

Royal Commission into Victoria's Mental Health System

Occupational Therapy Australia submission

July 2019

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission to the Royal Commission into Victoria's Mental Health System.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of March 2019, there were more than 5,500 registered occupational therapists working across the government, non-government, private and community sectors in Victoria. Occupational therapists who provided input to this submission include those working with people with diagnoses of eating disorders, personality disorders, mood and anxiety disorders, substance – related disorders and people with schizophrenia.

Occupational therapy is a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (World Federation of Occupational Therapy (WFOT), 2019).

Mental health service provision is a core area of practice for occupational therapists dating back to the beginning of the profession more than 100 years ago. Occupational therapists deliver services to people with relatively common conditions such as anxiety disorders, as well as more severe conditions that require targeted interventions, such as psychosis, trauma-related disorders and complex presentations with multiple/chronic conditions involved. They work with people across the age range, from children with pervasive developmental disorders through to people with dementia accessing aged persons' mental health services.

Occupational therapists provide strengths-based, goal-directed services to improve mental health and wellbeing, and to help a person access personally relevant and valued roles and occupations. Their places of employment may include hospitals, clinics, day and rehabilitation centres, home care programmes, special schools, industry and private enterprise (WFOT, 2019).

In Victoria, occupational therapists play a vital role in transforming the lives of people accessing public mental health services, as well as delivering a range of services that address mental health and mental illness among the homeless, those in prison and forensic services, and those in mother and baby units. Clients referred to an occupational therapist working in mental health are assisted to:

- Engage in activities that are personally relevant, such as specific vocational and leisure interests (D'Amico, Jaffe, & Gardner, 2018);
- Find meaningful work and undergo training to improve their career options, particularly where their ability to remain engaged for a sustained period has been affected as a result of their condition (D'Amico, Jaffe, & Gardner, 2018);
- Develop ways to enhance their social connectedness and community engagement (Gibson, D'Amico, Jaffe, & Arbesman, 2011);

- Develop skills and qualities such as assertiveness and self-awareness (Gibson et al., 2011); and,
- Develop or restore skills through focused strategies such as personalised behavioural/functional goal setting, psychoeducation, graded exposure and skills-based approaches, experiential learning, group and individual work, and adaptive learning strategies (Burson, Barrows, Clark, Geraci & Mahaffey; 2010; D'Amico, et al, 2018).

In addition, as is common across all professions working in mental health which require additional training to be competent to do so, suitably trained occupational therapists also provide interventions such as psychotherapy, counselling and other psychological strategies through the *Better Access to Mental Health* initiative (Department of Health [Australian Government Department of Health [DoH], 2017). There are around 1,000 Occupational Therapy Australia members who are currently endorsed to provide services under the Commonwealth Government's *Better Access* initiative.

Response to questions posed by the Commissioners

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Occupational Therapy Australia welcomes the Commissioners' acknowledgement that people with mental health problems can experience stigma and discrimination. This can occur in their communities, families, schools and workplaces.

Occupational therapists have a unique, occupationally focused and holistic approach to engaging people with mental health issues, enabling them to participate in meaningful life roles and activities in the context of their environment (Hitch et al, 2018). They provide community based, supported interventions that address barriers to social participation, including the effects of stigma and discrimination, thus, promoting a more positive understanding of people with mental illness by the wider community (Burson et al, 2010; Gibson et al, 2011). Interventions that address social exclusion and promote participation and wellness include, but are not limited to: recovery – orientated service provision; peer support; family psychoeducation; community arts; and innovative modalities such as therapy animals (Bullock & Bannigan, 2011).

To improve the Victorian community's understanding of mental illness and help reduce stigma and discrimination OTA recommends:

- Greater emphasis on improving mental health literacy amongst young people;
- Health promotion and prevention campaigns, including an increased emphasis on community and social participation as a focus for mental wellbeing;
- Greater collaboration and coordination with national organisations such as SANE Australia and Beyond Blue, to promote mental health literacy and combat stigma;
- Greater uptake of the International Classification of Functioning (ICF) in mental health practice, reinforcing the use of "neutral language" and an integrated inclusive approach to mental health, wellbeing and participation;

- Greater uptake of consumer codesign in the development of services, supports and resources and promotional materials (Vic Health, 2019a); and
- Training programs that incorporate the lived experience perspectives of consumers and carers developed for those working in mental health.

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

Occupational therapists work in a range of generic and mental health services, primary care and community settings including school and vocational settings (Royal College of Occupational Therapy [RCOT], 2018). As a result, occupational therapists are well positioned to identify mental health issues early and provide timely intervention to help consumers overcome barriers that are limiting activity and participation. Occupational therapists also play a substantive role in a range of targeted interprofessional mental health teams designed to provide timely and accessible, comprehensive and coordinated mental health care. These include the Combined Care Coordination teams, Crisis Assessment Treatment Teams, the Mobile Support and Treatment Teams, Continuing Care Teams and expert teams designed to care for people with specific diagnoses, such as young people with a psychotic disorder or people who have a diagnosed eating disorder. These teams provide essential mental health expertise and support to people with a range of mental health needs across the spectrum (including management of complex mental health and social needs).

Occupational therapists also contribute to a range of specialised mental health services, for example the Werribee Mother and Baby Unit and the Orygen Health Adolescent Mental Health Service. OTA notes that Headspace employs occupational therapists as case managers and team leaders, providing a primary care based and accessible age appropriate option for young people with mental health concerns. A range of accessible and targeted supports and resources to promote mental health and wellbeing through early intervention and support are also provided through Headspace and government initiatives such as Head to Health. While occupational therapists have established essential roles in a range of these services, the number of occupational therapy roles in these services remains low when compared proportionately with other disciplines in mental health (Victorian Government Department of Health, Melbourne, Victoria 2011).

OTA believes there is an urgent need to invest in mental health services that directly address the everyday occupational concerns of people with mental health issues and their families (RCOT, 2018). These concerns most frequently pertain to the most important determinants of health and life expectancy, such as education, employment and social support (RCOT, 2018).

OTA strongly advocates for the broad adoption of the International Classification of Functioning (ICF) to ensure there is a shared (and destigmatized) language and approach to mental health care. This care should directly address the impact of mental health issues on activity and participation, emphasise the promotion of mental health and wellbeing, and facilitate improved coordination and collaboration of care (WHO, 2001). OTA recommends that this include navigational pathways and support for mental health consumers and their families, to ensure seamless support across services and throughout different stages of care, and most particularly

during transition of care from one stage to another (Manderson, McMurray, Piraino & Stolee, 2012).

Child and Adolescent Mental Health

In some states and territories, occupational therapists are employed across the school sector to work with students, teachers and families, supporting emotional and mental wellbeing, engagement in education and other meaningful activities. In Victoria, however, their role in the school sector is severely limited, as the Department of Education and Training employs very few occupational therapists.

OTA has been advocating for the inclusion of occupational therapists in student support services for a significant period of time, and has made a number of submissions to the Victorian government on this topic. Despite our best efforts, Victorian students continue to be denied the benefits of the practical approach occupational therapists adopt to address students' educational needs in areas of behaviour support, physical limitations and their social and psychological wellbeing.

OTA reiterates its strong belief that occupational therapists should be based within the education sector to work with students, teachers and families. Within our schools there should be much greater emphasis on:

- Improving mental health literacy amongst young people;
- Delivering mental health first aid programs; and
- Providing health promotion and prevention campaigns that emphasise the contextual influences of activity, participation and the physical and psychosocial environment on mental health and wellbeing (WHO, 2001).

OTA also recommends:

- More opportunities to enable children and young people to engage in a range of educational and social activities appropriate to their age that optimise mental wellbeing and coping skills and enable them to transition well into adulthood by helping them achieve their full educational potential (RCOT 2018);
- Further investment in mental health programs (e.g. the Safe Schools program); and
- That essential community mental health programs and supports are sustained through a combination of block and individualised funding.

Adult Mental Health

Occupational therapists have a vital role in the provision of rehabilitation and recovery informed services that focus on engagement in meaningful activity and participation for adults with mental illness (Harvey, Brohpy, Parsons, Moeller-Saxone, Grogg & Siskind, 2016). For adults with mental illness this most frequently orients around their core roles and their capacity to engage in and sustain meaningful employment. Employment in itself brings autonomy, financial security, and social connectedness which is pivotal to mental health and wellbeing. OTA firmly believes that these

services must facilitate greater access to, and integration of, specialist vocational employment services in adult mental health services (RCOT, 2017).

Timely, accessible and responsive mental health services that focus on recovery in the areas of community integration and normative life roles are essential for adults with mental health issues (Gibson, et al, 2011). However, there are significant challenges for people with mental illness navigating complex referral and funding pathways when they are at their most vulnerable. To improve the experience and outcomes of people with mental illness, OTA recommends:

- The development of promotional strategies to encourage positive mental health in the mainstream community, and to encourage early engagement in services that support activity, participation and community integration;
- The development of promotional strategies in all work environments that direct people to appropriate supports if they feel stressed or anxious as a result of their job (College of Occupational Therapists Ltd [COT], 2016);
- Investment in programs and services to help people with mental illness into meaningful work, and to assist those whose ability to remain in the workforce for a sustained period has been affected as a result of their condition;
- Improved coordination and collaboration of care, with greater integration of consumer led tools that focus on mental health and wellbeing (e.g. Wellness and Recovery Plans);
- Widespread adoption and integration of the interprofessional community mental health team models that focus on recovery in the areas of community integration and normative life roles (Rethink Mental Illness, 2019);
- Combined block funding in conjunction with individualised funding to ensure essential community programs are sustainable (Royal Association College of General Practitioners [RACGP], 2019); and
- Targeted funding through the Commonwealth's *Better Access* initiative to specifically focus on outcomes that improve activity, participation and community integration in addition to the focussed psychological strategies in place.

Aged Care Mental Health

Occupational therapists play a pivotal role in the promotion of health and wellbeing through participation in occupation for adults early in the ageing process. They help support the mental health and wellbeing of older people by promoting active ageing, lifestyle interventions (Mountain et al, 2016) and reablement as people age, and encourage peer support and social productivity through participation in occupations (Jackson et al, 1998; Horowitz et al; 2004; Mountain et al, 2008).

Mental health is an aspect of ageing that has not been well addressed historically, due to a complex range of factors including stereotyped views about older people (Chrisler et al, 2016). OTA notes with concern a widespread and deepening crisis in Australian aged care, with around half of the people living in Residential Aged Care Facilities (RACFs) experiencing dementia, depression, or another mental health or behavioural condition.

This crisis has evolved from the increased incidence of mental illness and includes: a disproportionately high suicide rate; difficulties coordinating access to siloed services and supports; limited choice, opportunity or support to remain in the home; and, occupational deprivation and social isolation most often encountered in residential care (Petrova, 2018; ABS, 2016c).

Occupational therapists are uniquely placed to enable older people with mental health issues to engage in meaningful activities and roles, and to overcome barriers resulting from chronic and/or progressive conditions that are often multifaceted and complex and that exist with other comorbid health conditions (e.g. dementia). Collectively, these health conditions can and do have a significant bearing on wellbeing, livelihood and quality of life.

To improve the experience of older people with mental illness, OTA calls for:

- Greater investment in promoting active ageing for the 55-70 age group, to enable them to age well through lifestyle interventions and reablement;
- More options for people with mental health issues to remain in the community with appropriate support, including increased investment in navigation, coordination and collaboration of care;
- Investment in comprehensive models of care that integrate mainstream and mental health services and that promote physical and mental health and wellbeing; and
- Specifically targeted interventions that address occupational deprivation and social isolation.

OTA also endorses recent calls for greater access to mental health care for those living in RACFs. Many residents are undergoing, or have recently undergone, a potentially traumatic change in their lives, transitioning from their home to a new and often uninviting environment. Often, this transition has been prompted by the death of a life partner. At such a time, access to the services of a mental health expert should be freely available.

The current situation, in which RACF residents cannot avail themselves of the *Better Access* items on the Medicare Benefits Schedule, is unacceptable.

Accordingly, OTA calls on the Victorian Government to lobby the Commonwealth with a view to ensuring RACF residents can avail themselves of the *Better Access* initiative.

What is already working well and what can be done better to prevent suicide?

Occupational therapists are employed in adult mental health units (Inpatient Psychiatric Units or IPUs) located within publicly funded mental health services across the state. They are also employed in the smaller number of privately funded IPUs (e.g. Melbourne Clinic). IPUs are settings for those mental health consumers with acute care needs that require round the clock support. They support those people who are of highest risk to themselves and others. Occupational therapists are also employed as mental health clinicians in the emergency departments of our public hospitals.

Occupational therapists have a critical role to play in sub-acute services as people move through clinical recovery to functional recovery domains of social connectedness, meaningful occupation and

community connection after significant illness. Occupational therapists provide evidenced-based interventions that focus on meaningful occupation and engagement in the community.

In community based mental health services, occupational therapists work within risk management and suicide prevention frameworks to address distress and provide ongoing intervention and support to those with long term mental health conditions.

Evidence-based occupational therapy interventions in these services include the following:

- Group programs: Design, implementation, provision and ongoing review and evaluation of group programs that address under occupation in IPUs and focus on underlying mental health problems – thereby minimising risk of suicide (Bullock A and Bannigan K 2011);
- Occupational therapists are practice leads in the assessment and provision of sensory modulation interventions and have actively partnered with nursing colleagues in IPUs to deliver these (Vic Health, 2019b);
- Occupational therapists also provide training and support to nursing staff and the multidisciplinary team in IPUs on the effectiveness of sensory modulation interventions, group interventions and individual targeted assessments that focus on participation and functional recovery (Vic Health, 2019b); and
- Understanding and implementing Environmental Assessment tools and screens. These tools facilitate and optimise consumer and staff safety as well as optimising the therapeutic milieu (Vic Health, 2019b).

To help prevent suicide, OTA strongly advocates for:

- Increased investment in the care of younger people, with greater and more considered investment in prevention, trauma informed care and early intervention (Dube, Anda, Felitti, Chapman, Williamson & Giles, 2001);
- An increased focus on and investment in the mental health issues and needs of older people in our community (Petrova, 2018; ABS, 2016c);
- Greater opportunities for people with mental illness to engage in meaningful age appropriate occupations, including mainstream employment and participation in community and social activities;
- Improved integration of mental health, primary health and community health systems;
- Greater uptake of *Wellness and Recovery Plans*, consumer-led tools that are used in a number of publicly funded mental health services. These tools invite consumers to consider their goals and the activities they can participate in to reach them, while also taking into account the risk factors and early warning signs related to a person's mental illness (WRAP, 2019);
- Greater investment in community based services following discharge from inpatient units that provide shorter term care with outreach-based interventions (RMI, 2019); and
- A systematic and sector-wide approach to addressing stressors such as homelessness, domestic violence, lack of employment opportunities, financial hardship, drugs and alcohol (Vic Health, 2019c; Vic Health, 2019d).

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

The mental health sector is facing unprecedented demand for services and there are many people with mental illness experiencing occupational deprivation and community disengagement (Gibson, D'Amico., Jaffe, & Arbesman, 2011; RACGP,2019). Only those consumers who are acutely unwell and have potential to harm themselves or others, or have high risk needs and complex presentations, meet the necessary criteria for tertiary mental health services. Care has become increasingly episodic due to high demand, and little attention is paid to the skills and supports that would maintain the person in the longer term (Vic Health, 2019d).

Mental health consumers and carers accessing follow up support experience problems attributable in part to the existence of “silos” across Victoria’s health services which result in fragmented service provision. In particular, service options in rural areas are severely limited.

Care and support for consumers in transition from and to services is variable and inconsistent. A consumer may move from inpatient care back to community living with very little support. Community based services following discharge from inpatient units that provide shorter term care with outreach-based interventions are essential. Such models of care prevent a revolving door of deterioration and readmission. Once people do seek help, they may face complicated intake processes around eligibility, and delays before being seen, leading to frustration or lack of timely service provision.

Stressors such as homelessness, domestic violence, lack of employment opportunities, financial hardship, drugs and alcohol, and limited support systems in our communities create a need for therapeutic supports, however the stigma of accessing these supports remains a problem.

It is clear that mental health, primary health and community health systems require more investment and better integration to address growing demand for services. OTA invites the Commissioners to consider the extent to which this fragmented service delivery is attributable to the fact that different levels of government have responsibility for different areas of care, often without apparent reason. For example, Primary Health Networks (PHNs) which include among their stated objectives *improving coordination of care to ensure patients receive the right care in the right place at the right time* are a federal government initiative despite the obviously local nature of their purpose (Australian Government Department of Health [DoH], 2019).

While OTA understands that Australia’s federated structure of governance must inevitably involve a role in healthcare for different levels of government, efforts should be redoubled to ensure greater coordination of care. It is imperative that those experiencing mental health problems are not discouraged from seeking care or, worse, allowed to go unnoticed, because of fragmented service delivery.

Occupational therapists’ unique focus on occupation and participation enable them to address the wide range of environmental obstacles to recovery and empowerment that are experienced by

some Victorian communities, including skills to address attitudinal barriers, poverty and isolation, and complex environments (Edgelow & Krupa, 2011). They are ideally placed to support initiatives that address these challenges, including community based programs that reflect the community's diversity and need.

OTA strongly supports an increase in the availability and accessibility of those *Better Access to Mental Health* items that explicitly include occupational therapy interventions, as these directly address barriers to engaging in activity and participating in the community. As *Better Access* is a Medicare funded initiative, OTA urges the Victorian Government to work with the Commonwealth to achieve this outcome.

OTA calls for greater investment in interprofessional care and support for consumers transitioning between services, and strongly recommends greater investment in community based services that provide shorter term care with outreach-based interventions after discharge from inpatient care (Manderson, McMurray, Piraino & Stolee, 2012).

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

OTA is advised by its members that one factor frequently cited as having had a singularly negative impact on mental health care in Victoria – and in particular the care of consumers with complex, chronic and unremitting symptoms of mental illness – was the closure and restructure of the Psychiatric Disability Rehabilitation Support Services (PDRSS). With the closure of these services (many of which had been part of local communities for many years and were large employers of occupational therapists), safe havens and therapeutic communities for consumers were lost forever. Also lost were opportunities for social connection drop-ins, social skills and therapeutic group programs to improve daily living skills, and safe housing with a focus on rehabilitation.

Social determinants of health have a significant impact on mental health, so communities experiencing multigenerational difficulties, or with uncertain housing and high levels of unemployment, or farming communities adversely affected by weather, are at greater risk of poorer mental health. These problems are often compounded by limited protective and risk reducing opportunities for engagement and connection, limited access to learning new and different skills, and a lack of meaningful engagement opportunities. There needs to be greater investment in the factors that are paramount to mental health and wellbeing such as housing, employment, social support and meaningful occupation (WHO, 2001).

It must be recognised that, to date, the implementation of the National Disability Insurance Scheme (NDIS) has failed those with mental illness. The NDIS is laborious and very difficult for consumers and carers to navigate. Access to the vocational and prevocational services provided by occupational therapists, often in conjunction with vocational consultants, has been all but lost (Furst et al, 2018).

Service models with fewer hurdles and less paperwork for participation in vocational opportunities (education, volunteer or paid positions), including the growth and expansion of the social firm

movement, would be beneficial for consumers. Employment services should either be integrated with mental health services or be co-located with them.

What are the needs of family members and carers and what can be done better to support them?

Occupational therapists work, along with other professionals, to provide support to families and carers. Occupational therapy, with its focus on occupation, has a powerful but under-utilised capacity to work with families and carers to address stress, stigma and the social isolation of families caring for loved ones with mental illness and to increase opportunities for social, vocational and community engagement. Occupational therapists' holistic approach – which includes analysis and intervention in relation to the person and their family, their environment and their occupations – helps people with mental illness overcome daily barriers to activity and participation alongside their families who are also experiencing a level of stress and trauma (D'Amico, Jaffe, & Gardner, 2018).

There is also a significant role for occupational therapy in supporting and providing interventions for those people with mental illness who become parents. Becoming a parent is a significant life change, and has a significant and lasting impact on occupations, roles and routines of everyday life. For people with mental illness, we must consider how to more effectively and positively support these consumers in this major life role (Bassett, Lampe & Lloyd, 1999), thereby supporting functional family life in Victoria.

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

Occupational therapy is recognised as one of the five key professions in mental health care, making a significant contribution to the multidisciplinary team, increasingly recognised as the preferred model of care (Lloyd-Evans et al, 2018). Occupational therapy has an invaluable contribution to make to improve and sustain the mental health and wellbeing of Victorians across the full range of mental health services, however it is at present the smallest allied health discipline delivering mental health care.

A lead, evidence-based statement on the purpose and scope of occupational therapy in mental health is currently being developed by Occupational Therapy Australia to ensure consumers and other health professionals are well informed about our integral role in this field. The statement will also provide guidance for all occupational therapists, regardless of their field of practice, to ensure mental health considerations are well integrated into all occupational therapy services (RCOT, 2018).

OTA believes individual mental health services require a strategic workforce plan that addresses recruitment, retention and succession planning for the workforce. This strategy should include a career structure in mental health practice, education, research, management and strategy (Vic Health, 2019e). Multi-disciplinary staff profiles that include occupational therapy across all professional tiers and grades in mental health services are also required to address the growing demand for services and the growing complexity of need (ABS, 2014).

OTA believe this requires significant investment in occupational therapy services for the growing population of people with mental health issues across the age spectrum (Vic Health, 2019d).

Publicly funded clinical mental health services have historically been the most significant employer of occupational therapists working in mental health, although growing numbers of occupational therapists are now working in non-government and community based mental health organisations. It is important to note that occupational therapists working outside the mental health system also have a valuable role to play in assisting people with mental illness to manage life roles and activities. They also have a pivotal role in linking consumers to relevant mental health services and supports. Due to the complexity of need, OTA recommends that all acute inpatient units have occupational therapy as part of their core staffing profile. We recommend that the ratio of occupational therapists to patients in the acute setting be in line with that of our nursing colleagues, who have a well-established ratio of 1:8. As it currently stands, inpatient units employ a fraction of this number or, all too frequently, no occupational therapists at all.

Community teams require an occupational therapy workforce that has a mix of equivalent full-time funded positions to allow for both case management functions and discipline specific positions that enable occupational therapy specific assessment and intervention work. These core positions should be included within Enterprise Bargaining Agreements.

Area mental health services require occupational therapy educator positions to support the education and professional development of the workforce. These positions enable occupational therapists to work alongside nursing educator colleagues to implement Sensory Modulation and Group Work interventions and to maintain the therapeutic milieu for some of the most vulnerable consumers – in IPU settings for example.

The profession would welcome an investment in the development of leaders among those occupational therapists working in mental health services. OTA believes the establishment of strategic operational, educational and research positions for the allied health professions would help achieve this. Significantly, in those mental health services where Chief Occupational Therapist positions are funded and well-integrated, the workforce has led innovative evidence-based practices and research.

OTA strongly advocates for greater commitment to the provision of leadership positions in occupational therapy, including the development of advanced practice roles (OTA, 2017). Positions that lead implementation of best evidence-based practice, specialist support, innovative quality improvement and research, and that provide a career structure for occupational therapists, facilitate recruitment and retention of the workforce and, ultimately, help achieve optimal outcomes for people with mental illness.

An increase in the number of entry level/graduate positions for occupational therapists is required to ensure a workforce that develops the knowledge, skills and experience required to work effectively with people experiencing mental health issues. An audit in late 2018 revealed there were fewer than 50 mental health clinical occupational therapy graduate positions across the state, despite workforce shortages, particularly within the non-government and private sectors, of more

experienced and senior level occupational therapists. In publicly funded mental health services, there are many more graduates applying for positions than there are posts available. Additionally, funded supernumerary positions need to be aligned to competency-based training programs to ensure the development of mental health competencies and skills.

By ensuring a strong career structure from graduate entry to advanced practice, leadership, education and research positions for occupational therapists working in the mental health sector, the Victorian Government can achieve sustainable workforce recruitment, retention and development, while also ensuring the generation and use of best evidence-based practice. Such an appropriately supported workforce can help achieve optimal outcomes for consumers, families and communities within Victoria (Barriball et al, 2015).

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

There needs to be a clear investment in those factors which are recognised as key to mental health and wellbeing, such as housing, employment, social support and meaningful occupation (WHO, 2001). This includes the enhancement, integration and coordination of mental health rehabilitation support services that provide safe havens and therapeutic communities for consumers with complex, chronic and unremitting symptoms. Such services should provide opportunities for social connection drop-ins, social skills and therapeutic group programs to improve daily living skills, and safe housing with a focus on rehabilitation.

OTA reiterates its call for the simplification and streamlining of NDIS processes to ensure that people with mental illness are able to navigate the system and access supports and services when they want and need them, to enable them to participate in life tasks and roles in a meaningful way. Our mental health system should include navigational support for people with mental illness and an expansion of *Better Access to Mental Health* supports to explicitly include evidence-based occupational therapy interventions that directly address the obstacles people with mental illness face when engaging in activity and participating in the community.

With regard to disability employment services, occupational therapists would welcome the integration of vocational consultants into clinical mental health services across the state. Service models with fewer hurdles and less paperwork for participation in vocational opportunities (education, volunteer or paid positions), including the growth and expansion of the social firm movement, would be beneficial for consumers. Employment services should either be integrated with mental health services or be co-located with them.

Thinking about what Victoria’s mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change.

And

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

Prevention and Early Intervention

Occupational Therapy Australia would endorse a media campaign aimed at raising public awareness of the importance of mental wellbeing and addressing the stigma and discrimination referred to in question 1.

There should also be an emphasis on health literacy programs in schools, community mental health services and in workplaces.

Early intervention services and health promotion models must address the needs of mental health consumers across the age range.

Community Based Services

The centralisation or integration of existing mental services should be undertaken, bringing together diverse but complementary services to form a "one stop shop" that enable and facilitate the consumer's access to mental health services. These support services should be comprehensive in nature, addressing the causes and consequences of mental illness including drugs and alcohol, accommodation and financial crisis, domestic disfunction and homelessness. This would ensure easier and more timely access to care and advice, minimise fragmentation of service, and support locally specific needs.

Community based services should prioritise prevention and early intervention, recognising that "early identification and care" is just as important as high risk/complex illness management.

Workforce

There is currently an insufficient number of occupational therapists across all mental health service sectors to effectively deliver the full range of meaningful occupation and vocational/educational opportunities for people experiencing mental health problems (Victorian Government Department of Health, Melbourne, Victoria [VicHealth] 2011).

Accordingly, there should be an enhanced occupational therapy presence in clinical mental health teams, enabling them to exercise the knowledge and expertise which is specific to their discipline (VicHealth, 2011), and immediate attention should be paid to developing a graduate to advanced career structure for occupational therapists across the mental health sector.

OTA also recommends that the number of occupational therapy equivalent full time positions in child and adolescent mental health services be increased; this would help ensure occupational therapists can make their unique contribution to illness prevention, early intervention and discipline specific assessment for this consumer group.

Conclusion

Occupational Therapy Australia thanks the Commissioners for this opportunity to make a submission to their inquiry and hopes this input has assisted their consideration of these important matters. OTA believes that occupational therapists have a critical role to play in the interprofessional mental health care team. They are well positioned to lead the development and enhancement of services that promote mental health and wellbeing through active engagement and participation in meaningful activities and life roles.

We would be pleased to provide further information on any of the issues raised in our submission should this be required.

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