Alexis Conn – Occupational Therapy
Transcript

Introduction

I'm Alexis, I'm a clinical lead occupational therapist based in North Wales, and I work in mental health services across the west area of Betsi Cadwaladr, so Anglesey and Gwynedd.
The role that we've been exploring, and the model, is to put occupational therapists into primary care specifically to work with people around early presentation of mental health problems; when people first start to feel depressed or anxious doing the first contact assessment. Really trying to embed some different therapeutic approaches into primary care. Self-management approaches; working with the local community, working with third sector, to support people to manage their own health and wellbeing as best we can.

Identifying the need

It's a gap that exists, I think. There's a lot of people presenting with mental health that need primary care and there isn't a specialist service dealing with that linked to the GP's, so we implemented this project.
It's been a long time coming actually, I've worked in primary care myself as a therapist for, about five years before moving into this role. I moved into this role as COVID hit, which was quite an interesting transition on many levels. COVID obviously was a challenge, but it also did present some opportunities as well. One of the reasons this project came about is that we took some of the therapists who were working in services that had stopped seeing people (because it was more risky bringing people into those services) and thought about where they'd make the biggest difference
- we ended up putting a lot of those therapists into primary care services, in GP practices initially to support people who were shielding, you know, we thought there's going to be a lot of need, a lot of social need, a lot of mental health need around people who are shielding.
We noted that as we got into those GP practices, the GP started using us for other things. I think that's always really nice, you know, that something is working, we started getting GP's asking us about things like people presenting in mental health crisis; what options were there for that person at the moment, how to support this person who's broken, struggling to walk with a broken leg and that kind of thing.
We ended up doing quite a lot of different things and post pandemic it kind of came to a natural end as staff need-ed to move back into their original roles. I happened to bump into a colleague who worked in service improvement in mental health, and she talked about a role they'd been exploring about a first contact practitioner; someone with a broad range of clinical experience working in primary care and linking to the third sector and looking into health resources. We realised that we've been doing the same thing, a convergent evolution I guess, so as we decided to pilot that further, and we rolled it out. We made it a bit more specific, much more, it's about mental health issues and mental health need and we rolled out for a longer pilot. We collected data much better and linked to the third sector much better as well.

Reception and Feedback

During the pilot we got some really positive outcomes. We got a lot of very good engagement from GP's and a lot of positive feedback from people using the service. based on that, we were able to then gain some funding to roll out more universally across North Wales. The project has generally been pretty well received. Service users have given us some wonderful feedback, and that is clearly the most important thing.
I think from my point of view, the feedback we get from people using the service is the ability to have someone to talk to over a slightly longer appointment than you get with a GP. to talk about the real range of social needs and lifestyle and all the things that impact on our mental health, to feel listened to around those things and I'm going to be clear, I really like GPs, I've got a lot of friends who are GPs who do amazing jobs, and I think a lot of them are frustrat-ed by the length of time and the resources they have to support people sometimes. They know people are coming in and there's things going on in the background that they just do not have time to explore, and we were able to do that, our service users' feedback was pretty universally positive.
There's always people you just don't quite click with, but 99% of the time it works really well. We used outcome meas-ures so we could see improvement in wellbeing scales. The feedback from GP colleagues was fantastic.

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Part of the team

GPs found it really useful to have someone to pick up that contact when people were presenting in the GP surgeries, to do some exploring and understanding of what's going on with people. GP colleagues would refer people to us because they knew there was something that needed to be resolved or needed working on or understanding and we had the tools to do that, and they didn't. One GPs said 'The occupational therapist offered a broad yet focussed help that supported some clients in the most need when they most needed it'. That was really good.

On a local level as well, we've really had good feedback from our mental health colleagues. In some community mental health teams, they found that our work in primary care helped link them into the GP surgeries. It's helped to better the dialogue about those who are getting re-referred to mental health teams but don't hit the threshold so go back to the GP to be re-referred again. We were able to undo some of that kind of repetitive cyclical kind of stuff that that wasn't helping anyone.

Lessons Learned

The main lesson we've learned is the importance of communication. I think that's really obvious, isn't it? One of the challenges we've had around this project has been making sure that everyone involved has understood. I think the NHS is just ridiculously busy at the moment. It's hard to keep abreast of all the projects and developments going on, but if there's one thing, I would really want to pick on is as you're developing something like this, you really need to make sure that you bring all stakeholders with you, everyone is well sighted on what you're doing and why you're do-ing it, and that's probably my key lesson.

Benefits Realisation

Right in the beginning, I think there's some really significant benefits for people using services. being able to access some specialist support for mental health quite early on, being able to do that in a place of safety; people are com-fortable coming into their GP practice, a referral into a community mental health team is really scary and a lot of people will agree to it when a GP suggesting it but later that might not feel right to them. So I think having had that integration, being in that primary care setting is really important. It helps people access the service, helps them make use of it, helps them feel comfortable with it. I think there's been massive benefit.

A lot of OT colleagues who've done this role, have fed back that they feel like they're doing really proper occupational therapy. It's really holistic. We're able to see people with a mental health problem and a physical health problem sit alongside each other, that 'de-siloing' it and doing the self-management for both at the same time, is really inter-esting. There's something really exciting to us as a therapy profession about being, there right at the beginning of someone's journey looking at self-management rather than at the end. A lot of therapy professions are accessed right at the end of your journey in health care and I'm not sure that's the right place for us. A lot of us are doing self-man-agement and we should be doing that when people first start coming into health care. There's been a benefit to my colleagues who've done the role, and it's reinvigorated our service a little, I think, in kind of bringing people in who want to do it, who are excited. It's offering progression and development. I've learnt loads, I've learnt how to collect data so much better than I used to, which is great and there's benefits for the wider system and for the GP's to have an additional resource. We don't see a huge number of people, but we see the people who are complex who might take up quite a lot of time, who might be the people who would throw your clinic out by taking up 20 minutes rather than ten, who might have a really complex mental health condition and a physical health condition that sitting alongside that is harder to treat.

It's really important for GP's and of wider benefit to secondary care services; when we look at SPoA data, the data of referrals into community mental health teams in the surgeries we were in, the average reduction was 30%. That's huge because a lot of people referred into community mental health team, might get assessed, but don't actually really need that service and picking those up and offering some support beforehand helps community mental health teams as well, meaning that there's more resources available to the people in those community mental health teams who really do need it.

We know that there is a huge need that people's mental wellbeing has suffered during the pandemic. I think that's it's indicative of how important occupational therapy is as occupations were disrupted by the pandemic and what we could do changed; we couldn't play football anymore, we couldn't do this or that and our mental health suffered. What that tells us is what we do is important to our health.

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Linking in with local needs and resources

The other really vital role that has developed and was actually embedded in the start by the vision of the service im-provement lead I was working with was how important it is to link into our local communities and the huge opportu-nity we have sitting in GP practices to understand the needs locally, why people attend the GP's? What support there already is in those local communities? Developing relationships with our third sector colleagues, who are often mas-sively undervalued. I don't just want to be referring people into those community groups, I want the staff to sit down with those community groups to really understand what they've got to offer so when they're referring, they're doing it in a way that's sensitive both to the community service and to the individual. Making sure that those people feel comfortable going into those community groups and those community groups feel able to work with us so that if they've got someone they think is escalating or struggling, they can come to us to work out the mechanism for that. Those community groups feel more supported.

One of my OT colleagues noted a lot of people coming through with bereavement issues; they're struggling with loss and in the middle of a pandemic, unsurprising perhaps that there are counselling services out there, but the wait is quite long, and some people don't want counselling, they just want some social support. This colleague had a conver-sation with local third sector organisation and between them they set up a bereavement café, the Grief Café. People are still going to it now. They are coming along and making a friend and then they don't need to come anymore. In-stead they just meet up with that person in the community. I knew it was possible, but to see it happen in such a short space of time was very rewarding because I hope we can build on that, and we can adapt the local communities that we're in and we can link into those communities and support them to develop. Another thing GPs would love to do is to be really aware of what's going on in the local community but because of the pressures of keeping all the diagnos-tic criteria and drugs and all the other things in their heads, it's a real challenge that we as that community health provider can do and there is an opportunity to explore this further I think.