

WORKSHOP SUMMARY

Workshop Five: Mental health supports for children and young 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 children and young people across a range of schemes and settings. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes

1. Mental health OT role and expertise may not be well understood by broader multidisciplinary team in child and youth services such as Headspace. Areas of OT expertise like functional recovery are not sufficiently recognised.
2. Mental health OTs are impacted in terms of understanding and ability to push for OT-specific interventions by limited access to more senior roles as well as an increase in generic mental health roles.
3. Mental health OTs are generally underrepresented in leadership and executive roles, leading to underrepresentation of the profession in service design and planning.
4. The CAMHS/CYMHS environment requires a broad set of skills due to range of developmental stages covered by services. This challenge may be alleviated by shifts to splitting out services into 0-11 and 12-25 age groups.
5. Undergraduate training is not providing sufficient foundation in mental health for children and young people and general content and expectations may not accurately reflect real world job roles.
6. Recruitment is a major challenge due to generic roles not being attractive to graduates and perception of high risk and less rewarding work and remuneration in mental health.
7. The NDIS interface is not effective for some people, adding risk of gaps. Participants with complex needs may struggle to find services that will take them on.
8. Mental health OTs can spend significant time trying to support access to the NDIS and services are also often working to address shortfalls in private sector services.
9. Mental health OTs would benefit from OT-specific CPD training focused on supporting the mental health of children and young people. Additional areas of value would be training to help support clinicians in using and advocating for the use of OT-specific skills in generic roles.

Key challenges

1. Mental health OTs are experiencing growing demand for services without a corresponding rise in FTE.
2. Administrative reporting requirements are continuing to increase, leaving less time to work with clients. No evidence of a shift to address this in response to Productivity Commission findings.
3. Communication between NDIS and other services is largely non-existent resulting in inefficiency and risk for clients.

4. Access to services for asylum seekers is very difficult due to lack of funding under government programs such as Medicare. This increases likelihood of poor outcomes in a cohort that already experiences additional challenges in seeking and accessing services.
5. Headspace model is highly variable and has resulted in very different approaches. Private therapist model is not effective, particularly for mental health OTs who may have more complex caseload at low rebate levels and with high chance of cancellation and no income.
6. Representation of mental health OTs in education settings, particularly schools, is non-existent in many jurisdictions and focus is very psychological despite needs often focusing on other areas such as self-regulation.
7. Access to mental health OT services in schools is often dependent on private payment.

Additional post-session questions

1. **What would you change in the Headspace model to support mental health OTs to work more effectively with young clients and/or families?**
2. **What types of CPD or training support have you accessed to support your professional development? What training would you find most useful to support your work with children and young people?**

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