

WORKSHOP SUMMARY

Workshop One: Medicare, DVA and privately funded mental health services

This document provides a summary of the discussion and findings from the advocacy workshop focused on mental health occupational therapists working under Medicare or Department of Veteran's Affairs (DVA) funding, as well as those providing services rebated under private health insurance policies. Please refer to the initial briefing paper for an overview of the discussion questions focused on during the session.

Key themes and challenges

1. The mental health OT role is highly practical and focuses not only on the issue but its impact on different parts of the person's life. The functional, personal recovery approach that mental health OTs use is consistent even under schemes like Medicare that are designed to focus on symptom reduction and clinical recovery.
2. Mental health OTs are highly outcomes (or goals) focused and provide programs of treatment that may be more highly individualised to the goals and needs of the client than those of other professions.
3. The mental health OT role may sit effectively alongside that of other mental health professionals. For example, a psychologist may focus on clinical symptoms while the OT focuses on helping the client achieve goals such as participating in a community activity.
4. Mental health OTs draw on a range of mental health techniques including techniques that are common to other professions and those that are more OT-specific. However, mental health OTs have a particular perspective even when using a technique like CBT that remains focused on the bigger picture of the person's life and the real-world outcomes they are seeking.
5. Mental health OTs benefit from drawing on their knowledge of physical issues, particularly in the case of dual diagnoses or chronic pain. Other health professionals may focus on only the physical or mental aspects of the person's needs.
6. Awareness of mental health OT role is a consistent issue. Participants noted ongoing issues in relation to understanding of the mental health occupational therapy role from new referrers, particularly GPs and psychiatrists. Participants also noted that consumers weren't always aware of the difference between OTs and psychologists and what to expect from OT interventions. However, participants also spoke of having good relationships and trust with regular referrers and benefiting from word-of-mouth referrals.
7. Professional recognition can be an issue with some participants noting that their level of expertise and training in comparison to other professions with longer or more focused undergraduate training had been questioned.
8. Trauma support is an important part of practice for participants but an area of skill that may not be recognised and that they may not formally be able to deliver under some programs.
9. Social prescribing is increasingly being used by other professions but often without the requisite understanding of whether those prescriptions are appropriate for the client.

Funding scheme-specific challenges

1. Low rebate for both Medicare and DVA is an issue, particularly where practitioners bulk bill clients.
2. Low annual limits for Medicare Better Access program place constraints on treatment, particularly where, during treatment, other issues are identified. Current COVID-19 provisions and expansion to 20 annual sessions is supporting more appropriate care but not clear if the expanded number will remain in place.
3. There is a real lack of flexibility under Medicare Better Access program in relation to focusing on both physical and mental health, a key strength of OTs and highly relevant in areas such as chronic pain or where a person might have a dual diagnosis.
4. OTs can't formally use Medicare funding to support assessment and report-writing to support clients to access other schemes or funding sources such as the NDIS or disability support pension despite GP referrals for this purpose. These clients generally can't afford to pay privately.
5. Current group therapy session durations under Medicare are too short and remuneration is risky due to numbers required and inability to charge for cancellations. This is despite positive outcomes from group therapy and desire for more group options from referrers.
6. Prevention activities can't be provided under Medicare and DVA due to diagnosis and deficit-focused nature of those funding programs.
7. DVA white card holders can end up with very narrow eligibility for treatment due to structure of DVA funding and this can result in interventions not being covered.
8. Some programs such as the DVA Open Arms program don't recognise the mental health OT role, only the physical health OT role. OTs cannot provide trauma services.
9. Phoenix Australia plays a major role in setting guidelines and guiding practice for veterans, but their work doesn't always encompass OT interventions such as the biopsychosocial model.

Additional post-session questions

1. **Do you have any de-identified examples that illustrate the value of OT-led mental health interventions? These may be OT-specific techniques such as sensory modulation or examples where you have used a technique such as CBT with an OT perspective. It's also valuable to have examples where other psychology-led interventions haven't been effective.**
2. **Do you have any examples that illustrate the need for higher annual session limits (i.e., where ten sessions were insufficient to meet the persons support needs)?**
3. **Have you undertaken any training since completing your undergraduate OT degree? We're interested in the details of any further mental health qualifications you may have completed to help us understand how mental health OTs are building their expertise.**
4. **Have you developed marketing or education materials to help referrers or consumers understand your work as a mental health OT? If so, and if you're happy to share, please let us know. This will support us in developing communications content as the project progresses.**
5. **Do you have any experience providing services for people under the Medicare Eating Disorders program? We'd love to hear from you about your experiences.**

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