Workshop Four: Community mental health services for adults

This document provides a summary of the discussion and findings from the advocacy workshop targeting mental health occupational therapists working in community mental health services. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes

1. Mental health OTs work across all community settings but OTs are often working in isolated roles with fewer numbers compared to social work and nursing.
2. The mental health OT role is largely focused on assessment and case management or care coordination, providing limited scope to deliver OT assessments and even less to deliver OT interventions. Some community roles are now focused exclusively on assessments to support NDIS access.
3. Mental health OTs must continually self-advocate and educate other members of team and key referrers in the community about the mental health OT role and would benefit from support from the profession with this.
4. Jurisdictions vary in having generic versus OT-specific mental health roles and this can change over time. A key driver is the challenging recruitment environment for OT which can lead to a shift to generic roles.
5. Generic roles can be valuable for practitioners in terms of development but over time the consequence for mental health OTs can be de-skilling in terms of OT-specific skills.
6. Communities of practice and other supports to help mental health OTs 're-skill' and improve their expertise in undertaking OT-specific work can be highly effective and valuable.
7. Benchmarking or ratios are not the best way to determine numbers of clinicians needed, instead it is better to start with the model of care and build the multidisciplinary team on that basis.
8. There is a real need to support recruitment and uptake of mental health OT roles. The mental health OT workforce would benefit from increased awareness among students about this area of practice and potential career options.
9. Documentation prepared as part of normal work by mental health OTs is an opportunity to advocate for OT role by ensuring that OT insights and practices are documented and there is a focus on occupational formulation.
10. Care coordination is a key skill that OTs are highly effective at providing but this skill is not valued comparatively to other professions that also deliver those roles.

Key challenges

1. Increased acuity and pressure for beds and bed turnover is reducing capacity to do more than deal with assessments and management of crisis.

2. Mental health OTs have rising caseloads which reduce their ability to provide appropriate support and leads to workforce burnout.
3. Mental health OTs in generic roles can be limited in their ability to work with OT-specific interventions and to access profession-specific supervision, training, and development. This can lead to de-skilling.
4. Administrative burden to meet Activity-Based Funding and other reporting requirements reduces time supporting clients.
5. Increased pressure on services and continued gap in services in the community to support lower acuity needs and to undertake outreach services means increasing number of consumers not being supported and instead becoming 'bedroom dwellers'.
6. Lack of resourcing for non-NDIS community-based services leaves limited options to support patients after discharge.
7. Community services may not be culturally safe for Indigenous and Torres Strait Islander peoples as well as refugees.
8. Service quality in private NDIS-funded sector is not effectively meeting needs of consumers resulting in increased dependence on community services.
9. Recruitment for mental health OT workforce is increasingly difficult, likely due to growth in private sector demand.
10. Availability of student placements can be challenged both by number of available mental health placements for students, but also from placements being reduced as OT roles aren't filled and able to provide supervision. At the same time, students may not be as interested in mental health placements.
11. Medication management requirement can result in preference for nurses over OTs and there is a need to consider potential scope expansion for OTs.

Additional post-session questions

1. **Are you aware of any community mental health providers or programs that are currently working well to support mental health OTs to deliver interventions as well as assessment services?**
2. **Are you aware of any current advocacy/reform activities in your jurisdiction that impact mental health OTs that OTA should be engaged in?**
3. **How can OTA best support you in terms of member benefits?**

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