**SUBMISSION FROM THE ROYAL COLLEGE OF OCCUPATIONAL THERAPISTS**

*This submission is made in response to the Scottish Parliament’s Health and Sport Committee call for evidence on “Resilience and Emergency Planning” on behalf of the Royal College of Occupational Therapists (RCOT), the professional body for occupational therapists across the UK.*

The Royal College believes there should be four main areas of focus when considering how to improve resilience and emergency planning within our health and social care services, these are:

1. Step up access to **mental health** **services,** supportingeveryone, using a variety of media and supports, to get through the various challenging circumstances caused by a pandemic.
2. Improve, maintain and learn form good practice during the crisis, to support **efficient hospital discharge** processes to ensure our hospitals can meet the increased demand on healthcare services.
3. Improve access to **rehabilitation services**
4. Tackle **Occupational Deprivation**

**Mental Health**

Whether directly affected by coronavirus or not, nearly all of us will have experienced an impact on our mental health during this pandemic. In addition to meeting the demands of existing mental health issues, services now must support a growing number of people experiencing increased levels of anxiety and mental ill-health following extended periods of isolation; financial worry; and working in emotionally demanding environments such as in the health and social care sector.

In order to meet these demands, the Government should ensure parity of access between physical and mental health services.

Occupational therapists are one of many Allied Health Professions who can make an important contribution to mental health services, particularly as part of multi-disciplinary teams. Occupational therapy can also support children and adults to identify their needs, and we have experience of alleviating pressures across primary care through a range of innovative service delivery. An example of this is [Occupational Therapists based in GP surgeries](https://nhsscotlandevents.com/sites/default/files/IF-11-1555412843.pdf) with straightforward access to advice and support.

**Hospital Discharge**

To strengthen Scotland’s preparedness for future emergencies and possible pandemics, the hospital discharge process must be continually reviewed to facilitate capacity to meet increased demand. All multidisciplinary admission and discharge teams across the hospital environment should include occupational therapists, with therapy-led discharge planning for people with complex care needs. Occupational therapists have a unique contribution to the multi-disciplinary teams as they are rehabilitation experts, with education, experience and skills in addressing people’s metal and physical health needs

Occupational therapists already play a crucial role in achieving successful transitions between services, utilising a unique knowledge of health, social care and third sector services with an understanding of patients’ and carers needs which require to be met to maximise independence and to support self-management.

**Rehabilitation**

Access to rehabilitation is critical. This will not only include people who have had the coronavirus, but the many that are self-isolating with a long term health condition(s) or for those who have had longer waits for their rehabilitation due to temporary suspension of services. The impact of the lock down on our physical and mental health and the subsequent demand for rehabilitation is not yet fully known.

With around 120,000 people in Scotland self-isolating due to their age and/or underlying health conditions, potentially there is an even greater need associated with the inevitable consequences of this action, such as increased anxiety, sedentary behaviour, social isolation and falls. There will be unprecedented pressure on local services to not only help people regain their independence, but to also reduce the need for ongoing support from health and social care services.

Currently access to rehabilitation is patchy across the country, putting many peoples’ chances of optimal recovery at risk.

**What we need to improve Scotland’s resilience and future emergency planning capabilities:**

1. The COVID-19 pandemic has emphasised the immediate need to look at expanding and **investing in rehabilitation services** as a matter of urgency, but it also presents a unique opportunity to consider how such services are structured, prioritised and resourced in the future.
2. Any new investment or service restructure should include **expanding and retaining the occupational therapy workforce** with opportunities to work with and support Occupational Therapists as leaders in health and social care settings being considered
3. Ensure everyone, who needs it, has **access to high quality, person-centred rehabilitation.** Support within the community will benefit individuals, staff, and unpaid and paid carers and save significant amounts of tax-payer money by preventing and reducing the need for more costly ongoing health and social care support, helping individuals to be productive citizens and supporting the Scottish Government’s aspiration of **regrowth** post pandemic.
4. Ensure that rehabilitation for mental and emotional health issues is kept on **parity** with physical health conditions.

**How can occupational therapy help?**

Occupational therapy restores a person's quality of life, giving them back their independence, supporting access to friends, families and communities and reducing their need for ongoing health and social care support. As a key health and care profession, occupational therapy is the bridge between getting people from hospital into their communities and social groups and being able to get on with life.

Rehabilitation with an occupational therapist focuses on real life tasks such as getting dressed; making a meal; driving a car; getting the bus; going back to work; and reengaging in hobbies and activities that are important to the person. Being unable to do tasks and activities which are valuable to us, **occupational deprivation**, has been experienced by many during lockdown. As the pandemic subsides, this occupational deprivation will persist for those with physical and mental health needs without appropriate rehabilitation to help them achieve their optimal recovery.

As we have experienced during the current pandemic, the effects of illness go beyond initial symptoms and hospital care. A patient’s recovery journey can continue long after their hospital discharge, and may require adaptations to daily life to independently continue the activities they enjoy. It is therefore vital that access to physical and mental health rehabilitation, is made available to all those who need it beyond the hospital ward.