

2022 Pre-Budget Consultation Brief

From: Canadian Association of Occupational Therapists



Helping seniors age in place



Improving home and community care



Preventing falls



Supporting caregivers



Accelerating hospital discharge



Increasing accessibility



Managing chronic illnesses



Ensuring fitness to drive



Assisting children in classrooms



Alleviating chronic pain



Improving mental health outcomes

OCCUPATIONAL THERAPY: CHANGING LIVES FOR THE BETTER



CAOT - ACE

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OCCUPATIONAL THERAPY DURING AND POST COVID-19 Summary of Recommendations

Recommendation # 1: Address vulnerabilities in Long-Term Care (LTC) by implementing national long-term care standards that include regulated health professionals, such as occupational therapists (OTs).

Recommendation #2: Implement an aging in place strategy that scales up investments in home and community care and includes OTs in primary care teams.

Recommendation #3: Recognize OTs as mental health service providers in urban, rural, remote, and Indigenous communities. Fund occupational therapy (OT) in the Public Service Health Care Plan (PSHCP) and in Indigenous Services Canada's (ISC) programs.

Recommendation #4: Include OT interventions as part of return-to-work strategies during and post COVID-19. Fund OT as part of PSHCP.



As occupational therapists, we have the resources and knowledge to cope in the presence of uncertainty; choose healthy occupations that contribute to our self-care and the wellbeing of our families; foster interpersonal connections and a sense of belonging; find new ways to fulfil important roles; and discover occupations that can provide structure, routine and meaning within our disrupted lives. We have the opportunity to contribute to our nation's wellbeing by sharing what we know with others.



–Hammell, K.W. (2020)

INTRODUCTION

COVID-19 pandemic resulted in disruption to everyday lives, due to illness, social isolation, restricted mobility, changes to work and school arrangements, causing significant stress on the physical and mental health of Canadians.

The cost to the country has been great:

- 26,000 Canadians died from COVID-19 (Government of Canada, 2021)
- 58% of deaths were in LTC (National Institute on Ageing (NIA), 2021)
- 77% of adults reported feeling negative emotions. (Canadian Mental Health Association (CMHA), 2021)
- 6 in 10 Indigenous people reported that their mental health worsened (Statistics Canada, 2021a)
- 1 in 10 Canadians experienced thoughts or feelings of suicide. (CMHA, 2020)
- 30% of people who tested positive for COVID-19 have “long COVID;” persisting COVID-19 symptoms. (Greenhalgh T. et al., 2020)
- Absenteeism increased, with total lost days per worker in 2020 at 15.1 in the public sector and 10.5 in the private sector. (Statistics Canada, 2021b)

Given OTs’ scope of practice focuses on physical, mental, emotional, and spiritual wellbeing, they can contribute low-cost high-impact solutions to the major challenges facing Canada’s health care system, including LTC, enabling seniors to age in place, addressing the mental health crisis, increasing productivity by facilitating return-to-work and providing supports for COVID long-haulers.

Below are four recommendations that outline how the Government of Canada can “build back better” and how OTs can contribute to economic recovery and increasing the resiliency of Canada’s health system. According to: “Closing the Gaps: Advancing Emergency Preparedness, Response and Recovery for Older Adults,” by NIA and the Canadian Red Cross (2020), OTs are pivotal to emergency preparedness, response, and recovery for older adults across Canada.

Recommendation # 1: Address vulnerabilities in LTC by implementing national LTC standards that include regulated health professionals, such as OTs.

Meet Amira: A formerly vibrant woman living in LTC, she watched with dread as COVID-19 claimed the lives of her friends. She then contracted the illness herself and spent weeks recovering. She now suffers both loss of function and depression. **She needs an OT.**

The Lancet (2020) characterized the LTC situation in Canada as a “national disgrace.” The federal government must take a leadership role by implementing national LTC standards with investments tied to positive outcome measures and include regulated professionals such as OTs. According to a Royal Society of Canada report (2020) on COVID-19 and LTC, 90% of direct care is provided by unregulated and unlicensed care aides or personal support workers, which does not address complex medical needs, leaving residents vulnerable to COVID-19.

OTs bring a unique skill set suited to LTC needs and provide cost-effective services for individuals experiencing progressive functional and/or cognitive decline, including complex, chronic, or progressive illnesses. They assess older adults' health and safety needs with families and interprofessional teams; design and implement customized plans so that seniors can enjoy the highest possible quality of life. OTs employ approaches that highlight individual abilities instead of restrictions, enabling individuals to restore or maintain function and independence using mobility devices, environmental modifications, mindfulness, goal setting and activity routines. OTs help facilitate socially inclusive environments that foster recreational, civic, cultural, leisure and social activities that reduce social isolation. OTs are accountable, qualified, and needed in LTC. Dr. Ben Mortenson (OT), selected to serve on the Health Standards Organization's National LTC Services Standard Technical Committee, chaired by Dr. Samir Sinha, can contribute to much needed National LTC Services Standards that must include OTs.

Recommendation #2: Implement an aging in place strategy that scales up investments in home and community care and includes OTs in primary care teams.

Meet Randall: A full-time caregiver for his mother (who had a stroke), placed her name on a waitlist for LTC - when the news of lethal outbreaks made him pause. He wants her to be able to stay in her home but worries about the risk of falls. **They need an OT.**

91% of Canadians of all ages - and almost 100% of Canadians 65 years of age and older- report that they plan on living independently in their own homes (NIA, 2020). There needs to be a critical shift in how Canada's health care system responds to aging seniors (expected to grow by 68% in the next 20 years, – CIHI 2021). OTs should be part of all primary care teams as they are adept at managing chronic and complex medical conditions and housing needs of seniors who want to age in their homes. OTs are cost-effective providers of home and community care.

Seniors aging in place is a cost-effective alternative to LTC and Alternate Levels of Care in hospitals. Home care is one third the price of institutional LTC, and hospital care is 20 times more expensive than providing the same services through home care (Ageing Well, 2020). The Government of Canada must develop an **Aging in Place Strategy** and invest in home and community care to provide seniors needed supports at home -- while freeing up LTC for those who need it most and accruing cost savings for the health care system. OT interventions related to housing can postpone entry into residential care, saving up to \$48,000 per year per person (Laing & Buisson, 2008). OTs recommend fit and evaluate assistive technologies such as wheelchairs, grab bars, and bathroom fixtures to assist seniors experiencing physical and cognitive challenges; helping to maintain/improve an individual's mobility, functioning, enhance safety, accessibility, and independence in the home.

OTs and occupational therapy assistants (OTAs) are a crucial part of the work force and should be an important component of an Aging in Place Strategy.

Marnie Courage (OT) serves on the Accessible Standards Canada's Technical Committee on Outdoor Spaces, as well as the Canadian Standards Association Technical Sub-Committee, charged with developing standards for accessible housing.

Recommendation #3: Recognize OTs as mental health service providers in urban, rural, remote, and Indigenous communities. Fund OT in the Public Service Health Care Plan (PSHCP) and in Indigenous Services Canada's (ISC) programs.

Meet Rachel: She lost her job and her mother to COVID-19 in the same month. She has fallen into a deep depression and cannot get out of bed. She is on a five-month waiting list to see a psychiatrist and cannot wait that long to get help. **She needs an OT.**

OTs are mental health care providers skilled at addressing trauma, Post Traumatic Stress Disorder (PTSD) and the disruption caused by COVID-19. Their scope of practice in addressing physical, emotional and environmental wellbeing is particularly effective in rural, remote, and Indigenous communities.

COVID-19 has exacted a toll on the mental health of Canadians with over 50% indicating that their mental health has declined since March 2019 (CMHA, 2021). This will continue as the economic ramifications, changes in daily routines, increased responsibilities like homeschooling, working online from home, prolonged COVID-19 symptoms of long-haulers, and delayed health care procedures continue to stress the lives of Canadians. CMHA has called it an "echo pandemic" of mental health. To manage the scale of current and post-pandemic mental health needs, the Government of Canada needs ALL regulated health professionals to be recognized and utilized to their full scope of practice. Despite psychological health challenges, access to mental health services through OTs is limited by a lack of coverage in health benefits' plans, including the Government of Canada's PSHCP.

OTs provide mental health supports to Indigenous communities on reserve. Despite the abject need for mental health providers north of 60, OTs are excluded from ISC's list of mental health providers. This oversight reduces access to much needed holistic mental health services, as OTs are experts in helping clients manage significant life disruptions and enabling them to thrive in life. OTs provide trauma-informed and culturally safe therapeutic interventions in Indigenous communities, facilitate cognitive behavioural therapy, support individuals with developmental disabilities, help COVID long-haulers, teach practical ways to cope with anxiety, PTSD, depression and help clients implement short and long-term goals to return to daily routines.

It is therefore critical that OTs be recognized for their full scope of practice which includes mental health services, through coverage, particularly in the PSHCP and ISC.

Recommendation #4: Include OT interventions as part of return-to-work strategies during and post COVID-19. Fund OT as part of PSHCP.

Meet Roger: An executive working long hours until COVID-19 forced his company to furlough him, he is feeling aimless and anxious, and coping with alcohol. Now his company is calling him back to work and he is worried about suffering panic attacks on the job. **He needs an OT.**

OTs are experts in developing and implementing return-to-work strategies that address both physical and emotional well-being.

Employers and employees alike are grappling with managing ever-changing workplace protocols, fear of COVID-19, balancing changes to their home situation and for some, prolonged COVID-19 symptoms. Even before COVID-19, the burden of absenteeism on the Canadian economy was \$16.6B annually (Conference Board of Canada, 2013). Statistics Canada reported work absence per worker in a year has increased, with the total lost days per worker in 2020 at 15.1 in the public sector and 10.5 in the private sector (Statistics Canada, 2021b). These numbers will likely increase as Canadians struggle to recover from the mental, emotional, and physical effects of COVID-19.

According to the British Medical Journal, upwards of 30% of people diagnosed with COVID-19 will not return to their previous level of health 14-21 days after a positive COVID-19 test, leaving them with post-COVID-19 syndrome or “long COVID” (Greenhalgh T. et al., 2020). Symptoms found in COVID long-haulers include physical function problems, shortness of breath, brain fog, fatigue, headaches, dizziness, and mental health issues (John Hopkins Medicine, 2021). OTs are uniquely positioned to rehabilitate those suffering from long-COVID through customized individually paced programs that facilitate improvement in function and a therapeutic and safe pathway for returning to work. OTs have been recognized by the John Hopkins Hospital and the Mayo Clinic in the United States as well as the UK National Health Service where OTs are integral members of the interdisciplinary health teams treating post-COVID 19 syndromes (Vanichkachorn et al., 2021, John Hopkins Medicine, 2021, Parkin et al., 2021).

Unfortunately, as OT services are not covered under most health benefits plans, notably the Government of Canada's PSHCP, Canadians are left with inadequate access to health care services that will help them return to work safely.



Conclusion

OTs support Canadians across the lifespan, through chronic or episodic conditions, including the mental health needs of a population reeling from the disruption of COVID-19. They are needed now to help Canadians return to “normalcy” and should be recognized for their full scope of practice. The Canadian Association of Occupational Therapists (CAOT) is ready to support the Government of Canada in its post-pandemic planning and recovery.

You may reach our Director of Government Affairs and Policy, Havelin Anand, at hanand@caot.ca.

About

CAOT is the national organization that supports more than 20,000 OTs, OTAs and students who work or study in Canada.

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