



Occupational Therapy: Contributing to Primary Health

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Occupational therapy: contributing to primary health

Overview of this workshop

- Introducing us
- Dana's research
- You, and your practice
- Barriers to occupational therapy or occupational therapists contributing to primary health
- Emerging roles – theory and stages
- Strategies and support – group work
- Feedback
- Where to next ?



Literature Review – New Zealand

- Limited role in Primary Health.
- No evidential literature
- Primary Health Care Strategy created 2001
- Aim to push funding and place emphasis on primary health





NZAOT Position paper

“health, education, employment, leisure, recreation,
justice and transportation,
housing – accessibility, life homes, healthy housing,
environmental design and ergonomics, prevention of
injury,
management, governance, leadership,
working alongside [existing primary healthcare
practitioners] in primary care services,
working in rest homes,
with iwi
enabling disadvantaged and/or minority populations”
(NZAOT)



Literature Review - International

- Emerging area of Occupational Therapy practice with the potential to make occupational therapy more accessible
- Britain, America, Canada, South Africa, Australia and Sweden.
- Not always been successful; doubling role with community occupational therapist.
- Examples of interventions:
balanced lifestyle, pain management, mental illness, domestic violence, child development, socialising skills, & stress management
- there is a need for occupational therapy in primary health



Literature Review: Primary Health

- Key strategies are Promotion and Prevention.
- **Preventive Health** - There are two strands of prevention in primary health: disability postponement and prevention of disease or injury.
- **Health Promotion** - can empower individuals to take control and responsibility for their health by taking steps to take care of it and/or improving it where they see necessary
- **Population Health** – initiatives designed to advantage a certain population or group of people. Predicted to increase equality in health status among populations.



RESEARCH QUESTION:

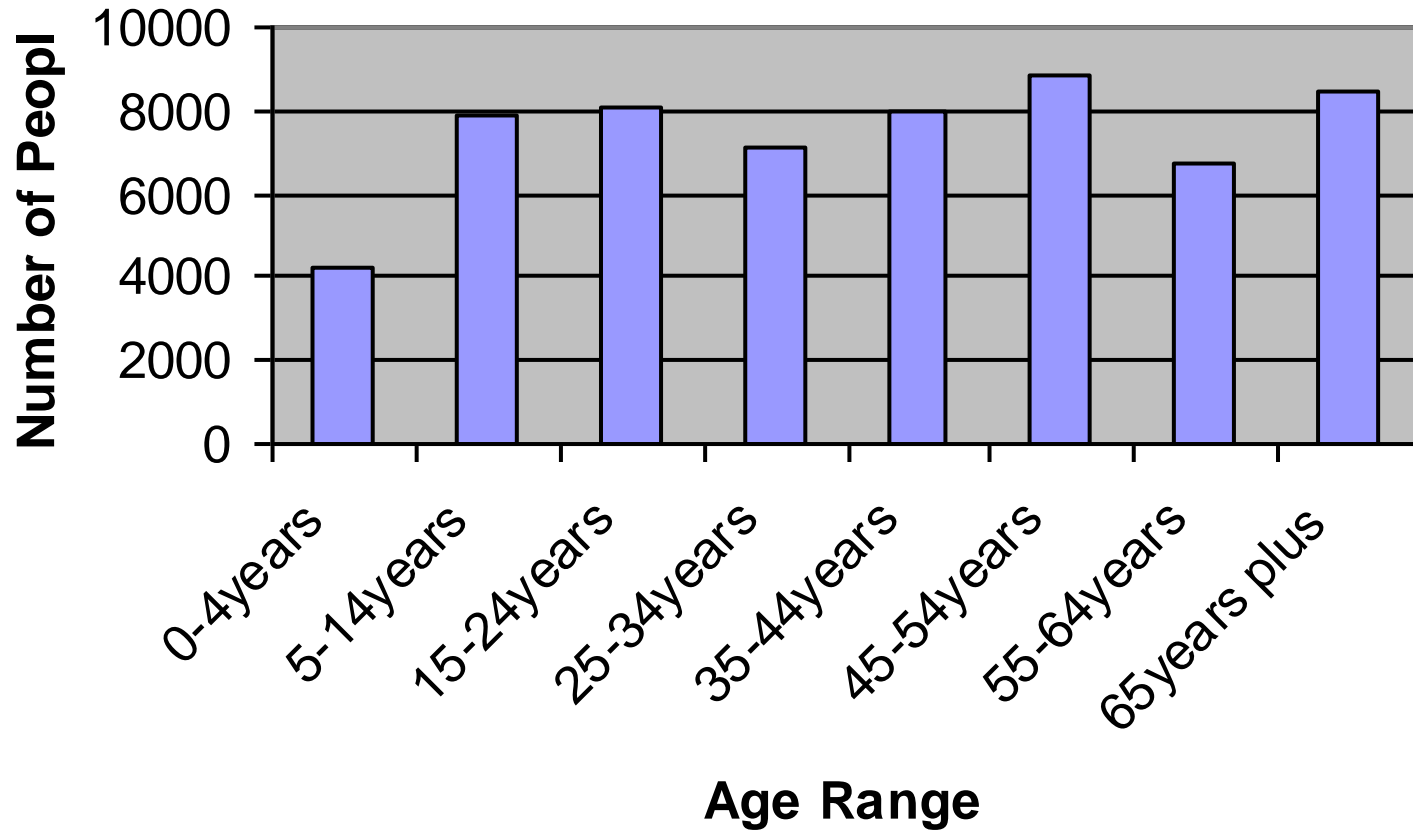
**WHAT POSSIBLE SERVICES CAN
OCCUPATIONAL THERAPY PROVIDE FROM
A GP PRACTICE?**

Context - Invercargill

- New Zealand's most southern city
- in Southland
- Southland's population is 109,730
- i.e. 2.6% of Aotearoa /NZ
- Invercargill city population = 59,494
- Ethnicity:
 - 81.4% European, 11.5% Maori,
 - 2.1% Pacific Island, 1.3% Asian.



Invercargill Age Distribution



Methodology

- **Qualitative descriptive** study
- **Participants:**
- One GP practice in Invercargill
 - 3 GPs
 - 2 Practice Nurses
- **Method:**
- **Group session**
- **Individual interviews**
- **Group Member checking**



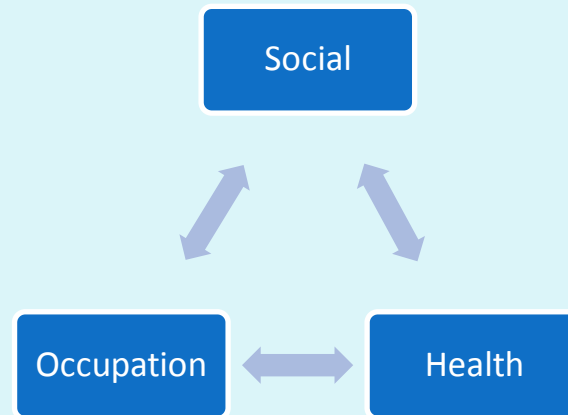
Populations	Youth, Elderly, Parents/Families, People in the Welfare system
Diagnoses	Musculoskeletal, Mental illness, Dementia
Occupational difficulties	Activities of Daily Living, Working, Mobility, Caring for Others
Interventions	Advocacy, Driving Assessments, Life Skills, Mental Stimulation, Assertiveness Training, Balance Lifestyles, Equipment, Memory programmes, Mental Health, Pain & Stress Management, Rehabilitation.
Social issues	Organisational Structures, Welfare, Financial, and personal social issues
Pop'n Health	
Primary health	Communication, Networking, New Programmes, Team work

Possibilities within a GP practice

- Equipment for early intervention,
- Specialist assessments i.e. driving and cognition,
- Skill based interventions i.e. stress management, assertiveness training and balanced lifestyle,
- Social skills interventions i.e. life skills, domestic violence, advocacy.
- Connections with existing services in the community: mental health and falls prevention.

Social issues

- Social issues are intertwined within primary health



- Poverty



Other aspects

- Individual Culture in Primary Health
- Primary Health Care Team
 - GP key member of the PHC team
 - Keeping individuals out of Hospital
 - Understanding the roles of PHC team
- Occupational Therapy Expertise
 - Transition
 - Group interventions
 - Holistic
- Focus on early intervention before Population Health
- Facilities





Group introductions

Round robin of who is here

Who you are

Where are you from : geographically
organisationally

Why you chose this session

Why you think you aren't practicing like this already

Why you think you are practicing like this already



EXHIBITS OF KNOWLEDGE: NDAOT CLINICAL WORKSHOPS, 24 NOV 2011

Roles & New roles



Roles

- Role blindness
- Role recognition
 - clarification of task
 - experimentation on how to provide or support
 - differentiation accompanied by conflict
- Role reticence
- Role respect



Role Respect

- a mutuality of respect.
- a sense of esteem shown to others (individuals or the organisations they represent)
- specific to each differentiated role
 - an understanding that the function is desirable,
 - the specialisation legitimate,
 - the responsibility to undertake is legitimately given by the profession to those who do it.
- valued as legitimate



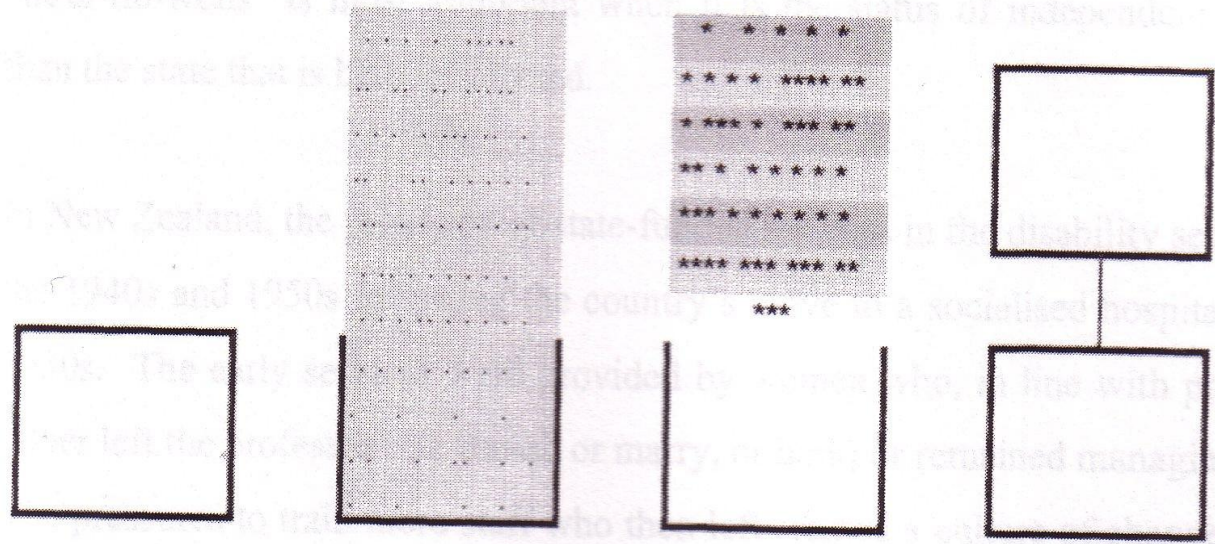


FIGURE 9: ROLE DIFFERENTIATION

Benenson, Peake, Benenson & Pickles, 1994, p. 21. The diagram illustrates that women are no longer confined to traditional roles but are now able to differentiate their roles and take on more diverse and complex responsibilities.

Group work

- Self-selected groups
- (You now know who is here)
- Minimum 3 maximum 5
- Spread out throughout the room
- 20 minutes
- Appoint one person as timekeeper
- Appoint one person as a note taker



Group discussion

- Identify and describe further the barriers
 - Personal, professional, disciplinary, funding
 - anything you choose
- possible strategies,
 - what could I do/ not do
 - What could others do /not do
- who/what might support me



Feedback

- Each group to provide feedback
- One or more presenters
- Focus on next steps
- Focus on actions

Next steps?

- individual therapists
- communities
- the Board
- the Association
- the Primary Health SIG
- Others?

What can we agree to share?

- E-mail addresses
- References
- Service proposals

Remember

He iti te toki e rite ana ki te tangata

(A little adze can do as much work as a person)

Thank you all for your participation

Dana

Linda