

Editorial - Educational

The Need for an Advanced Occupational Therapy Service in Bahrain

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As in every population, the spectrum of illnesses in Bahrain includes those illnesses where occupational therapy (OT) services could play an important role. An occupational therapist (OT) could work in different clinical areas including, but not limited to, pediatrics, intellectual disabilities, psychiatry (child, adolescent and adult), acute medical and surgical settings, rehabilitation, geriatric services and palliative care¹.

Activities of Daily Living

Patients with a disability, illness or injury which restricts their participation in activities of daily living (ADLs) could benefit from the occupational therapy intervention. Occupational therapist is equipped with the attitude, skills and knowledge to work in many different practice settings and with different patient groups, promoting well-being by maintaining and enhancing patient's independence and participation in ADLs. Using a client-centered approach, occupational therapists examine the link between a person, their meaningful daily activities and their environment, and the impact of the limitations on individual performance².

One of the unique skills of occupational therapists is their ability to assess and treat patients through daily functional tasks. The activity of daily living could be observed by the therapist and broken down into multiple motor, cognitive and behavioral components to determine its demands on human function. While observing the simple, everyday task of getting washed and dressed, there are many motor and cognitive components that could be assessed. If independence is limited due to a difficulty in a particular area, the task could be used as a means of monitoring treatment, and the activity could be graded as appropriate, and reviewed until maximum independence has been achieved.

Posture and Pressure Ulcers

The importance of appropriate posture and pressure care is often overlooked or undermined. Occupational therapists provide appropriate and, if necessary, specialized seating in different clinical areas. Whether the patient is a child with cerebral palsy, an elderly person with an acute stroke or advanced dementia,

the risks of poor posture remain the same. Providing timely proper posture and pressure care assessment, followed by the prescription of appropriate seating systems, occupational therapy input could minimize the risk of complications associated with poor sitting posture³. Complications include pressure ulcers, difficulties with autonomic nervous system function, and fixed deformities as a result of skeletal misalignment, muscular atrophy and restriction of upper limb function; these could lead to prolonged hospital admissions and could impact on long-term health and functional ability.

Community and hospital acquired pressure ulcer is a worldwide issue and studies have shown a direct correlation between pressure ulcers and an increased risk of death⁴. Occupational therapists assess the risk of pressure areas by using standardized risk assessment tools, along with observation of tissue viability on pressure areas (sacrum, heels, buttocks, etc.). Once the risk is determined, the therapist could provide appropriate pressure relief in the form of pressure relieving cushions (foam, gel or air) or seating systems with a tilt in space function, use of a pressure mapping system to ensure even-weight distribution, and educate the patients and carers about repositioning⁵.

In a country such as Bahrain where incapacitated children and elderly patients tend to be cared for at home, a visiting occupational therapy service would provide a considerable improvement in the care of these patients⁶.

Discharge Planning

Occupational therapists play an integral role in the hospital discharge planning process. The process begins with the initial assessment; the occupational therapist gains an understanding of a patient's social and functional baseline, as well as a detailed history of a patient's home. Following an assessment of the patient's current functional ability, the occupational therapist could offer guidance as to what level of care or assistance is required on discharge.

Often the occupational therapist would complete an assessment by visiting a patient's home prior to discharge. The patient would almost always accompany the occupational therapist

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on the visit. The aim is to assess the suitability of the home environment for discharge, patient's functional ability within that environment, and the need for any adaptive equipment, such as apparatus to facilitate transfers in and out of bed, up and down the stairs, on and off a chair or toilet and bathing tools. Pre-discharge occupational therapy home visit contributes to safe and timely discharge and has been found to reduce re-admission rates and increase autonomy in the home environment⁷.

Cognitive Assessment

Cognitive impairment is common in the elderly, and as the population ages, cognitive assessment is becoming increasingly vital⁸. Cognition is one's ability to identify, select, interpret, store and use the information to interact with the physical and social world and conduct everyday activity⁹. An occupational therapist has guidelines for standardized assessments: brief screening tools reviewing areas such as orientation, recall, attention, executive function, language, abstract reasoning, etc. in addition, detailed assessments of these domains could be done if needed. These standardized assessments provide a baseline from which change could be measured. It is impossible however to make a hypothesis about cognitive ability based on standardized assessments alone. Knowledge and expertise of the occupational therapist, and the use of activity analysis provides an invaluable resource to build a comprehensive evaluation of a person's cognitive ability and its impact on everyday function.

Emerging Settings

Occupational therapy is a well-established profession in modern health systems, and best practice guidelines for many different conditions now include occupational therapy input. We continue to see clinical areas in which occupational therapy is still emerging, and ongoing research to prove the effectiveness within these areas is required. An example of an emerging area is within emergency departments. Occupational therapists have been employed as part of a multi-disciplinary triage team in emergency departments to combat overcrowding and unnecessary admission to hospital. An Occupational Therapy (OT) service directly contributes to safe and timely discharges through the facilitation of functional assessments, completion of education sessions, provision of necessary adaptive aids and equipment and referral to appropriate community services. In turn, the result is increased satisfaction and reduced hospital expenditure¹⁰.

The Current Status of Occupational Therapy in Bahrain

Bahrain is a country of about 1.25 million people, according to the Bahraini government's Central Informatics Organization (CIO), including both its original inhabitants and a large expatriate population¹¹.

At present, the available occupational therapy services in Bahrain are as follows:

1. There are four occupational therapists in Salmaniya Medical Complex working with all age groups and all patients, mainly addressing physical disabilities and disorders.

2. The Psychiatric Hospital has a small team of five occupational therapists and several OT assistants working with mental health conditions of all age groups and types.
3. Bahrain Defense Force Hospital has two occupational therapists working with all age groups and all patient groups, mainly addressing physical disabilities and disorders.
4. A small team of occupational therapists works at the Ministry of Education in the inclusion program for children with special needs.
5. In addition, there are an undetermined but very small number of occupational therapists working in the private sector, mainly in the pediatric area.

The needs of the population of Bahrain are as follows:

- OT services in all the acute public hospitals.
- More OTs in pediatric to work in the areas of communication disorders, developmental delay areas and in school-related areas of intervention.
- Community-based rehabilitation services for all patient/age groups, with OTs and other allied health professionals who could be linked with the Health Centers in Bahrain.
- More OTs in specialized rehabilitation centers such as neuro-rehabilitation, spinal cord injuries and all pediatric areas.

The number of OTs in the United States is 102,000 for a population of about 260 million¹². That would be about 1 per 2500 population. In Bahrain, that ratio would suggest a need for about 500 OTs, compared to less than 20 full-time OTs in the public service currently employed. In the United States, the population of OTs is also backed up by one occupational therapy assistant for every three OTs¹². Because Bahrain has a large fit young expatriate workers, which make up more than half of the total population, the number of OTs needed in Bahrain to provide a world-class service would be much less than USA¹¹. Nevertheless, there is a need for considerable recruitment of OTs to raise the standards and meet the health needs of the community compared to Western Europe and the USA.

Perhaps the thrust for a better OT service could be driven by the private sector in the first instance.

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