OPINION PIECE

OCCUPATIONAL THERAPY PRACTICE IN PRIMARY CARE: RESPONDING TO CHANGING HEALTH PRIORITIES AND NEEDS IN IRELAND

Dr. Deirdre Connolly,
Associate Professor,
Discipline of Occupational Therapy,
University of Dublin,
Trinity College Dublin,
Dublin 2.
connoldm@tcd.ie

ABSTRACT

With a rapidly changing age demographic and an increasing incidence of chronic diseases, healthcare systems internationally are developing primary care services that are accessible and responsive to the health needs of their local population. National and international guidelines for chronic disease management recommend reducing lifestyle risk factors and empowering individuals with knowledge and skills to become effective self-managers. Occupational therapists in primary care play an important role in promoting positive health behaviours and addressing health inequalities at the level of the individual and the community. This article will discuss occupation-focused interventions for primary care practice in Ireland that align with recommendations in national health policies and strategies for the prevention and treatment of chronic disease.

INTRODUCTION

Primary care focuses on health promotion, disease prevention and management through providing a range of health services to individuals, families and communities (World Health Organisation, 1978). It is provided as close as possible to where people live and work and is usually the first point of contact for individuals with their healthcare system. In 2001, the Department of Health and Children published a Primary Care strategy for Ireland to develop and deliver a primary care service that would meet the future health and social service needs of the people of Ireland (Department of Health and Children, 2001).

As is regularly reported and clearly documented, people in Ireland are living longer. It is generally expected that on average men will live up to approximately 76 years and women up to 81 years (Department of Health, 2013a). As people age, they develop chronic health conditions. Almost three quarters (73%) of the Irish population over 65 years report the presence of a long-term illness. In Ireland, the most common types of chronic diseases include arthritis, coronary heart disease, cancer and mental health difficulties (Department of Health and Children, 2008). Chronic disease results in considerable levels of morbidity, mortality and lower quality of life (Duguay et al., 2014). The population forecasts show that we can expect an increasing incidence of chronic disease as our population ages. The number of adults living in Ireland with chronic disease is expected to increase by approximately 40% by 2020 (Department of Health and Children, 2008). This has a considerable impact on the economy and healthcare service delivery in Ireland.

Activity participation is considered an important lifestyle factor that contributes to improving the health of those with chronic conditions. Health professionals regularly recommended increased activity to improve morbidity in chronic conditions such as heart disease, diabetes, musculoskeletal injuries and mental health diseases. A number of Department of Health policy documents targeting all age groups with different chronic diseases, identify the importance of physical activity to reduce morbidity. These include Tackling Chronic Disease
(Department of Health and Children, 2008), Changing Cardiovascular Health (Department of Health and Children, 2010), and Healthy Ireland (Department of Health, 2013b). A National Positive Ageing Strategy was launched in 2013 with an overall aim to enhance health, well-being and quality of life of people as they age (Department of Health, 2013a). This document also recommends active participation in productive, cultural and spiritual activities to promote successful ageing. More recently the Institute of Public Health identified that being physically active reduces the risk of developing dementia (Cleary & McEvoy, 2015). This demonstrates the mediating effect of physical activity on health and well-being.

The National Guidelines for Physical Activity recommend a minimum of 150 minutes of physical activity per week (Department of Health and Children, 2009). In order to achieve this, many health professionals recommend increasing physical activity through participation in exercise classes, attending a gym, joining swimming classes etc. However, as effective as these activities are in increasing physical endurance, there are other ways to increase people’s physical activity levels. As is evidenced in Occupational Therapy practice and research, the beneficial effects of physical activity are also attained through engaging in valued productive and leisure-based occupations (Law, 2002). This has also been confirmed in non-occupational therapy led research (Anaby et al., 2011; Pagani-Hill, 2011). It is believed that people are motivated to maintain physical activity levels when participating in valued occupations. The benefits of participating in meaningful occupations on mental health is also well documented (Stevens-Ratchford, 2011). Given the self-referral nature of primary care practice and the autonomy occupational therapists in primary care have regarding discharge decisions, they are well placed to facilitate identification of valued occupations and to provide occupation-based interventions for sustained occupational engagement.

However, as a profession, occupational therapists need to increase their colleagues’ awareness of the benefits of productive and leisure-based occupations for improving physical and mental health. For example, a recent Irish study of the impact of participating in a dance programme saw a significant increase in occupational participation of those attending the programme. Although not significant, improvements were also identified in participants’ mood (O’Toole et al., 2015). The qualitative findings showed that through engaging in the dance programme, participants reported increased self-efficacy and confidence to become involved in other social activities. Findings of a national survey carried out by Healthy Ireland have recently been published (Department of Health, 2015). Mental well-being, in addition to a number of other health-related variables, was examined. Women reported higher levels of mental health difficulties than men (13% and 6% respectively). Mental health is influenced by many factors with social isolation increasingly being recognized as a modifiable risk factor (O’Regan et al., 2011). There are many community and voluntary-based organisations that provide a variety of social and creative activity programmes. Knowledge of the range and location of these organisations is therefore important for primary care occupational therapists in order to facilitate occupational choices for their clients.

Self-management is also widely promoted as an important element of chronic disease prevention and treatment. Packer (2013) describes self-management as supporting individuals with chronic diseases to develop knowledge, skills and confidence to manage the medical, emotional and role aspects of their health. Occupational therapists can play a central role in facilitating effective self-management programmes. However, occupational therapy interventions must be firmly embedded in an occupation-focused framework which will then enable occupational therapists to differentiate their self-management practice from other health care professions also involved in this area. An example of an occupation-based self-management programme is OPTIMAL, which has been evaluated in Ireland with varying chronic diseases including multimorbidity (O’Toole et al., 2013). This 6-week group-based programme has demonstrated significant improvements in performance of, and satisfaction with, occupational participation, self-efficacy and quality of life (Garvey et al., 2015). As this programme was tested with community dwelling adults it is particularly suitable for delivery in primary care contexts.

Recently the Department of Health is placing particular emphasis on improving the health and well-being of the Irish population through health promotion. This is evidenced by the release of policy documents such as Healthy Ireland (Department of Health, 2013b) and the Healthy Ireland National Implementation Plan 2015-2017. Health promotion is defined as the process of enabling people to increase control over, and to improve, their health (WHO, 1986). The Health Service Executive (HSE) launched a Health Promotion Strategic Framework (Health Service Executive, 2011) to address determinants of health and health inequalities. Deliverable outcomes for achieving these two objectives include reducing health inequalities, improving health, and preventing and reducing disease. Creating environments which are supportive of health and that provide health improvement opportunities is identified as an important method for achieving these outcomes. Occupational Therapy theories which are explicit frameworks for guiding Occupational Therapy practice, have as a central tenet the importance of the impact of the social, physical, cultural and economic environments on occupational participation. Occupational therapists in primary care practice have considerable expertise in assessing the environment and providing suitable interventions to reduce or eliminate environmental barriers to health and well-being. Therefore, the profession has a responsibility to actively contribute towards achieving this objective of the Health Promotion Strategic Framework at both an individual and community level.

Occupational therapists regularly address activities of daily living (ADL) and instrumental activities of daily living (IADL) difficulties. Thompson et al. (2012) reported a direct relationship between ADL difficulties
and health-related quality of life. For the *Healthy Ireland* survey, 7,539 people over the age of 15 years were interviewed on a range of topics including general health, physical activity levels, social connectedness and wellbeing (Department of Health, 2015). Almost one fifth (19%) of the study participants reported difficulty in daily activities with this percentage increasing to 41% for people over the age of 65 years. More than one in four people over the age of fifteen (28%) reported having a chronic condition with 57% of this group reporting limitations in daily activities.

The WHO contends that when risk factors for functional decline in daily activities are addressed people will live longer and enjoy a better quality of life. Risk factors for functional decline in ADL and IADL activities have been identified for older adults in Ireland (Connolly et al., 2016). These risk factors include pain, poor self-rated memory, and depression. Early interventions are required for these risk factors to reduce their impact on daily activities. Occupational therapists frequently intervene with people with chronic and enduring pain, cognitive impairments and mood disorders. There is therefore a role for occupation-based self-management programmes for these risk factors delivered by primary care teams. Research is also required to evaluate the effectiveness of such programmes on improving and/or maintaining occupational participation.

It is an ethical and professional responsibility for all health care professions to examine the effectiveness and cost efficiency of their practice (Muir, 2012). The *Healthy Ireland* framework (Department of Health, 2013b) also stresses the importance of measuring and evaluating the effectiveness of health and well-being interventions. There are a number of outcome measures that are suitable for use within the context of primary care. However, as the focus of Occupational Therapy is on facilitating occupational participation and engagement, then the outcome measures used in practice should reflect this professional focus (Packer, 2013). There are now a wide range of occupation-based measures that have been developed over the past 10-15 years that are suitable for use in primary care. Such measures include, but are not limited to, the Canadian Measure of Occupational Performance (Law et al., 1998), the Occupational Self-Assessment (Barron et al., 2006), and the Model of Human Occupation Screening Tool (Parkinson et al., 2006). The use of occupation-focused measures will assist occupational therapists in primary care to measure and clearly articulate their contribution to facilitating successful occupational participation for all age groups. Having evidence to demonstrate the impact of Occupational Therapy in primary care will also provide objective data to support funding requests for additional resources required to achieve the goals of national health policies.

CONCLUSION

Occupational therapists in primary care make a distinct contribution to health promotion, chronic disease management and population health (Braveman, 2016). The profession’s knowledge and understanding of the impact of occupational participation on health and well-being clearly aligns with core recommendations of national and international health policies for health promotion and disease prevention. The challenge for the profession is for Occupational Therapy practitioners, researchers and the Association of Occupational Therapists of Ireland to evaluate, document and disseminate the contribution of Occupational Therapy to current and future priorities of Irish healthcare.

REFERENCES


