

# Standing Committee on Health: Study on Children's Health

Brief submitted by the Canadian Association of Occupational Therapists (CAOT)

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# Canadian Association of Occupational Therapists

Established in 1926, the Canadian Association of Occupational Therapists (CAOT) is the national voice of more than 20,000 occupational therapists (OTs) and occupational therapy assistants (OTAs) in Canada. CAOT's mission is advancing excellence in occupational therapy. CAOT fosters excellence by equipping the occupational therapy workforce with current, relevant, evidence-informed knowledge, competencies, skills, and promising/innovative best practices in occupational therapy to meet the needs of the people of Canada. CAOT collaborates with provincial occupational therapy associations and regulatory bodies, 14 university programs, and the Canadian Occupational Therapy Foundation, to facilitate excellence in research, academia, and clinical practice that supports the delivery of cost-effective occupational therapy solutions, and results in positive health and wellness outcomes for Canadians.

## Summary of Recommendations:

1. Provide funding for the development of interdisciplinary guidelines that include occupational therapy for Long COVID rehabilitation with a dedicated section on pediatrics.
2. The Government of Canada, in concert with provinces and territories, develops and implements a national primary care strategy that includes OTs in all interprofessional primary care teams.
3. Recognize occupational therapists as mental health providers.
4. Address occupational therapy workforce shortages across Canada, particularly in rural, remote, and Indigenous communities.
5. Ensure occupational therapists are included in a National Autism Strategy from consultation to implementation.



## 1. Provide funding for the development of interdisciplinary guidelines that includes occupational therapy for Long COVID with a dedicated section on pediatrics.

The pandemic has had a profound impact on children, with disruption of routines, heightened stress, and social isolation. For some children, the impact continues to be felt with debilitating Long COVID symptoms that are similar to those experienced by adults (Ali et al., 2021). According to Statistics Canada, 58% of children reported one or more symptoms four to twelve weeks after initial infection (Government of Canada, 2021). One observational study summarized that “**Long-COVID is not limited to adults and is an overlooked phenomenon in children**” (Brackel et al., 2022).

While most children fully recover from COVID-19, some will experience persistent symptoms. These symptoms of Long COVID are wide ranging and can be severe enough to disrupt normal functioning and development, with potential life-long implications. It can also lead to the presentation of complex and chronic illnesses including, but not limited to, Type 1 diabetes (Carl et al., 2022).

Currently, there is limited support for Long COVID, and if support does exist, it is often fragmented and uncoordinated across the country (Canadian Association of Occupational Therapists, 2022). Guidelines that encompass pediatrics are critical to support a diagnostic and treatment framework that will provide guidance and a coordinated care approach in line with the *Canada Health Act*, that Canadians should receive equal care regardless of geographic location in Canada (*Canada Health Act*, 1984). Children with Long COVID, and their caregivers, need immediate interprofessional support to mitigate the long-term impact on their development. Consultations on guidelines must include occupational therapists, whose expertise in managing Long COVID symptoms has been recognized across Canada. OTs are integral members of interdisciplinary teams and programs in the treatment of Long COVID, as demonstrated in the Post-COVID program (Nova Scotia), Post-COVID-19 Recovery Clinics (British Columbia) and the Living with the Long COVID: Education and Support Group (Manitoba) (Cole, 2022; Dort, 2022, Provincial Health Services Authority, n.d.). A rehabilitation approach to care has been found to support the complex myriad of symptoms children with Long COVID experience, and guidelines, with a dedicated emphasis on pediatrics, must be reflective of this approach.

## **2. The Government of Canada, in concert with provinces and territories, develops and implements a national primary care strategy that includes OTs in all interprofessional primary care teams.**

Hospitals across Canada are straining under the weight of increased demand for services amid chronic staffing shortages and are at a breaking point. Emergency departments are ill-equipped to respond to increasingly complex chronic conditions that encompass physical, cognitive, and mental comorbidities, yet in the absence of access to primary care, emergency rooms often become the first point of contact.

The federal government, in concert with the provinces and territories, must develop a national primary care strategy. The vision for primary care in Canada is a patient medical home with team-based primary care as its foundation (College of Family Physicians of Canada, 2020). Primary care is the first point of contact with the health care system and is defined as “the element within primary health care that focusses [sic] on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury” (Health Canada, 2012, para. 1). Canada has an opportunity to transform the current broken, expensive, and hospital-centric care model to a client/patient/community centric, health- and wellness- based model of care – with an emphasis on health promotion and injury/disease prevention. This model will better meet the needs of the 30% of Canadian children with chronic illnesses, as well as bridge the gap in health care access for Indigenous and rural and remote communities who experience worse health outcomes than the national average.

OTs are the ideal first point of contact for children in a primary care setting. An OT’s scope of practice includes physical, cognitive and mental interventions, which meets the needs of children presenting with episodic, and chronic conditions. Occupational therapists act as primary care practitioners or health promotion experts and help address and relieve multiple stressors on Canada’s health system, including chronic disease management, provision of mental health services (reducing the need for immediate specialists), Long COVID rehabilitation, non-pharmacological pain management, and health promotion and injury/disease prevention. In addition, seeing an occupational therapist in primary care could prevent hospitalizations and decrease the risk of institutionalization (Bierlein et al, 2015); thus, incurring cost-savings to the health care system. The goal for occupational therapy in primary care is to offer Canadians direct and first access to occupational therapy and provide services longitudinally, with the potential to follow clients over their lifespans (Donnelly et. al., 2022).

For example, a child presenting with Long COVID in a primary care setting with an OT would provide an individualized rehabilitation plan that would address functional limitations, mental health concerns, and physical symptoms with the goal of returning to school and other valued daily activities. An occupational therapist can also facilitate the coordination of services both within the team and with community services (Donnelly et

al., 2022). Rather than a siloed approach to care, occupational therapy interventions address the whole person, and therefore provide a more comprehensive recovery plan.

### **3. Recognize occupational therapists as mental health providers**

The pandemic has exacerbated the lack of access to qualified mental health providers in Indigenous communities. Extensive wait lists and lack of community care have led to mental health situations reaching a crisis point. Providing early diagnosis and timely access to care is particularly essential during formative years and can help prevent long-term negative impacts on health and well-being.

To mitigate the effects of the health human resource (HHR) crisis, the health workforce must be optimized by utilizing the full scope of practice of regulated health professionals available to meet the needs of the population. Currently, OTs are not listed as eligible providers for mental health counselling under the Non-Insured Health Benefits (NIHB) program. It is recommended that OTs be immediately listed as mental health providers, which is within their scope of practice.

Occupational therapy is a regulated health profession and OTs are legislated to provide psychotherapy services in Ontario and Nova Scotia. However, across the country, OTs have the skillset to address the myriad needs that encompasses a person – mental, physical, emotional – and are well suited to positively impact the mental health needs of the populations they serve. Trauma-informed, culturally safe, and inclusive practices are within the regulated core competencies of occupational therapy, and CAOT provides numerous professional development opportunities in the realm of cultural safety and humility. Allowing an OT to provide mental health support in the home and community can alleviate the service backlogs for specialists and provide timely care before it reaches a crisis level.

### **4. Address occupational therapy workforce shortages across Canada, particularly in rural, remote, and Indigenous communities.**

Like other health professions, demand exceeds supply for occupational therapists. The occupational therapy workforce in Canada has grown from some 7,500 therapists in 1997 to more than 20,000 in 2021. Despite growth in the profession, there is a significant shortage of OTs to address the backlog of service needs for children, including Long COVID rehabilitation, autism spectrum disorder (ASD) support, mental health needs, and chronic disease management. Only 3.7% of the occupational therapy workforce is in a rural and remote setting. 85% are frontline professionals, delivering vital care in hospitals and communities (Canadian Institute for Health Information (CIHI), 2021). Job vacancies for occupational therapy professionals are leading to significant public health risks, as unregulated professionals are being called upon to fill

occupational therapy roles in hospitals, schools, and other community programs. As a result, Canadians are not able to access the right care, at the right time, and with the right service.

Addressing the HHR crisis at all levels of government is paramount for better health outcomes for Canadian children. The federal government could partner with CIHI, the provinces and territories, and national healthcare associations, such as CAOT, regulators, and employers, to create the infrastructure for robust health human resources planning. These measures could include data collection, optimizing interprofessional collaboration, recruitment and retention, and recognizing foreign credentials.

Barriers for recruitment and retention of occupational therapists and other regulated health professionals, such as social workers, must be examined and brought into HHR planning. Areas such as inter-jurisdictional regulation, an enhanced Student Loan Forgiveness plan to include occupational therapists and other regulated health professions, looking at educational seats, and addressing logistical barriers to allow virtual/contract OT services to fill the gaps, including housing, transportation, and broadband access, can all be examined to provide a holistic labour market analysis and recruitment plan. CAOT, along with the coalitions such as the Health Action Lobby (HEAL) is ready to meaningfully engage with the government to alleviate the public health risk presented by the HHR crisis.

## **5. Ensure occupational therapists are included in a National Autism Strategy from consultation to implementation.**

Children with autism spectrum disorder (ASD) have been particularly vulnerable to the disruption caused by COVID-19 including delayed diagnosis and interrupted in-person therapy, which has potential long-term behavioral consequences (Bellomo et al., 2020). A recent report entitled “Autism in Canada: Considerations for future public policy development” reports the “unique inequities” (Autism in Canada, 2022, p.57) experienced by Indigenous autistic people, which includes a notable lack of research on autism in Indigenous communities, misdiagnosis, and lack of access to treatment. With the prevalence of ASD being 2%, or 1 in 50 children, federal action on a National Autism Strategy is urgently needed. The introduction of Bill S-203, An Act respecting a federal framework on autism spectrum disorder in the House of Commons is a significant step forward, and should be seen through and unanimously adopted. A strategy needs to encompass the essential role of occupational therapists in the therapeutic journey of children with ASD. OTs can support neurodivergent children, youth, and adults who present with sensory processing differences, including ASD, intellectual disability, attention deficit/hyperactivity disorder, as well as anxiety and other mental health conditions, by utilizing strengths-based and neurodiversity-affirming approaches (CAOT, 2022). An OT’s competencies in cultural safety and humility focus on the holistic aspects of health and dedication to participating in valued daily activities,

which makes them an essential part of the care team for a child with ASD. They should be included in a National Autism Strategy from consultation to implementation.

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