# Singing the praises of Occupational Therapy

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*This short paper by Robyn Stent was prepared for the NZ Association of Occupational Therapist's Annual Conference in September 2002. It is published here to remind us of one of the health care professions that can assist us in caring for patients in the community.*

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As patron of the New Zealand Association of Occupational Therapists, I have become very conscious of the occupational therapy discipline and its value in the health sector. Over the last year I have had personal encounters with the profession in respect to the needs of two elderly relatives. I would like to share these two examples as they epitomise on one hand the power of occupational therapy in aiding quality of life, dignity and independence, while on the other hand displaying the apparent lack of knowledge and funding for this non-intervention discipline.

In the first instance, my mother-in-law, a delightful and astute woman of 86, was admitted to Auckland Hospital in a very confused state having experienced a bad fall. In the previous year she had had a number of hospital admissions due to her various medical conditions (which include emphysema and CREST syndrome). Initially her admissions were related entirely to these physical conditions but on this particular occasion, an infection resulted in sudden confusion and loss of memory. Additionally, it became clear that this confusion was much more extreme in the hospital's unfamiliar environment. Of course, the family was rather concerned that she would be unable to cope in her home environment in future. Step in the occupational therapist!

Firstly she received assistance within the hospital in terms of food preparation, additionally there was a home visit and everything was put in place to ensure a safe and friendly environment. While I have nothing but praise for the professional attitude and communication of all the hospital staff, for me, the real heart of the success of the discharge lay with the core competence of the occupational therapy discipline. After another hospital admission several months later, we convened a family conference to discuss the future options. At that meeting I overheard a family member observe that the occupational therapist was the only carer who spoke to Grandma in a manner that recognised her status and dignity – that too often, staff made assumptions about her mental capacity which were patronising. Regrettably my mother-in-law died a couple of weeks ago and I'm left to wonder if she might have had a better quality of life over the past few years if an occupational therapist had been called in much earlier before the major problems occurred.

My second story relates to my own mother who is a physically healthy 85 years old (though I regret to note she broke her knee-cap in a fall last night while assisting me to move out of my home). Unfortunately over the last couple of years she has had an increasing problem with her mapping skills and her memory is beginning to fail her. I have worked hard to put in place all the requirements to ensure she is able to retain her independence. I have to say it has not been that easy and I have learnt as the illness has progressed. Recently, when matters deteriorated quite swiftly, I suggested to the GP a visit to the Memory clinic and this resulted in a referral to Elderly Services. After a thorough assessment and various recommendations, the hospital geriatrician suggested an occupational therapist visit to ensure her home was operating in the smoothest way. While all other services were able to be put in place within a fortnight (home help, meals on wheels, transport assistance), the wait for an occupational therapist will probably be at least three months. How criminal! Why are all these other services readily available but not occupational therapy? Is it perhaps that the other services are contracted outside the hospital environment?

In my view both ACC and the DHB must look more closely at the cost of secondary and accident care that results from fundamental primary services not being available. Interestingly, in both cases, these elderly ladies had quickly accessed home alarm systems (another expensive and contracted service) early in their deterioration processes.

When I was approached by the Society to be the patron, I gladly accepted the role as it is founded in preventative health care and independence. However, it is clear that occupational therapy is not called in early enough in the health sys-

tem, before problems occur, to stop later costly hospital admissions and improve the overall wellbeing of our senior citizens. Currently it appears GPs do not recognise the benefits that could flow and occupational therapy is only considered after significant hospital admissions. As we move to population-based funding (now called population-based care), both the DHB and GPs must be more proactive in prevention and recognise occupational therapy as a core primary focus. Additionally, we need to see a greater liaison between bureaucratic services. For example, the regular practice of installing personal alarms, which are actively promoted by the providers, is a cost borne by Income Support, on a GP's recommendation. With assessment and personal assistance by a professional occupational therapist, practical solutions could, in many instances, defray alarm costs, reduce falls and improve the individual's quality of life – the one-time cost would be significantly cheaper than the weekly alarm costs.

Regrettably, the prevention of harm and improved health remains a long way from reality. As the population ageing continues, we will have to overcome the current reactive health practices. Occupational therapists are a natural and inexpensive solution – but the solution requires an understanding of the benefits and education of providers. There seems to me to be no reason why occupational therapists are not actively promoting their skills within the sector and obtaining contracts with DHBs, GPs, ACC, WINZ and privately. If alarm companies can be so successful in demonstrating reduced rest home admissions and lower accident/medical costs (at a weekly cost of up to $20), surely a personalised one-off occupational therapy cost would be even more appealing to these agencies.

I leave you to ponder on this.