Royal Commission into Defence and Veteran Suicide

Occupational Therapy Australia submission

Occupational Therapy Australia

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Executive Summary

Occupational Therapy Australia (OTA) welcomes the opportunity to lodge a submission to the *Royal Commission into Defence and Veteran Suicide*. The increasing prevalence of suicide and poor mental health among Australia veterans and defence personnel must be addressed as a matter of urgency. Occupational therapy, for both mental and physical disability, can contribute to improved health outcomes for those who have served and ensure they are able to live with the dignity and respect they deserve.

OTA is the professional association and peak representative body for occupational therapists in Australia. There are over 26,750 registered occupational therapists working across the 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.

Occupational therapy is a client-centred health profession focused on promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services. Occupational therapists have a critical role in providing services across the health system, supporting people affected by physical, intellectual, acute and chronic conditions, and mental health issues.

Occupational therapists who provide services through the Department of Veterans' Affairs (DVA) are passionate about supporting veterans and ensuring their quality of life is maintained and, in many cases, improved. This submission outlines challenges that they currently face in providing both mental health and more traditional occupational therapy services. They include:

- A lack of awareness of mental health occupational therapy services
- Below market rate fees for services
- An inability to work to top of scope and misalignment with Medicare Benefits Schedule mental health items
- Ineligibility to work in Open Arms Outreach program
- A range of administrative barriers including the current DVA treatment cycle, delays in processing assistive technology and home modification requests, inconsistent travel costs and the removal of telehealth eligibility for some occupational therapy consultations

The following recommendations would provide potential solutions to the above challenges and would allow occupational therapists to provide this care more effectively while also encouraging more allied health professionals to practice in the scheme.

Summary of recommendations

Recommendation 1: DVA to engage with OTA to help raise awareness of mental health occupational therapy.

Recommendation 2: DVA to increase fees in line with other government schemes.

Recommendation 3: DVA align its fee schedule items to the Medicare Benefits Schedule in order to allow mental health occupational therapists to work to the full extent of their scope of practice.

Recommendation 4: DVA to enable mental health occupational therapists to be engaged through the Open Arms Outreach program.

Recommendation 5: The current treatment cycle exemption for TPI veterans be extended to occupational therapy services when providing care to those with assistive technologies or chronic and permanent issues.

Recommendation 6: DVA review the current processes and associated timeframes for processing requests for assistive technology and major home modifications in order to address the increasing backlog of requests.

Recommendation 7: DVA align reimbursed travel costs between modes of transport to improve accessibility for veterans in rural and remote areas.

Recommendation 8: DVA to reinstate telehealth eligibility for initial consultations and aids assessments by occupational therapists.

Role of occupational therapy for veterans and defence personnel

What is mental health occupational therapy?

Mental health service provision is a longstanding and core area of practice in occupational therapy, dating back to the beginning of the profession more than 100 years ago. Occupational therapists work across the spectrum of mental health issues, providing services to people with relatively common conditions, such as anxiety and mood disorders, as well as those which require more targeted interventions, such as psychosis, trauma-related disorders and complex presentations with multiple or chronic conditions involved. Occupational therapists also have a specific and well-established role in child and adolescent mental health services, adult services, and aged care services.

Occupational therapists provide strengths-based, goal-directed services to improve mental health and wellbeing, and to help a person access personally relevant and valued roles and occupations. In this way, occupational therapists focus on the client's function as well as their diagnosis. They recognise that two people with the same illness can have different levels of functioning; just as two people with the same level of functioning can have different health states. By understanding the person's individual roles, circumstances and environments, occupational therapists support their clients to develop and attain goals relevant to their situation. A key strength of occupational therapists is their understanding of the interplay between the bio-psychosocial and cognitive issues that typically coexist with people with mental health conditions. This expertise is nationally recognised and well-established.

Occupational therapists who work in mental health have extensive training and adhere to rigorous standards to ensure quality of care. In Australia, all occupational therapy education programs are accredited to ensure they meet strict national standards. This is performed by the Occupational Therapy Council on behalf of the national regulator, the Australian Health Practitioner Regulation Agency (AHPRA). All Australian occupational therapy courses also meet international standards, as they are accredited by OTA on behalf of the World Federation of Occupational Therapists (WFOT).

In addition, as is common across professions working in mental health, occupational therapists who have had additional training can also provide interventions such as psychotherapy, counselling, and other psychological strategies such as services for eating disorders, through the Commonwealth Government's Better Access initiative. The Better Access initiative gives Medicare rebates to eligible people, so they can access the mental health services they need. There are approximately 1,100 OTA members currently endorsed to provide services under this initiative.

Mental health occupational therapy for veterans and defence personnel

Mental health occupational therapy has a direct and vital application to defence personnel and Australian veterans. By focussing on the functionality of clients in their activities of daily

living, occupational therapists are uniquely positioned to enable veterans to effectively engage and undertake the responsibilities of both their service and post-service life.

We acknowledge and applaud the DVA for their support of mental health occupational therapy including the provision of a specific mental health occupational therapy fee schedule. However, through discussions with DVA, it has been noted that the uptake of these items is lower than expected and much can be done to improve the provision of these services. Some of the causes of this lack of uptake are discussed below.

Lack of awareness of mental health occupational therapy

Many of the above benefits associated with mental health occupational therapy are not fully realised due to a lack of awareness of this area of practice leading to these services currently being underutilised. OTA believes an awareness program that targets both consumers and referrers would help raise the profile of mental health occupational therapists and increase utilisation of these services.

Consumers may not be aware of mental health occupational therapists. Additionally, general practitioners and other referrers may not be fully across the potential benefits and unique skill set of mental health occupational therapists. This results in undue pressure being placed on other mental health service providers such as psychologists and counsellors to provide all mental health care required by Veterans.

OTA is conscious of this lack of awareness of the work occupational therapists do in mental health, and our own mental health strategy includes significant awareness raising activities and increased advocacy with consumers, government agencies and other stakeholders.

OTA would be pleased work with the DVA or any the relevant government department to develop an engagement program to improve public information about DVA-funded mental health occupational therapy.

By increasing the uptake of occupational therapy services, the demand for more traditional mental health services would ease to more manageable levels, thus improving access to treatment across the board.

Recommendation 1: *DVA to engage with OTA to help raise awareness of mental health occupational therapy.*

Barriers that prevent occupational therapists from practising in the DVA mental health space

The DVA fee schedule is not fit for purpose and does not reflect modern clinical practice. In comparison to equivalent jurisdictions, the fees are inadequate and operate to disincentivise clinicians from providing services to DVA clients. Furthermore, alongside awareness issues, some administrative and clinical barriers exist that prevent mental health occupational therapists from providing their services in the DVA scheme.

Fees for medical, dental and allied health items through DVA were recently indexed by 1.6 per cent while the standard award wage across all sectors rose by 4.6 per cent. Without consistent pay rises across sectors, occupational therapists currently in the DVA scheme may be encouraged to leave it in search of a more financially rewarding role. The DVA fee schedules for occupational therapy services are substantially lower than those of other government schemes including the NDIS. As a result, therapists may opt to provide services through those other schemes rather than through DVA.

Secondly, occupational therapists are not eligible to perform or claim trauma-focussed therapy items under the current DVA mental health fee schedule. These items, including Eye Movement Desensitisation and Reprocessing (EMDR) and trauma focussed exposure therapy, are only available to psychologists. In other contexts, mental health occupational therapists are able to perform these therapies including under Better Access Medicare items. Broadening the potential scope of practice for mental health occupational therapists is vital to attract a sustainable workforce to the scheme.

Finally, certain barriers prevent occupational therapists from working in contracted or external programs through Open Arms. Although occupational therapists can be directly employed by Open Arms to provide mental health services, the Outreach Program specifies that only psychologists and mental health accredited social workers can provide services through the program. It seems counterintuitive that although the program itself is designed to "increase service accessibility for Open Arms clients", it would exclude a large number of providers who are eligible to work through Open Arms internally. OTA would strongly support the revision of the relevant legislation or policy to allow occupational therapists to work under the outreach program alongside the direct employment program.

Recommendation 2: *DVA to increase fees in line with other government schemes.*

Recommendation 3: *DVA align its fee schedule items to the Medicare Benefits Schedule in order to allow mental health occupational therapists to work to the full extent of their scope of practice.*

Recommendation 4: *DVA amend the relevant legislation or policy to enable mental health occupational therapists to be engaged through the Open Arms Outreach program.*

Link between traditional OT and mental health outcomes for Veterans

Beyond directly treating mental health conditions, traditional occupational therapy can have a profound impact on the mental wellbeing of veterans and defence personnel. Achieving independence is a key focus of the work occupational therapists do with their clients. Ensuring clients are able to safely undertake activities and occupations that they chose is paramount within the goals of care. Without the ability to participate in these occupations, many people suffer both physically and mentally. Being able to perform tasks and activities independently and at will gives people a sense of self-sufficiency and purpose. Whether these occupations are self-grooming, cooking for oneself or forms of community engagement, they form a profound part of the client's life and without them, a sense of purpose and fulfilment can be lost.

Therefore, it is essential for the mental wellbeing of veterans that more general occupational therapy services are accessible alongside mental health services. The below section outlines numerous challenges to the provision of occupational therapy in the DVA scheme and how they can be addressed.

General DVA administrative issues and barriers to DVA occupational therapy services

A number of administrative burdens affect the delivery of care by occupational therapists. The inflexibility of the current treatment cycle arrangements, delays in assistive technology and home modification requests, inconsistent travel reimbursement and the cessation of telehealth for initial consultations are all barriers to the effective provision of occupational therapy within the DVA scheme. By removing these barriers and adopting a more flexible administrative approach, the DVA would improve accessibility to the scheme, would reduce administrative burdens on providers, and ultimately improve outcomes for scheme participants.

Treatment cycle

The current DVA treatment cycle whereby veterans must obtain a new referral either every 12 sessions or every 12 months does not recognise the long-term nature of many veterans' injuries.

Occupational therapy is not a one-off treatment for a singular illness or injury. Occupational therapy intervention is likely to be ongoing once aids, equipment or home modifications are prescribed. As veterans' functional abilities change over time, without the continued clinical oversight of occupational therapists and without proper maintenance and adjustments, there are increased risks to veterans, such as for example, using assistive technologies that may no longer be appropriate.

Requiring a new referral more often not only creates more administrative work for the occupational therapist who must write an end of cycle report but also risks the continuity of care that can be provided to the veteran. Our members' experiences are that GPs are often unaware of the treatment cycle requirement and as a result, the process is disjointed and veterans are left without a valid referral for essential treatment. Additionally, it is not always easy to organise for a client to go back to the GP to receive a referral, if for example a client is depressed, avoidant, using substances or has a condition such as ADHD. This extends to both appointments with the occupational therapists as well as the initial referrer. As has been reported widely, there is a shortage of general practitioners and any opportunity to reduce the workload for GPs will maximise efficiency across the wider health system.

The current treatment cycle arrangements have an exemption for physiotherapy and physical therapy when providing services to totally and permanently incapacitated veterans (TPI). OTA requests occupational therapy services be included in the exemption when providing care to veterans who have been prescribed assistive technologies or those who suffer from chronic or permanent issues. This will ensure both the continuity of care for

veterans as well as reduce administrative delays from both the occupational therapist and the referrer.

Recommendation 5: *The current treatment cycle exemption for TPI veterans be extended to occupational therapy services when providing care to those with assistive technologies or chronic and permanent issues.*

Major modifications and assistive technology delays

OTA has heard many reports from its members about increasing timeframes for approval for both major home modifications and Rehabilitation Appliances Program (RAP) applications. Where the timeframes used to be 1-2 weeks, it can now be upwards of 3-6 months without any update from the department. These long-term delays can cause veterans to pull out of the entire process thus depriving them of the vital assistive technologies and home modifications they need.

One member has described an instance where a veteran had been on the phone to them feeling “hopeless and suicidal” because the process had been taking so long and they had not been able to get an update on progress. In another case, a war widow has been waiting six months for bathroom modifications, however she is now palliative and will most likely die before they are completed.

The impact of these delays is two-fold. Firstly, these delays and lack of follow-up on the part of the department gives the veterans the impression that they have been forgotten. Many of these clients are already isolated through old age and without proper support, many feel abandoned. This belief contributes directly to feelings of depression and anxiety in veterans and their families.

Secondly, the delays in obtaining these necessary supports and modifications directly reduce the quality of life of these veterans. As discussed above, a desire for independence is a key factor in the occupations of most clients and without it, their enjoyment of life is severely reduced. In an extreme example, a member reports that a veteran with no legs is still awaiting approval for a ramp into his house and without it, he unable to enter on his own. His therapist describes his mental health as “in the gutter.”

In addition to the direct negative impacts on clients, occupational therapists report spending an increasing amount of time chasing up these requests in order to get updates for both them and their clients. This unpaid administrative responsibility ultimately reduces the time available for these therapists to see other clients thus extending the waiting times for other veterans. This issue similarly applies to treatment cycle referrals where occupational therapists are spending more and more time chasing up referrals from GPs rather than treating clients.

An online portal where therapists and clients are able to see the status of the requests may alleviate some of these anxieties. However, with timeframes continuing to expand, this system would need to be paired with a review of how the requests are processed in order to reduce waiting times.

Recommendation 6: *DVA review the current processes and associated timeframes for processing requests for assistive technology and major home modifications in order to address the increasing backlog of requests.*

Travel costs

Travel costs for occupational therapists seeing clients in their homes are paid inconsistently depending on the mode of transport. Ferries to islands are paid for both travel and wait times however car journeys are only reimbursed for fuel costs (80-90 cents per km) when travelling more than 50km from their place of business. This does not account for the time that the travel takes where an occupational therapist could have seen several clients. Improved reimbursement for travel would improve the provision of service to many veterans who live rurally or remotely. This would again result in improved outcomes for veterans as earlier intervention often results in better outcomes.

Recommendation 7: *DVA align reimbursed travel costs between modes of transports to improve accessibility for veterans in rural and remote areas.*

Cessation of initial telehealth consultations

While OTA acknowledges that in-person consultations cannot fully be replaced by online or phone calls, the removal of the option for initial consultations to be conducted over telehealth is inflexible and removes the opportunity for more efficient processes by occupational therapists.

Currently, an initial visit by an occupational therapist is greatly restricted by administration requirements.

Occupational therapists need to:

- introduce and explaining their service
- provide privacy information and sign relevant consents
- gain background information on the client
- review the home environment
- determine client's initial goals
- explain the treatment cycle
- complete and provide telehealth information and seek consent for this if required in future

This all often takes at least an hour, and that is before assessing for any specific equipment or taking measurements and photos for home modifications. Following current DVA guidelines, occupational therapists are often unable to provide any significant intervention at this initial visit. A more efficient approach would be to allow for an initial assessment to be conducted via telehealth to address these administrative requirements, allowing for subsequent home visits to assess the veteran's needs and prescribe treatments.

Furthermore, each new treatment cycle must begin with an initial consultation that can only be conducted as a face-to-face visit. This requires occupational therapists to meet a client in

person every twelve sessions despite the veteran and them already having an existing and ongoing relationship.

Additionally, a higher proportion of veterans live in rural and remote communities than other demographics. Due to the scarcity of remotely and rurally based occupational therapists, in order to see these clients, occupational therapists must travel excessive distances. In the time that this travel takes (ie. a four-hour round trip), an occupational therapist could have seen several clients. Allowing initial consultations to be conducted through telehealth, at least for those veterans in Modified Monash Model 5-7 (ie. small rural towns to very remote communities), would improve the provision of services to not only those clients who live rurally or remotely, but also to those veterans whose therapist is available when they otherwise would have been travelling.

Recommendation 8: *The Department of Veteran Affairs to reinstate telehealth eligibility for initial consultations and aids assessments by occupational therapists.*

Contact Details

Thank you for the opportunity to provide a submission to the Royal Commission into Defence and Veteran Suicide. Representatives from OTA would gladly meet with the commission to expand on any matters raised in this submission.

For further information, please contact:
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