



NWW

New Ways of Working
In Mental health

Enhance, Include, Evolve

**New Ways of Working
For
Allied Health Professionals**

**Supplement B - Progress of AHPs in NWW
October 2008**

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B1 Introduction

This supplement describes the roles of allied health professions; the activity, values and impact that they bring to New Ways of Working (NWW) and mental health services. Explicit and implicit references are made to the importance each professions attaches to practice that promotes equality and reduces discrimination.

The introduction to the final report of NWW for Psychiatrists (2005) ¹ stated:

'.....although the primary focus of this work has been on consultant psychiatrists, the multidisciplinary teams with whom they work are recognised as being of equal importance. Changing the role and focus of one profession affects the team as a whole....'

Each profession provides an update on their implementation of NWW. This includes, where relevant, progress on specific actions recommended in the 2005 report.

¹ National Institute for Mental Health (NIMHE) (2005), New Ways of Working for Psychiatrists: Enhancing effective, person- services through new ways of working in multidisciplinary and multi-agency contexts: Final report "but not the end of the story", DH, London

B2 Art Therapists

Art Therapists: their role in mental health services and NWW

Art Therapy is a form of psychotherapy practiced by registered Art Therapists that uses art media as its primary mode of communication. Art is known to have therapeutic properties. When creating visual images, people 'draw' on the right side of their brains – the same side that is used before spoken language develops. It is where visual memories are stored.

- Art Therapists work with children, young people, adults and the elderly. Clients who can use art therapy may have a wide range of difficulties or diagnoses. These include, for example emotional, behavioural or mental health problems, learning or physical disabilities, brain injury or neurological conditions and physical illness.
- Art Therapy is provided for groups or for individuals, depending on the clients' needs. They work with Carers as well as Service users. The process is primarily client centred. It is not a recreational activity or an art lesson, although the sessions can be enjoyable. Clients do not need to have any previous experience or expertise in art.
- Art Therapists work in partnership with other professionals and colleagues. Art Therapists bring to the multidisciplinary team a different perspective on the clients' progress, through their artwork. Art Therapists also offer mentoring, training and supervision to other colleagues.
- Art Therapists are taking on leadership roles such as managing teams, psychological therapies services, other Trust services and Commissioning.
- Art Therapists are artists who maintain an active involvement in art work themselves, and they often work in partnership with 'Arts in Health' initiatives.^{1,2,3,4} For instance, Art Therapists working at West London Mental health Trust are supporting a user-led art group, where the focus is on the art process.

Art Therapy: NWW for Psychiatrists 2005, implementation update

Art Therapists identified a need to continue developing their practice in a way congruent to our changing socio-cultural context. Art Therapists deliver services in settings that are socially inclusive e.g. Art Galleries, Primary and Secondary Schools and Community-based resources.

Art Therapists are also developing web-based information for service users and carers, to facilitate access to psychological help and preventative action. The profession is developing its body of evidence, and is awaiting the outcome of some formal research projects such as the Matisse project (Randomised Control Trial on Art Therapy Groups with People with Schizophrenia, web link, accessed April 18 2008, <http://www1.imperial.ac.uk/medicine/about/divisions/neuro/npmdepts/psychmed/matisse/>)

The British Association of Art Therapists has been actively involved in supporting 'New Ways of Working', and will be disseminating its recommendations to its members and educators

Art Therapists: Activity, values and impact on mental health

- Art therapists get involved in all the activities that are shared within a multi-disciplinary team such as case conference, review meetings, strategic planning of services, and implementation of National and Local Policies.

- Art therapists work in a client-centred way, and always try to adapt their practice to meet the needs of their clients. Their aim is to empower clients to find and use their creativity, whatever their conditions. They offer a psychological treatment that, as it is based in art, is accessible to people who may find accessing verbal therapies too demanding.
- The evidence for the impact of art therapies on mental health has been the subject of a review in 2004². The arts therapies professional bodies are conducting a survey on the impact of arts therapy on the mental health of service users. The pilot indicates that the level of engagement and feedback from clients is very positive. A survey to provide formal evidence is in progress and will be published on the web sites of the of the professional bodies in May 2008 (art, music and drama therapies)

Building bridges: Arts Psychotherapies Services Sutton Borough (SWLSTG NHS MH Trust) Surrey: This is the development of an in to out patient art psychotherapy service within Adult Mental Health resulting in:

- *A more flexible approach to the provision of art psychotherapy with quicker access for service users.*
- *Opportunity for continuation of a therapeutic relationships established whilst an inpatient*

The benefits included:

- *Maximised art psychotherapy provision across all the areas, with limited resources.*
- *New practice and methods.*

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¹ A prospectus for arts and health. Department of Health with Arts Council England, (2007)

² Research report 36. Arts in health: a review of the medical literature. Dr Rosalia Lelchuk Staricoff. Arts Council (2004)

³ Report of the Review of Arts and Health Working Group. Department of Health (2007)

⁴ The arts, health and wellbeing. Arts Council England, (2007)

B3 Dietitians

Dietitians and nutrition are referred to in *New Ways of Working for Psychiatrists 2005*¹. It recommends a series of actions for the implementation of New Ways of Working. Below is printed the relevant extract from the report. This is followed by an update and information on their contribution to NWW from the British Dietetic Association,

Extract from: NWW for psychiatrists, 2005, Chapter 8, "The continuing story", page 58.

8.18 To raise the profile of nutrition and the future contribution of dietitians to the mental health services by:

- undertaking a workforce mapping exercise;
- producing a discussion document;
- undertaking research into the physical health of service users and influence on treatment outcomes; and
- ensuring that evidence based training is given to fulfil the Essential Shared Capabilities (ESC)², National Occupational Standards (NOS)³, Knowledge and Skills Framework (KSF)⁴ in relation to nutrition.

Action: British Dietetic Association – Mental Health Group/NIMHE.

Nutrition and Dietetics: NWW for Psychiatrists 2005, implementation update

Workforce mapping exercise

The numbers of dietitians working in the mental health services is unknown. Numbers obtained from the British Dietetic Association (BDA) for the *Final Report but not the end of the story*¹ were generic figures and anecdotal evidence suggested there are very few dietitians working in mental health services.

This project is being taken forward through the Mental Health Group of the BDA and the results should identify:

- numbers of dietitians working in the different specialities in the mental health services
- numbers employed directly by mental health trusts
- Mental health services without a dietetic service

It is anticipated that this work will be completed in 2007.

A dietitian in the Sandwell Eating Disorder Service provides solution focused therapy - a solution / strengths based approach to the weight and nutrition education elements of treatment of eating disorders. The aim is to ascertain if solution focused methods can be used in conjunction with psycho-education to accelerate progress with changes to eating behaviour and weight

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Discussion document

In NWW *Final Report, "the continuing story ...* The British Dietetic Association (BDA) is committed to producing a discussion document to highlight the poor physical health of service users in particular the role of diet and lifestyle. However the publication of 'Choosing Health: Supporting the physical health needs of people with severe mental illness' (2006, DH) eliminated the need for a discussion document.

However, there remains a need to produce a 'Strategy' for Dietitians working in the mental health services. This strategy will consider current practice and New Ways of Working for Dietitians.

Given the small dietetic resource and the current economic climate, dietitians need to work strategically:

- within clinical governance frameworks
- with all AHPs and other health professionals on all nutritional issues
- influencing inpatient food provision
- training other mental health staff to give first line evidence-based nutritional information
- acting in a 'consultancy' capacity for service users with complex dietary needs.

Undertaking research on the role of nutrition and effects on the physical health of our service users

The BDA Mental Health and Research groups actively promote audit and research by dietitians.

Dietitians have been involved in a metabolic syndrome audit on one forensic unit where 42% and 70% of male and female inpatients respectively met the diagnostic criteria (Contact: Helen.Webb@wlmht.nhs.uk)

It is anticipated that these findings would be replicated on other forensic units.

Evidence based training to fulfil the ESC, NOS, and KSF involving nutrition

The following documents highlight the need for nutrition intervention and training

- Capable Practitioner Framework⁵
- National Occupational Standards in mental health
- White Paper 'Our Health Our Care our Say'⁶
- CNO Review of Mental Health Nursing⁷
- Choosing Health; Supporting the physical health needs of people with severe mental illness⁸
- 10 High Impact Changes⁹
- NICE Guidelines on Nutrition Support and Obesity¹⁰

Specialist mental health dietitians have the skills and knowledge and can deliver training on all nutritional issues. However, there is anecdotal evidence that there are only a few Dietitians who deliver training to the mental health services.

Dietitians: their role in the mental health services and NWW

Dietitians are nutrition professionals regulated by the Health Professionals Council (HPC). They assess, diagnose and treat diet related problems at an individual and wider public health level. Dietitians use evidence based public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choice. Dietitians provide specialist advice to service users on the dietary requirements. Dietitians can also train mental health staff to give first line nutritional intervention whilst acting in a consultancy capacity for the more complex requirements.

- People with a Severe Mental Illness (SMI) are at greater risk of developing and dying prematurely from coronary heart disease, cancer and obesity related illness than the general population and malnutrition can be a consequence of self neglect^{8,11,12}.
- Schizophrenia seems to be associated with relatively high rates of insulin resistance and the risk of diabetes appears to be higher with Clozapine. As many as one third of service users may develop diabetes after 5 years of treatment. Many are diagnosed within the first six months and some occur within one month¹³.

- Morbidity and mortality from cardiovascular disease are higher in people with schizophrenia, hyperlipidaemia is one of the risk factors, it is treatable and intervention is known to reduce morbidity and mortality¹³.
- Antipsychotic, mood stabilising agents and some anti-depressants are recognised as weight-inducing agents; some with a high or moderate risk of weight gain and weight gain is associated with hyperlipidaemia and hyperglycaemia¹³.
- Gastro-intestinal problems (including constipation) are one of the side effects of many prescribed medications. Bowel cancer is higher in this service user group.
- Schizophrenia is associated with high rates of osteoporosis¹⁴.
- 26% and 33% of people are at risk of malnutrition on acute mental health units in adult and older people's services respectively. *BAPEN Nutrition screening week 2007* www.bapen.org.uk
- Traditionally treatment offered to people with a SMI by the secondary services focussed on mental illness and physical health considered the remit of primary care. These services have not been able to deliver appropriate advice and support and service users suffer discrimination and inequalities in healthcare^{11,12}
- Nutritional assessments and dietary advice for people suffering from depression and people with early symptoms of psychosis is recommended in a report by the *Associate Parliamentary Food and Health Forum*

Dietitians: Activity, values and impact on mental health

There is a strong relationship between mental and physical health. People with a physical health problem may not be able to participate fully in care programmes to treat their mental illness¹¹. Dietitians have a role in addressing nutritionally related physical health problems.

- Assessment of food and fluid intake, biochemistry, anthropometrics, physical activity and social circumstances to give appropriate advice to both the individual and carers in relation to complex therapeutic diets. *This work is essential for the physical healthcare of inpatients and impact on their response to treatment interventions. E.g. hypoglycaemia (confusion and aggression) and hyperglycaemia (fatigue and lethargy)*
- As above to treat malnutrition/ food refusal/ eating disorders/ disordered eating/ dysphagia/enteral feeding. *Inadequate intakes of energy will affect brain function and lead to undesirable weight loss, and loss of lean body mass culminating in falls and fractures which prolong hospital admissions*

Weight Wise Group

An eight week programme with main aim of changing Lifestyle with regard to diet and exercise, and help patients control their weight whilst on psychotropic medication. Group was co facilitated by Physiotherapists and Dietician; pharmacist was invited to give one session. Psychologist helped with facilitation of the first and last session with regard to motivation

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- Work in a multidisciplinary way to enable the implementation of care plans *This helps to ensure that all staff are informed which improves communication and directly reduces stress for the service user and promotes safe practice for carers*
- Liaise with catering providers, assessing inpatient menus and giving advice to enable inpatients to meet all their nutritional requirements. *This is a fundamental aspect of care provision as inadequate / unsuitable food provision affects physical health, brain function and will adversely affect the quality of inpatient provision by increasing stress and anxiety.*

- Advising on and providing training to all mental health staff involved in patient care
This will ensure evidence based and consistent messages are given which are vital to safe practice
- Raising the profile of nutrition in the mental as well as the physical healthcare offered to service users. It is important that mental health services actively promote the significance of good nutrition is maintaining positive physical and mental health and well-being.

www.bda.uk
www.dietitiansmentalhealthgroup.org.uk

¹ National Institute for Mental Health (NIMHE) (2005), *New Ways of Working for Psychiatrists: Enhancing effective, person-centered services through new ways of working in multidisciplinary and multi-agency contexts: Final report "but not the end of the story"*, DH, London

² NIMHE (2004), *The Ten Essential Shared Capabilities – A framework for the whole of the health workforce*, London, DH

³ Skills for Health (2007), *National Occupational Standards in Mental Health*, SfH
www.skillsforhealth.org.uk/page/competences/completed-competences-project/lisy/mental-health?id=62

⁴ NHS Employers (2007), *Knowledge and Skills Framework*, www.nhsemployers.org

⁵ The Sainsbury Centre for Mental Health (2001). *The Capable Practitioner: A framework and list of the practitioner capabilities required to implement The National Service Framework for Mental Health*, SCMH, London www.scmh.org.uk

⁶ Department of Health (2006), *Our health, our care, our say: new direction for community services*, London, DH

⁷ Department of Health (2006), *Chief Nursing Officer's Review of Mental Health Nursing*, London, DH.

⁸ Department of Health (2006), *Choosing health: supporting the physical health needs of people with severe mental illness (commissioning framework)*, London, DH

⁹ CSIP/NIMHE (2005), *Ten High Impact Changes for Mental Health*, London, DH
www.nimhe.csip.org.uk/10highimpactchanges

¹⁰ National Institute for Health and Clinical Excellence (2006), *Nutrition Support in Adults*, London, NICE

¹¹ Disability Rights Commission, *Equal Treatment: Closing the Gap – A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems* (2006), Stratford-upon-Avon, DRC

¹² Associate Parliamentary Food and Health Forum (2008) *The links between diet and behaviour: The influence of nutrition on mental health*, London, FHF

¹³ Taylor D, Kerwin R, Paton C. (ed) *The Maudsley 2005-2006 Prescribing Guidelines* (8th edn) (2005), London, Taylor and Francisbv

¹⁴ O'Keane V, Meaney A. M. Antipsychotic Drugs; A new risk factor for osteoporosis in young women with schizophrenia in *Journal of Clinical Psychopharmacology* 25 (1); 26-31 February 2005, London, Lippincott, Williams and Wilkins

B4 Dramatherapists

Dramatherapists: their role in mental health services and NWW

Dramatherapy is a form of psychological therapy. It is client focused and may be a short or long-term intervention either as individual, one to one therapy, or in groups ranging from six to twelve people.

The therapy gives equal validity to body and mind within the dramatic context; stories, myths, play texts, puppetry, masks and improvisation are examples of the range of artistic interventions a dramatherapist may employ. While the aesthetic of the art form is important the primary concern is the collaboration between the therapist and client to find the most helpful dramatic vehicle to explore and address areas of distress, fears and hopes.

'People like me [refugees] do not have words to tell their story. Dramatherapy provided me with another starting point' A Dramatherapy client

- *Dramatherapists specialize in working with 'high intensity' therapy with clients who may not be able to engage with 'talking therapies'*
- *Dramatherapists are increasingly part of a New Way of Working, multidisciplinary approaches such as providing early interventions for those at risk of developing mental health problems*
- *Dramatherapists' expertise in non-verbal forms of communication enables them to engage with clients whose well-being is impaired by social exclusion or cultural factors*

Dramatherapy activity: value and impact on mental health services

- Detailed assessment of clients' social and cultural context and review of psychological needs making a contribution to MDT diagnosis and relevant models of intervention.

Hertfordshire Partnership NHS Foundation Trust has established a collaborative approach to delivering psychological therapies – art therapy, dramatherapy, psychotherapy and psychology.

Benefits

- *clearer (and wider) choice and pathways for patients*
- *reduction of assessments*
- *waiting lists reduced or eliminated*
- *reduced DNA rates*
- *joint dramatherapy and art therapy group for young people*
- *maximising use of resources*

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- Supervision and collaborative working with artists within the health and arts agenda.
- Devising clear strategies for clients to self-manage their health.

- Dramatherapists work with people with mental health problems from the whole age and capability spectrum in a range of settings from hospitals and community services to prisons. This means that they also work in conjunction with a range of other professionals. Sometimes this means providing a specific service such as supervision, staff training or team building and at other times co-facilitating groups.
- Dramatherapists are also able to provide a psychological perspective and thus contribute to joint or generic assessments of clients' needs.
- Dramatherapists co-facilitate groups with speech and language therapists, with a focus on the voice as both a dramatic tool and a communication system. Joint working with physiotherapists has led to an increase in awareness of body image and movement possibilities, especially in relation to the limits to mobility and coordination imposed by some drugs.
- In Bath, dramatherapists are working with psychologists to evaluate the effectiveness of dramatherapy with people with dementia. In Manchester, research into the value of dramatherapy with people with schizophrenia has culminated in a play, devised with the help of service users, based on the research findings.

After a recent therapy group with adult survivors of sexual abuse in a northern Mental Health NHS Trust, group members made the following comments:

"Psychotherapy was helpful but only skimmed the surface. Much to my surprise Dramatherapy made messages 'hit home' in a really powerful way. It was 'right there in front of you'. Really powerful stuff that often reached the very core of your being".

"The (dramatherapy) sessions were so unlike anything that I had previously experienced, with amazing results."

"...the toys helped me to remember things I thought were too painful to live with."

"I am able to start to stand back from myself and see what's going on with me."

"All key workers involved with the clients said they would be 'very' (87%) or 'moderately' (13%) likely to refer more clients."

- The evidence for the impact of arts therapies on mental health has been the subject of a review in 2004¹. Dramatherapists are aware of the need to provide evidence that their practice is effective in promoting change in their clients' lives and are working jointly with other professionals, including nurses, and with service users to research and evaluate the field. The "Arts in Health" initiative by the Arts Council England and the Department of Health, includes examples of current practice and the significant impact it has towards promoting the mental health of a wide variety of clients.^{2,3,4}

www.badth.org.uk

¹Research report 36. Arts in health: a review of the medical literature. Dr Rosalia Lelchuk Staricoff. Arts Council (2004)

²A prospectus for arts and health. Department of Health with Arts Council England, (2007)

³Report of the Review of Arts and Health Working Group. Department of Health (2007)

⁴The arts, health and wellbeing. Arts Council England, (2007)

B5 Music Therapists

Music Therapists: their role in mental health services and NWW

Music therapists are trained both as highly skilled musicians and as therapists who are able to work psycho-therapeutically. Training is at MA level with students already having a first degree in either music or a related field such as psychology, social work or teaching - although a high degree of musicianship is essential to training.

Music is a powerful emotional medium. The ability to listen to and respond to music is universal and may remain unimpaired by illness, injury or disability. Music therapy draws on this ability to enable clients to communicate through music. By providing a safe, therapeutic environment in which to express and explore feelings and experiences in the context of a trusting music-therapeutic relationship, awareness and self-insight can grow and develop. Music therapy predominantly uses improvised music making between client and therapist as an immediate and personal form of communication and expression of feeling. Together, therapist and client build a shared understanding through their music making which informs the ongoing aims and direction of the therapy¹.

- NHS music therapists are employed in specialist mental health settings as integral members of a Multi-disciplinary approach to care pathway working. They provide accessible and sustained help to the patient with complex mental health difficulties who may not be able or willing to access *talking* therapies².
- There are opportunities for music therapists to undertake New Ways of Working, particularly with seldom heard groups such as those who have difficulty accessing verbal based therapies or those from different cultural backgrounds and marginalised status.

In North Westminster Psychiatric Intensive Care Unit at Central and North West London NHS Foundation Trust Music Therapists collaborate with staff and patients in a weekly community building music therapy session. The aim is to promote understanding and good relations in a challenging environment.

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- Music therapists are essential to the development of the Department of Health and Arts Council joint initiative "Arts-in-Health"^{1,2,3,4}, where they can support non clinically trained musicians working in diverse and challenging settings.
- Music therapists are actively engaged in the evolving context for psychological therapy Improving Access to Psychological Therapies Agenda in Primary Care⁵.
- Increased recognition and use of music therapists' competences is growing within management and service development areas, as well as in expert practitioner roles.

Music Therapy: Activity, values and impact on Mental Health

- Music therapists can provide consultation, supervision and generic mental health practice and have a key role in assessment and treatment, within the context of multi-disciplinary care for patients with particular needs.

Supplement B

- Music making is a powerful agent for positive social change in bringing people together particularly where there are different social, cultural and hierarchical contexts. Within mental health services, music therapists use their particular clinical skills within the context of a safe therapeutic relationship, to promote healthy interactions, on a personal, group or institutional level.

At SW London & St. George's Mental Health NHS Trust music therapists work at Tier 3 CAMHS undertaking generic assessment work as well as music therapy interventions. Music therapy plays a key role in the communication disorders clinic and newly commissioned Learning Disabilities Care Bundle.

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- Music therapy has an evolving evidence base and the profession is research active. Standardised formalised assessment tools are under development, which are intended for use within complex mental health settings^{6,7}

Music therapists at CNW London Mental Health NHS Trust collaborated with researchers at Imperial College London to examine the effectiveness of music therapy for inpatients with Schizophrenia. Results of this randomised control trial are included in the Cochrane Review of music therapy for schizophrenia that shows evidence for the effectiveness of this treatment. Ref. Gold C, Heldal TO, Dahle T, Wigram T. Music therapy for schizophrenia or schizophrenia-like illnesses. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD004025. DOI:10.1002/14651858.CD004025.pub2

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www.apmt.org

¹ A prospectus for arts and health. Department of Health with Arts Council England, (2007)

² Research report 36. Arts in health: a review of the medical literature. Dr Rosalia Lelchuk Staricoff. Arts Council (2004)

³ Report of the Review of Arts and Health Working Group. Department of Health (2007)

⁴ The arts, health and wellbeing. Arts Council England, (2007)

⁵ IAPT positive proactive guide. CSIP (2007)

⁶ Gold, C., Wigram, T., & Elefant, C. (2006). Music therapy for autistic spectrum disorder (Cochrane Review), *The Cochrane Library, Issue 2, 2006*. Chichester, UK: John Wiley & Sons, Ltd.

⁷ Gold, C., Voracek, M., & Wigram, T. (2004). Effects of music therapy for children and adolescents with psychopathology: A meta-analysis. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 45(6)*, 1054-1063.

B6 Occupational Therapists

Occupational therapists are referred to in *New Ways of Working for Psychiatrists 2005*, Chapter 8, 'The continuing story' ¹. There are a series of actions for the implementation of *New Ways of Working*. Below is printed, the relevant extract from the report. This is followed by an update and information on their contribution, from the College of Occupational Therapy (COT).

Extract from: *NWW for psychiatrists 2005*, Chapter 8, '*The continuing story*', page 57.

8.11 To raise the profile of occupational therapists' contribution to mental health services by:

- the development of a strategy for occupational therapists in mental health services;
- exploring the new roles for occupational therapists under Patient Group Directives;
- exploring the new roles for occupational therapists under the Mental Health Bill;
- establishing an occupational therapist secondment to the Social Inclusion Unit; and
- considering a career framework for occupational therapists reflecting both generic and specialist functions of occupational therapists.

Action: COT, SCMH, NIMHE NWP, Social Inclusion Programme, DH, HPC

Occupational Therapy: *NWW for Psychiatrists 2005*, implementation update.

"*The continuing story*" presented the COT with the challenge to raise the profile of the occupational therapists' contribution to mental health services. A summary of progress towards the five key objectives shown above follows, with more detail available in *New Ways of Working for Everyone*²,

- The COT launched "*Recovering Ordinary Lives. The strategy for occupational therapy in mental health services 2007-2017*"³ at the end of 2006. The strategy reasserts the importance of occupation to health and well-being, and sets out a vision and principles that will guide occupational therapy practice within rapidly changing social and political environments. It is available: www.cot.co.uk/public/publications2/categoryshow.php?c=1

The strategy reaffirms the 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.

"*Recovering Ordinary Lives*" has been promoted via a series of seventeen road shows around the UK to a multi professional audience, including service users and carers. Work continues to develop a self-assessment toolkit to measure progress towards milestones set in the strategy and to develop products to support implementation of the strategy.

- The COT has produced guidance for occupational therapists about new roles under Patient Group directives in "*Briefing 15: Prescribing, Supply and administration of Medicines and Occupational therapists*" which needs to be read in conjunction with "*Briefing 14: Extended Scope Practice*". These are both available to members on the website www.cot.co.uk

- Occupational therapists now have access to the two new roles of Approved Mental Health Professional and Approved/Responsible Clinician under the Mental Health Act (2007).⁴
- The secondment of an occupational therapist to the National Social Inclusion Programme was funded for two years by COT and subsequently funded by the programme itself. It has led to the production of NSIP/CSIP (2007) *Capabilities for Inclusive Practice*. London, Department of Health, available to download at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078095. This guidance provides a framework for organisations and individuals to work towards inclusive practice.
- Career frameworks that consider both generic and specialist functions continue to be developed especially in line with the new roles under the Mental Health Act 2007.

Occupational Therapists: their role in mental health services and NWW.

NWW for Psychiatrists: Enhancing effective person-centred services through new ways of working in multidisciplinary and multi-agency contexts (2005) positively promoted the role of the allied health professional within mental health service provision. It also highlighted the necessity for professions to work together in identifying new and innovative practice to meet the demands of a changing and modernising work place. It defined NWW for occupational therapists as being able to work across boundaries while ensuring the occupational needs of service users are met.

Occupational therapists, as core members of the multi disciplinary team, have embraced this opportunity, and clinicians, consultants, managers, representatives of the COT and its specialist section for mental health, are currently members of the NWW for AHPs sub group (Mental Health Allied Health Professionals Advisory Group), and have taken on key roles in its programme of work. An OT core of this groups membership have also contributed to the COT NWW sub group and the work streams of both groups ran concurrently and in cohesion.

Policy initiatives that will influence drive and direct new methods of service delivery and new ways of working will 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 socially and inclusive practice;
- Increasing the quality and access to health and social care
- Requiring interventions to be based on the best available evidence;
- Supporting self-care, promoting well being and community engagement through working in primary care pathways.

Leeds Mental Health NHS Trust has introduced and consolidated over the past five years an integrated model of working. This provides access to occupational therapy 7.30am – 9.00pm including weekends and bank holidays. The OTs are an integral part of the ward teams. Feedback from service users has been very positive and all staff have reported improved liaison and communication.

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A post for an occupational Therapist Clinical Specialist in Mental Health was a new service development initiative in Chesterfield which commenced in May 2004 – to develop links between the physical service of the Community Rehabilitation Team and the community Mental Health Team for Older People. The OT Clinical Specialist now works (as post has changed quite a bit) across the CRT and a Day Hospital for the elderly. Patients' mental health needs are now being addressed alongside their physical problems plus sign-posting and referring patients/carers to appropriate services.

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Occupational Therapists: Activity, values and impact on Mental Health

The vision for occupational therapy in mental health services is encompassed in the document: *"Recovering Ordinary Lives. The strategy for occupational therapy in mental health services 2007–2017. A vision for the next ten years"*³

It states

"By 2017, mental health service provision in the UK 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".(page IX)

"Interventions involve the service user in activity and move the person towards fuller participation in society through performance of occupations that are appropriate to the person's age, social and cultural background, interests and aspirations".(page 5)

"Occupational therapy in mental health is founded on the relationship that exists between occupation, mental health and well being. Health is supported by engagement in a balanced range of occupations that are chosen and valued by the individual."(page 9)

www.cot.org.uk

¹ National Institute for Mental Health (NIMHE) (2005), *New Ways of Working for Psychiatrists: Enhancing effective, person-centered services through new ways of working in multidisciplinary and multi-agency contexts: Final report "but not the end of the story"*, DH, London

² *New ways of working for everyone, Chapter 3 – New Ways of Working for Occupational Therapists (CSIP/NIMHE 2007).*

³ College of Occupational Therapists (2006) *Recovering ordinary lives: the strategy for occupational therapy in mental health services, a vision for the next ten years.* (Core.) London: COT

⁴ Carr J (2007) "The introduction of new roles under the Mental Health Act 2007", *Mental Health Occupational Therapy*, 12(3), 99-100

B7 Physiotherapists

In *New Ways of Working for Psychiatrists 2005*¹ there are a series of actions for the implementation of New Ways of Working. Below is printed, the extract from the report, relating to physiotherapy. This is followed by an update and information on their contribution, from the Chartered Society for Physiotherapy (CSP) and Chartered Physiotherapists in Mental Health (CPMH).

Extract from: *NWW for psychiatrists 2005*, Chapter 8, 'The continuing story', page 57.

8.12 To raise the profile of physiotherapy and the future contribution of physiotherapy in mental health:

- to further explore NWW for physiotherapy in mental health;
- to undertake a workforce mapping exercise; and
- to develop a strategy for physiotherapists in mental health.

Action: Chartered Society for Physiotherapy (CSP) and Chartered Physiotherapists in Mental Health. (CPMH)

Physiotherapy: NWW implementation update

New Ways of Working for Psychiatrists 2005 'The continuing story' gave physiotherapists the opportunity to raise the profile of the profession and to promote the role of physiotherapy within the field of mental health. This takes physiotherapists into a new era of delivering services within the field of mental health, holding the needs of service users and carers central to all treatments and interventions. Physiotherapists work across all areas of mental health service provision, working on a rehabilitation and recovery model, developing and facilitating strategies to support the service user in the journey through wellness and recovery.

Strategy in Mental Health

Chartered Physiotherapists in Mental Healthcare (CPMH) are a subgroup of the Chartered Society of Physiotherapy (CSP) and are the key drivers in promoting the speciality of mental health within the profession.

CPMH in partnership with the CSP are currently developing a strategy for physiotherapy in mental health. A working party has been drawn together with representatives from different areas within mental health as well as from the four countries and education.

However, NWW is a continuous and ongoing work stream, and the CSP/ CPMH will continue to support and promote the implementation of NWW. CPMH are also aiming to look at undertaking a mapping exercise once the strategy is completed.

A 'Tone-up: Feel-Good' integrated health and exercise programme for elderly people with depression was established at Waterloo day Hospital on Merseyside, following success with adults with obesity, 20% of whom also had depression. 6-8 clients attend weekly sessions for one hour for 8-12 weeks. Pre- and post-programme HAD scores and mood levels using VAS scores are recorded during sessions. Results for 19 clients (av age 78) show an overall rise in Mood levels: 3.16 on waking; 4.00 at start of session; 4.6 after breathing exercises; and 6.16 after the mini-circuit. i.e. twice that on waking by end of session.

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Physiotherapists; their role in mental health services and NWW.

Physiotherapists in mental health are looking at combining the traditional roles with new ways of working. In particular areas where physical health and mental health

overlap with both having an impact on the patient's health and wellbeing. Examples are falls and memory clinics, physical health management, promotion of exercise, management of patients with "dual diagnosis of physical and mental health problems" e.g. COPD and depression. With the latter client group there may be complex physical and psychological health needs which impact on each other. The knowledge and skill in the management of the physical condition is a significant factor in mental health management.

Physiotherapy: Activity, values and impact on Mental Health

The aim of physiotherapy in mental health 'is to promote the well-being and autonomy of people with physical dysfunction associated with mental or physical illness and to use physical approaches to influence psychological health' (CPMH 1995)

Within Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust, a Clinical Physiotherapy Specialist works as part of the Community Mental Health Teams, carrying out assessments on service users referred with both a mental health and physical health problem and adopting the role of Care Coordinator. The physiotherapist's skills allows them to carry out a comprehensive, holistic assessment of client's needs which are often multi-factorial

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- **Leadership** Physiotherapists are involved in key leadership roles in mental health within health, social care and education. – In Nottingham the Granville Daniels Development Post offers AHPs experience working at executive level, leading on Trust wide projects, and additional opportunities external to the Trust.
- **Care Coordination** – Physiotherapists are working as care coordinators within some mental health teams, with the physiotherapist being allocated the referrals for initial assessment, where there is an identified physical and mental health problem
- **Workforce** - Physiotherapists are committed to developing skill mix within the workforce and in some areas, technical instructor posts have been made into dedicated physical activity co-ordinator posts, which address a key area within health promotion and provides specialist intervention within the services.
- **Assessments** Within memory clinics physiotherapists are developing roles utilising their skills in assessments and in particular falls prevention.
- **Partnership Working** – In many areas physiotherapists have developed links and partnerships with other agencies e.g. leisure services to deliver activities and interventions in the community setting In Northamptonshire relaxation groups were provided in local health centres with direct referral from GPs
- **Education** – Lecturer/practitioner posts have been developed attached to Higher Education Institutions (HEI) with mental health being included as part of the undergraduate training – Within the Division of Physiotherapy Education at the University of Nottingham mental health is increasingly implicit within the whole curriculum.
- **Specialists** – Physiotherapists have specialist roles within eating disorder services, head injury services and forensic services to name a few.
- **Extended roles** In addition to the work done from within the mental health field, CPMH also work with the CSP in other areas of development – for example non-medical prescribing, scope of practice, and education (undergraduate curriculum and post-graduate short courses).

www.csp.org.uk

¹ National Institute for Mental Health (NIMHE) (2005), New Ways of Working for Psychiatrists: Enhancing effective, person-centered services through new ways of working in multidisciplinary and multi-agency contexts: Final report "but not the end of the story", DH, London

B8 Speech & Language Therapists

Speech and language therapists: their role in mental health services and NWW

Speech and language therapists (SLTs) work with children and adults with mental health problems to assess, diagnose and manage communication and eating, drinking and swallowing (dysphagia) problems.

Stockport Mental Health Services and the University of Manchester have established a joint project which enables a significant proportion of first year speech and language therapy students to undertake a placement in older people's mental health specifically to engage in 'life story work' with people with advanced dementia and challenging behaviour. Alongside this has been a project whereby the MDT changed the assessment tool used. The life story work is part of a person centred approach – with very good feedback from carers involved.

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A high number of people accessing mental health services in the community or in acute settings have significant communication difficulties. These can have profound effects on an individual's relationships leading to social isolation. Speech and language problems in people receiving mental health services are substantially higher than in the general population¹. Dysphagia is common in people with mental health problems particularly due to the side effects of anti psychotic medication for example². SLTs support NWW within multidisciplinary teams by identifying and addressing both communication issues and eating / swallowing problems.

- 78% of screened patients with mental health problems have communication problems. These range from comprehensive and expressive language problems, stammering or stuttering to voice and articulation problems³
- 62% of children in psychiatrist populations had speech problems⁴
- One third of individuals attending mental health services have dysphagia⁵.

Speech and language therapy activity, value and impact on mental health services

1. Detailed assessment and review of clients' communication skills and needs. This contributes to MDT diagnosis, differential diagnosis and provides models for intervention based on assessment findings. SLTs engage in such work in a variety of mental health settings including acute mental health, older people's services and memory clinics, child and adolescent services and forensic services.
2. Development and provision of communication programmes. Communication programmes developed by SLTs commonly have two distinct elements:
 - Direct one to one / group therapy: This helps the individual achieve greater insight into their communication difficulties and enables them to develop new or regain "lost" communication skills, enhancing motivation and confidence. Such interventions enable the individual to access all forms of "talking" therapies, other verbally mediated interventions and therapeutic programmes e.g. anger management, assertiveness training and educational programmes.

- Indirect therapy: Advising and training staff, MDT colleagues and carers about how to best interpret, respond to and support a person's communication needs and to determine a person's present wishes and feelings. This is important since many of the therapeutic interventions used in mental health are verbal. SLTs work with families and carers, focusing on the transfer and maintenance of appropriate management strategies, which are valuable in helping to address and reduce carer stress and burden. SLTs are qualified to assess an individual's capacity to consent to treatment and care. They provide advice regarding the wider environment and its impact on the ability to enhance communication skills. This can be through alterations, such as photos or symbols on doors or by embedding routines to support understanding. SLTs can provide staff with information to enable them to understand how the environment can support their clients' communication needs.

The speech and language therapy department at the national high secure healthcare service for women endorse long-term communication support to assist women with mental disorders and challenging behaviour. Speech and language therapy focuses on recognition of emotions and then on triggers leading to challenging behaviour. Using a visual format, the women are able to personally reflect on their behaviour. Speech and language therapists also work with the nursing staff to ensure that this information is added to the individuals care plan so the individual is able to make use of these positive strategies.

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3. Assessment of eating, drinking and swallowing difficulties, involving observation, formal assessment, discussions with family and carers and often videofluoroscopic examinations (a radiographic technique). Poor or incorrect management of dysphagia frequently results in malnutrition, dehydration, pneumonia, choking or a combination of these features. SLTs provide advice and training to carers and the MDT with ongoing monitoring and evaluation of the eating and drinking programme altering the aspects as a person's functioning improves or deteriorates. This input directly influences quality of life for the individual and their carer as well as informing risk assessments for services.
4. Development and provision of safe eating, drinking and swallowing programmes, often in collaboration with other members of the dysphagia team. This input enhances overall quality of life for the service user, promoting safe practice and pleasant, social mealtimes.
5. SLTs have a significant role to play in the development of a skilled workforce. Mental health services require their staff to have high levels of communication skills because of the needs of those presenting to them. SLTs have a role to play in teaching such workers about their own communication and that of their service users. Service users present also to generic services that must engage them and provide appropriate services (e.g. Everybody's Business 2005). Therefore, training of other groups regarding the communication needs of such individuals is important.

Web Links:

- [RCSLT website \(www.rcslt.org\)](http://www.rcslt.org)
- [RCSLT position paper: SLT provision for people with dementia \(http://www.rcslt.org/resources/publications/dementia_paper.pdf\)](http://www.rcslt.org/resources/publications/dementia_paper.pdf)
- [RCSLT communicating quality guidelines 3 \(2006\) \(www.rcslt.org/resources/cq3download?sys_status=1\)](http://www.rcslt.org/resources/cq3download?sys_status=1)
- [RCSLT clinical guidelines \(2005\) \(www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf\)](http://www.rcslt.org/resources/RCSLT_Clinical_Guidelines.pdf)
- [RCSLT model of professional practice and clinical competencies \(2003\) \(www.rcslt.org/docs/competencies_project.pdf\)](http://www.rcslt.org/docs/competencies_project.pdf)

¹ Bryan, K., Maxim, J., Macintosh, J., McClelland, A., Wirz S., Edmundson, A. and Snowling, M. (1991). The facts behind the figures: a reply to Enderby and Davies (1989). *British Journal of Disorders of Communication* 26, 253-261

² Stewart J. Dysphagia associated with Risperidone Therapy. *Dysphagia* 2003 18: 4 274-275

³ Emerson, J. & Enderby, P. (1996) Prevalence of Speech and Language Disorders in a Mental Illness Unit, *European Journal of Communication Disorders*, 31, 221-236

⁴ Goodyer IM. *Language difficulties and Psychopathology in Bishop DVM, et al, Speech and Language Impairments in Children.* Psychological Press, 2000

⁵ J. Regan, I. Walsh, R. Sowman, B. Parsons, A.P. Mc Kay, 'Prevalence of dysphagia in acute and community mental health settings', *Dysphagia*, 21, (2), 2006

B9 Glossary

10 ESC	Ten Essential Shared Capabilities
AC	Approved Clinician
AHP	Allied Health Professional
AMHP	Approved Mental Health Practitioner
APMT	Association of Professional Music Therapists
ASW	Approved Social Worker
BAAT	British Association of Art Therapists
BADth	British Association of Dramatherapists
BDA	British Dietetic Association
CCTA	Creating Capable Teams Approach
CHRE	Council for Health Regulation Excellence
COT	College of Occupational Therapists
CPD	Continuing Professional Development
CSIP	Care Services Improvement Partnership
CSP	Chartered Society of Physiotherapy
DH	Department of Health
DNA	Did Not Attend
DoL	Deprivation of Liberty
ECtHR	European Court of Human Rights
KSF	Knowledge and Skills Framework
HEI	Higher Education Institute
HPC	Health Professions Council
MCA	Mental Capacity Act
MDT	Multidisciplinary Team
MHA	Mental Health Act
MHAHPAG	Mental Health Allied Health Professionals Advisory Group
MHRT	Mental health Review Tribunal
MPET	Multi-Professional Education and Training
NICE	National Institute for Clinical Excellence
NIMHE	National Institute for Mental Health England
NMET	Non-Medical Education and Training
NOS	National Occupational Standards
NWW	New Ways of Working
PEC	Professional Executive Committee
PCT	Primary Care Trust
RC	Responsible Clinician
RCSLT	Royal College of Speech and Language Therapists

REC	Research and Ethics Committee
RMO	Responsible Medical Officer
SfH	Skills for Health
SHA	Strategic Health Authority
SIFT	Service Increment For Training

Collaborative work between the following organisations:



Care Services Improvement Partnership **CSIP**

***National Institute for
Mental Health in England***



THE CHARTERED SOCIETY OF PHYSIOTHERAPY