

OCCUPATIONAL THERAPIST:

Catherine: I'm Catherine Pope; I'm the associate director of allied health professionals which means I'm the professional lead for people like occupational therapists. If somebody needs to be admitted to hospital as a result of their mental health problems, then occupational therapists would be involved with them from the beginning of their care.

Viv: My name's Viv Kilbourne, I'm the OT professional lead for the acute care network. Occupational therapists deal with every aspect of people's daily lives that incorporates all of their living, from how they look after themselves, through to their leisure and vocation. The starting point is to actually get to know them, try to understand them, hold a sense of hope for them when they're feeling really low.

Therapist talking to group: As occupational therapists we try and encourage people to undertake education, training, voluntary work and employment.

Viv: The kinds of things we do for our patients are coping with depression and a recovery group, we also do practical things such as pottery and art. Someone attending a recovery group might actually look at what they'd like to do in the community and that might lead them to the gardening group and run by the social inclusion team.

Julie: My names Julie Swan and I manage the social inclusion and wellbeing service. We work with a range of service users, some people that might be discharged from the wards may come and access our services, also people that are already living in their own communities might be referred. We're actually at Wollaton Park and we've developed a partnership with Nottingham City Council that was sponsored by Sherwood Press to develop the sensory garden for one of our horticultural projects. The project involved designing the garden and totally stripping what was already here, replanting it and maintaining it on a regular basis, so there's a group of service users who work as volunteers to maintain the garden which develops their skills and training needs of horticulture. Well the service users obviously benefit from this, because it gives them a sense of purpose and meaningful occupation and regular opportunities. Also the park benefits because they've got regular workers here who come and maintain this beautiful area, and also all the people who come and visit the park benefit from this too because they can see another area that's been well looked after and maintained and actually chat to the guys when they're actually doing the work which they find really valuable.

Patients: A lot of structures, a lot of personal enjoyment from that, it's very purposeful and probably some of us may go along to do work related from the skills we've picked up here.

I get pleasure to see things growing that I've planted that I've never done before and it helps my mental illness. At the end of the day we get satisfaction knowing that we've taken something that was a mess into something beautiful.

Catherine: We have services for people of all ages with dementia, but we have a new service in this trust for people of working age that has developed dementia which is quite rare and often is not diagnosed because of that.

Tracey: My name is Tracey Wilkinson; I'm a consultant occupational therapist leading the working age dementia service.

Carer: I'm Malc Cooper; I care for my wife, Judy, who's in the late stage of working age dementia.

Tracey: The needs of younger adults are very different, we have people that are referred who are still in employment, they have young children, they still have mortgages and they're physically more active and they want to retain their physical activity, and older adult services didn't really meet those needs.

Carer: The impact that a diagnosis like this has on your life is absolutely devastating. Next to death, it's probably the worst diagnosis you can have. She can't talk anymore, she can't feed herself, we have to wash and dress her, do absolutely everything for her so her dignity's gone as well as all the physical side of things. This service was vital in order to help the growing number of people that have been diagnosed with dementia in earlier life.

Tracey: Clinicians only had one route if they wanted to develop in their career, and that was in management. Development of a consultant occupational therapist keeps the clinical expertise within the service rather than losing that to a management role.

Carer: In Tracy's case she is the ideal person to run the service because she's already done a lot with working age dementia patients.

Catherine: People need more than medication to help them from their recovery from mental ill health and I tell professionals that the people who give them the skills that they need to be able to cope on their own to re-engage with society and make sure they don't become ill and need to be readmitted to hospital again.