

# Mental health occupational therapy capability framework

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The mental health capability framework proposes a series of capabilities that occupational therapists practising in mental health settings should seek to achieve at different career stages. The intention of the framework is not to create additional hurdles for practitioners as OTA recognises mental health practice is within the scope of all registered occupational therapists. Instead, the framework is intended to enable individual occupational therapists to make decisions about where to focus their development activities, and managers and employers to make decisions about the areas of capability development they should be providing for their staff. It is likely that some mental health settings will find it difficult to offer development opportunities across all areas of capability development, particularly opportunities to build experience in the practical application of training with clients and their families and informal support networks. However, this should not be seen as a downside of the framework. Instead, it should be seen as means of helping individual practitioners to identify potential developmental gaps, and for employers, managers, and business owners to consider whether there may be opportunities to expand their own services in order to represent more wholistic mental health practice.

In defining the capabilities required for mental health practice, several caveats apply. The list of capabilities is not intended to represent all capabilities required by occupational therapists. Individual mental health settings are likely to [require the ability to structure early career development based on the needs of that organisation](#) and its clients. Several areas of capability were also excluded based on consultation with the profession and a view that they were outside the scope of this framework:

- Generic or setting-based capabilities have not been included as clinicians consistently agreed these were the responsibility of employers rather than OTA. This may include non-occupational therapy specific capabilities that apply to all mental health professionals in a particular work setting, such as the use of service-specific screening tools. It may also include other generic capabilities that are required by all staff in a particular setting, such as the use of an electronic medical record system.
- Generic occupational therapy skills that apply across all areas of mental health practice have not been addressed in this framework. While some frameworks such as the [Royal College of Occupational Therapy Career Development Framework](#) also include additional pillars focused on Facilitation of Learning, Leadership, and Evidence, Research and Development, the mental health capability framework has been designed to work in conjunction with more broadly focused models and frameworks including the [National Practice Standards for the Mental Health Workforce \(2013\)](#) and the [Occupational Therapy Competency Standards \(2018\)](#). While there is crossover in some areas, and relevant standards have been referenced in the framework, the intention is not to duplicate existing standards.

*The mental health capability framework has also been designed to fit alongside a broader workforce development project, currently being completed by OTA, which is expected to cover the capabilities that should be considered relevant across all areas of practice. It is expected that as OTA develops a broader development framework, this framework may either act as an addendum or be incorporated into an overarching framework.*

**Foundational practitioner****Intermediate practitioner****Senior practitioner**

**Knowledge of mental health systems, mental health diagnoses and co-occurring factors.**

**All occupational therapists working in mental health require a strong understanding of the mental health system, including relevant mental health legislation, mental health diagnoses, as well as commonly used psychotropic medications and their effects. Practitioners should also have a strong understanding of occupational therapy models of practice, and the impact of trauma, cultural identity and history on the person’s mental health and recovery journey. Practitioners should expect to maintain contemporary knowledge across these areas throughout their career.**

**Knowledge of mental health frameworks and system**

The occupational therapist understands the local and national mental health system, including relevant frameworks, and how to support clients to navigate and access appropriate mental health supports.

The occupational therapist has general knowledge of mental health services and intake processes and can support the consumer and their family to make decisions about, and connect with, appropriate mental health services. The practitioner is aware of relevant frameworks and plans that impact mental health practice and planning including the National Framework for Recovery-Oriented Mental Health Services (Commonwealth Department of Health, 2013), the Fifth National Mental Health and Suicide Prevention Plan, (Commonwealth Department of Health 2017-2022) and any strategies and plans that apply in individual states and territories.

The occupational therapist has sound knowledge of local mental health services and other relevant service systems such as housing, welfare, and the NDIS. The practitioner has sound knowledge of national frameworks and local strategies and plans that underpin clinical practice and service system design.

The occupational therapist contributes to the development and improvement of local service and system structures, implementing improvements or changes to their service or organisation to align with and support broader systemic improvements. The practitioner supports junior clinicians to develop their understanding of local systems and how to navigate these.

**Knowledge of relevant mental health legislation**

The practitioner is familiar with relevant mental health legislation, such as Mental Health Act, Privacy Act and Child protection legislation, and how this may impact interventions.

The practitioner is familiar with the relevant Mental Health Act and any other state, territory and federal legislation that may apply to their work and the rights of individuals in their care. The practitioner works to ensure that they are actively seeking to protect and enhance the individual rights and decision-making capacity of clients.

The occupational therapist has sound knowledge of the relevant Mental Health Act and other legislation that may apply. The practitioner has developed the necessary clinical capability and experience, including completing relevant training, to complete assessments and treatment orders, along with appropriate documentation as relevant under the local Mental Health Act. The practitioner works with the broader team to protect and

The occupational therapist contributes to service design and delivery to maximise the rights and capacity of individuals under the Mental Health Act and other relevant legislation. The practitioner can undertake assessments and develop treatment orders and supports junior practitioners to develop their capacity to undertake assessments, develop treatment orders and to understand

		enhance the rights and decision-making capacity of clients.	and support the individual rights and decision-making capacity of clients.
<p><b>Knowledge of mental health diagnoses and treatment</b></p> <p>The occupational therapist is familiar with the major areas of mental health diagnoses and how to identify symptoms associated with these. The practitioner is familiar with common treatment approaches and psychotropic medications that clients may be using and their effects.</p>	<p>The occupational therapist understands and recalls common mental health diagnoses and the symptoms associated with these. The practitioner is aware of common evidence-based treatment approaches, common psychotropic medications and how they might impact the consumer and their capacity to engage in occupations and interventions.</p>	<p>The occupational therapist understands a broad range of mental health diagnoses and treatments, including complex presentation, and the symptoms and impacts associated with these. The practitioner is confident in making decisions about evidence-based interventions for a wide range of mental health conditions.</p>	<p>The practitioner has an advanced understanding of mental health diagnoses and treatments and supports the education and training of junior staff in relation to mental health diagnoses and treatments.</p>
<p><b>Occupational therapy models of practice</b></p> <p>The occupational therapist understands how to apply occupational therapy models of practice to support assessment, information gathering and the development of therapeutic interventions. The occupational therapist is familiar with key models of contemporary occupational therapy practice, for example the Model of Human Occupation (MOHO), the Canadian Model of Occupational Performance and Engagement (CMOP-E) and the Occupational Performance Model (OPM Australia).</p>	<p>The occupational therapist has knowledge of current evidence-based occupational frameworks and models of practice and their use in mental health settings and areas of mental health practice. The practitioner can apply appropriate models in their practice with the support of more experienced peers.</p>	<p>The occupational therapist can independently apply current evidence-based occupational therapy frameworks and models of practice in different areas of mental health practice. The practitioner understands how to choose appropriate frameworks and models to align with the needs of the client and intended outcomes and goals.</p>	<p>The occupational therapist has a strong understanding of the use of occupational therapy models of practice and frameworks, can contribute to the education and training of junior practitioners, and contributes to research and the implementation of models and frameworks within the organisation or service.</p>
<p><b>Trauma-informed practice</b></p> <p>The occupational therapist is familiar with the principles of trauma-informed practice, recognising the prevalence of trauma and routinely screening for</p>	<p>The occupational therapist understands the neurological, biological, psychological, and social effects of trauma and its prevalence in society. The practitioner develops their understanding of trauma-based practice by working with more</p>	<p>The occupational therapist has a strong understanding of trauma-informed practice and can independently adapt and alter their clinical approach based on their understanding</p>	<p>The occupational therapist has continued to advance their understanding of trauma and its impact on the person's symptoms, mental illness and recovery journey.</p>

<p>trauma exposure and related symptoms. The practitioner uses culturally appropriate and evidence-based assessments and treatment.</p> <p><i>(National Standards 1.16)</i></p>	<p>experienced clinicians and a diverse range of clients to understand how to adapt their clinical practice to account for experience of trauma.</p>	<p>of an individual’s trauma experience and their knowledge of different intervention types.</p>	<p>The practitioner can support and supervise junior practitioners as they develop capability in this area.</p>
<p><b>Recovery-oriented practice</b> The occupational therapist is familiar with the principles of recovery-oriented practice and the application of common frameworks such as the National Framework for Recovery-Oriented Mental Health Services (2013), the NDIS Psychosocial Recovery Framework or the Victorian Framework for Recovery-Oriented Practice.</p>	<p>The occupational therapist understands the foundations of recovery-oriented practice and is familiar with relevant recovery frameworks that may apply. The practitioner develops their capacity to understand how to apply occupational therapy frameworks to support recovery-oriented practice and maximise hope, self-determination, self-management, and empowerment.</p>	<p>The occupational therapist has a strong understanding of recovery-oriented practice and its use in occupational therapy practice. The practitioner can work independently with clients and other mental health workforces, such as lived experience workers, to maximise opportunities for recovery.</p>	<p>The occupational therapist can support service design and improvement to integrate recovery-oriented practice principles. The practitioner can support junior occupational therapists to develop their understanding of recovery-oriented practice and its practical application with clients.</p>
<p><b>Knowledge of substance use disorders</b> The occupational therapist understands how to recognise and assess substance use disorders and the interaction between mental health conditions and substance use in clients with dual diagnosis.</p> <p><i>(National Standards 6.8)</i></p>	<p>The occupational therapist understands substance use disorders and dual diagnosis and how this may impact interventions and recovery. The practitioner is aware of local services and referral pathways available to clients with substance use disorders and understands the importance of strong partnerships and collaboration with general practitioners and other primary care and community services.</p>	<p>The occupational therapist is familiar with substance use interventions and the principles of relapse prevention planning and harm minimisation. The practitioner has a strong understanding of services and pathways and the application of ‘no wrong door’ policies.</p>	<p>The occupational therapist has sound knowledge of substance use and mental health and the interaction between them. The practitioner can screen, assess, and refer to appropriate services for interventions related to substance use. The practitioner has a sound understanding of relapse prevention, harm minimisation principles and techniques, and promotes the ‘no wrong door’ policy within their organisation or service.</p>
<p><b>Culturally aware practice</b></p>	<p>The occupational therapist understands how to provide culturally safe services for Aboriginal</p>	<p>The occupational therapist has strong knowledge of culturally safe practice and</p>	<p>The occupational therapist draws on individuals, families, and communities</p>

<p>The occupational therapist understands how the understanding of mental illness, and the experience and culture of Aboriginal and Torres Strait Islander peoples may impact assessment and treatment. The practitioner is aware of the impact of stigma and other cultural factors that may impact clients from culturally diverse backgrounds and how this may impact their understanding of mental illness, their ability to access services, and their progress on their recovery journey.</p>	<p>and Torres Strait Islander peoples, which recognise the impact of trauma and grief and draw on culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands how to work with culturally and linguistically diverse communities, including those with a refugee background, and is familiar with local services for culturally diverse communities. The occupational therapist understands the potential role of stigma and shame, as well as being familiar with the use of communication techniques that address language barriers.</p>	<p>understands how to collaborate with the individual, their families and carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe and appropriate therapeutic interventions.</p>	<p>of all cultural backgrounds as active partners in the planning and development of culturally safe and appropriate service delivery and design. The practitioner works with junior occupational therapists to support them to develop an understanding of culturally safe practice.</p>
<p><b>LBGTIQA+ aware practice</b> The occupational therapist recognises that the LBGTIQA+ community are more vulnerable to psychological distress, suicidal behaviour and self-harm and ensures that their services are accessible and appropriate to the needs of individuals who identify with the LBGTIQA+ community.</p>	<p>The occupational therapist understands that LBGTIQA+ communities may experience higher risks of mental ill-health and psychological distress. The practitioner works alongside more experienced colleagues to develop and implement appropriate strategies for clients. The practitioner is aware of services that support LBGTIQA+ services and refers clients when appropriate.</p>	<p>The occupational therapist incorporates an understanding of the additional risks experienced by LBGTIQA+ communities in their work with clients, actively monitoring for any signs of risk and implementing appropriate strategies. The practitioner has a sound understanding of services that support LBGTIQA+ clients and works with them where appropriate to support the client's needs.</p>	<p>The occupational therapist has the knowledge and clinical capabilities needed to engage and support the LBGTIQA+ community and can develop links and collaborative working relationships with services that support LBGTIQA+ clients. The practitioner can support junior occupational therapists to develop their understanding of working with LBGTIQA+ clients and services.</p>
<p><b>Attachment Theory</b> The occupational therapist understands the underlying theories (attachment, neuroscience, family therapy) and the contribution this has for an individual's relationships, development, and mental health well-being. The practitioner understands how to observe and intervene to support the relationship between a child and their caregiver.</p>	<p>The occupational therapist understands attachment theory and the contribution of poor attachment in infancy on later developmental challenges. The practitioner understands how to observe and intervene to support the relationship between the child and their caregiver.</p>	<p>The occupational therapist has a strong understanding of attachment theory and incorporates this understanding in their work with clients and their families/care givers. The practitioner can work independently with clients and other health professionals to apply attachment-based approaches to therapy.</p>	<p>The occupational therapist has a strong understanding of the underlying theories (attachment, neuroscience, family therapy) and the contribution this has for an individual's relationships, development, and mental health wellbeing. The practitioner can support junior occupational therapists to develop their understanding of</p>

			these theories and the implications within clinical practice.
<p><b>Child and adolescent developmental stages</b></p> <p>The occupational therapist understands child and adolescent developmental stages and how these may impact assessment and intervention.</p>	<p>The occupational therapist understands child and adolescent developmental stages and how these may impact assessment and intervention.</p>	<p>The occupational therapist has a strong understanding of child and adolescent developmental stages and independently applies this knowledge to develop, deliver and evaluate occupational therapy assessment and intervention.</p>	<p>The practitioner has an advanced understanding of child and adolescent developmental stages and how these impact OT assessment and intervention. The practitioner can support junior occupational therapists to develop their understanding of child and adolescent developmental stages and how this informs their clinical practice/approach.</p>
<p><b>Assessment and planning</b></p> <p><i>Aligned with Standard 3.2 from Occupational Therapy Board Standards and Standard 1.9 of National Mental Health Practice Standards).</i></p>	<p><b>All occupational therapists require the ability to use a range of different assessment tools and to use these as a foundation for the development of appropriate clinical formulation, diagnoses and planning of supports and therapeutic interventions. While different mental health settings will emphasise particular types of assessment, all mental health occupational therapists should seek to build appropriate assessment capability through on-the-job and specialised training and practical work with clients. Occupational therapists should aim to develop and expand their capabilities in relation to assessment of clients at all career stages.</b></p>		
<p><b>Functional capacity assessments</b></p> <p>The occupational therapist uses appropriate occupational therapy to assess a range of skills underpinning the ability to fully participate in required and desired daily activities (personal care, leisure, education/work), to assess communication and interaction skills, and identify functional capacity and inform clinical decision making and discharge planning</p>	<p>The occupational therapist understands and utilises occupational focused functional capacity assessments to develop an occupational formulation, drawing on support from and review by senior colleagues as needed. The practitioner uses the assessment to describe a person's occupational identity, sense of competence and the key occupational issues, drawing on occupational formulation to inform the development of individuals' plans and measurable goals.</p> <p>The practitioner develops experience in the use of the following assessments:</p>	<p>The occupational therapist can independently complete functional capacity assessments for a broad range of clients, drawing on clinical reasoning to ensure the selection of appropriate assessment tools. The practitioner develops capacity in the use of the following additional functional assessment tools:</p> <ul style="list-style-type: none"> <li>• The Perceive, Recall, Plan, Perform (PRPP) Task Analysis</li> <li>• Assessment of Motor Processing Skills (AMPS)</li> <li>• Worker Role Interview (WRI) and Worker Environment Impact Scale (WEIS)</li> </ul>	<p>The occupational therapist can carry out functional assessments with all clients, drawing on a wide range of assessment tools based on the individual needs of the client. The practitioner can support junior occupational therapists to develop capability in the use of functional capacity assessments.</p>



	<ul style="list-style-type: none"> <li>• Occupational Circumstances Assessment Interview Rating Scale (OCAIRS)</li> <li>• Model of Human Occupation Screening Tool (MOHOST)</li> <li>• Occupational Self-Assessment (OSA)</li> <li>• The Volitional Questionnaire (VQ)</li> <li>• Activity checklists</li> <li>• Assessment of Communication and Interaction Skills (ACIS) Version 4.0</li> </ul>		
<p><b>Cognitive assessments</b></p> <p>The occupational therapist uses appropriate cognitive functional assessments to support information gathering and assessment for mental health clients.</p>	<p>The occupational therapist is familiar with use of the Mini Mental State Examination (MMSE) and Mental State Examinations (MSE) and begins developing experience in their use with the support and review of a senior colleague. The practitioner begins to develop familiarity with other occupational therapy-specific cognitive assessment tools, and their interactions with other types of assessment, through their work alongside senior colleagues.</p>	<p>The occupational therapist has a working knowledge of MMSE and MSE assessments and the ability to undertake these independently with most clients. The practitioner begins undertaking training and developing working knowledge in the use of occupational therapy-specific cognitive assessment tools such as the Loewenstein Occupational Therapy Cognitive Assessment (LOTCA), Loewenstein Occupational Therapy Cognitive Assessment - Geriatric (LOTCA-G), the Allen Cognitive Level Screen (ACLS-5) and the Perceive, Recall, Plan and Perform (PRPP).</p>	<p>The occupational therapist continues to develop, maintain, and grow their working knowledge of occupational therapy-specific cognitive assessment tools, developing the ability to work with complex clients and to use a range of different tools as required. The practitioner uses their knowledge and experience to support junior practitioners to develop experience in the use of cognitive assessments.</p>
<p><b>Environmental assessments</b></p> <p>The occupational therapist uses appropriate occupational therapy assessment tools to undertake an environmental assessment, choosing the appropriate tools for the environment and using these to inform planning and therapeutic interventions.</p>	<p>The occupational therapist can undertake an environmental assessment in non-complex environments, with the support and review of a senior colleague, to identify the impact of the environment on the client, as well as to determine any adaptation requirements needed to overcome the impact of disability and illness on the person.</p>	<p>The occupational therapist can independently undertake an environmental assessment for a broad range of clients and in a broad range of environments, drawing on the following tools:</p> <ul style="list-style-type: none"> <li>• Residential Environment Impact Scale</li> <li>• Home Visit Assessment</li> <li>• Home Circumstance Review</li> </ul>	<p>The occupational therapist continues to develop, maintain, and grow their working knowledge of environmental assessments, developing the ability to work with complex clients and environments. The practitioner uses their knowledge and experience to support junior practitioners to</p>



		<ul style="list-style-type: none"> <li>• Environmental Assessment and Screening templates and tools</li> </ul>	develop experience in the use of cognitive assessments.
<p><b>Risk Assessment and Personal Safety Planning</b></p> <p>The occupational therapist carries out risk assessments and develops safety plans to identify and address any risks to the consumer’s health and wellbeing and that of others, including the occupational therapist.</p> <p><i>(National Standards 1.9).</i></p>	The occupational therapist begins to develop an understanding of risk assessment tools and safety planning, including the development of personal safety plans for clients, by working alongside senior colleagues.	The occupational therapist understands how to complete risk assessments in a range of environments and settings for themselves and their clients. The practitioner understands how to develop and implement safety plans and personal safety plans, incorporating appropriate behavioural strategies, to address any identified risks to the client or themselves.	The occupational therapist can contribute to service design and delivery improvements focused on increasing safety and reducing risks to clients and health professionals. The practitioner can support the education of junior occupational therapists in the use of risk assessments and the development of safety plans.
<p><b>Risk Assessment – Driving</b></p> <p>The occupational therapist understands their responsibilities as a health professional in relation to the potential impact of a consumer’s mental health condition on driving safely and builds appropriate assessment and screening into their risk assessments.</p> <p><i>(Victorian Graduate Occupational Therapy Competencies for Mental Health 4.4)</i></p>	<i>The occupational therapist screens the driving status of consumers, including license status and active driving role, and identifies any concerns impacting on the consumer’s ability to drive safely, such as the use of medication. The practitioner works with senior colleagues and treating medical doctor to review risks and plan strategies accordingly.</i>	<i>The occupational therapist screens and assesses driving status as part of routine risk assessments. The practitioner educates consumers and family members, and supports in relation to their obligations to report ongoing health conditions to their treating medical doctor and/or state/territory specific licensing authority. The practitioner identifies strategies to self-regulate driving and help consumers identify times they may avoid driving or it may be unsafe to drive. The occupational therapist collaborates with other supports, treating medical doctor and health professionals to escalate concerns as per local risk management policy.</i>	<i>The occupational therapist undertakes screening and assessment for driving status and works with consumers, families, and support networks to address risks and support alternatives to driving. The practitioner collaborates with other members of the support network to escalate issues. The practitioner supports junior occupational therapists to assess and manage risks appropriately.</i>
<p><b>NDIS assessment and reporting</b></p> <p>The occupational therapist can complete functional and psychosocial assessments</p>	The occupational therapist understands how to complete basic environmental, functional, and psychosocial assessments to support clients to	The occupational therapist can independently complete assessments for a wide range of clients, drawing on the Early Screening	The occupational therapist can complete assessments of risk, safety and violence, alongside relevant

<p>using a range of age-appropriate assessment tools identified by the NDIA and develop reports that reflect NDIS language and needs in order to support clients at the access, planning and review stages.</p>	<p>access NDIS funded services, drawing on support and review from a senior colleague as needed. The occupational therapist is familiar with the preferred assessment tools used by the NDIS and the appropriate formulation of findings to support client funding and review applications.</p>	<p>Inventory (ESI-3), the World Health Organisation Disability Assessment Schedule (WHODAS 2.0), as well as other assessment tools. The practitioner completes more complex environmental and risk assessments to support NDIS access, planning and reviews, including applications for housing using the Home and Living Supports Request Form.</p>	<p>environmental, functional, and psychosocial assessments for the most complex clients and environments. The practitioner has advanced training and experience in risk assessment and the use of the Historical, Clinical and Risk Management - 20 (HCR -20) and Dynamic Appraisal of Situational Aggression (DASA) tools. The practitioner can supervise and support junior practitioners to develop their capability in relation to NDIS assessment and reporting.</p>
<p><b>Sensory assessment</b> The occupational therapist understands how to carry out an age-appropriate sensory assessment and to use these as the foundation for developing sensory and personal safety plans.</p>	<p>The occupational therapist understands the role of a sensory profile and when it is required. The practitioner can complete a sensory profile and prescribe a sensory diet, drawing on support or review from a senior colleague as needed, to assist the person to manage stimulus levels in a way that allows them to function optimally.</p>	<p>The occupational therapist can independently complete a full sensory assessment with a wide range of clients, drawing on a range of sensory assessment tools including the Child and Adolescent and Adult Sensory Profiles, Sensory Screening Tool, and Sensory Processing Measure, using these to develop sensory diets and sensory plans that support optimal function and the development of personal safety plans.</p>	<p>The occupational therapist can work with all clients, regardless of complexity, to complete sensory assessments, develop sensory plans and personal safety plans. The practitioner can support junior practitioners to develop their understanding of sensory assessment tools and the development of sensory plans and diets.</p>
<p><b>Physical assessment</b> The occupational therapist uses their knowledge of physical health to determine whether physical health assessments are required and carries out appropriate assessments or screening to support treatment planning, referrals,</p>	<p>The occupational therapist has a basic understanding of physical health and its interaction with the person's mental health condition and recovery journey. The practitioner can complete a physical assessment, drawing on support or review from a senior colleague as needed, to build an understanding of the</p>	<p>The occupational therapist has a sound understanding of relevant physical health needs and their interaction with the person's mental health and recovery. The practitioner understands the interaction between physical and mental health such as clients with chronic pain may experience. The practitioner can independently complete physical health</p>	<p>The occupational therapist can assess physical health with all clients and support clients to access appropriate services and aids. The practitioner can support junior practitioners to develop capacity in relation to physical assessments.</p>

and to inform the development of broader functional assessments.	person's physical health needs and when referrals for other services may be required.	assessments, providing guidance and referrals for other relevant care, and prescribe basic aids and equipment.	
<p><b>Occupation-focused interventions and therapeutic strategies</b></p> <p><b>Occupation-focused planning and use of interventions and strategies are at the core of mental health occupational therapy practice. Using the information gathered from the assessment process, the occupational therapist develops and implements therapeutic interventions and strategies to respond to occupational focus areas. Occupation-focused interventions focus on motivation, leisure and play, habits and routines, meaningful roles, prevocational and vocational rehab, life skills, functional cognition, physical activity, community tenure and independence, communication and interaction, self-management, emotional regulation, and environment. While occupational therapists may draw on a range of strategies, all practitioners should seek to develop and maintain capability in the following strategies and interventions.</b></p>			
<p><b>Activity grading and adaptation</b></p> <p>The occupational therapist understands and uses activity grading and adaptation strategies to support occupation-focused interventions.</p>	<p>The occupational therapist has a basic understanding of how to develop activities that are adapted and graded to provide “just right challenges” aligned with a person’s capacity, drawing on support and review from a senior colleague as needed. The practitioner understands how to facilitate motivation for occupational participation through increasing personal causation, values, and interests.</p>	<p>The occupational therapist has a sound understanding of the use of graded activities and can independently implement their use as a strategy to support occupation-focused interventions and can implement these with a broad range of clients.</p>	<p>The occupational therapist is highly experienced in the use of activity grading with all levels of client complexity. The practitioner can support junior occupational therapists to develop capacity in the use of activity grading strategies.</p>
<p><b>Therapeutic use of self</b></p> <p>The occupational therapist understands and uses therapeutic use of self strategies to support occupation-focused interventions.</p>	<p>The occupational therapist has a basic understanding of how to implement the planned use of personality, insights, perceptions, and judgements as part of the therapeutic process to maintain a good working relationship with the client and support occupational engagement. The practitioner builds confidence in their use of this strategy through support and supervision from a senior occupational therapist.</p>	<p>The occupational therapist has a sound understanding of how to implement therapeutic use of self-strategies with a broad range of clients and can independently make decisions about when and how to use this strategy as part of their clinical practice.</p>	<p>The occupational therapist has a sound understanding of how and when to use therapeutic use of self strategies with all clients. The practitioner can support junior occupational therapists to develop their understanding and implementation of therapeutic use of self in their clinical practice.</p>
<p><b>Therapeutic use of occupation</b></p> <p>The occupational therapist understands that occupations are at the core of</p>	<p>The occupational therapist understands occupation as a means of achieving therapeutic outcomes and carrying out interventions, and as</p>	<p>The occupational therapist has a sound understanding of the therapeutic use of occupation and can independently make</p>	<p>The occupational therapist can use occupation-based strategies with all clients. The practitioner is confident</p>

<p>occupational therapy practice and uses occupation as a method of intervention and an outcome.</p>	<p>an outcome or goal, within their therapeutic practice. The practitioner develops their confidence in using occupation-based activities to achieve goals and outcomes with consumers, and as goals or endpoints of therapeutic interventions, drawing on support and supervision from a senior occupational therapist.</p>	<p>clinical decisions about when and how to use occupation-based strategies and goal setting with a broad range of clients.</p>	<p>supporting junior occupational therapists to develop their understanding and use of occupation to support therapeutic interventions.</p>
<p><b>Activity scheduling</b> The occupational therapist understands how to use activity scheduling as an evidence-based means of supporting recovery and participation in activities of daily living.</p>	<p>The occupational therapist understands the role of activity scheduling and behavioural activation as an evidence-based means of responding to mood disorders, as a behavioural strategy, and to support participation in instrumental activities of daily living. The practitioner can develop therapeutic strategies using activity scheduling with the support and guidance of a senior occupational therapist.</p>	<p>The occupational therapist has further developed their knowledge of activity scheduling as a therapeutic strategy and has developed experience using the approach with a range of clients. The practitioner understands the strengths of activity scheduling and how to use it alongside other therapeutic strategies.</p>	<p>The occupational therapist is experienced in the use of activity scheduling as a therapeutic approach with complex clients and client presentations. The practitioner can support junior occupational therapists to develop the skills and knowledge required to implement activity scheduling to support individuals to engage in ADLs.</p>
<p><b>Re-motivation Process</b> The occupational therapist understands the role of volition and motivation as a foundation for participation in occupations and draws on assessments and interventions focused on re-motivation where appropriate.</p>	<p>The occupational therapist understands the impact of low volition and begins developing experience in the use of the Re-motivation Process and associated strategic interventions that can enhance the motivation to engage in occupations. The practitioner develops skill using the Volitional Questionnaire (VQ) to assist individuals in planning intervention to support the re-motivation process.</p>	<p>The occupational therapist is skilled and experienced at enhancing participation in occupations through addressing challenges a client may have with motivation (values, interests, and personal causation).</p>	<p>The occupational therapist is experienced in working with complex consumers/presentations in developing individualised programs to assist with overcoming low volition. This requires a high level of skill and experience to ensure activities are graded to specific skill level and engaging enough to support participation. The senior occupational therapist provides supervision to junior OTs in developing the specialist skills to support re-motivation.</p>

<p><b>Working with groups</b> The occupational therapist understands how to establish and facilitate group interventions, both as a means of implementing structured therapeutic techniques in a group setting, and as a deliberate therapeutic program that draws on interaction with peers to support recovery.</p> <p><i>(National Standard 7.8)</i></p>	<p>The occupational therapist is familiar with group work principles and how these can provide an opportunity to focus on occupational exploration and shared experiences with their peers. The occupational therapist works with more senior colleagues to plan and co-facilitate groups, and to co-develop programs for multiple participants to experience a range of occupations, to validate their experience and to encourage participation in activities. The practitioner develops familiarity with occupational therapy-based group approaches that incorporate education and participation in occupation.</p>	<p>The occupational therapist has sound knowledge of group principles and can independently develop group programs, including those based on occupational therapy principles, and facilitate group work. The practitioner is confident using group sessions to reinforce the individuals view of themselves as occupational beings – to shape their occupational identities and allow them to explore their interests, values, and beliefs.</p>	<p>The occupational therapist is experienced in facilitating groups with complex client groups, such as forensic consumers, consumers in high dependency units and consumers presenting with challenging behaviours. The senior occupational therapist provides education and training to junior occupational therapists in group facilitation skills and supports junior staff in planning, implementing, and reviewing groups, as well as overseeing or coordinating group programs.</p>
<p><b>Sensory modulation interventions</b></p> <p><b><u>Sensory modulation interventions</u> are a core component of contemporary mental health occupational therapy practice. Occupational therapists use their understanding of sensory inputs and their impact on the person’s function and behaviour as a means of supporting the person to regulate their behaviour, function, and mood.</b></p>			
<p><b>Sensory modulation interventions</b> The occupational therapist understands how to support clients to implement sensory techniques to self-organise and regulate sensory input and to adapt these to environmental changes.</p>	<p>The occupational therapist develops their understanding of sensory modulation interventions and their use as coping strategies that promote emotional self-regulation, distress tolerance, and function. The practitioner can develop basic sensory plans such as weighted modality plans, based on assessment outcomes with the support of a senior practitioner.</p>	<p>The occupational therapist has a sound knowledge of how sensory modulation directly effects the autonomic nervous system (the fight or flight system) to quickly alter stress and arousal levels. The occupational therapist has the knowledge and experience to conduct risk assessments and prescribe weighted modalities.</p>	<p>The experienced occupational therapist can provide complex sensory interventions for the most complex client presentations. The practitioner contributes to the development and establishment of sensory spaces within units, services, and homes where appropriate. The practitioner can provide supervision and support to junior clinicians in relation to sensory interventions.</p>
<p><b>Structured therapeutic interventions</b></p> <p><b>Structured therapeutic interventions provide additional tools to assist the occupational therapist to address the individual needs of the client and are used to support occupation-focused interventions. The occupational therapist can draw on a range of structured therapeutic tools and interventions in order to improve the health and wellbeing of the person seeking care, focusing on reducing the</b></p>			

impact of clinical symptoms, improving the person's functional capacity and ability to pursue activities, occupations and goals and promote recovery.			
<p><b>Psychotherapy – Motivational interviewing</b></p> <p>The occupational therapist understands the use of motivational interviewing as a therapeutic technique and can utilise appropriate forms of therapeutic intervention.</p>	<p>The occupational therapist develops an understanding of motivational interviewing as a means of supporting behaviour change and encouraging consumers to take personal responsibility for their health and recovery. The practitioner develops experience and capability in the use of motivational interviewing and tools such as MOHO and the Paediatric and Adult Volitional Questionnaires, with the support of a senior clinician.</p>	<p>The occupational therapist is confident working independently to use motivational interviewing with a wide range of clients. The practitioner understands the stages of changes and can successfully design and implement treatment plans targeted at the specific stage that clients are at, to enable the individual to progress.</p>	<p>The senior occupational therapist can work with all clients, including complex presentations, and individuals who struggle to change unproductive behaviours. The senior occupational therapist can coach junior occupational therapist to develop the knowledge and skills needed to implement motivational interviewing techniques with individuals.</p>
<p><b>Psychotherapy – Psychoeducation</b></p> <p>The occupational therapist understands how to provide education and information to consumers, carers, and family members in relation to the person's mental illness and management of symptoms and psychological states.</p>	<p>The occupational therapist understands the foundations and benefits of psychoeducation and has the foundational knowledge required to implement this approach with individuals, carers, and family members, drawing on support from a senior colleague where needed.</p>	<p>The occupational therapist can work independently with a wide range of clients, carers, and family members, using psychoeducation to support recovery and management of the mental illness and its symptoms.</p>	<p>The occupational therapist is confident drawing on psychoeducation approaches alongside other interventions for all clients and presentations. The practitioner can support junior clinicians to develop capability in the use of psychoeducation.</p>
<p><b>Psychotherapy – Cognitive and behaviour therapy</b></p> <p>The occupational therapist understands how to use cognitive and behavioural therapies to support consumers to recognise and modify negative cognitive and behavioural patterns.</p>	<p>The occupational therapist has a foundational understanding of cognitive and behavioural therapy approaches; however, has not yet developed the clinical application skills to work independently with consumers using this approach. The developing practitioner might co-facilitate a group with an experienced clinician or support an experienced clinician to implement individualised therapy.</p>	<p>The occupational therapist is familiar with the cognitive and behavioural therapy techniques including Occupational Self-Assessment, Cognitive Behavioural Therapy (CBT) and Cognitive Remediation Therapy (CRT). The practitioner has engaged in additional learning and development opportunities to build on the foundational knowledge to implement these techniques independently with consumers and continues to draw on supervision from a senior clinician to expand their skills.</p>	<p>The occupational therapist has the advanced skills and experience to use cognitive and behaviour therapy approaches with highly complex presentations. The practitioner can support the skill development of junior clinicians and provide supervision in this area of practice to intermediate level clinicians.</p>

<p><b>Psychotherapy – Dialectical Behaviour Therapy (DBT)</b></p> <p>The occupational therapist understands when and how to employ DBT to support consumers with conditions such as borderline personality disorder (BPD), substance use, post-traumatic stress disorder (PTSD) and depression.</p>	<p>The occupational therapist has a foundational knowledge of DBT and when it is used. The practitioner is developing the clinical skills required to use DBT clinical interventions independently. The developing practitioner works with more experienced clinicians, with specific training in DBT, to build the clinical skills, knowledge and confidence required to implement the clinical approach independently.</p>	<p>The occupational therapist has undertaken learning and development opportunities to build on their foundational knowledge and develop the confidence and skill to work independently. The practitioner has undertaken specific mental health DBT training and has participated in clinical work and focused supervision with an appropriately experienced senior colleague.</p>	<p>The occupational therapist has the advanced skills and experience to utilise a DBT approach when working with all clients, including highly complex presentations. The practitioner can support the skill development of junior clinicians and provide supervision in this area of practice to intermediate level clinicians.</p>
<p><b>Psychotherapy – Acceptance and Commitment Therapy (ACT)</b></p> <p>The occupational therapist understands how to use acceptance and commitment strategies to support increased psychological flexibility and behaviour change.</p>	<p>The occupational therapist has a foundational level of ACT knowledge and recognises when ACT may be appropriate. The practitioner works to develop the clinical skills required to work independently, working with more experienced clinicians, trained specifically in this therapeutic approach, to build the clinical skills, knowledge and confidence required.</p>	<p>The occupational therapist has undertaken focused development to increase their knowledge and build the confidence and skill to work independently. The practitioner has undertaken specific mental health ACT training and has participated in clinical work and focused supervision with an appropriately experienced senior colleague.</p>	<p>The occupational therapist has advanced knowledge and experience using an ACT approach and can work with all clients, including highly complex presentations. The practitioner can support the skill development of junior clinicians and provide supervision in this area of practice to intermediate level clinicians.</p>
<p><b>Psychotherapy – Narrative therapy</b></p> <p>The occupational therapist understands how and when to use narrative therapy with consumers to externalise and recontextualise their experiences, including the importance of drawing on narrative therapy for some client groups such as Aboriginal and Torres Strait Islander clients.</p>	<p>The occupational therapist has foundational knowledge of narrative therapy and an understanding of when, and for which client groups, this approach is appropriate. The practitioner takes steps to develop the clinical skills required to work independently by working with experienced clinicians to participate in sessions and build the clinical skills, knowledge and confidence required.</p>	<p>The occupational therapist has the skills needed to work with clients independently using a narrative therapy approach. The practitioner has engaged in additional learning and development opportunities, attending narrative therapy specific training courses, and working with a range of clients using the approach. The occupational therapist draws on supervision with an experienced senior clinician to support their development.</p>	<p>The occupational therapist has advanced knowledge and experience using narrative therapy and its use with all client groups including Aboriginal and Torres Strait Islander clients and those with complex needs. The practitioner can support the skill development of junior clinicians and provide supervision in this area of practice to intermediate level clinicians.</p>



<p><b>Coaching</b> The occupational therapist understands the role of coaching as a means of helping clients, families and carers to develop capacity and improve their skills in relation to the management of mental illness and its symptoms.</p>	<p>The occupational therapist understands coaching principles and uses coaching approaches to support clients, families and carers, drawing on guidance from a senior colleague where needed. The practitioner practices instructing, demonstrating, guiding, and verbally or physically prompting when working with clients.</p>	<p>The occupational therapist has developed a strong understanding of coaching as a therapeutic tool to promote client-centeredness in their practice and can implement coaching techniques independently with a wide range of clients, families and carers.</p>	<p>The occupational therapist draws on coaching techniques wherever appropriate, including with complex clients. The senior practitioner can support other health and education professionals, such as less experienced occupational therapists, teachers and speech therapists, to incorporate coaching practices into their work.</p>
<p><b>Client-centred practice and continuous improvement</b> <b>All occupational therapists working in mental health should seek to ensure that they are gathering feedback and input from clients and experienced mental health occupational therapists and other mental health professionals as part of their practice. Practitioners should also develop their own capacity to provide supervision and support to other mental health professionals.</b></p>			
<p><b>Clinical supervision</b> The occupational therapist understands the role of clinical supervision as a means of developing and enhancing their own practice and that of the occupational therapists they supervise, is familiar with professional models of supervision, and understands the role of reflective practice, evaluation, and feedback. The clinician understands the value of lived experience supervision and actively seeks lived experience supervision where possible.</p> <p><i>(National Standards 13.3, OT Competency Standards 1.12)</i></p>	<p>The occupational therapist participates in supervision and begins to develop their understanding of supervision models and approaches. The practitioner uses supervision to support their professional development across all capability development areas.</p>	<p>The occupational therapist has expanded their understanding of supervision models and approaches and actively uses supervision as part of their own development and practice. The practitioner can supervise students or junior staff, implementing appropriate models and providing guidance to junior staff about how to use supervision in their own development.</p>	<p>The occupational therapist can provide supervision to intermediate and senior staff, drawing on extensive experience and supervision training. The practitioner supports occupational therapists requiring additional professional support and supervision. The senior occupational therapist also provides support and coaching to junior and intermediate clinicians to help them understand the most effective approach to discipline specific supervision as supervisees and supervisors.</p>
<p><b>Feedback informed practice</b> The occupational therapist understands how to seek, measure, and respond to</p>	<p>The occupational therapist understands that seeking feedback from clients, based on set measures, is an important foundation for the</p>	<p>The occupational therapist is confident in the independent use of feedback informed practice, and in using measures that suit their</p>	<p>The occupational therapist is confident using feedback informed practice in their own practice, as well</p>

<p>client feedback as part of their practice and focuses on using that feedback as the foundation for continuous quality improvement.</p> <p><i>(National Mental Health Standards 2.12. OT Competency Standards 4.10).</i></p>	<p>therapeutic relationship and a means of ensuring that interventions are effective. The practitioner seeks feedback and works with a more experienced colleagues to adjust their strategies appropriately.</p>	<p>practice. The practitioner actively encourages feedback as a foundation for therapeutic practice and overall quality improvement.</p>	<p>as supporting junior clinicians to reflect on, and respond to, client feedback through supervision and supported practice.</p>
<p><b>Care coordination</b></p> <p><b>Care coordination is a key area of mental health practice for many occupational therapists in public and non-government community mental health roles and a core component of occupational therapy practice. All practitioners should seek to gain experience in the use of care coordination principles as part of their practice and continue to build their experience in utilising care coordination strategies to support clients at all career stages.</b></p>			
<p><b>Care coordination or case management</b></p> <p>The occupational therapist is familiar with care coordination principles and is able to coordinate, facilitate and integrate mental health treatment, care and support based on the needs of the individual consumer and their knowledge of mental health systems and supports.</p>	<p>The occupational therapist understands the principles of care coordination and draws on their understanding of the mental health system and therapeutic strategies, with the support of senior colleagues, to assist clients to access supports and address barriers to recovery.</p>	<p>The occupational therapist can independently support a larger caseload of clients, drawing on sound knowledge of the mental health system to support clients. The practitioner actively seeks opportunities to develop relationships with other parts of the mental health and related service systems to support their care coordination role.</p>	<p>The occupational therapist has the skills and experience to manage multidisciplinary case management teams. The practitioner has the experience to act as the primary care coordinator of a complex case load that requires regular multidisciplinary complex case reviews and may include complex clients with forensic history and higher risk profiles.</p>
<p><b>Working with other health professionals, carers, and families</b></p> <p><b>At the core of occupational therapy practice is an understanding of the need to strengthen and draw on a wide range of supports to assist the client on their recovery journey. Occupational therapists understand the role and contribution of different mental health workforces, the vital role of families and carers, and the importance of other coordinator and intermediary roles. Practitioners will actively seek to develop their experience in working with others at all career stages and in all settings, basing capability not only on completion of training but also on proactively seeking opportunities to work with others.</b></p>			
<p><b>Working within a multidisciplinary team</b></p> <p>The occupational therapist understands how to work in a multidisciplinary mental health environment, and how to advocate for the mental health</p>	<p>The occupational therapist understands the different mental health roles and how each profession, including their own, makes a unique contribution to client outcomes. The practitioner understands when to seek the</p>	<p>The occupational therapist has a sound understanding of the role and scope of other professions involved in multidisciplinary care and is confident in making independent decisions about how to work most effectively</p>	<p>The occupational therapist proactively seeks opportunities to bring an occupation-focused lens to the multidisciplinary team and contributes to ensuring that the</p>

<p>occupational therapy role within that team.</p>	<p>expertise of, or refer to, other mental health professionals.</p>	<p>with other clinicians and how to ensure their role complements that of others involved in the person's care.</p>	<p>person is able to access the most appropriate supports. The practitioner supports junior occupational therapists to develop their understanding of mental health occupational therapy and its interaction with the work of other mental health and health professionals.</p>
<p><b>Working with lived experience workforces</b> The occupational therapist understands the contribution of lived experience workforces as part of the mental health team and how to support integration of lived experience approaches as part of therapeutic interventions and recovery planning.</p>	<p>The occupational therapist understands the role of lived experience in recovery-oriented practice and the unique contribution of lived experience workforces. The practitioner develops confidence in the integration of lived experience approaches as part of therapeutic interventions, with the support and guidance of senior occupational therapists.</p>	<p>The occupational therapist has a sound understanding of lived experience workforces and can make independent decisions about when and how to draw on lived experience workforces to complement their own therapeutic interventions and support recovery. The practitioner actively seeks to learn from those with lived experience through training and lived experience supervision.</p>	<p>The occupational therapist proactively works to support and enhance the role of lived experience workforces in their service or organisation. The practitioner can support the education of junior occupational therapists in relation to how occupational therapists and lived experience roles work together and complement one another.</p>
<p><b>Working with families and carers</b> The occupational therapist understands how to work with families and carers and the importance of considering the <a href="#">needs, capacity, and wellbeing of those in caring roles</a>.</p>	<p>The occupational therapist understands the important role of family members and carers in the life of the client, particularly if those clients are still children, and how they can contribute to client recovery. The practitioner is aware of the impact of the caring role on the family member or carer and the importance of supporting access to carer support and wellbeing services. The practitioner develops their confidence in working with families and carers by actively seeking opportunities to engage, supported by a senior occupational therapist.</p>	<p>The occupational therapist has a sound understanding of the role of family members and carers in supporting recovery and actively seeks to include family and carers in recovery planning and therapeutic interventions. The practitioner proactively supports carer wellbeing by supporting those in caring roles to understand and connect with supports and services.</p>	<p>The occupational therapist is experienced at working with families and carers, including those where additional complexities may impact the caring role. The practitioner works with junior clinicians to develop their own understanding of and experience in working with families and carers.</p>

**Working with care coordinators, recovery coaches and other intermediary roles**

The occupational therapist understands the role and purpose of support and intermediary roles and how to work with those roles when undertaking planning and implementing therapeutic interventions with clients.

The occupational therapist understands how care coordinators, recovery coaches and other intermediary roles support people with mental illnesses and how their roles intersect with that of the occupational therapist. Practitioners actively build relationships with others in these roles.

The occupational therapist actively identifies those in care coordination and other intermediary roles, recognising their role in supporting recovery. The occupational therapist plans interventions and programs to align with other supports being provided by intermediaries and seeks to share information about the client's needs, with their permission, to support others to work effectively.

The occupational therapist can take an active role in supporting a coordinated approach to client needs, even where the client has complex needs and a larger support network of care coordinators and other intermediaries. The practitioner supports junior clinicians to develop their knowledge of and experience in working with those in intermediary and coordination roles.

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