

## WORKSHOP SUMMARY

# Tertiary in-patient and forensic mental health

*This document provides a summary of the discussion and findings from the deep dive workshop focused on tertiary in-patient and forensic mental health settings. The workshop was held on the 14<sup>th</sup> 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**

- Workshop participants identified a range of more and less formal strategies used to identify training requirements and support early-career development for themselves and for their staff.
- Both graduate programs and capability framework-based approaches focused on core skills or practice domains related to occupational therapy mental health practice including functional assessments, documentation, sensory approaches as well as areas such as activity and participation and understanding of the relevant Mental Health Act.
- Formal programs and frameworks had been developed with reference to the National Standards for Mental Health Services.
- In addition to more formal programs or frameworks, mentoring and supervision were identified as key foundations to support development in areas such as confidence and clinical reasoning.
- In some cases, mentoring and supervision were the primary forms of training as other training weren't available due to resourcing or capacity issues.
- Communities of practice were identified as an important way to support discipline-specific development.
- New graduates were seen to require development in relation to core multidisciplinary mental health skills, particularly where student placements had not been conducted in mental health settings. There was broad agreement that services should be the primary providers of introductory education relating to non-OT/general mental health skills for new graduates.
- OT educator roles were identified as an important foundation for development of education frameworks and structures, particularly at mid-career stage and beyond.
- Participants expressed support for more structure and guidance from OTA for the profession in relation to capability development at different career stages, noting that in some cases OTs may be in isolated roles and/or managed by nurses or other allied health disciplines who would not have knowledge of OT role and capabilities.

### **Career pathways and stages**

- Participants discussed the importance of differentiating from service-based roles and grades and the impact in thinking about career stages of the limited progression opportunities in clinical roles.

- The setting for entry level roles was considered relevant important in terms of development pathways, however there was discussion that increasingly entry-level roles are not only in-patient settings at Grade 1 and then in community settings as clinicians advanced. Instead there was discussion about the importance of the right support structures:
  - o A mental health OT team with junior and more senior members to provide hands-on guidance and peer support
  - o Supervision and support from a mental health OT
  - o Time for training and development as well as caseload appropriate to level
- Capability rather than years of experience was seen as most appropriate.
- Advanced and senior levels were acknowledged as underdeveloped in clinical areas due to lack of roles. Participants argued that for senior roles to be resourced by public health services, there needed to be an argument for the value of investment.
- Behavioural support/restrictive practice was seen as an important potential area of development that would have value for health services and well aligned with OT skillset.

### ***Skills and capabilities for in-patient mental health settings***

- Research and evidence translation were both identified as key areas of capability and support. Participants discussed the divide that may exist between academic research activities and the needs of clinical mental health settings.
- Improving confidence and capacity in clinicians to undertake research was highlighted, noting that not all research needed to be conducted at the level required for journal publication.
- NDIS related capability was highlighted as an essential area for practitioners. In some services short-term NDIS support roles were funded but these were not ongoing.
- Key skills relating to the NDIS are:
  - o Understanding of standardised assessment tools required by NDIS
  - o Training around housing-related applications for SIL/SDA.
  - o Understanding of specific language and deficits-based approach of the NDIS and how to write reports that meet participant needs.
  - o Training for private OT assessors in relation to Improved coordination and cooperation with in-patient and forensic teams, noting that in-patient teams had a longer-term interaction with client/participant and improved understanding of their likely needs.
  - o \*Advocacy with NDIA was flagged in relation to assessments in in-patient settings not necessarily reflecting need once a participant had transition back into the community.
- In addition to those areas of capability listed, participants also highlighted:
  - o Evaluation
  - o Ethical practice (noting the importance of this in the context of private NDIS services)
- 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.

### ***OTA support for in-patient mental health training and development***

- Workshop participants flagged the potential role of OTA in addressing gaps in CPD offerings by health services as well as priority areas by improving connections with services and state level organisations such as State OT Educator roles, OT leadership networks (and equivalent), and with senior OTs in health services.
- Connections with OT leaders and discussions about priorities and need were considered more appropriate than surveying.

## 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 in-patient services?
2. What are the key areas of mid- and senior career capability required in in-patient settings when compared with earlier career capability?
3. Are there any areas of advanced practice you have identified since the workshop or do you have suggestions about how best to identify priority areas?
4. Do you have any capability frameworks or guidelines used by your service that you can share?

*If you would like to provide feedback, please contact: [pherrmann@squarecircleconsulting.com.au](mailto:pherrmann@squarecircleconsulting.com.au).*