OCCUPATIONAL THERAPY IN THE 21st CENTURY

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In 1989, Louis Blom Cooper QC was commissioned to do a report on occupational therapy and its place in health care in Britain. He called his report 'Occupational Therapy – An Emerging Profession in Healthcare'⁽¹⁾ and his conclusions were that the profession was emerging from the shadows and being seen more and more as a valid and valued contributor to the rehabilitation of all types of user of the health and social services. He anticipated a growth in the profession and an expansion of the role that occupational therapists play. In the last ten years much of what he said has come about and the government's modernisation agenda is committed to continued expansion and an increase in training places for all the health professions.

Occupational therapy is now an established health profession. Central to its identity is the use of purposeful activity as a therapeutic medium. As in all disciplines its body of knowledge is always increasing and changing. What began as a conglomeration of knowledge from other disciplines such as psychology, anatomy and medicine has gelled into a core of specific occupational therapy theory and practice linked to other disciplines⁽²⁾. This expanding body of knowledge allows the occupational therapist (OT) access to different models, theories, frames of reference and practices⁽³⁾ to assist people with disabilities to make their own choices, overcome problems and learn new ways of living. Expertise and excellence is exchanged between occupational therapy educators and clinicians to explore and advance this body of knowledge – for example in joint teaching and in collaborative research. The core philosophy of all occupational therapy is that the client is central to all intervention processes.

In order to explain the work of the OT it has been found necessary to develop new ways of looking at what we do. We now talk about occupational science. We describe our work in terms of frames of reference and models of practice⁽⁴⁾. We can articulate both the content and process of our work in ways that demonstrate that there is more to an assessment than making a cup of tea, for example.

With the creation of the Health Professions Council in 2002 came a mandatory requirement for evidence of continued professional development (CPD) in order to maintain state registration. This is something the occupational therapy professional body had been advocating for a long time. Occupational therapy was one of the first health professions to publish its CPD portfolio – and to put it on CD ROM. Occupational therapy students and practitioners are encouraged to think of themselves as 'lifelong learners'⁽⁵⁾.

The College of Occupational Therapists currently has thirteen accredited specialist sections where OTs working in specialist areas get together, not just for mutual support, but also to help each other to keep abreast of new developments.

They contribute to best practice and standards guidelines, develop a research strategy and exchange, disseminate and share information and arrange specialist study days and conferences. The specialist sections include A&E, mental health, orthotics, prosthetics, wheelchairs and specialist seating, housing, HIV/AIDS, oncology, palliative care and education, neurology, paediatrics, rheumatology, the elderly, independent practice, learning disabilities, work practice and productivity, and trauma and orthopaedics. There are others, such as OTs working in cardiac rehab, burns and plastics and forensic, waiting in the wings to achieve the status of 'specialist section' as soon as they meet the criteria (principally of numbers of members). The topics covered by the specialist sections give some indication of the range of areas in which significant numbers of OTs work.

THE OCCUPATIONAL THERAPY COURSE AT ST MARTIN'S COLLEGE

The occupational therapy course at St Martin's College has now been running for ten years. It started with a cohort of 20 in 1993 and in 2003 will have an intake of about 80. This will be divided into two cohorts – one based at our Lancaster campus where they will study with nurses and radiographers, and one on our Carlisle campus where they will study with physiotherapists, radiographers and nurses.

The first year of the course is very much an interprofessional one with the other health disciplines, and we are working towards a common foundation programme in the not too distant future.

From day one in college the students are told that they are bound by the 'Code of Ethics and Professional Practice for Occupational Therapists'⁽⁶⁾. They know that this is the yardstick for the profession and that their professional behaviour will be judged against it.

All occupational therapy courses are at honours degree level and as well as the academic study every student has successfully to complete a minimum of one thousand hours of assessed fieldwork under the supervision of qualified OTs. This complies with the World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists⁽⁷⁾ and is a basic requirement for state registration in Britain.

The number and variety of these placements serve as a barometer of where the occupational therapy profession is at the moment and where developments are taking place.

In all placements the students can observe and participate at different levels (dependent on their level of training) in the basic tasks of occupational therapists – those of assessment

and treatment through the use of purposeful activity. They learn about activity analysis and its application and they get to see how occupational therapy fits into the wider picture of rehabilitation and the interface and cooperation which exists between all the different professions.

When they qualify, many OTs choose a rotational post, which gives them the opportunity to consolidate skills and knowledge and to make informed decisions about the area in which they want to specialise.

The students from St Martin's College go on placement all around the northwest of England and beyond. The range of placements is very wide. On each placement every student receives a visit from a college tutor and the following paragraphs will give an indication of some of the placements undertaken by students in the last few months.

FORENSIC PSYCHIATRY IN A HIGH SECURITY HOSPITAL

The OT's day is dominated by the security procedures and risk assessments, but once beyond that, they work with very damaged individuals to help them learn or regain the practical and social skills they will need if they are ever to be released back into society. The students learn about risk assessment and detailed functional assessments – perhaps using the Assessment of Motor and Process Skills (AMPS) or the Model of Human Occupation (MOHO). They may also learn some of the more intangible things – for example about treating every individual with dignity and respect no matter what they have done in the past, and about keeping an appropriate professional distance with patients whose manipulation skills may be legion.

PHYSICAL REHABILITATION

This was in a cottage hospital where the OTs work with all sorts of patients who have physical problems. It is a place that has so far avoided closure because of its distance from the district general hospital (DGH), but also a place that in today's climate may be living on borrowed time. The pace of work here is slower than in the DGH and the pressure on beds is less. This means that the OT has that rare luxury – a bit of extra time – so that she can see a patient through a course of treatment and not find that the patient has disappeared one morning because the bed was needed for a new admission. So the person who has suffered a stroke has the time to regain not only skills in activities of daily living, but also to regain confidence.

ACCIDENT AND EMERGENCY (A&E)

A visit to an A&E department in a busy DGH reveals a different slant on what the OT does. The OT sees people who have come to A&E and who have lost function or confidence in their activities of daily living. She/he can see a patient up to three times, over a period of up to three weeks and sees them initially in the department and then follows up at home.

The student was able to describe a visit to a lady who had been in A&E the week before following a fall and a night on the floor at home. She was unhurt, but cold, and had lost confidence. The OT had provided her with a trolley to carry things – and which would double as a walking frame – and had visited the lady's home to advise about safety. Following

the visit the occupational therapy technician had fitted an extra handrail on the stairs, a grab rail by the toilet and had tacked down a loose carpet edge in the doorway. The occupational therapy visit was to check that she was managing and to discharge her if all was well.

Working in A&E is a real growth area for occupational therapy. Research has shown that if patients are seen soon after the incident and are provided immediately with equipment to keep them independent, hospital admissions are reduced and patients do not get into the 'revolving door' by being sent home and having the same, or similar, accidents again. The role of the OT here is very much about prevention as well as dealing with things that have already happened.

INTERMEDIATE CARE TEAMS

The interpretation of what these are seems to vary from place to place and speciality to speciality, but the visit in this instance was to a new team, based in a day centre. The team is multi-disciplinary and its aim is to give a fairly high level of support to people in their own home, rather than admit the person to hospital. This clearly has many advantages to the patient. The OT on the team would be responsible for assessing and carrying out treatment programmes to help people, and their carers, to cope at home, and to recover the ability to carry out the activities of daily living. All activities are carried out in the person's own home.

ELDERLY MENTALLY ILL (EMI)

Here the OT worked in a respite care facility for people with dementia. Much of the work was done with the carers – to enable them to go on caring for their relatives. The work with clients was designed to help them stay in touch with reality and the occupational therapy in this instance included validation therapy and reality orientation techniques as well as reminiscence work.

COMMUNITY MENTAL HEALTH TEAM (CMHT)

This was a rural team who worked with people with severe and enduring mental health problems. The OT had a large caseload and generally saw people on a one-to-one basis in their own homes or in community facilities. Twice a week she ran a drop-in centre where she did group work, covering topics such as anger management and social skills training. The OT may have a range of expertise. He/she may use psychosocial interventions, cognitive behavioural therapy or brief therapy (to name but a few) in working with a caseload of people with a range of mental health problems.

SPINAL INJURIES

This is another specialised area of work. The OT works with people at different levels of function. The student learns about maximising that function and enabling independence in a very real way. There is a great deal of knowledge here about what equipment is available and matching it to need. There is also a lot of work done to help patients come to terms with major changes in their lives – to help them re-establish themselves as people with plans, hopes and ambitions.

ORTHOPAEDICS

This encompasses a wide range of interventions from the supply of basic equipment for people recovering from hip or knee replacement operations, to more complex interventions for patients who may have permanent disabilities. In this instance the OT was responsible for the manufacture and fitting of a range of orthotic devices – from simple resting splints to complex cast bracing.

PAEDIATRICS

Many OTs work in paediatrics and it is the largest of the special interest groups registered with the College of Occupational Therapists in London. They have their own annual conference, which is always well attended. There is a national shortage of specialist paediatric occupational therapists. (There is a shortage of occupational therapists generally – but it is particularly acute with paediatric OTs.)

A student placed with one of them can expect to see a wide variety of work, and experience some of the daily dilemmas faced by many in the healthcare field. The OT may work with ages ranging from very young children and babies to teenagers. The children may have profound learning difficulties, involving mental or physical problems or both. Some OTs have particular areas of expertise such as seating or mobility or do very specialised work with children with, for example, attention deficits. Paediatrics is an area where the whole family is likely to be involved in the therapy in a much more hands-on way than with older people.

COMMUNITY OCCUPATIONAL THERAPY

These OTs are generally employed by social services departments. They may deal with everything from the supply of a raised toilet seat to someone with stiff knees, to advising on an extension to a house for someone with severe and multiple difficulties. They have a vast amount of knowledge about aids and adaptations. They have a working knowledge of legal issues affecting the disabled as well as the funding complexities surrounding the provision of equipment. Students come back to college amazed at the complexities of some of the interventions, but with a real understanding of the conditions in which some disabled people, and their carers, live, and the difficulties they encounter every day.

They also return inspired when they see that OTs are making a difference to peoples' lives in a very real way.

These are just some of the areas in which OTs work. There are many more – some of them broad and wide-ranging and others very specialised.

Occupational therapists work to help people not just regain function, but to regain their roles in life – to enable them to carry on being the lover, partner, parent, child, friend and worker etc. It is about helping people be what they want to be, do what they want to do. It is about looking at all the activities of daily living and enabling people to regain the mastery of those. This sometimes means the OT has to ask – and answer – the difficult or embarrassing questions, for example, about incontinence. Indeed, some OTs have become so skilled that they have become experts in their field.

Occupational therapists in practice use supervision as an important tool for practice. They meet with their supervisor to review their work for an hour once a month on average (more for new and junior staff and students). This serves many purposes – it enables people to learn from their supervisor, it ensures that the quality of intervention is high – and thereby gives a better service to the patient, and it supports and encourages staff – and research has shown that it reduces staff stress⁽⁸⁾.

Many of the ethical, moral and practical dilemmas experienced by OTs are common to all the health professions. They often centre on lack of resources and high waiting lists. The student learns that in an ideal world we would have unlimited equipment delivered and fitted almost before it was ordered, and there would be no need to prioritise or have a waiting list because there would be enough therapists for all the clients who are referred.

Very quickly they learn that the reality is that OTs cannot keep pace with referrals. They have waiting lists and they have to prioritise. Many of them agonise over ethical issues such as who to treat and who not to treat. There is also the issue of limiting treatment to the achievable and not taking on more than we have the resources to deal with.

Occupational therapy is definitely an emerging profession – indeed many say it has already emerged. The government is commissioning more places in training and trusts throughout the country are recognising the value of therapists who help to prevent bed blocking, facilitate safe discharges and keep people out of the revolving door of re-admission. Most importantly, with the help of skilled OTs, patients and clients are experiencing a 'recapitulation of ontogenesis' – regaining mastery over their own lives – which after all is what it is all about.

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