

# Workshop Four: Community mental health services for adults

## Background

Mental health interventions are at the core of the occupational therapy profession, and occupational therapists are represented in all areas of mental health service delivery. However, the profession is often overlooked as a key provider of mental health services. 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.

### **Community mental health services for adults**

Community mental health services play a vital role in the Australian mental health system. Their role is to bridge the gap between private and Commonwealth-funded primary care mental health services, and the acute hospital-based system. Many of these services focus on supporting those with limited socioeconomic means and/or more complex and persistent mental illness. In practice though, access can be difficult and waiting lists can be long, leaving significant gaps in the availability of services for those who have utilised their available Medicare-funded mental health services but whose needs are not yet severe enough to be eligible for hospital services. This is often referred to as the 'missing middle', and is exacerbated by poor coordination between primary care, community and hospital-based mental health services and across different funding schemes.

The community mental health system is complex with varying program structures across states and territories as well as overlapping funding responsibility between different governments and government agencies. For example, the Commonwealth funds a range of services through Primary Health Networks (PHNs), who fund local delivery of services through a commissioning model, which may overlap with the roles of state and territory health funded community health services. Each PHN region may have different rules and services are generally only for those living in the region. The introduction of Commonwealth-funded Adult Mental Health Centres across Australia may add further complexity. Despite this overlapping nature, a range of reviews have found that community mental health services are underfunded and there are significant service gaps.

A range of reviews, strategic frameworks and other government inquiries into mental health have identified the need to increase investment and access to services. The Productivity Commission Inquiry into Mental Health found significant issues in relation to community ambulatory services in terms of the proportion of time that clinicians were able to dedicate to patients and argued for the need to address this through increased resourcing and reducing the administrative burden on health professionals. There are signs governments are responding. In Adelaide, Priority Care Centres, funded by the South Australian government in conjunction with the Adelaide PHN, have taken on an expanded role to encompass mental health services. In Queensland, a range of reforms are being undertaken as part of the Shifting Minds initiative which has sought to provide increased

community funding and support a shift of focus from hospital-based care to the community. Western Australia recently announced funding for a step-up/step-down service offering community mental health services and short-term residential support. Other governments are similarly focusing on better integration of care, improved coordination of services, and an increase in the availability of community-based services to support consumers to access the services.

Victoria is currently in the process of undertaking the largest scale reforms of community mental health services. The Victorian Royal Commission into Mental Health recognised the essential role of community-based mental health services and has recommended a major expansion of community-based mental health services including 50-60 Adult and Older Adult Local Mental Health and Wellbeing Services, and 22 Adult and Older Adult Area Mental Health and Wellbeing Services. The latter are to be delivered through partnerships between public health services or public hospitals and non-government organisations that deliver wellbeing supports. The intention is that these services will provide access to treatments and therapies, wellbeing supports (also called psychosocial supports), peer support and self-help, and care planning and coordination.

The Victorian government is currently in the process of implementing these and a wide range of other reforms based on the recommendations of the Royal Commission. A range of these are likely to be of specific relevance to occupational therapists including additional work focused on workforce planning and the development of new multidisciplinary models of care to support community- and home-based supports. While these reforms are focused on Victoria, they are likely to inform mental health service planning in other states.

## 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 community mental health setting?
2. What are the key challenges for your clients and/or quality clinical care?

### Funding and workforce

3. What are the major funding issues that impact your work?
  - a. How adequate is resourcing?

- b. Does funding limit your clinical interventions (e.g., as a result of rationing or due to funding constraints on some interventions)?
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. Are you able to access mental health OT-specific professional development?
  - c. Do you feel that OTs working in this area have the requisite skillset and experience and are able to access appropriate supervision and training?
5. How well are you able to interact with other health and non-health professionals in support of your role? What barriers are there to that interaction (e.g. lack of coordination, lack of funding for case conferencing)?

### **Demographics and client needs**

6. 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.
7. How would you describe the key diagnoses and support needs of the client cohort you support?
8. 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**

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