

# Tertiary Community Mental Health

*This document provides a summary of the discussion and findings from the Tertiary Community Mental Health deep dive workshop, held on the 2<sup>nd</sup> of December 2021. The workshop was undertaken on behalf of Occupational Therapy Australia (OTA) and sought feedback from a diverse group of occupational therapists, at different career stages and working in a range of services and jurisdictions. Participants provided feedback about the capabilities required to perform their roles, about how training is approached in community mental health settings, and how OTA could best support community mental health OTs. The summary below provides a high-level overview of the findings of the workshop.*

## Key findings

- Tertiary community mental health services typically identify staff training needs through an annual survey of staff, which allows staff to identify areas of interest or need. Additional gaps or CPD goals may be identified as part of supervision or induction of new staff.
- CPD training is not typically guided by the use of formal competency or capability frameworks, though some services do have service-specific guidelines (e.g., Hunter Valley MHS, Qld Health Therapy Capability Framework) that provide guidance.
- Training for OTs is primarily provided in-house and consists of a combination of multi-discipline (or generic) combined training for OTs, SWs, psychologists and nurses, and OT-led training focused just on OTs.
- Covid-19 shifted training approach and led to increased use of digitally delivered CPD options.
- Regional and rural mental health OTs are highly likely to be the only OT in a service and depend on virtual delivery of training and supervision. Training is likely to be less structured and profession-specific where an OT is not working closely with other OTs.
- Public sector grades are no longer as reliable a means of marking experience and capability—workforce demand and recruitment challenges have reduced the amount of time it takes for staff to move between grades and staff may be promoted to higher grades despite not having developed capability across all areas.
- Capability requirements can vary significantly between tertiary in-patient and tertiary community settings, despite typical development pathway of graduate programs being based in in-patient settings and community settings requiring a minimum of Grade 2 (or jurisdictional equivalent) for community roles.
- Key gaps from in-patient setting are around understanding of non-discipline specific care coordination approach and the risk assessments and other assessments associated with community settings.
- There was general agreement about the value of OTA outlining career stages, and associated capabilities, to support greater consistency and to support practitioners to work across, and move between, mental health settings. It was recognized that practitioners are now more likely to work across or to shift between private practice, NGO, and public health roles.
- It was noted that career stages shouldn't be based on number of years of experience but rather by capability.

- Core capabilities are likely to be of more value at earlier career stages, where they can help early career professionals and their managers understand scope at different levels of development. For example, at a foundational stage, psychotherapy interventions may not be in scope for a mental health OT, but that practitioner should have the ability to recognize where a particular approach such as CBT/DBT would help the client and to refer on to an appropriate practitioner with skills in delivering that intervention.
- The benefit of core capabilities was recognized but it was noted that many settings and services may still have specific capabilities associated with them.
- A number of areas of capability were proposed for inclusion:
  - Functional cognitive assessment
  - Understanding of key occupational models of practice
  - Group therapy
  - Relevant mental health legislation (by jurisdiction) and requirements relating to working with clients subject to guardianship arrangements or involuntary admissions
  - Cognitive remediation and intervention
  - Occupational performance coaching
  - Substance abuse
  - Trauma-informed care
  - Research, quality improvement and evaluation
  - Family therapy
  - Psychotherapy (CBT, ACT, DBT etc)
- Later career stages were highlighted as involving different skillsets/paths—some may choose managerial path and benefit from leadership related capabilities while others may remain in more clinical roles and benefit from more advanced training relating to particular types of therapy.
- NDIS specific capability was recognized by all participants as an essential area of knowledge for mental health occupational therapists and an important focus for capability development, noting that the NDIS has specific requirements in relation to reporting and assessments as well as utilizing a deficit-focused approach that conflicts with the typical strengths-based formulation that OTs are trained in.
- A difference in language use across jurisdictions was picked up. Case management is no longer considered ideal terminology in many jurisdictions but is still used in Victoria to mean the same as care coordination in other states. Care coordination means something different in Victoria.
- Community mental health OTs would benefit from OTA developing increased opportunities for peer networking and/or communities of practice. It was recognized that while face-to-face has significant advantages, online communities are more likely to be practical and accessible.

## Additional post-session questions

1. **Are there any areas of capability that should be included in a capability framework for OTs working in community mental health settings?**
2. **How can OTA best work with public community mental health organisations to understand current and future needs in relation to education and training?**
3. **Are there any capability frameworks or guidelines you are aware of that OTA should consider?**

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