

## WORKSHOP SUMMARY

# Workshop Three: Hospital-based mental health services

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

### Key themes

1. The mental health OT role is well-established in acute settings but hampered by limited OT leadership roles and lack of staff ratios and benchmarking to support appropriate staff resourcing.
2. The contemporary mental health OT role in hospitals is increasingly focused on assessment and case management with limited opportunities to focus on interventions. This leads to lower job satisfaction and burnout.
3. Mental health OTs have to self-advocate and educate other members of team about the value of OT role. This is most effective where advocacy about the OT role is aligned with hospital policy and goals (e.g., OT interventions help support faster discharge, or reduce reliance on restrictive practices).
4. Introduction of NDIS has created high demand for mental health OTs to spend time focused on providing assessments and reports to support patients in relation to NDIS access, plan review, access to AT, SIL and SDA.
5. Hospital setting provides practitioners with access to a well-established competency-based development structure but demand for services in the private sector is increasingly luring practitioners away.
6. COVID-19 continues to heavily impact hospital-based practitioners and impacts ability to focus on broader reforms and engagement with processes such as implementation of Victorian Royal Commission recommendations.
7. OTA offering for hospital-based mental health OTs not well-defined or marketed, however there are significant opportunities to increase supports for this workforce including targeted CPD, peer networking opportunities, and support for practitioners to increase their capacity to self-advocate and provide leadership in their roles.
8. Mental health OT workforce would benefit from increased awareness among students about this area of practice and potential career options.

### Key challenges

1. Mental health OTs have little influence over discharge planning with this generally based on standard durations of stay, medical decision-makers, and pressure to turn over beds. It is

difficult for OTs to advocate for extended stays even when needed, which contrasts with patients with physical issues.

2. Lack of available workforce and/or necessary competence in private-sector workforce is leading to increased demand on hospital-based mental health OTs to provide assessments and reports for NDIS.
3. Industrial agreements can heavily impact hospital-based mental health OTs and there is a need to strengthen OT voice in EBA negotiations to counter other voices such as nursing.
4. Recruitment for mental health OT hospital workforce increasingly difficult due to growth in private sector demand and growth of community-based programs. Funding for mental health OT resources such as those needed for sensory modulation interventions is hard to access and considered low priority compared to medical needs.
5. Lack of resourcing for non-NDIS community-based services leaves limited options to support patients after discharge.
6. Poor interface between acute, community and private services increases likelihood that people will re-present to acute.

## Additional post-session questions

1. **What can OTA do to assist with attraction/retention of graduates in hospital settings?**
2. **Are you aware of any current advocacy/reform opportunities in your jurisdiction that impact mental health OTs working in hospital settings that OTA should be engaged in?**
3. **What would you like to see OTA offer hospital-based mental health OTs in terms of member benefits?**

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