

WORKSHOP SUMMARY

Private mental health practice – Youth and adult

This document provides a summary of the discussion and findings from the deep dive workshop focused on providers of private mental health supports for children and families. The workshop was held on the 9th of December 2021. The workshop was undertaken on behalf of Occupational Therapy Australia (OTA) and sought feedback from a diverse group of occupational therapists, at different career stages and working in a range of services and locations around Australia. The summary below provides a high-level overview of the findings of the workshop.

Key findings

Identifying training and development needs

- Group participants represented solo/smaller and larger paediatric practices covering both those with a more developmental and functional paediatric focus and those with a clear mental health focus.
- All participants noted that paediatric needs have changed significantly and mental health, as well as ASD and behavioural issues, are now common areas of support need even for those with a more functional or developmental focus. There was also discussion about the strong overlap between functional and mental health needs with anxiety being a common factor.
- Participants did not necessarily consider themselves mental health OTs, despite growing focus on mental health in paediatric practice and there was discussion about there being both paediatric OTs and paediatric mental health OTs and both needing some mental health focus.
- Paediatric OTs are likely to have had less formal work experience in relation to mental health and this may impact them in relation to confidence and skills development. This also impacts capacity to seek endorsement from OTA and to provide access to Medicare-funded services. Some participants had chosen not to continue with OTA endorsement as it wasn't the right fit for their practice.
- Those in smaller and sole trader practices typically made training decisions based on personal interest and client need rather than formal frameworks.
- For those in larger practices, internal work has been done to develop induction and early career training programs including core capabilities and supervision structures.
- Personal experience of therapy was highlighted as valuable and a core requirement for child psychotherapy training.

Career pathways and stages

- Participants discussed the importance of supporting early career roles and to have supervision and training to support practitioners to build confidence and capability.
- Supervision and support from other OTs were flagged as best practice/ideal with the approach taken by the Alfred hospital highlighted.
- Multiple levels were supported and there was a view that recognising advanced practitioners was valuable.

- Participants flagged the need to distinguish between highly experienced and having a specialty or advanced practice.
- Concern was expressed about early-career OTs providing paediatric services independently due to complexity of likely caseload and level of experience in key areas.
- Early career graduates were seen to lack foundational knowledge in paediatric practice as well as needing support to develop mental health capability.
- Challenges were raised where practitioners couldn't access those early career roles leading to a more difficult developmental pathway.
- Strong support from participants for improved pathways that outline how to develop capabilities needed for BAMH endorsement and access to appropriate training.

Skills and capabilities for private practice

- Effective paediatric mental health practice for complex clients was seen to be multidisciplinary in ideal cases and involving both psychologists or paediatric mental health OTs and paediatric OTs. This requires understanding from both in how to work together effectively.
- Training in relation to working in private practice could include not only operational aspects but also making decisions about which clients to take and which clients to refer on.
- Funding schemes such as Medicare and the NDIS are extremely important and have a range of complexities and requirements. Practitioners would benefit from training options focused on working effectively within these schemes, primarily focused on introduction to scheme, operational aspects, and specific requirements such as report writing and assessments.
- It was noted that these types of NDIS training are often advertised and available via Facebook groups but that there is value in OTA leading in this space.
- A range of specific areas of capability were highlighted:
 - o Family therapy
 - o Parent coaching (noting that this is limited by Medicare under current rules)
 - o Trauma-informed practice
 - o Attachment theory
 - o Polyvagal theory and understanding of neuroscience/brain development
- Advocacy was flagged as a key skill for OTs and one that could be built on by OTA to support advocacy activities being undertaken by the association through training and resources/templates to support individual practitioners to approach MPs or similar.

Additional post-session questions

- 1. Are there any other areas of mental health capability that should be included in a capability framework for OTs working in paediatric private practice?**
- 2. How can OTA best support training and development in mental health for those working in paediatric practice and who may not consider themselves to be in a mental health role?**
- 3. Are there any other funding schemes with requirements that impact your training needs? E.g., private health insurers or compensation schemes?**

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