

WORKSHOP SUMMARY

Workshop Five (b): Forensic mental health

This document provides a summary of the discussion and findings from the advocacy workshop targeting mental health occupational therapists working in forensic settings. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes

1. Forensic mental health should be recognised as a specialist branch of OT/mental health OT. There is a need for OTs to have a range of specialist skills such as clinical reasoning around safety and security in complex settings.
2. There is significant stigma about forensic roles that needs to be countered to encourage OTs to consider this area of work. Case studies and 'good news stories' could be used to help show that this is meaningful and rewarding work alongside position statement about the role of OTs in forensic mental health.
3. Work in the forensic sector is overly impacted by a focus on risk avoidance. This limits opportunities to provide occupational opportunities in justice settings.
4. A range of workforce issues impact OTs in the forensic sector including difficulty recruiting to role, role isolation and limited career progression, particularly outside Victoria and the Forensicare structure.
5. Forensic settings can be overly medical in their focus, and high-level decision-making is dominated by general practice, psychiatry and psychology. Those professions may not understand mental health OT role and opportunities to use those OT skills.
6. Despite recognition of value of mental health OTs, they may not be called to contribute to decision-making and planning for client needs.
7. Forensic mental health OTs are generally not being involved in supporting clients to transition to community or from one prison to another resulting in missed opportunities to reduce recidivism.
8. Social workers sometimes incorrectly seen as having more relevant experience/training.

Key challenges

1. Forensic roles are increasingly generic mental health roles which limits opportunities to utilise and build OT-specific skills and for clients to benefit from the specific expertise that OTs have.
2. Caseloads are typically very high for OTs, which limits opportunities to undertake meaningful therapeutic interventions despite the length of time that clients are in the justice system.
3. NDIS system is not working effectively with the justice system, particularly in relation to ensuring that NDIS supports are in place at point of release.
4. Not clear that NDIA changes to support forensic needs through complex needs pathway are improving issues.

5. Non-forensic, independent mental health OTs are seen by the NDIA as most appropriate for undertaking assessments but these often lack understanding of the needs of this cohort as well as the specific assessment challenges in a forensic setting.
6. Poor information sharing and communication between health and justice increases risk and is inefficient.
7. Mental health OTs may be expected to be generalists and to do physical/AT assessments.

Additional post-session questions

1. **Have you accessed any post-graduate training to support your work in forensic mental health?**
2. **How can OTA best support forensic mental health OTs? Would you benefit from increased opportunities for mental health OT or forensic-focused CPD? Would you be interested in increased opportunities for peer or interprofessional networking?**

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