WORKSHOP SUMMARY



Workshop Seven: Transport accident and workers compensation schemes, occupational rehabilitation and employment services

This document provides a summary of the discussion and findings from the advocacy workshop targeting mental health occupational therapists providing occupational rehabilitation and mental health supports under employment, accident, and workers compensation funding. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes

- Mental health OTs can be highly effective in supporting occupational rehabilitation for psychological and chronic pain-related injuries, providing an important connection back to life and employment.
- 2. Targeted NDIS-funded employment supports for participants can be highly effective as a way of addressing poor workforce participation of those with psychosocial disability and there are significant opportunities to expand availability of these.
- 3. Mental health OT role is poorly understood by key referrers (GPs, psychiatrists, and psychologists) and by insurer claims managers and may not be funded.
- 4. Poor recognition of mental health OT role leads to referrals primarily occurring 'as a last resort' once other interventions have failed and when issues may be entrenched, and client may be more difficult to engage.
- 5. Working under compensation schemes less attractive due to high administrative burden, perception of complex and acrimonious environment, and risks and hidden costs associated with litigation. This results in workforce shortages and underrepresentation of profession.
- 6. Mental health OTs providing Workcover-funded services can be difficult to find due to availability of accurate OT directory information.
- 7. Education activities for referrers can be very effective and provides an opportunity for OTA to support profession. E.g., CPD training through RACGP for GPs or engagement with networks such as Mental Health Professionals Network (MHPN).
- 8. Valuable CPD for mental health OTs would include evidence-based OT MH interventions such as roles, routines, volition, motivation, time use/management as well as MOHO-based assessments, cognitive assessments.

Key issues

1. Funding is highly variable as is extent to which mental health OTs are acknowledged as providers through fee schedules. Where fees are gazetted, they are generally lower than NDIS though funding issue are more likely to arise because of session limits or rejecting OT-led interventions in favour of medical interventions than due to hourly rebates.

- 2. Key clinical decision-maker roles in compensation schemes are more medically focused leading to poor alignment with OT and biopsychosocial approach.
- 3. Communication and information sharing is often poor leading to inefficiency and additional risk. Within the NDIS it is highly limited due to structure of the scheme and referral processes as well as emphasis on choice and control for participants. Under compensation schemes, exposure to court system removes confidentiality and creates distrust for clients about information recording and sharing.
- 4. Changes to how claims are managed is having a detrimental effect with reduced clinical knowledge and experience accompanying a shift to in-house claims managers. Roles may be titled case management which creates confusion about the role of OT case management supports for clients.
- 5. Choice and control under NDIS and compensation schemes can lead to 'OT shopping' before programs are complete resulting in reduced ability to achieve outcomes.
- 6. Outcome measurement is important to meet funder requirements, however tools for OTs may not be as easy to implement as those used by other professions such as psychologists due to more qualitative and individualised nature of OT interventions.

Additional post-session questions

- 1. How can OTA best support OTs working to provide employment and occupational rehabilitation services for people with psychological injuries?
- 2. If you have had success in educating GPs and psychologists about your mental health role and skills, how have you done so? How have you differentiated yourself from other mental health professions?

If you would like to provide feedback, please contact: haveyoursay@otaus.com.au.