

## BRIEFING PAPER

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

### Background

Mental health interventions are at the core of the occupational therapy profession, and occupational therapists work across a wide range of mental health settings and schemes, including occupational and other rehabilitation services. Many of these occupational therapy services are funded by transport accident and workers compensation schemes. However, the profession is often overlooked as a key provider of mental health services by referrers and policymakers. There is a real need to increase understanding of the unique skills and contribution of occupational therapists individually and as part of a multidisciplinary team. It is also important to understand how the interventions delivered by occupational therapists, and the issues those clinicians face, vary across funding schemes, in different settings, and for different client cohorts.

### **Occupational therapy and mental health services funded by compensation schemes**

Transport accident arrangements and workers compensation schemes are an important source of access to support for Australians experiencing mental injury on the road or in their workplaces. However, schemes and arrangements vary widely across Australia with each jurisdiction maintaining their own agencies or programs. Work has been undertaken to better align workplace arrangements—in 2011, Safe Work Australia completed work on a set of [WHS](#) laws known as ‘model’ laws, with the intention that these would be implemented by the Commonwealth, and individual states and territories. That process has been broadly successful with most jurisdictions implementing the laws. However, it has not resulted in consistent approaches to supporting people experiencing injury, or determining which providers are able to deliver services.

### **Worker compensation schemes**

Australian workers are increasingly experiencing mental injury at significant cost to themselves and the schemes that insure them. The Productivity Commission Inquiry into Mental Health found that claims relating to mental injury had two and a half times the cost of other workers compensations claims and involve significantly more time off work. Comcare, which runs the national workers compensation scheme for Australia, recently reported that while psychological injury is responsible for 11 percent of claims, it is responsible for 30 percent of costs.

While occupational therapists are well-established in many areas of mental health practice, eligibility to provide mental health-related interventions under workplace compensation schemes varies widely. WorkSafe Tasmania, WorkSafe Victoria, NT WorkSafe and WorkCover WA do not recognise occupational therapists as health professionals that can provide mental health services. The State Insurance Regulatory Agency (SIRA) in NSW does not require occupational therapists to be approved or undertake training—this differs from professions such as counselling, psychology

and social work—however may experience issues being approved to provide services. WorkSafe ACT may also provide funding for mental health occupational therapy. Only three schemes currently fully recognise mental health occupational therapists as providers of interventions to treat psychological injuries. These are ReturnToWorkSA, WorkSafe QLD and Comcare.

Fees for mental health services also vary widely across the different jurisdictions. In some jurisdictions, such as NSW and the ACT, fees are not set but require approval from the insurer. In other jurisdictions such as South Australia and Queensland, fees are set at around \$190 per hour, a similar rate to the National Disability Insurance Scheme (NDIS).

### **Transport accident schemes**

Most Australian jurisdictions run Compulsory Third Party (CTP) insurance schemes to cover medical and other costs arising from transport accidents. In NSW this is managed under SIRA, which also oversees workplace compensation. Victoria differs in having a dedicated Transport Accident Commission. Accident victims are able to access psychology and psychiatry services with a referral from a GP. Mental health occupational therapy services are not funded. Victoria also offers a family therapy stream with funding of up to \$17,140 per family for therapy services to support families of someone who has experienced major injury or died as a result of a transport accident. Funding is available for services provided by doctors, psychologists and social workers.

Schemes in other jurisdictions such as NSW do not provide gazetted fees and instead suggest that providers seek approval to provide services before commencing treatment. It is not clear to what extent mental health occupational therapy services are consistently covered under these arrangements.

### **Other employment supports for people with mental illness or psychosocial disability**

People with mental illness or psychosocial disability may also access services focused on supporting access to employment. The primary funder of these services is the Disability Employment Services (DES) program, which funds a range of for-profit and not-for-profit providers of employment services for people with disability, including those experiencing mental illness. The DES program is undergoing changes including the introduction of a digital employment service option from January 2022. The DES program as a whole will be replaced by a new disability employment support model when current grants for providers of employment services end on 30 June 2023. Consultation on a new model was scheduled to begin from mid-2021 based on a mid-term review of the program.

Some employment-related services may also be funded through the National Disability Insurance Scheme (NDIS).

## **Workshop aims**

This workshop is one of a series of advocacy-focused workshops that will bring together occupational therapists who work with clients with mental health needs to talk about the issues and barriers that most impact them in their day-to-day work. The workshops will seek to identify opportunities for improvement and reform. This will support work that Occupational Therapy Australia (OTA) is undertaking to develop a strategic advocacy plan and campaign, focused on the

mental health work of occupational therapists. OTA is being supported in the development of the mental health project by SquareCircle Consulting.

## Workshop questions

The questions below will be used to guide the discussion during the workshop. As the workshops may not provide sufficient time for all feedback to be discussed, participants are encouraged to provide written feedback on the questions before or after the workshop.

### General questions

1. What are the key challenges for you as a clinician working to support your clients? Please note the scheme and state or territory you work in.
2. What are the key challenges for your clients and/or quality clinical care within the scheme or schemes that you are funded by? Please note the scheme and state or territory you work in.
3. Are there opportunities to improve your ability to work more effectively?

### Funding and workforce

4. What are the major funding issues that impact your work?
  - a. How adequate is resourcing?
  - b. Does funding limit your clinical interventions (e.g. as a result of rationing or due to funding constraints on some interventions)?
5. What are the key workforce-related issues that impact you as a clinician working in this area?
  - a. How adequate is the resourcing for the OT role?
  - b. How difficult is it to keep on top of professional development?
  - c. Do you feel that OTs working in this area have the requisite skillset and experience?
6. How well are you able to interact with other health and non-health professionals in support of your role? What barriers are there to that interaction?

### Demographics and client needs

7. How would you describe the key diagnoses and support needs of the client cohort you support?
8. Do you identify specific outcomes and do you measure progress against these? How? Are measures consistent across clients or individual (e.g. goal-setting)?

### Clinical supports

9. What do you define as a mental health related intervention in the context of this scheme or setting?
10. Which of these interventions would you consider OT-specific interventions and which are general mental health style interventions?
11. Are there OT-specific interventions that are particularly relevant in this context and how does your work differ from other professions in this setting?
12. Are there OT interventions that you feel that you are unable to utilise due to constraints on accepted therapies?
13. Are there clear role definitions that differentiate your own work and that of other allied health professionals such as psychologists and social workers?
14. What is the role of social prescribing in your clinical work and to what extent is this enabled or prevented by the scheme or setting in which you work?

## Additional information about the Thinking Ahead: Mental Health project

If you are interested in keeping up-to-date with the work being undertaken as part of the OTA Thinking Ahead: Mental Health project, please visit: <https://otaus.com.au/media-and-advocacy/mental-health-paper>. The website will include updates about progress on the project as well as providing information about any opportunities to participate in additional workshops or consultation activities. Updates will also be provided via OTA member communications channels.

If you would like to provide feedback or register interest in upcoming consultations, please contact: [haveyoursay@otaus.com.au](mailto:haveyoursay@otaus.com.au).