Working in Liaison Psychiatry: The role of the mental health Occupational Therapist within the physical health domain

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Background

Liaison Psychiatry services provide MH care to people being treated for physical health conditions in general hospitals & those attending A&E

People with serious Mental Illness die approx. 10-17 years earlier than the general population and are more likely to be admitted, stay overnight and stay longer in hospital.

(People with mental ill health and hospital use, Health Foundation, 2015)

NHS Trusts in England surveyed 570 people. Of the 60% of people with dementia who went in hospital from their own home only 36% returned.

(Fix Dementia Care: Hospitals, Alzheimer's Society 2016)
The Liaison Psychiatry model

• A multidisciplinary liaison psychiatry service dedicated to the hospital is critical to every acute hospital to integrate mental and physical healthcare (NHS Confederation 2012; Joint Commissioning Panel for Mental Health, 2013).

• **Psychiatric Liaison Accreditation Network (PLAN).** The Royal College of Psychiatrists recommended liaison services should comprise multidisciplinary teams skilled to integrate mental and physical healthcare in people whose mental health problems arise in, or have an impact on management of, physical illness and symptoms. (Royal College of Psychiatrists, 2013).

• Local **Key Performance Indicators (KPIs):**
  - Prevent A&E admissions
  - Identifying & reducing frequent A&E attenders
  - Reduce number of hospital bed days
  - Patients report a better experience
  - Improved discharge planning
  - Provide support & training to staff/carers on MH in acute setting
The impact of having an OT on the team

- Providing assessment of mental health impact on function/occupational performance
- Contribute to diagnosis
- Promotion of person-centred/Holistic approach; addressing physical and mental health needs
- Awareness of impact of social, physical & environmental contexts
- Activity analysis
- Reduce readmissions & avoid unnecessary admissions to care home
- Identifying safe, effective and appropriate discharge

In the past 3 months, has your Occupational Therapy Role included provision of any of the following?

From ‘A Survey of Occupational Therapists’ Role in Mental Health Liaison for Older Adults’, Ruane (2017)

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising or facilitating re-engagement in activities of daily living</td>
<td>92.86%</td>
</tr>
<tr>
<td>Advising about stress/anxiety management</td>
<td>78.57%</td>
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<tr>
<td>Psychological therapy/talking therapy</td>
<td>42.86%</td>
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<tr>
<td>Guidance in relaxation techniques</td>
<td>71.43%</td>
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<tr>
<td>Advice to carers/staff about management of challenging behaviour</td>
<td>85.71%</td>
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<tr>
<td>Advice regarding provision of a dementia friendly environment on a ward, unit or patient’s home</td>
<td>64.29%</td>
</tr>
<tr>
<td>Advice for carers/staff about general mental health problems and management</td>
<td>92.86%</td>
</tr>
<tr>
<td>Supporting an admission to hospital under The Mental Health Act 1983</td>
<td>50.00%</td>
</tr>
<tr>
<td>Contributing to a diagnosis of delirium</td>
<td>85.71%</td>
</tr>
<tr>
<td>Contributing to a diagnosis of dementia</td>
<td>78.57%</td>
</tr>
<tr>
<td>Prevention of inappropriate admission to a care home</td>
<td>71.43%</td>
</tr>
<tr>
<td>Prevention of admission into hospital</td>
<td>71.43%</td>
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<tr>
<td>Recommendation for increased home care</td>
<td>85.71%</td>
</tr>
<tr>
<td>Recommendation for a move to a care home</td>
<td>71.43%</td>
</tr>
<tr>
<td>Signposting to other provision by statutory or non-statutory services</td>
<td>78.57%</td>
</tr>
<tr>
<td>Follow-up visit to patients discharged to their own home</td>
<td>28.57%</td>
</tr>
<tr>
<td>Follow-up visit to patients discharged to a care home</td>
<td>0.00%</td>
</tr>
<tr>
<td>Provision of equipment to optimize independence</td>
<td>35.71%</td>
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<tr>
<td>Referral to community occupational therapist for equipment provision</td>
<td>35.71%</td>
</tr>
<tr>
<td>Referral for Telecare/assistive technology</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

Total Respondents: 14
The challenges of providing the role

- **Generic working v occupational therapy specific;**
  - Generic Assessment: Risk 93% (14), Cognitive Impairment 87% (13) and Mental state 87% (13).
  - Profession specific assessments: Activities of Daily Living 73% (11) and Occupational Performance 60% (9), Pre-discharge home assessments 40% (6).

  ‘A Survey of OT’s Role in Mental Health Liaison for Older Adults’, Ruane (2017)

- **Medical model;**
  - Diagnosis driven
  - Culture of the acute general hospital & lack of understanding around mental health
  - RAID (Rapid Assessment, Interface & Discharge) doesn’t acknowledge OT role

- **Lack of others understanding of role impacts upon referrals;**
  - Colleagues & nurse managers often just want the generic role & don’t appreciate our true skills and value
  - The wider general hospital does not understand the OT role in mental health

- **Limited staff resources & time pressures**
Where are we now?

- **Honorary contracts = greater integration**
- **Maintaining professional skills:**
  - *MHOT vs. Generic*
  - *Peer supervision & CPD*
- **National network of Liaison OTs to share best practice;**
  - Contributed to Ruane’s (2017) study into the OT Liaison role
  - Changes to PLAN Quality Standards
- **Continued development of the role:**
  - *First we sought advice & support, now we share it.....*

‘Pathways are for walking’ 😊
Thank you for listening.

Any questions?