**Can you tell me a bit about yourself and your profession?**

I am Alan and I am the interim head of profession for Occupational Therapy (OT) in NHS fife. The profession is interested in how people occupy their time, the things that they do, such as their mental, physical, and social wellbeing and health. The core relation of the profession is how people are occupied and how that becomes meaningful is clearly related to their health and wellbeing.

**Can you give examples of how your profession might support health protection either in practice or through wider projects?**

We don’t do a lot of screening/assessment work. Our work tends to be what people get when a problem becomes part of a difficult part of their life. We triage and carry out impact assessment. We support screening for a learning disability assessment, screening for a diagnosis or screening for a wider impact. Most of our work, assess the impact of a situation, so what does that health condition mean for the individual in terms of assess to employment or primary care or education. What is the impact of their environment? We would do some work round about self-care so as to prevent infection; support people to self manage, and prevent illness. We support assessment for other people to become diagnostic. For example we may be involved in a learning disability diagnosis for a pregnant women by scan through the amniotic fluid, but once the child is born and we are not sure if the child has learning disability, we may contribute to the diagnosis by understanding functional behaviour and this is on a case by case, to support a broader screening programme.

**How does OTs integrate health improvement in practice in the home/workplace?**

Health improvement and social determinants of health are our key interests. We are constantly in all our work, be it targeted or universal, one-to-one or focused on a broader population it is about health, what people do what is their functional behaviour. Our work is enabling people to engage in their day to day life and activities and so that they can maintain their wellbeing and prevent ill health. We are involved in fire prevention at home and also self-management for disabled adults to function in their home or those with mental health in a cognitive capacity. The work here is about understanding people’s cognitive capacity and how that impacts on their ability to maintain and improve health.

**Is there any community development programme that supports health improvement that the OT’s are involve in?**

None which I am aware of.

Our focus as health practitioners is people coming to us with their problems, we are not particularly strong in community programme in Fife and often that is the role of the third sector organisations. We are involved with our mental health colleagues around issues of employability; they work with Fife Employability Assess Trust so they support sectors like that. Our colleagues within learning disability work with care providers.

**How does your profession consider wider determinants of health which impacts on health outcomes?**

We work to align with the social models in all our practice. Our practice models are based around personal occupational environment and what people do within this environment. If someone is sick we are interested in how this impact on their work, home life, community assess or support networks. We know this are often a feature of mental health and we think of employability, housing, education, and health literacy. We ask ourselves how we make employability more accessible to people with mental health disability and anybody who is disadvantaged or excluded from those areas.

**Are you aware of health inequality in the population you work with?**

Yes I am aware of health inequalities in the population we work with. In term of bridging the gap, it goes back to learning disability, the Fife disability team work with the health equality framework; we don’t have particular tools or frameworks. A diagnosis doesn’t really matter to us, what matters is the impact of the diagnosis; it is the individual’s ability to self manage with technology, and live independently.

**How does your professional body support public health in practice?**

They only support a tiny bit, not as much as we would like. I am interested in how we support good housing so it is accessible to all, how do we get employers to see that everyone has got value. We probably do a lot of activities that we don’t think about or label as public health. There is a big move and we need to support that agenda clearly and the impact on a broader scale.

**How would like your profession to be involved?**

I think I like to be part of the conversation. We want people to be naming what the issues are, what needs to be tackled and to be properly consulted and be engaged in the conversation around the solutions. I don’t think OTs have all the answers, we need other people to be part of the conversation. Most of the work we do is statutory health and social work and broader involvement, I would like us to be thinking about work in every contact and those determinants instead of sending individuals back into those situations that keep them in poor mental health.

Not just individuals but communities. For example, in Fife we have very deprived places, as a profession I think about how we can support communities with their health, too often it feels very segmented and not joined up. I want us to be part of the conversation.

**Are there opportunities for OTs to engage in Public Health?**

Yes, I think so. There is a lot we can do to support the workforce, health and wellbeing, but again the absence of the conversation. We talk about health and wellbeing people need to be engaged in things that are meaningful to them. People go about, ‘work is good for you’ but work is only good for you if it is the right work. There is also the need for occupational balance and getting the right mix between work and life, self-care and leisure. I think we have a lot to offer in guiding and advising people to think about how they balance their life against other competing demands and things desired or wanted.

There is also an obvious lack of engagement and not having a voice.

**What do you think are the enablers?**

It is about leadership, effective leadership within the organisation. We talk about the work force but we don’t engage the workforce properly. Employers provide bike shelters where no one wants to cycle to work, they provide gym membership where no one wants to go to the gym there is a lot of good intent but they need to consult the workforce properly

People find it hard to frame what they do under the public health agenda so Staff need education as to what public health means, what health promotion and health protection means to help them understand what projects they can do, how to develop projects that would improve the public health agenda. In terms of projects, practitioners do not know where to start or how to reach their target audience in terms of educating them or engaging in community educational outreach.

There is also an educational gap for new graduates to enable them engage in the public health agenda. Something needs to be done to the curriculum to train people. The preventative aspect is lacking because professionals get trained to deal with issues and not to prevent them.

**How has Covid-19 affected the OT profession?**

It has been difficult; staffs have been taken away from their core roles. For new graduates who have not had the chance to build confidence in what they do it is difficult. For established professionals, they are placed where there is an increasing demand and where they could be doing stuff to prevent hospital admissions and the surge of extra beds. They help stop people from coming into hospital. Some of the staff felt devalued during the time of covid, it has being a rough couple of years. Staff all around just grafted and did what was needed. There was a reduced service and any projects or developments where put to one side.

**Interview date :** 25/01/2022