promote an understanding of the relationship between occupation and mental health.
- Occupational therapy educators will transmit to students a clear understanding of the relationship between occupation and mental health in order that students are able to articulate the uniqueness of their practice and have pride in their professional identity.
- Commissioners of mental health services will ensure that occupational therapy is available within all commissioned services.

By 2013:

- Occupational therapy practitioners will have extended the scope of their practice across a range of agencies to meet the occupational needs of mental health service users.
- Occupational therapy managers will have developed services to address routinely the occupational needs of the people who use them.
- The College of Occupational Therapists will have engaged all stakeholders to invest in occupational therapy in mental health services.
- Occupational therapy educators will continue to incorporate into their teaching changes in occupational therapy theory and practice and in modes of delivery of services.
- Commissioners of mental health services will understand the importance of addressing occupational needs within the services they commission.

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By 2017:

- Occupational therapy practitioners will have extended the scope of their practice beyond the boundaries of statutory health and social care services to meet the wider occupational needs of individuals and communities.
- Occupational therapy managers will deliver services that meet the occupational needs of the people who use them.
- The College of Occupational Therapists will play an active and visible role in the development of the national mental health agenda.
- Occupational therapy researchers will have built a firm evidence base for occupational therapy interventions.
- Commissioners of mental health services will recognise occupational therapy as a force for recovery that is as important as other approaches to intervention.

Positive, focused action by occupational therapy practitioners, managers and educators, by the College of Occupational Therapists and by the commissioners of mental health services over the next ten years will ensure that, in 2017, mental health services are designed and delivered in ways that meet the occupational needs of the people who use them, thus promoting good mental health, assisting recovery and preventing mental ill health.

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6 Appendix: consultation questions

1. In your view how does occupation impact on mental health and wellbeing?
2. What do occupational therapists do and how do they do it? What makes their work distinctive or unique, if at all, from that of other clinicians?
3. Occupational therapy in mental health exists at many levels (e.g. specialist support workers, senior practitioners) and in several locations (e.g. assertive outreach, community mental health teams). The role could include:

assessing occupational needs and functioning	
promoting health and preventing disease	
preventing or alleviating disability	
improving functional ability	
increasing access to occupation, including employment	
promoting social participation	
community development, and	
improving quality of life.	

   Which of these eight items do you think describes the core work that occupational therapists should do? Prioritise them starting with the one you feel should have the most important focus and explain your choices.
4. There is an emerging debate in occupational therapy practice about the balance between a 'hope and recovery' approach and the need to be involved in crisis and control. Is the present balance right? If no, how could it be changed?
5. The occupational therapy mental health workforce is mainly employed in secondary mental health services. Where beyond this setting could/ should occupational therapists be employed?
6. Do you feel that (a) the basic education and training in mental health and (b) continuing professional development opportunities for occupational therapists are appropriate? If not, how would you suggest they need to change to meet the needs of service users?
7. How diverse (e.g. in terms of gender, range of skills and capabilities, reflective of local population) is the occupational therapy workforce? Does the workforce need to be more diverse to deliver better services? If so, how should this change?
8. How visible is occupational therapy in the government's mental health agenda? How can it be made more visible?
9. Please share with us any other areas you feel we need to consider in the development of the ten-year mental health strategy for occupational therapy.

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