

# Workshop Three: Hospital-based mental health services

## Background

Mental health interventions are at the core of occupational therapy practice, and occupational therapists are represented in all areas of hospital-based mental health practice. However, the profession is often overlooked as a key provider of mental health services, particularly in relation to policy development and planning. There is a real need to increase understanding of the unique skills and contribution of occupational therapists individually and as part of a multidisciplinary team. It is also important to understand how the interventions delivered by occupational therapists, and the issues those clinicians face, vary across funding schemes, in different settings, and for different client cohorts.

### **Hospital-based mental health services**

Hospital-based mental health services are an important part of the mental health system, and include a range of services including emergency, in-patient bed-based care, and community ambulatory services. AIHW data shows Australians attended emergency departments almost 290,000 times due to mental illness, accounting for 3.6% of all presentations in 2017-18. There are also around 10 000 specialised mental health beds, equating to some 41 beds per 100 000 people. About 70% of these were in the public sector, the majority of which are for acute care. Private hospitals provide significant in-patient services though with a concentration on higher prevalence mood disorders compared to public mental health services. Data suggests shortages of mental health beds resulting in referrals back to the community, and long waits in emergency departments. Data from the college of emergency medicine suggests some two thirds of EDs had patients waiting for an inpatient bed for longer than 24 hours.

The Victorian Royal Commission into Mental Health has made a range of recommendations in relation to bed-based care including a proposal to 'review, reform and implement new models of multidisciplinary care for bed-based services that are delivered in a range of settings, including in a person's home and in fit-for-purpose community and hospital environments' (Recommendation 11). The Royal Commission also recommended that new community-based and intensive bed-based rehabilitation services are developed. These recommendations are likely to impact not only Victoria but other Australian jurisdictions too.

Occupational therapists can be found throughout hospital-based mental health services and many mental health occupational therapists have worked in such services at some point in their career. The occupational therapy role in mental health is well-established and well-recognised in hospital-based services, however many occupational therapists report issues in relation to their ability to work to full scope and the prevalence of generalist roles that can be filled by any of the mental health professions—psychologists, social workers, and mental health nurses. The Victorian Royal Commission has recognised the need to provide a range of therapeutic options, and support bed-based patients to engage in meaningful activities with greater community connections.

Clinicians report that there can be significant issues in relation to resourcing across all hospital-based services. The Productivity Commission's recent Inquiry into Mental Health found that Community ambulatory services—clinical services provided in community or outpatient clinics, including day programs and outreach services provided at a person's home or at an aged care facility—found a significant mismatch between the time clinicians were able to spend with patients and that outlined in the National Mental Health Service Planning Framework (NMHSPF). While the NMHSPF was based on clinicians spending two thirds of their time with patients, actual time spent on patient-related activities was less than a third of the clinician's time. The amount of time spent with patients has also dropped over time with AIHW data suggesting a drop from 28% in 2013/14 to about 20% in 2017/18. The Productivity Commission found that on that basis, staffing levels were 65% below benchmark levels.

The Productivity Commission also found that questions around responsibility for funding of community-based services was contributing to resourcing issues, noting that the responsibility of the states and territories, and those of the Commonwealth through PHN-commissioned programs, was not well defined.

## Workshop aims

This workshop is one of a series of advocacy-focused workshops that will bring together occupational therapists who work with clients with mental health needs to talk about the issues and barriers that most impact them in their day-to-day work. The workshops will seek to identify opportunities for improvement and reform. This will support work that Occupational Therapy Australia (OTA) is undertaking to develop a strategic advocacy plan and campaign, focused on the mental health work of occupational therapists. OTA is being supported in the development of the mental health paper by SquareCircle Consulting.

## Workshop questions

The questions below will be used to guide the discussion during the workshop. As the workshops may not provide sufficient time for all feedback to be discussed, participants are encouraged to provide written feedback on the questions before or after the workshop.

### General questions

1. What are the key challenges for you as a clinician working in a hospital-based mental health service? What is the service or setting you work in (e.g., in-patient or out-patient, acute, sub-acute)?
2. What are the key challenges for your clients and/or quality clinical care?

### Funding and workforce

3. What are the funding and workforce issues?
  - a. How adequate is resourcing?
  - b. How well understood is the OT role?
  - c. How effectively are you able to work as part of the multidisciplinary team?
4. What are the key workforce-related issues that impact you as a clinician working in this area?
  - a. How adequate is the resourcing for the OT role?
  - b. How difficult is it to keep on top of professional development?

- c. Do you feel that OTs working in this area have the requisite skillset and experience?
5. How well are you able to interact with other health and non-health professionals?
6. Do you interact with other roles such as medical staff, other allied health, mental health nurses, allied health assistants or peer workers and how effectively does this work? Are you able to work constructively together?

### **Demographics and client needs**

7. What are the demographics of the clients you work with? E.g., children aged 0-12, young people aged 12-18, adults aged 18-65, older people aged 65 and over.
8. How would you describe the key diagnoses and support needs of the client cohort you support?
9. Do you identify specific outcomes, and do you measure progress against these? How? Are measures consistent across clients or individual (e.g., goal setting)?

### **Clinical supports**

10. What do you define as a mental health related intervention in the context of this scheme or setting?
11. Which of these interventions would you consider OT-specific interventions, and which are general mental health style interventions?
12. Are there OT-specific interventions that are particularly relevant in this context and how does your work differ from other professions in this setting?
13. Are there OT interventions that you feel that you are unable to utilise due to constraints on accepted therapies?
14. Are there clear role definitions that differentiate your own work and that of other allied health professionals such as psychologists and social workers?
15. What is the role of social prescribing in your clinical work and to what extent is this enabled or prevented by the scheme or setting in which you work?

## **Additional information about the Thinking Ahead: Mental Health project**

If you are interested in keeping up-to-date with the work being undertaken as part of the OTA Thinking Ahead: Mental Health project, please visit: <https://otaus.com.au/media-and-advocacy/mental-health-paper>. The website will include updates about progress on the project as well as providing information about any opportunities to participate in additional workshops or consultation activities. Updates will also be provided via OTA member communications channels.

If you would like to provide feedback or register interest in upcoming consultations, please contact: [haveyoursay@otaus.com.au](mailto:haveyoursay@otaus.com.au).