

WORKSHOP SUMMARY

Workshop Six: Mental health supports for older people

This document provides a summary of the discussion and findings from the advocacy workshop targeting mental health occupational therapists who provide mental health supports for older people in community and residential settings. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes

1. Resourcing for OT role in aged care extremely limited and unlikely to be mental health specific. OTs often need to be generalists working with physical, behavioural, cognitive, and mental health issues, but there should be improved structures for identifying and meeting more specialist needs.
2. Awareness of mental health OT is limited in the aged care space and there is still little focus by aged care providers on recovery and wellness.
3. Demand for OTs is extremely high, and it is common for OTs to be recruited while still at university, either into assistant roles initially or into graduate programs. However, quality student placements are limited with providers not resourcing high quality supervision and OT student support roles and remaining highly dependent on university funding.
4. Older adults experience significant challenges accessing services for a range of reasons, including low Medicare rebates and limited Home Care Package size even at Level 4.
5. Where there is significant cognitive decline and the older person is no longer deemed capable of making decisions, establishing powers of attorney or guardianships can take significant time and act as a barrier to care provision.

Key challenges

1. Medicare Better Access program does not provide rebates for care coordination or work with larger support network.
2. Older people generally bulk-billed, which provides unsustainably low rebate for mental health OTs, particularly if travel is also involved.
3. My aged care community funding is extremely limited in contrast to NDIS funding creating inequity and limiting opportunities for those only eligible for Home Care Packages.
4. NDIS requirements do not provide focus on clinical expertise and experience which creates risks for OTs and clients where new graduates are working with complex needs.
5. Waitlists for My Aged Care funding remain incredibly long and many experience significant deterioration while waiting. Others are poorly captured by support systems (e.g., homeless, First Nations peoples).
6. Residential services generally have limited OT staffing with capacity for assessments but not interventions. Particularly in rural areas, services are often based on in-reach or FIFO models that provide little opportunity for working with team.

7. Aged care providers and workers often lack understanding of recovery-oriented practice, trauma-informed care and other relevant aspects relating to the mental health needs of older people.
8. ACFI-funding is providing only poor levels of funding for allied health, but it is not yet clear if the implementation of the proposed AN-ACC model will improve access to allied health services, particularly allied mental health services.

Additional post-session questions

1. **How can OTA best support occupational therapists who work in community and residential aged care settings?**
2. **In what areas of mental health practice are occupational therapists most needed in community and residential settings for older people?**

If you would like to provide feedback, please contact: haveyoursay@otaus.com.au.