

Standing Committee on Health, Aged Care
and Sport

***Inquiry into Long COVID and Repeated
COVID Infections***

Occupational Therapy Australia submission

November 2022



Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to lodge a submission to The Standing Committee on Health, Aged Care and Sport regarding the Inquiry into Long COVID and repeated COVID infections.

OTA is the professional association and peak representative body for occupational therapists in Australia. There are around 27,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Executive Summary

Occupational therapy has a vital role to play in COVID-19 rehabilitation and recovery, especially in navigating the ongoing impairments caused by Long COVID. This expertise is supported by a growing body of national and international evidence (Walter, Casto & Gates, 2021; Watters et al., 2021; Wilcox & Frank, 2021), as well as informed views, public statements and practice guidelines (RCOT, 2020; RCOT, 2021a; RCOT, 2021b; WFOT, 2020; McMaster University, 2020).

Occupational therapists are trained to provide person centred care focusing on the individual's experiences and needs and the impact on their daily occupations, rather than on their specific medical condition and symptoms. Occupational therapists support people to ascertain their functional limitations and goals, working with them across a range of physical, mental and social interventions. This is especially relevant given the numerous and varying presentations of Long COVID and the effect that it has on an individual's ability to participate in everyday activities and occupations that are meaningful and valued by them.

The health, social and economic impacts on Long COVID are likely to be experienced for many years to come if resourcing is not immediately allocated to address the unmet needs of those individuals experiencing Long COVID. Individuals with mild to moderate or less common symptoms and those in vulnerable and disadvantaged population groups are most at risk of not being able to access required services and supports as Long COVID clinics do not adequately cater for their needs.

A best practice approach to Long COVID care would include a collaborative approach across health, education, social services and primary care that focuses on both the acute and post-acute phases with an intensive rehabilitation stream and a self-management navigator stream such as the DisCOVeRY model which is outlined in the body of this submission. Occupational therapists should be an integral part of such models, working in partnership with other health professionals and care staff to enable individuals (adults and children) living with Long COVID to rehabilitate, adapt and recover.

1. The patient experience in Australia of long COVID and/or repeated COVID infections, particularly diagnosis and treatment

Established occupational therapy practice supports people to manage the vast array of challenges people with Long COVID experience including managing chronic pain, cognitive and mobility difficulties, helping them return to work and employment. Occupational therapists can provide rehabilitation care in the hospital and at home as well as linking consumers to local services to support their independence and recovery within their presenting limitations. OTA supports the delivery of services to individuals experiencing Long COVID that follow best practice approaches.

Occupational therapists working with individuals with Long COVID report that diagnosis, support and intervention for people experiencing some of the more common symptoms, such as respiratory, neurological and fatigue symptoms, are more easily available than for those experiencing less common or a complex range of symptoms. These individuals, as well as those with mild to moderate Long COVID symptoms, consistently have difficulty getting a diagnosis and support for their condition. The need for Long COVID diagnosis to be made by exclusion further impacts this.

Recommendation 1: Strengthen diagnosis, support and intervention pathways for individuals with mild to moderate and less common symptoms of Long COVID.

2. The experience of healthcare service providers supporting patients with long COVID and/or repeated COVID infections

Multi-disciplinary, co-ordinated, person-centred care is essential for individuals requiring hospitalisation during the acute and post-acute phase of Long COVID. Occupational therapists are an integral part of these teams. The occupational therapy role during this phase includes a range of interventions such as energy conservation, discharge planning, education and anxiety management to support improvements in occupational performance and confidence to return home.

Long COVID clinics are the primary strategy currently being used to address the needs of individuals living in the community with Long COVID, however there are limitations to this model. These clinics provide co-ordinated care but tend to be narrow in their focus, commonly only addressing the needs of individuals who experience breathlessness, fatigue and neurological symptoms. Further, referral to Long COVID clinics usually require a diagnosis of Long COVID. These clinics have been established in an ad hoc manner across Australia and are predominantly in metropolitan areas. Access to such clinics by individuals living in rural and remote areas is challenging. Further, these clinics usually have a strong focus on the more common symptoms of Long COVID and as such are staffed accordingly.

With over 50 distinct symptoms associated with Long COVID (Lopez-Leon, 2021) that impact on all body systems it is not feasible to have clinics established to address all of

these and as such many individuals with Long COVID are missing out on diagnosis, assessment and intervention. Hence, general practitioners have a key role in supporting these individuals. The understanding of Long Covid is paramount to ensure necessary support and referral onto specialists and allied health practitioners including occupational therapists who can support these individuals with Long COVID.

Recommendation 2: Strengthen access to diagnosis, assessment and intervention by maintaining funding for Long COVID clinics, as well as supporting GPs to identify Long COVID cases and refer clients to specialists and allied health practitioners. This is particularly important for individuals who present with less common symptoms and in regional and remote areas where there may not be a Long COVID clinic.

3. The health, social, educational and economic impacts in Australia on individuals who develop long COVID

The impact of Long COVID across health, social and economic domains is significant. It is therefore imperative that resources are allocated to ensure diagnosis, intervention and support are available, whether individuals are experiencing mild, moderate or severe Long COVID symptoms. This can be best achieved by co-ordinated multi-disciplinary care across health, disability, social services and primary care.

Recent Australian research (Leeuw, Yashadhana & Hitch, 2022) describes the inequitable impact of Long COVID across different groups and populations, in particular those in the community who are already vulnerable and disadvantaged. This includes people living in poverty, people with varying abilities (or disabilities), people living in rural and remote areas, and people from culturally and linguistically diverse backgrounds. Failure to address this will result in compounded disadvantage with resulting poor outcomes including a higher likelihood of chronic disease and mental health conditions, putting increasing pressure on the health system.

Further, the economic and social impact of Long COVID is significant as the majority of individuals experiencing Long COVID cannot consistently work, resulting in unemployment, career change, resignation and early retirement with subsequent likely impact on housing and homelessness, service access and support and relationships.

A growing area of concern is for children and older people who experience Long COVID. As the symptoms experienced by children are usually less severe than adults, the impact on a child's roles, daily activities and performance may not be obvious, however if not addressed, the long-term impacts on their health and education, even if only a small decrease in function, could be significant. The impact of Long COVID on older people is also not well considered given a change in independence and function may be unknowingly attributed to a pre-existing condition.

The focus of occupational therapy on the person, environment and the performance of activities that are important and meaningful to them across all domains of their life including

home, school, work, leisure and in the community means they have an essential role in supporting individuals to rehabilitate, recover and overcome the impacts of Long COVID independent of their social, economic or health situation.

Recommendation 3: Utilise occupational therapists as part of a coordinated multidisciplinary care team to address the inequitable health, social, educational and economic impacts of Long COVID.

5. Best practice responses regarding the prevention, diagnosis, and treatment of long COVID

The experiences of people living with Long COVID should inform best practice assessment, diagnosis and intervention as the evidence base continues to emerge. Collaborative work across all aspects of the health system including disciplines, specialties and institutions, with a primary focus on multi-disciplinary care is needed.

Occupational therapy has a vital role to play in COVID-19 rehabilitation and recovery across acute, primary care, community services and social care. Occupational therapy input can reduce hospital admission and readmissions and improve transitional outcomes. In a hospital setting, occupational therapists provide direct clinical care through specialised assessment and intervention, care coordination, transition services including discharge planning, and onward referral to relevant services. Occupational therapists also provide rehabilitation and community care services that are vital to reduce strain on hospital resources.

OTA strongly supports and promotes the use of best practice approaches by occupational therapists when working with people experiencing Long COVID. As occupational therapists focus on the person rather than the symptom or illness and understand the complex interaction between physical, cognitive and mental health on an individual's function and roles, they are well placed to provide intervention and support to individuals with Long COVID. Occupational therapists focus on how individuals manage to undertake their desired daily activities in their chosen environment whether that be at home, at work, in the community or leisure settings supports.

Occupational therapy strategies include goal setting; fatigue management; energy conservation; cognitive rehabilitation focusing on memory, concentration and planning; rehabilitation to promote mobility and function; building activity tolerance; and adaptation of the environment. Supporting and empowering individuals to self-manage is also important, with the use of strategies such as self-advocacy, occupational coaching, motivational interviewing and adjusting to living with a chronic illness.

Addressing the impact of Long COVID on an individual's mental health is also crucial. Strategies occupational therapists may use include understanding the relationship between Long COVID and feelings of depression, anxiety and mood related changes; activity scheduling; and assisting to accept a new (temporary or fluctuating) sense of identity.

Many individuals with Long COVID experience difficulty with maintaining or returning to previous employment due to the impacts of the condition including fatigue and brain fog. Occupational therapists have a key role to play given their skills in vocational rehabilitation, task analysis, graded return to work, adaptation of work environments, education and liaison with employers.

A model such as the DisCOVeRY model, co-designed by individuals experiencing Long COVID with the Western Health COVID 19 Recovery Collaboration should be considered for implementation. This is a best practice model that supports recovery from Long COVID both in the acute and post-acute phases, is not symptom or degree of illness specific and could be feasibly scaled up to facilitate roll-out and accessibility. The model has two streams, an intensive rehabilitation stream and a self-management stream. Whilst financial investment would be required, this would be balanced with the health, social and economic benefits long term.

Comprehensive assessment utilising standardised outcome measures along with shared decision making guides the choice of stream. The intensive rehabilitation service stream, provided by multi-disciplinary teams including allied health practitioners and allied health assistants, support the physical, cognitive and mental health needs of individuals. The self-management stream operates like a navigator service, linking individuals with existing local services and supports. This includes a wide range of healthcare and education supports, cultural participation, employment relationships and peer support groups.

Recommendation 4: Recognise occupational therapists in relevant guidelines and funding programs as providers of best practice prevention, diagnosis, and treatment of Long COVID.

Recommendation 5: Explore opportunities to implement best practice models which have been co-designed with people with lived experience, such as the DisCOVeRY Model developed by researchers at Western Health & Deakin University (Western Health COVID 19 Recovery Collaboration).

Contact

OTA would welcome further consultation, particularly in areas that specifically impact occupational therapy and allied health practice. For further information please contact, OTA's Government & Stakeholder Relations Team, phone 1300 682 878 or email policy@otaus.com.au

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