

Tasmanian Labor Mental Health Discussion Paper

Occupational Therapy Australia submission

March 2019

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission in response to Tasmanian Labor's mental health discussion paper.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of December 2018, there were more than 300 registered occupational therapists working across the government, non-government, private and community sectors in Tasmania. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services.

Mental health service provision is a core area of practice for occupational therapists dating back to the beginning of the profession. Occupational therapists work across the spectrum of mental illness, providing services to people with mild, moderate and severe mental health conditions. They 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 and trauma-related disorders. Occupational therapists also provide services that may have traditionally been considered the domain of other professions, such as psychotherapy and counselling.

Occupational therapists are accredited to provide services under the Commonwealth Government's Better Access to Mental Health initiative, with around 1000 OTA members currently endorsed to work within this scheme.

Comments on topics and issues raised in the discussion paper

Social Distance

Environment

A key factor which impacts on people's willingness to interact with those experiencing mental ill health is the environment in which services are delivered. Housing mental health services in buildings that promote a message of respect may have a positive impact on the community's perception of mental health.

At present, the physical environment of both Community Mental Health Services in the northern region of Tasmania and Child and Adolescent Mental Health Services (CAMHS) sends an indirect message that publicly funded mental health services are not valued as highly as other medical services.

Significant improvements have been made to the Launceston General Hospital over recent years, however there is now a stark contrast between the environments in which medical services and mental health services are provided. This points to an apathetic attitude on the part of the state government, which appears to not view people with mental illness and the staff who work in these buildings as being worthy of the investment. This must contribute to the overall willingness (or lack

thereof) of people to return and receive treatment in these environments, as well as the recruitment and retention of staff.

The building which houses CAMHS is more akin to the environment of an accounting firm than that of a place where children and their families are welcomed and provided a health service.

The building where adult and older persons mental health services are provided is in general disrepair. The roof leaks in various locations and has for many years now. The environment has the feel of a mental health facility of the 1950s and 60s rather than 2019. There are holes in the walls in staff toilet areas where the plumbing has been fixed and the wall not patched, toilet cistern lids missing and broken toilet roll holders. The central courtyard garden is tended occasionally when overgrown. There seems to be a lack of recognition of the impact that the environment has on the provision of a modern mental health service.

Clinicians seek alternative buildings at times to see clients or run group sessions, as the ACMHSN building is unsuitable.

Hospitals could learn a great deal from other mental health services which have done significant work to make environments welcoming and appropriate for the work that is conducted inside.

Language

There is currently a poor perception of mental health clients when they present to health services (particularly emergency departments). The language used by staff tends to be negative, and there is often a message given that they are not there to treat mental health clients.

The media

Newspaper articles often detail negative views regarding people with mental health issues.

Preventative Health

Funding arrangements between the state and federal governments impede optimal service delivery and continuity of care.

There is a major gap due to tender processes and the development of separate health services with little effective networking and communication (both formal and informal) between them. It is also difficult for clinicians and consumers to navigate available services and decide what is most appropriate for their needs.

Funding models have influenced and contributed to lack of discipline mix in the provision of mental health services. Clients would benefit from more integrated medical and mental health services – for example, patients who have been prescribed clozapine require cardiac monitoring, however are forced to endure long waits for this. Engaging medical technicians with portable echo machines etc. to treat patients at mental health services with the outpatient nurse (who knows the client well) present could be an effective way to indirectly network, reduce stigma and alleviate clients' anxiety.

It has been reported that GPs rarely bulk bill in the Launceston region.

Primary, Acute and Community Health

A major gap in service delivery currently exists as the system is not coordinated. The tender process and engagement of external providers is also problematic. Clients experience difficulties when attempting to navigate a complex system of care provision.

There is currently no capacity for mental health clients to receive focused psychological intervention within the northern adult mental health service, as there is no specific department tasked with providing counselling interventions. Anyone who requires counselling is directed to private providers delivering services through the Better Access to Mental Health initiative, which requires a mental health client to navigate the system via their GP. Clients are also incurring significant costs as a result of gap payments charged by GPs and Better Access providers.

We also wish to highlight the inadequacy of clinical governance arrangements and subsequently the delivery of services which reflect evidence-based practice. For example, inpatient acute services and CAMHSN in the northern region do not offer occupational therapy.

State mental health services are reactive rather than proactive. It is possible that this has gradually progressed as a consequence of chronic underfunding.

There have also been issues with recruiting psychiatrists (including those in private practice) in the northern region for a number of years, which has resulted in a reliance on locum psychiatrists. This is problematic for the provision of consistent treatment and opinions for individual clients, and has a negative effect on the overall team function.

NDIS

There are very few people providing NDIS services who have skills and expertise in the area of mental health and understand the nature of psychosocial disability.

Housing

More case managers are needed to ensure access to safe, secure and affordable accommodation for people with mental health conditions.

Youth

CAMHS in the northern region has become increasingly focused on risk management in recent years and establishing an eating disorder service. The professional makeup of the team reflects a lack of diversity, as it is dominated by nurses and social workers.

Misleading information is also a problem – for example, promotion of the inpatient unit that is currently being built in Launceston as a ‘mental health’ space for young people. Staff employed in this unit will not specialise in mental health.

There is also no outreach service offered by CAMHSN.

Other issues for consideration

Access to mental health services for older people

While OTA welcomes the inclusion of a section in the discussion paper focused on youth, we note with concern that there is no explicit mention of those at the other end of the spectrum – older people (those aged over 65).

OTA believes that all political parties in Australia should link mental health priority considerations to issues being raised in the context of the Royal Commission into Aged Care Quality and Safety; specifically, the unmet needs of older people in residential care who are not receiving the necessary care to optimise their mental health.

One occupational therapist reported that, from personal experience, people living in residential aged care facilities are referred to mental health services for depression and adjustment issues related to the environment in which they live. Most recently, a client with considerable cognitive impairment and whose referral was triggered by suicidal ideation told the therapist that his problem was having “no occupation”. He was disoriented to place, but not to what was ailing him.

Inadequate staffing levels and a lack of meaningful activities in these environments contribute to mental health issues. Occupational therapists have a great deal of expertise to offer in residential care, including making recommendations around person centred activities and addressing the issue of inappropriate use of psychotropic medication to manage mental health issues.

Improving access to occupational therapy services

Occupational therapy currently has a low presence in state mental health services in the northern region. At present, there are two occupational therapists on the adult case management team and one on the older persons mental health team.

An occupational therapy position within the acute mental health unit was removed some years ago due to budget cuts and has never been reinstated. The mental health services suggest an ‘inreach’ model is used to service inpatients who require occupational therapy intervention/s, however this has never been evaluated.

There is a general ignorance within mental health services regarding occupational therapy. With minimal exposure to the value of the profession due to no training provision in Tasmania, therapists are at a distinct disadvantage in being able to showcase its value.

Structural change within mental health services has resulted in a lack of allied health directorship and discipline specific leaders. There is currently no occupational therapy leadership in state mental health services. A senior position in the north of the state only has adult supervision responsibility – no vision, willingness or strategies to develop the service and ensure that interventions are in line with current evidence-based practice.

The lack of an occupational therapy presence in inpatient units can also potentially leave clients without access to sensory assessments and interventions, which are supported by a growing

evidence base. Many people (particularly in the CAMHS population) are missing out on a crucial aspect of their assessment and gaining effective skills to live a meaningful life.

Other issues include:

- There is no benchmarking against other states in terms of professional composition of multidisciplinary teams;
- It has been difficult to recruit psychiatrists in the northern region, as well as psychologists and occupational therapists. Services are mainly provided by nurses and social workers and, as such, a narrow and restrictive focus has gradually developed in order to cope with demand management. The unfortunate result is a service that provides limited vision or scope of practice beyond these two select professions; and
- There is no strategic plan in place or willingness to address recruitment and retention issues. The current strategy seems to be doing little beyond re-advertising roles or allowing for 'recruitment trips' by senior management to the UK with no actual recruitment outcomes.