**111 Press 2 – Occupational Therapy Support for Mental Health**

**Kristel Davies - Lead Occupational Therapist**

**Introduction**

I'm Kristel Davies, I'm the locality lead for adult mental health services within Swansea Bay University Health Board.

**Identifying a Service Need**

I currently oversee a lot of the mental health services within the community, one of them being the 111 Press 2 service. I support the 111 Press 2 Occupational Therapist service; the wider 111 Press 2 was developed in 2022. This was to support individuals being able to have better access to mental health services, people that are living in the community. Previously, individuals would be referred to different parts of the pathway, the mental health pathway. Numerous assessments for the individuals having to relay their story over and over with an increased chance of them losing referral.

**Description of the Service**

with regards to the 111 Press 2 again, the wider service, it was developed, like I said, back in 2022. The single point of access model had to come into force within the Health Board a couple of months earlier. And that was just to get people used to referring in one place really. With regards to the occupational therapy team within that service, the team that I currently oversee, they started exactly the same time. So, the whole service was funded by the Mental Health Service Improvement Fund. We were funded for a Band 7 and a Band 4, both full-time staff.

People can access the service, so family members or the individual can ring 111 Press 2. They'll go through to a mental health practitioner who will go through an assessment and assess that individual's needs. It may be that they just need some signposting into different services or they may need some brief intervention through the telephone call. If their needs are a little bit higher and they use a triage scale to assess this, they'll then refer through to the single point of access team. That's a qualified member of staff, so it's a qualified mental health practitioner who will further assess that individual's needs. And if need be, bring that individual in for face-to-face assessment.

And it's at that point they'll start to consider whether occupational therapy would be of benefit for that individual. If they feel like that that's the route they want to go to, they will then refer to the occupational therapy team. Our Occupational Therapist team will then contact that individual by telephone call and just start the assessment really to see what their needs are and what they would work on and what's important to them and to gauge their motivation really. And from that phone call then they will assess, they will ask them how they want to receive their care. So it might be that it's face-to-face and they support them in the community or it might be that a telephone call is better for that individual or "Attend Anywhere" (Video consultation software).

We’ve got that three kind of options. If there is risks associated to the individual that's been fed down from the MDT, we will ask the individual to come into the hospital or we'll see them obviously in a kind of social environment. But obviously the risks are assessed that way then to make sure that everyone's safe. With regards to the occupational therapy team, it's a brief intervention service. So, it's, we say eight sessions but we are quite flexible depending on the individual's needs. If that person still has ongoing needs following that and they do require perhaps primary care services or community mental health team or another service within the pathway, the Occupational Therapist will liaise directly with the occupational therapy and the receiving team and all assessments will be handed over so that individual doesn't have to start their Occupational Therapist journey so to speak. They don't have to relay the story.

The assessment can be more of a fluid document then and can be carried on in the receiving service So with the 111 press 2, they're referred into a single point of access model and they're assessed by an individual and it just supports individuals to be directed appropriately through the mental health pathway.

**Impact of the Service**

We've had great outcomes, really, we've had a bit of a journey I guess from when we started. We did start looking at our professional outcomes exploring whether we could have used a model of a MOHOST, which is a model of human occupation screening tool, or an OSA, which is occupational self-assessment and or a CARES. We went round the houses really but because it's such a short-term intervention and people are not with us too long; we felt it was better to have more of a quality-of-life outcome measure.

So, we started off with a Warwick Edinburgh wellbeing scale and more recently have gone on to the Re-Qual. That's more because occupational therapy within Wales for mental health and learning disabilities are using that as the quality-of-life PROM (Person Reported Outcome Measure) We've had a lot of good outcomes from that with regards to quality of life. People are finding that with the support the OTs are giving, the quality of life is improving. We also have a Civica outcome measure questionnaire that the individuals complete. That's more about them giving us some feedback on the service, anything they would like to change and because it's a new service we're evolving, we're keen to get feedback from the individual. They scale then and they score on whether the occupational therapist supported them in meeting their goals, is there anything they'd like to change about the service.

We've also had patient stories. We've had one patient do a story with us and again from their own words give a really good example of how the team have supported him in his particular recovery which is great and shown in the outcomes that we've seen. I know the team have been supporting individuals to access voluntary opportunities, to regain skills that they've lost, to reintroduce to activities and interests they haven't done for many years and just rebuild their life and improve the quality of life and I suppose the wider outcomes for the wider service as well.

The proposed outcomes, how we can see the journey go on is that with this service we're hoping there's going to be less demand on GP practices. With the work that we do and obviously the 111 press 2 service there should be less referrals to ongoing services. So as a service we're right to the front door of mental health services and we get in there really early giving them the intervention they need at the right time with the right person in the hope then that things don't escalate for them and their mental health symptoms improve and that you know we give them skills to be able to self-manage their own mental health while supporting engagement in meaningful occupation.

**Service Improvement**

As a service we were always evolving and I think when we first started Me in particular, I was very focused on getting that professional outcome so it was let's get a MOHOST (Model of Human Occupation Screening Tool) in there and we soon quickly realised that wasn't right for the individual and it wasn't right for the service because it was really short term. We did explore the ones we've settled on - a quality of life one, but I think that works really well because it's given the individual the responsibility and the voice to say how they feel that the impact of the Occupational Therapist has had on them.

Another lesson we've probably learned is because the Occupational Therapist work across Neath Port Talbot and Swansea it's quite a big area for just the two of them and I think initially we were only offering face to face or there was a lot of driving around so now we're really keen on just asking the individual what's best for them and giving them the choice. I think flexibility has been a key lesson, especially around the eight sessions, it doesn't matter if it goes over to ten, it's down to the individual and their needs at the time really.

At the moment I'm aware that other 111 Press 2 services haven't got occupational therapy linked within their teams. I would obviously feel there would be a benefit to having them in different teams because the holistic client-centred occupational focus intervention that they provide right at the front door but as far as I know it's not carried out anywhere else yet. Occupational Therapist works with the individual collaboratively to look at what's important to them and what's meaningful but to support them in making their own goals around what they want to get out of the intervention I guess and that may be re-establishing roles, it may be getting back to work, it may be reintegrating them back into the community. I know a lot of the Occupational Therapist's work are connections with the local community and third sector and that's where a lot of people when they do get discharged get picked up by community teams you know third sector teams so the connection there is really important.

It would be really excellent for other 111 Press 2 services to have occupational therapy within their services because, I think Occupational Therapist's works well, obviously with our MDT colleagues but we do bring a different perspective as we are looking at the person as a whole we've got that holistic mindset where we very much focus on what is important to that individual and what's meaningful to them at that moment in time you know we look not just at the person we look at the environment and I think you know to support someone in their recovery especially so early on when they first come in through that front door of services I think an Occupational Therapist can really enable that individual to do the things that they want to do to improve their mental health improve their health and well-being and essentially improve their quality of life.