

## ***2024-25 Federal Pre-Budget Submission***

Occupational Therapy Australia

January 2024

## Occupational Therapists - Supporting What Matters

There is growing synergy between the occupational therapy profession and the Government's reform agenda across primary care, aged care, disability, due to the increasing focus on preventative health and social determinants of health, and the growth in person-centred, holistic care, health promotion and prevention, disease self-management, and overall quality of life.<sup>1</sup>

Occupational Therapy Australia (OTA) welcomes the Australian Government's commitment to wellbeing outcomes for the Australian community and applauds the development of *Measuring What Matters: Australia's First Wellbeing Framework* which will support these outcomes.

Occupational therapists (OTs) are skilled, qualified and experts in a range of therapeutic skills and interventions that support and empower people to live healthy and meaningful lives. OTs have a key understanding of the significant impact that roles, habits, and routines have on health and wellness outcomes. They also focus on a person's meaningful engagement in occupations, which is relevant and vital to their participation in individual, family, and community life, including education and employment, and health outcomes.

OTs are well placed to work to address the major health issues facing Australia's population now and into the future, which place pressure on the primary health, aged care, mental health and disability care and support systems. They can make valuable contributions to achieving the government's reform agenda as well as supporting the outcomes identified in the *Measuring What Matters* Framework. These include chronic disease, aging and age-related conditions, disability, and mental illness.

OTs can contribute significantly to the work done in interprofessional care and support teams, and by individual medical practitioners, to reduce pressures on the primary health system by:

- maximising independence and participation in daily life by recovering and improving function, and the development of skills for daily living,
- minimising the risk of crisis situations, such as unplanned hospital admissions, and
- overcoming the barriers to engaging with services such as social prescribing.

OTA has identified five key areas for government attention in 2024-25 that will support the role of OTs to improve outcomes and wellbeing for the Australian community.

## About Occupational Therapy Australia

OTA is the professional association and peak representative body for OTs in Australia. There are around 29,000 registered OTs working across the government, non-government, private and community sectors in Australia.<sup>2</sup> OTs are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

## Contact

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# 1. Workforce

## Issues:

Allied health is the second largest health workforce, and their essential role in supporting and enhancing the health and well-being of the Australian community is well recognised.

However, there is no nationally consistent collection and integration of allied health workforce data and no accurate picture of how many allied health professionals are actively working, how long they will work, in which sectors they work, and where they are located. This contributes to fragmented, inconsistent approaches to workforce and service planning and results in poor access to essential allied health services, especially for people in rural and remote areas and those with chronic conditions.

Australia urgently needs a national allied health workforce strategy and consistent data collection, to meet growing demand and challenges in the health, aged care, mental health, and disability sectors, and deliver the reforms in progress, including implementation of the recommendations from the Independent NDIS Review.

OTA welcomed the release of the National Mental Health Workforce Strategy, which identifies a 32% shortfall in mental health workers when compared to the 2019 National Mental Health Service Planning Framework (NMHSPF) target. This shortfall is expected to grow to 42% by 2030, representing a growth from 74,252 FTE mental health staff nationally in 2019, to 87,645 in 2030, if current shortages are not addressed. While the Workforce Strategy identifies occupational therapy and other allied health professions as important components of the mental health workforce, it also identified several gaps in available data, including for OTs, limiting the analysis that could be undertaken<sup>3</sup>.

In addition, the Australian Council of Deans of Health Sciences recently estimated in their Allied Health Aged Care Workforce Model Report that there is an allied health workforce shortfall of 25,000 professionals over the next 10 years to meet demand in aged care alone.<sup>4</sup>

It is worth noting that in 2021 the Department of Health and Aged Care identified occupational therapy as the fastest growing registered health profession in Australia. Between 2015 and 2019, the occupational therapy workforce experienced an annual growth rate of 7%, compared with 3.7% for psychologists<sup>5</sup>. Despite new occupational therapy courses being established nearly every year, those graduating from university courses are not able to meet the current and projected demand for their services.

## Solutions:

OTA recommends the following for urgent action by the Australian Government to address workforce issues:

1. The government work with the allied health sector to develop a National Allied Health Workforce Strategy to meet increasing demands across the health, aged care, mental health, and disability sectors, with allocation of adequate funds in the 2024-25 Budget to support development and implementation.
2. Fund the implementation of a national repository for allied health workforce data.
3. Invest in the enhancement of existing workforce data collection.

## 2. Ageing and Aged Care

### Issues:

Older Australians want to live in their own homes and communities for as long as possible and enjoy a good quality of life and a positive ageing experience, regardless of where they live. The Royal Commission into Aged Care Quality and Safety concluded that 'reablement' is critical to older people's physical and mental health and wellbeing and should be a central focus of aged care and identified the importance of allied health in achieving these outcomes in its findings and recommendations.

Research conducted by OTA shows that, when prompted with a list of benefits of occupational therapy, helping people to live independently in their own homes for longer was seen by all segments to be the most important benefit, including those who had used or were using occupational therapy <sup>6</sup>.

However, the average amount of allied health care provided per resident per day (PRD) is now half of that found by the Royal Commission. The most recent Quarterly Financial Snapshot (QFS) of the Aged Care Sector<sup>7</sup> reported 4.26 minutes PRD, which represents a further reduction in minutes since the last QFS and since the commencement of the AN-ACC, in comparison to the 8 minutes PRD identified by the Royal Commission.

OTA's recent surveys across our profession shows a reduced uptake of occupational therapy services in residential aged care since the introduction of key reforms in October 2021, with a marked reduction in clinical outcomes and quality of life results for residents. This has been quantified in each of the reported QFS with a steady reduction in reported allied health minutes.

### Solutions

OTA recommends the following actions in the next financial year to support the *Measuring What Matters* goals for older Australians receiving care and support, and the reform of the aged care system in Australia:

1. Ensure care is targeted to assessed needs, through the development and use of an evidence-based assessment of needs tool across residential aged care settings.
2. Fund effective data collection to measure the need and utilisation of allied health, including occupational therapy, in aged care. This information will not only support the development of innovative and quality approaches to care, but also ensure the achievement of quality care through accurate cost modelling and funding.
3. In light of the delay of the inclusion of the Commonwealth Home Support Program (CHSP) in the new Support at Home program, increase funding, as a priority, to address waiting lists, and utilise the extended timeframe to identify best practice, effective service delivery through data collection and evaluation.

### 3. Primary Care

#### Issues

The primary care system has become increasingly difficult for consumers to navigate, particularly in rural areas, with fragmentation of funding contributing to barriers to the services people require. Accessible and direct pathways to multidisciplinary care in the primary care setting will improve client outcomes and enable them to get the allied health care they need and want, and in conjunction with support to navigate these pathways, will reduce unnecessary overreliance and burden on GPs.

An increased understanding of the clinical skillset of OTs has the opportunity to ease pressures on other health services by enabling the referral of patients to more appropriate care. Currently, the full scope and value of occupational therapy is under-utilised and is too often inaccessible to clients in the primary health care setting. This results in an undue burden on other health services and a failure to utilise all available resources in an already understaffed field.

#### Solutions

To support the health and wellbeing of the Australian community, and support the Government's reform agenda, OTA recommends the following actions by the Australian Government as a matter of priority:

1. Increase Medicare rebates for occupational therapy services so they reflect the true cost of service provision, including the introduction of rebates for travel costs for home and community appointments, in recognition that best practice occupational therapy approaches enable assessment and treatment of clients in natural settings (i.e. their home, workplace or community).
2. Enhance Medicare Chronic Disease Management (CDM) rules to enable 10 sessions, higher rebate rates, longer appointments (with a long consultation rebate), and support for a wider range of conditions which contribute to or are frequently experienced alongside chronic disease including obesity, chronic pain, and falls prevention.
3. Develop and trial alternative funding models, including blended or block-funded primary care funding models for occupational therapy services and other allied health services as recommended by the Primary Health Reform Steering Group.

## 4. Mental health

### Issues

People experiencing mental ill-health and psychosocial disability who are ineligible for the NDIS are currently unable to access the supports they need.

This gap has been acknowledged by the Productivity Commission, the Department of Health and Aged Care, and now the NDIS Review. It has been identified as not only impacting on the sustainability of the NDIS, but also prevents early intervention and treatment to support people to continue to live and participate in the community. The Productivity Commission Inquiry into Mental Health estimated that 154,000 people who need psychosocial support cannot access it under current policy settings.<sup>8</sup> Current NDIS data indicates that people with psychosocial disability continue to experience low rates of social, community and economic participation, relative to the broader NDIS participant population.<sup>9</sup>

While the Better Access to Mental Health initiative provides Medicare rebates for people with mental ill-health to access some mental health services in the community, a recent evaluation<sup>10</sup> of this initiative found there were key issues around equity of access and that costs to patients have substantially risen, resulting in people delaying or not seeing a health professional, impacting on their mental health and wellbeing and prevention of more significant mental ill-health and the need for more intensive services. Increased referrals to Mental Health OTs (MHOTs) through the Better Access program, by improving the understanding of GPs about the skills and expertise of MHOTs would help alleviate demand on services provide much needed access to supports.

OTA welcomes the NDIS Review's recommendation that supports for people with psychosocial disability should be combined with broader mental health reforms outside the NDIS to better support people with severe mental illness and complex needs. OTs are well placed to support this vision for a more comprehensive and supportive mental health system that complements the intentions and principles of the NDIS, and in which psychosocial supports are designed to meet individual need, delivered by highly skilled practitioners, with a holistic approach to working with people with mental health and psychosocial issues, and with a focus on capacity building.

It is essential however, that occupational therapy be firmly embedded in future service models both within and outside the NDIS to facilitate opportunities and evidence-based capacity building to enable people with mental ill-health and psychosocial disability to live full lives and work towards active citizenship.

### Solutions:

To support the mental health and well-being of the Australian community, OTA recommends the following actions be implemented as a matter of priority:

1. Ensure mental health occupational therapy skills are recognised and utilised in the psychosocial supports area of the newly formed foundational supports sector and continue to be recognised and accessed within psychosocial support services in the NDIS.
2. Increase opportunity and access for those seeking mental health treatment through primary health care, including reducing red tape for referral to Mental Health OTs via Medicare.
3. Increase investment in public mental health settings, specifically more mental health occupational therapy roles in acute public health settings, including emergency departments, as well as more support to prevent burnout and retain skilled staff.

## 4. NDIS and disability support

### Issues

The Independent NDIS Review final report has been welcomed by OTA. It provides an important opportunity to codesign solutions and refine NDIA systems and processes to reduce red tape and improve efficiencies within the scheme, so that the scheme remains viable in the long term, and participants can continue to be supported to achieve their goals.

OTs are instrumental in efforts to realise the vision outlined by the NDIS Review panel for Foundational Supports, particularly targeted supports, which have been identified as primarily for people under the age of 65 who are not eligible for the NDIS and are in most need of additional support, including home and community care-type supports, aids and equipment, early childhood supports, psychosocial supports and supports for adolescents and young adults.

It is paramount that OTs be actively engaged in the design and implementation of the future NDIS and new foundational support models, especially in the paediatric and psychosocial space, to ensure access to tailored and individualised supports that meet community and individual needs, delivered by highly skilled practitioners with a focus on capacity building. No person who requires the benefits of occupational therapy should be allowed to fall between the gaps as funding models shift and change.

OTA encourages the Australian Government, in conjunction with the NDIA and state governments, to build trust with stakeholders and service providers, including OTs, and to collaborate with these groups to address issues identified in the Independent NDIS Review Final Report.

### Solutions

To support implementation of the Review recommendations, and ensure people with disability continue to have their needs met, within and outside the NDIS, OTA recommends that the following actions be undertaken as matters of priority:

1. NDIA works with OTA and allied health stakeholders to ensure that new templates and processes including the proposed Needs Assessment, and any additional assessment or reports required from treating clinicians, are codesigned, clinically informed and appropriate for all NDIS participants, including those with psychosocial disability, and the NDIA supplies clear guidance for practitioners on how to complete these assessments and tools. The NDIA should ensure it adheres to the NDIS Review recommendation that Needs Assessments are conducted by allied health professionals and recognises the opportunity for OTs to conduct these assessments.
2. Before introducing major scheme changes, or significant changes to NDIA processes that will impact the occupational therapy NDIS provider market, that NDIA consults with OTA and other allied health professions on the nature of the changes and the information and communication needs of providers working in the sector. Government should engage with OTA in the planning design and implementation of early childhood and psychosocial disability foundational supports, to ensure that they enable access to occupational therapy services and professionals.
3. NDIA and the NDIS Commission engage with allied health providers on the design of new registration models, to ensure they recognise the protections offered by mandated AHPRA registration, do not duplicate regulation across other schemes, offers proportional protections that acknowledges sole practitioners and small providers, and reduces red tape for all therapy providers.

## References

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- <sup>1</sup> Halle, Ashley D., et al. "Occupational therapy and primary care: Updates and trends." *The American Journal of Occupational Therapy* 72.3 (2018): 7203090010p1-7203090010p6
- <sup>2</sup> Occupational Therapy Board of Australia (Australian Health Practitioner Regulation Agency), 2023; <https://www.occupationaltherapyboard.gov.au/About/Statistics.aspx>
- <sup>3</sup> Department of Health and Aged Care National Mental Health Workforce Strategy 2022-23 <https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032>
- <sup>4</sup> Australian College of Deans of Health Sciences 2023 <https://acdhs.edu.au/allied-health-aged-care-workforce-model/>
- <sup>5</sup> Department of Health. (2021). Allied Health in Australia. Retrieved from <https://www.health.gov.au/health-topics/allied-health/in-australia#allied-health-workforce-numbers>
- <sup>6</sup> Occupational Therapy Australia 2023 Consumer Perceptions of Occupational Therapy in Aged Care Research Report, Unpublished
- <sup>7</sup> Department of Health and Aged Care 4<sup>th</sup> Quarterly Aged Care Financial Snapshot <https://www.health.gov.au/resources/publications/quarterly-financial-snapshot-of-the-aged-care-sector-quarter-4-2022-23-april-to-june-2023?language=en>
- <sup>8</sup> Productivity Commission 2020 Inquiry into Mental Health <https://www.pc.gov.au/inquiries/completed/mental-health/report>
- <sup>9</sup> NDIS Participant Dashboard for psychosocial disability, September 2023. <https://data.ndis.gov.au/reports-and-analyses/participant-dashboards/psychosocial>
- <sup>10</sup> Department of Health and Aged Care 2022 Evaluation of the Better Access initiative – final report <https://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report>