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Mental health occupational therapy capability framework



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Capability Framework for Occupational Therapists working in Mental Health

The Capability Framework for Occupational Therapists working in Mental Health proposes a set of key capabilities (knowledge, skills, and attitudes) for occupational therapists working across a range of service settings. The framework recognises that mental health practice is within the scope of all registered occupational therapists and should not create additional hurdles for practitioners.

The framework aims to:

- Facilitate occupational therapists' professional-reflection and decision making regarding their practice and professional development, identifying potential developmental gaps.
- Demonstrate the clinical practice expectations of occupational therapists at different career stages.
- Support advocacy of the role and function of mental health occupational therapy to government, funding bodies, employers, managers, and other key stakeholders so that services are available to individuals when needed.
- Assists employers, managers, and business owners to consider whether there may be opportunities to expand their own services in order to represent more wholistic mental health practice.

Mental health practice is complex and multifaceted. In defining the capabilities required for mental health practice, several caveats apply and are outlined below. Importantly, the list of capabilities is not intended to represent all capabilities required by occupational therapists working in mental health.

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Guiding approaches

Capabilities widely acknowledged as fundamental to occupational therapy practice across the broader field and across all areas of practice fall beyond the scope of this framework and are assumed to be implemented despite not being explicitly outlined in the framework.

The mental health capability framework supports the use of evidence-based best practice and there is an expectation that occupational therapists across all career stages engage in regular professional supervision to assist in building and consolidating their capabilities. Occupational therapists are expected to work within their scope of practice at all times.

In addition, the framework expects that all clinicians will adopt:

- A trauma informed approach, understanding how trauma impacts individuals and families physically, emotionally, psychologically, and cognitively, and recognising how trauma may influence an individual's engagement in occupation and participation, and families or care systems experience with health professionals and fulfilling their caring role.
- Culturally responsive and safe practices to suit the occupational therapy goals and environment of Aboriginal and Torres Strait Islander people.
- LGBTIQA+ and gender diversity aware practices, adopting inclusive language.
- Neurodiversity affirming practices, understanding the influence of neurodiversity on an individual's occupations and participation, valuing the unique strengths and identity of all individuals and focusing on differences over deficits.

The framework in context

This framework is one of a suite of capability frameworks developed by Occupational Therapy Australia and should be used in conjunction with other relevant frameworks to inform practice.

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This framework is designed to complement broader standards and other frameworks such as the Australian Occupational Therapy Competency Standards (2018), the OTA Occupational Therapy Scope of Practice Framework (2017), the OTA Professional Supervision Framework (2019), the OTA Code of Ethics (2014) and the Mental Health Capability Framework (2022).

In addition, it is understood that while frameworks such as the Royal College of Occupational Therapy Career Development Framework include additional pillars focused on Facilitation of Learning, Leadership, and Evidence, Research and Development, the mental health capability framework has been designed to work in conjunction with more broadly focused models and frameworks including the National Practice Standards for the Mental Health Workforce (2013) and the Occupational Therapy Competency Standards (2018). While there is crossover in some areas, and relevant standards have been referenced in the framework, the intention is not to duplicate existing standards.

Certain caveats and exclusions apply to this capability framework:

- Generic workplace and setting-based capabilities are not included, as they are considered the responsibility of employers.
- Prescriptive guidelines and competencies for specific practices, interventions or tools are not included in this framework.
- The capabilities are presented independently, without influence from funding bodies.

Navigating the framework

The capabilities are organised under specific domains and are described against 3 levels of proficiency represented as career levels indicative of knowledge and experience rather than years of practice.

The domains are highlighted in ochre with the associated capabilities included below. The list of capabilities is not hierarchical, but rather indicative of what a therapist should consider under each of the domains. The capabilities are presented across three career stages that run left to right from least to most experienced, representing good practice at each level.

Occupational therapists are not expected to meet all the capabilities included in this framework and are not anticipated to operate at the same proficiency level across all capabilities. Occupational therapists should seek to build their capabilities in those areas most relevant to their service setting or area of practice.

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Terminology

Throughout the capability framework the terms ‘children,’ ‘adolescent,’ ‘young people,’ ‘older adult,’ ‘parent’ and ‘families’ have been adopted to represent those this framework refers to. However, diversity in age and family/carer situations is acknowledged and it is intended that this framework is inclusive of individuals across the lifespan, as well as those who may be non-family carers, support persons and significant others in the individual’s life. In addition, the term ‘client’, ‘individual’, ‘person’ has been used interchangeably. Other terms and descriptions may be used by occupational therapists depending on systems they may work in.

Acknowledgements

The Capability Framework for Occupational Therapists working in Mental Health was developed in collaboration with an Expert Advisory Group and through multiple consultation phases with the broader occupational therapy profession. OTA acknowledges the contribution of the Expert Advisory Group and all occupational therapists who contributed their time, insights and expertise to the development of this framework.

Revisions

In accordance with OTAs’ ongoing commitment to contemporary occupational therapy practice, documents are revised and updated as per guidelines. In this 2025 revision, minor edits were made with terminology, connection to mental health and addition of two capabilities to reflect occupational therapy mental health practice across the lifespan.

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Domain 1: Knowledge of mental health systems, mental health diagnoses and co-occurring factors	All occupational therapists working in mental health require a strong understanding of the mental health system, including relevant mental health legislation, mental health diagnoses, as well as commonly used psychotropic medications and their effects. Practitioners should also have a strong understanding of occupational therapy models of practice, and the impact of trauma, cultural identity and history on the person's mental health and recovery journey. Practitioners should expect to maintain contemporary knowledge across these areas throughout their career.		
1.01 Knowledge of mental health frameworks and system The occupational therapist understands the local and national mental health system, including relevant frameworks, and how to support clients to navigate and access appropriate mental health supports.	The occupational therapist has general knowledge of mental health services and intake processes and can support the consumer and their family to make decisions about, and connect with, appropriate mental health services. The practitioner is aware of relevant frameworks and plans that impact mental health practice and planning including the National Framework for Recovery-Oriented Mental Health Services (Commonwealth Department of Health, 2013), the Fifth National Mental Health and Suicide Prevention Plan, (Commonwealth Department of Health 2017-2022) and any strategies	The occupational therapist has sound knowledge of local mental health services and other relevant service systems such as housing, welfare, and the NDIS. The practitioner has sound knowledge of national frameworks and local strategies and plans that underpin clinical practice and service system design.	The occupational therapist contributes to the development and improvement of local service and system structures, implementing improvements or changes to their service or organisation to align with and support broader systemic improvements. The practitioner supports junior practitioners to develop their understanding of local systems and how to navigate these.

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	and plans that apply in individual states and territories.		
1.02 Knowledge of relevant mental health legislation The practitioner is familiar with relevant mental health legislation, such as Mental Health Act, Privacy Act and Child protection legislation, and how this may impact interventions.	The practitioner is familiar with the relevant Mental Health Act and any other state, territory and federal legislation that may apply to their work and the rights of individuals in their care. The practitioner works to ensure that they are actively seeking to protect and enhance the individual rights and decision-making capacity of clients.	The occupational therapist has sound knowledge of the relevant Mental Health Act and other legislation that may apply. The practitioner has developed the necessary clinical capability and experience, including completing relevant training, to complete assessments and treatment orders, along with appropriate documentation as relevant under the local Mental Health Act. The practitioner works with the broader team to protect and enhance the rights and decision-making capacity of clients.	The occupational therapist contributes to service design and delivery to maximise the rights and capacity of individuals under the Mental Health Act and other relevant legislation. The practitioner can undertake assessments and develop treatment orders and supports junior practitioners to develop their capacity to undertake assessments, develop treatment orders and to understand and support the individual rights and decision-making capacity of clients.
1.03 Knowledge of mental health diagnoses and treatment	The occupational therapist understands and recalls common mental health diagnoses, and the symptoms associated with these. The	The occupational therapist understands a broad range of mental health diagnoses and treatments, including complex	The practitioner has an advanced understanding of mental health diagnoses and treatments and supports the education and training

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The occupational therapist is familiar with the major areas of mental health diagnoses and how to identify symptoms associated with these. The practitioner is familiar with common treatment approaches and psychotropic medications that clients may be using and their intended effects and common side effects.	practitioner is aware of common evidence-based treatment approaches, common psychotropic medications and how they might impact the consumer and their capacity to engage in occupations and interventions.	presentation, and the symptoms and impacts associated with these. The practitioner is confident in making decisions about evidence-based interventions for a wide range of mental health conditions.	of junior practitioners in relation to mental health diagnoses and treatments.
1.04 Occupational therapy models of practice The occupational therapist understands how to apply occupational therapy models of practice to support assessment, information gathering and the development of therapeutic interventions. The occupational therapist is familiar with key models of contemporary occupational therapy practice, for example the Model of Human Occupation (MOHO),	The occupational therapist has knowledge of current evidence-based occupational frameworks and models of practice and their use in mental health settings and areas of mental health practice. The practitioner can apply appropriate models in their practice with the support of more experienced peers.	The occupational therapist can independently apply current evidence-based occupational therapy frameworks and models of practice in different areas of mental health practice. The practitioner understands how to choose appropriate frameworks and models to align with the needs of the client and intended outcomes and goals.	The occupational therapist has a strong understanding of the use of occupational therapy models of practice and frameworks, can contribute to the education and training of junior practitioners, and contributes to research and the implementation of models and frameworks within the organisation or service.

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the Canadian Model of Occupational Performance and Engagement (CMOP-E) and the Occupational Performance Model (OPM Australia).			
1.05 Trauma-informed practice The occupational therapist is familiar with the principles of trauma-informed practice, recognising the prevalence of trauma and routinely screening for trauma exposure and related symptoms. The practitioner uses culturally appropriate and evidence-based assessments and treatment. (National Standards 1.16)	The occupational therapist understands the neurological, biological, psychological, and social effects of trauma and its prevalence in society. The practitioner develops their understanding of trauma-based practice by working with more experienced practitioners and a diverse range of clients to understand how to adapt their clinical practice to account for experience of trauma.	The occupational therapist has a strong understanding of trauma-informed practice and can independently adapt and alter their clinical approach based on their understanding of an individual's trauma experience and their knowledge of different intervention types.	The occupational therapist has continued to advance their understanding of trauma and its impact on the person's symptoms, mental illness, and recovery journey. The practitioner can support and supervise junior practitioners as they develop capability in this area.
1.06 Recovery-oriented practice The occupational therapist is familiar with the principles of recovery-oriented practice and the application of common frameworks such as the	The occupational therapist understands the foundations of recovery-oriented practice and is familiar with relevant recovery frameworks that may apply. The practitioner develops their capacity	The occupational therapist has a strong understanding of recovery-oriented practice and its use in occupational therapy practice. The practitioner can work independently with clients and other mental health	The occupational therapist can support service design and improvement to integrate recovery-oriented practice principles. The practitioner can support junior occupational therapists to develop

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National Framework for Recovery-Oriented Mental Health Services (2013), the NDIS Psychosocial Recovery Framework or the Victorian Framework for Recovery-Oriented Practice.	to understand how to apply occupational therapy frameworks to support recovery-oriented practice and maximise hope, self-determination, self-management, and empowerment.	workforces, such as lived experience workers, to maximise opportunities for recovery.	their understanding of recovery-oriented practice and its practical application with clients.
1.07 Knowledge of substance use disorders The occupational therapist understands how to recognise and assess substance use disorders and the interaction between mental health conditions and substance use in clients with dual diagnosis. *(National Standards 6.8)*	The occupational therapist understands substance use disorders and dual diagnosis and how this may impact interventions and recovery. The practitioner is aware of local services and referral pathways available to clients with substance use disorders and understands the importance of strong partnerships and collaboration with general practitioners and other primary care and community services.	The occupational therapist is familiar with substance use interventions and the principles of relapse prevention planning and harm minimisation. The practitioner has a strong understanding of services and pathways and the application of 'no wrong door' policies.	The occupational therapist has sound knowledge of substance use and mental health and the interaction between them. The practitioner can screen, assess, and refer to appropriate services for interventions related to substance use. The practitioner has a sound understanding of relapse prevention, harm minimisation principles and techniques, and promotes the 'no wrong door' policy within their organisation or service.

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1.08 Culturally aware practice The occupational therapist understands how the understanding of mental illness, and the experience and culture of Aboriginal and Torres Strait Islander peoples may impact assessment and treatment. The practitioner is aware of the impact of stigma and other cultural factors that may impact clients from culturally diverse backgrounds and how this may impact their understanding of mental illness, their ability to access services, and their progress on their recovery journey.	The occupational therapist understands how to provide culturally safe services for Aboriginal and Torres Strait Islander peoples, which recognise the impact of trauma and grief and draw on culturally safe ways of working and providing therapeutic interventions. The occupational therapist understands how to work with culturally and linguistically diverse communities, including those with a refugee background, and is familiar with local services for culturally diverse communities. The occupational therapist understands the potential role of stigma and shame, as well as being familiar with the use of communication techniques that address language barriers.	The occupational therapist has strong knowledge of culturally safe practice and understands how to collaborate with the individual, their families and carers, cultural consultants, community-based organisations, and other partners, to support the design and delivery of culturally safe and appropriate therapeutic interventions.	The occupational therapist draws on individuals, families, and communities of all cultural backgrounds as active partners in the planning and development of culturally safe and appropriate service delivery and design. The practitioner works with junior occupational therapists to support them to develop an understanding of culturally safe practice.

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1.09 LBGTIQA+ aware practice The occupational therapist recognises that the LGBTIQA+ community are more vulnerable to psychological distress, suicidal behaviour and self-harm and ensures that their services are accessible and appropriate to the needs of individuals who identify with the LGBTIQA+ community	The occupational therapist understands that LGBTIQA+ communities may experience higher risks of mental ill-health and psychological distress. The practitioner works alongside more experienced colleagues to develop and implement appropriate strategies for clients. The practitioner is aware of services that support LGBTIQA+ services and refers clients when appropriate.	The occupational therapist incorporates an understanding of the additional risks experienced by LGBTIQA+ communities in their work with clients, actively monitoring for any signs of risk and implementing appropriate strategies. The practitioner has a sound understanding of services that support LGBTIQA+ clients and works with them where appropriate to support the client's needs.	The occupational therapist has the knowledge and clinical capabilities needed to engage and support the LBGTIQA+ community and can develop links and collaborative working relationships with services that support LGBTIQA+ clients. The practitioner can support junior occupational therapists to develop their understanding of working with LGBTIQA+ clients and services.
1.10 Attachment Theory The occupational therapist understands the underlying theories (attachment, neuroscience, family therapy) and the contribution this has for an individual's relationships, development, and mental health well-being. The practitioner understands how to observe and	The occupational therapist understands attachment theory and the contribution of poor attachment in infancy on later developmental challenges. The practitioner understands how to observe and intervene to support the relationship between the child and their caregiver.	The occupational therapist has a strong understanding of attachment theory and incorporates this understanding in their work with clients and their families/care givers. The practitioner can work independently with clients and other health professionals to apply attachment-based approaches to therapy.	The occupational therapist has a strong understanding of the underlying theories (attachment, neuroscience, family therapy) and the contribution this has for an individual's relationships, development, and mental health wellbeing. The practitioner can support junior occupational therapists to develop their understanding of these theories and

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intervene to support the relationship between a child and their caregiver.			the implications within clinical practice.
1.11 Child and adolescent developmental stages The occupational therapist understands child and adolescent developmental stages and how these may impact mental health assessment and intervention.	The occupational therapist understands child and adolescent developmental stages and how these may impact mental health assessment and intervention.	The occupational therapist has a strong understanding of child and adolescent developmental stages and independently applies this knowledge to develop, deliver and evaluate mental health occupational therapy assessment and intervention.	The practitioner has an advanced understanding of child and adolescent developmental stages and how these impact mental health OT assessment and intervention. The practitioner can support junior occupational therapists to develop their understanding of child and adolescent developmental stages and how this informs their clinical practice/approach.
1.12 Ageing and Life Transitions The occupational therapist is familiar with the key life transitions and changes that older people experience during their ageing journey and the importance of accessing key services throughout these stages and the impact of this	The occupational therapist has an appreciation of the life transitions that an older person might experience and the impact these role changes and transitions may have on their identity, mental health, and well-being. The occupational therapist can support the older person through these role transitions	The occupational therapist demonstrates sound skills in working with an older person to support them with the role and life transitions they experience with ageing, understanding the impacts of this on mental health and well-being.	The occupational therapist can work with older people with complex presentations, to support them with their life and role transitions, understanding the impacts of this on mental health and well-being. The occupational therapist can anticipate changes and adjustments that may result from key life

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on mental health functioning. This may include supports to adjust to transitions from paid vocational roles to retirement, changes in family relationships and carer responsibilities, changes in living and financial circumstances, changes to social and friendship connections, loss, and grief due to functional or health changes, and end of life and/or palliative care.	and associated impacts to their life with the support of senior practitioners as required		transitions, integrating mental health knowledge and understanding to support the older person. The practitioner can provide education and support to less experienced occupational therapists to develop skills in supporting older people with their ageing journey in relation to the mental health well-being.
Domain 2: Assessment and planning *Aligned with Standard 3.2 from Occupational Therapy Board Standards and Standard 1.9 of National Mental Health Practice Standards).*	All occupational therapists require the ability to use a range of different assessment tools and to use these as a foundation for the development of appropriate clinical formulation, diagnoses, and planning of supports and therapeutic interventions. While different mental health settings will emphasise particular types of assessment, all mental health occupational therapists should seek to build appropriate assessment capability through on-the-job and specialised training and practical work with clients. Occupational therapists should aim to develop and expand their capabilities in relation to assessment of clients at all career stages.		

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2.1 Functional capacity assessments The occupational therapist uses appropriate occupational therapy to assess a range of skills underpinning the ability to fully participate in required and desired daily activities (personal care, leisure, education/work), to assess communication and interaction skills, and identify functional capacity and inform clinical decision making and discharge planning, and to support the mental health and well-being of individuals.	The occupational therapist understands and utilises occupational focused functional capacity assessments to develop an occupational formulation, drawing on support from and review by senior colleagues as needed. The practitioner uses the assessment to describe a person's occupational identity, sense of competence and the key occupational issues, drawing on occupational formulation to inform the development of individuals' plans and measurable goals. The practitioner develops experience in the use of the following assessments: • Occupational Circumstances Assessment Interview Rating Scale (OCAIRS). • Model of Human Occupation Screening Tool (MOHOST).	The occupational therapist can independently complete functional capacity assessments for a broad range of clients, drawing on clinical reasoning to ensure the selection of appropriate assessment tools to understand mental health and well-being. The practitioner develops capacity in the use of the following additional functional assessment tools: • The Perceive, Recall, Plan, Perform (PRPP) Task Analysis. • Assessment of Motor Processing Skills (AMPS). • Worker Role Interview (WRI) and Worker Environment Impact Scale (WEIS). • Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDICAT).	The occupational therapist can carry out functional assessments with all clients, drawing on a wide range of assessment tools based on the individual needs of the client. The practitioner can support junior occupational therapists to develop capability in the use of functional capacity assessments to support the individual's mental health and well-being.

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	• Occupational Self-Assessment (OSA). • The Volitional Questionnaire (VQ). • Activity checklists. • Assessment of Communication and Interaction Skills (ACIS) Version 4.0.	• Vineland Adaptive Behavior Scales | Third Edition (Vineland-3). • Adaptive Behavior Assessment System | Third Edition (ABAS-3). • World Health Organisation Disability Assessment Schedule – Adult (WHODAS-2.0), Children and Youth version (WHODAS-Child). • Ages and Stages Questionnaires.	
2.2 Cognitive assessments The occupational therapist uses appropriate cognitive functional assessments to support information gathering and assessment for mental health clients.	The occupational therapist is familiar with use of the Mini Mental State Examination (MMSE) and Mental State Examinations (MSE) and demonstrates experience in their use with the support and review of a senior colleague. The practitioner develops familiarity with other occupational therapy-specific	The occupational therapist has a working knowledge of MMSE and MSE assessments and the ability to undertake these independently with clients. The practitioner begins undertaking training and developing working knowledge in the use of occupational therapy-specific cognitive assessment tools such as	The occupational therapist continues to develop, maintain, and grow their working knowledge of occupational therapy-specific cognitive assessment tools, developing the ability to work with complex clients and to use a range of different tools as required. The practitioner uses their knowledge and experience to

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	cognitive assessment tools, and their interactions with other types of assessment, through their work alongside senior colleagues.	the Loewenstein Occupational Therapy Cognitive Assessment (LOTCA), Loewenstein Occupational Therapy Cognitive Assessment - Geriatric (LOTCA-G), the Allen Cognitive Level Screen (ACLS-5), the Perceive, Recall, Plan and Perform (PRPP) and Cogmed, and Brown Executive Function/Attention Scale.	support junior practitioners to develop experience in the use of cognitive assessments.
2.3 Environmental assessments The occupational therapist uses appropriate occupational therapy assessment tools to undertake an environmental assessment, choosing the appropriate tools for the environment and using these to inform planning and therapeutic interventions. The occupational therapist understands the impact of built environments, natural environments (including nature-based therapies)	The occupational therapist can undertake an environmental assessment in non-complex environments, with the support and review of a senior colleague, to identify the impact of the environment on the client, as well as to determine any adaptation requirements needed to overcome the impact of mental health, disability and illness on the person.	The occupational therapist can independently undertake an environmental assessment for a broad range of clients and in a broad range of environments, drawing on conceptual models/frameworks of practice and on the following tools to inform their understanding of the client's needs: • Residential Environment Impact Scale. • Home Visit Assessment.	The occupational therapist continues to develop, maintain, and grow their working knowledge of environmental assessments, developing the ability to work with complex clients and environments. The practitioner uses their knowledge and experience to support junior practitioners to develop experience in the use of cognitive assessments.

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and social environments (including principles of social inclusion) as the focus of mental health practice.		• Home Circumstance Review. • Environmental Assessment and Screening templates and tools.	
2.4 Risk Assessment and Personal Safety Planning The occupational therapist carries out mental health risk assessments and develops safety plans to identify and address any risks to the consumer's mental health and wellbeing and that of others, including the occupational therapist. *(National Standards 1.9).*	The occupational therapist begins to develop an understanding of risk assessment tools and safety planning for mental health, including the development of personal safety plans for clients, by working alongside senior colleagues.	The occupational therapist understands how to complete mental health risk assessments in a range of environments and settings for themselves and their clients. The practitioner understands how to develop and implement safety plans and personal safety plans, incorporating appropriate behavioural and occupational strategies, to address any identified mental health and well-being risks to the client or themselves.	The occupational therapist can contribute to service design and delivery improvements focused on increasing mental health safety and reducing risks to clients and health professionals. The practitioner can support the education of junior occupational therapists in the use of mental health risk assessments and the development of safety plans.
2.5 Risk Assessment – Driving The occupational therapist understands their responsibilities as a health professional in relation to	The occupational therapist screens the driving status of consumers, including license status and active driving role, and identifies any	The occupational therapist screens and assesses driving status as part of routine risk assessments. The practitioner educates consumers	The occupational therapist undertakes screening and assessment for driving status and works with consumers, families, and

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the potential impact of a consumer's mental health condition on driving safely and builds appropriate assessment and screening into their risk assessments. *(Victorian Graduate Occupational Therapy Competencies for Mental Health 4.4)*	concerns impacting on the consumer's ability to drive safely, such as the use of medication. The practitioner works with senior colleagues and treating medical doctor to review risks and plan strategies accordingly.	and family members and supports in relation to their obligations to report ongoing health conditions to their treating medical doctor and/or state/territory specific licensing authority. The practitioner identifies strategies to self-regulate driving and help consumers identify times they may avoid driving or it may be unsafe to drive. The occupational therapist collaborates with other supports, treating medical doctor and health professionals to escalate concerns as per local risk management policy.	support networks to address risks and support alternatives to driving. The practitioner collaborates with other members of the support network to escalate issues. The practitioner supports junior occupational therapists to assess and manage risks appropriately.
2.6 NDIS assessment and reporting The occupational therapist can complete functional and psychosocial assessments using a range of age-appropriate assessment tools identified by the NDIA and develop reports that reflect NDIS language and needs in order to	The occupational therapist understands occupation as a means of achieving therapeutic outcomes and carrying out interventions, and as an outcome or goal, within their therapeutic practice. The practitioner develops their confidence in using occupation-based activities to	The occupational therapist has a sound understanding of the therapeutic use of occupation and can independently make clinical decisions about when and how to use occupation-based strategies and goal setting with a broad range of clients.	The occupational therapist can use occupation-based strategies with all clients. The practitioner is confident supporting junior occupational therapists to develop their understanding and use of occupation to support therapeutic interventions.

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support clients at the access, planning, and review stages.	achieve goals and outcomes with consumers, and as goals or endpoints of therapeutic interventions, drawing on support and supervision from a senior occupational therapist.		
2.7 Sensory assessment The occupational therapist understands how to carry out an age-appropriate sensory assessment and to use these as the foundation for developing sensory and personal safety plans.	The occupational therapist understands the role of a sensory profile and when it is required. The practitioner can complete a sensory profile and prescribe a sensory diet, drawing on support or review from a senior colleague as needed, to assist the person to manage stimulus levels in a way that allows them to function optimally and to support their mental health and well-being.	The occupational therapist can independently complete a full sensory assessment with a wide range of clients, drawing on a range of sensory assessment tools including the Child and Adolescent and Adult Sensory Profiles, Sensory Screening Tool, and Sensory Processing Measure, using these to develop sensory diets and sensory plans that support optimal function, mental health well-being and the development of personal safety plans.	The occupational therapist can work with all clients, regardless of complexity, to complete sensory assessments, develop sensory plans and personal safety plans to optimise function and mental health well-being. The practitioner can support junior practitioners to develop their understanding of sensory assessment tools and the development of sensory plans and diets.

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2.8 Physical assessment The occupational therapist uses their knowledge of physical health to determine whether physical health and lifestyle assessments are required and carries out appropriate assessments or screening to support treatment planning, referrals, and to inform the development of broader functional assessments.	The occupational therapist has a basic understanding of physical health and its interaction with the person's mental health condition and recovery journey. The practitioner can complete a physical assessment, drawing on support or review from a senior colleague as needed, to build an understanding of the person's physical health needs, the interplay with their mental health well-being and when referrals for other services may be required.	The occupational therapist has a sound understanding of relevant physical health needs and their interaction with the person's mental health and recovery. The practitioner understands the interaction between physical and mental health such as clients with chronic pain may experience. The practitioner can independently complete physical health assessments, providing guidance and referrals for other relevant care, and prescribe basic aids and equipment.	The occupational therapist can assess physical health needs and the interaction with the person's mental health and recovery with all clients and support clients to access appropriate services and aids. The practitioner can support junior practitioners to develop capacity in relation to physical assessments integrating the mental health lens.
2.9 Development & Life Stage Assessment The occupational therapist uses their knowledge of body function and structure, development, life stage transitions to understand the implications for mental health and well-being. The occupational	The occupational therapist demonstrates knowledge of a range of assessment tools to understand the impact of development and life transitions on a client's occupational performance, capacity, or participation. The occupational therapist works with a senior practitioner to integrate this	The occupational therapist has sound clinical knowledge and broad experience in selecting, administering, and interpreting assessments of development, function, and life transitions. The occupational therapist can integrate this understanding with the client	The occupational therapist has a high level of clinical knowledge and experience in selecting, administering, and interpreting assessments of development, function, and life transitions, seamlessly integrating this knowledge with assessment of the

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therapist may utilise discriminative assessment tools to contribute to the diagnostic and differentiation process impacting on the client's mental health and occupation as part of the multidisciplinary team.	knowledge with an understanding of mental health functioning.	assessment of mental health presentation.	client's mental health functioning and presentation. The occupational therapist supports less experienced practitioners to build their assessment knowledge incorporating mental health approaches.
Domain 3: Occupation-focused interventions and therapeutic strategies	Occupation-focused planning and use of interventions and strategies are at the core of mental health occupational therapy practice. Using the information gathered from the assessment process, the occupational therapist develops and implements therapeutic interventions and strategies to respond to occupational focus areas. Occupation-focused interventions focus on motivation, leisure and play, habits and routines, meaningful roles, prevocational and vocational rehab, life skills, functional cognition, physical activity, community tenure and independence, communication and interaction, self-management, emotional regulation, and environment. While occupational therapists may draw on a range of strategies, all practitioners should seek to develop and maintain capability in the following strategies and interventions.		
3.1 Activity grading and adaptation The occupational therapist understands and uses activity grading and adaptation strategies to support occupation-focused mental health interventions.	The occupational therapist has a basic understanding of how to develop activities that are adapted and graded to provide "just right challenges" aligned with a person's capacity, drawing on support and	The occupational therapist has a sound understanding of the use of graded activities and can independently implement their use as a strategy to support occupation-focused interventions and can	The occupational therapist is highly experienced in the use of activity grading with all levels of client complexity. The practitioner can support junior occupational

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	review from a senior colleague as needed. The practitioner understands how to facilitate motivation for occupational participation through increasing personal causation, values, and interests.	implement these with a broad range of clients.	therapists to develop capacity in the use of activity grading strategies.
3.2 Therapeutic use of self The occupational therapist understands and uses therapeutic use of self-strategies to support occupation-focused mental health interventions.	The occupational therapist has a basic understanding of how to implement the planned use of personality, insights, perceptions, and judgements as part of the therapeutic process to maintain a good working relationship with the client and support occupational engagement. The practitioner builds confidence in their use of this strategy through support and supervision from a senior occupational therapist.	The occupational therapist has a sound understanding of how to implement therapeutic use of self-strategies understanding the complexity of the therapeutic relationship with a broad range of clients and can independently make decisions about when and how to use this strategy as part of their mental health clinical practice.	The occupational therapist has a high level of understanding of how and when to use therapeutic use of self-strategies integrating principles of therapeutic practice with all clients. The practitioner can support junior occupational therapists to develop their understanding and implementation of therapeutic use of self in their mental health clinical practice.

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3.3 Therapeutic use of occupation The occupational therapist understands that occupations are at the core of occupational therapy practice and uses occupation as a method of intervention and an outcome in mental health occupational therapy.	The occupational therapist understands occupation as a means of achieving therapeutic outcomes and carrying out interventions, and as an outcome or goal, within their therapeutic practice. The practitioner develops their confidence in using occupation-based activities to achieve goals and outcomes with consumers, and as goals or endpoints of therapeutic interventions, drawing on support and supervision from a senior occupational therapist.	The occupational therapist has a sound understanding of the therapeutic use of occupation, the implications of this for psychotherapeutic practice principles, and can independently make clinical decisions about when and how to use occupation-based strategies and goal setting with a broad range of clients to support their mental health and well-being.	The occupational therapist can use occupation-based strategies with all levels of client complexity integrating knowledge of psychotherapeutic factors that may impact the therapeutic relationship and support the client's mental health and well-being. The practitioner is confident. Supporting junior occupational therapists to develop their understanding and use of occupation to support therapeutic interventions.
3.4 Activity scheduling The occupational therapist understands how to use activity scheduling as an evidence-based means of supporting recovery and participation in activities of daily living in mental health occupational therapy.	The occupational therapist understands the role of activity scheduling and behavioural activation as an evidence-based means of responding to mood disorders, as a behavioural strategy, and to support participation in occupation and activities of daily living. The practitioner can develop	The occupational therapist has further developed their knowledge of activity scheduling as a therapeutic strategy and has developed experience using the approach with a range of clients. The practitioner understands the strengths of activity scheduling and how to use it	The occupational therapist is experienced in the use of activity scheduling as a therapeutic approach with complex clients and client presentations. The practitioner can support junior occupational therapists to develop the skills and knowledge required to implement activity scheduling to support

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	therapeutic strategies using activity scheduling with the support and guidance of a senior occupational therapist.	alongside other therapeutic strategies.	individuals to engage in occupation and ADLs.
3.5 Re-motivation Process The occupational therapist understands the role of volition and motivation as a foundation for participation in occupations and draws on assessments and interventions focused on re-motivation where appropriate in mental health occupational therapy.	The occupational therapist understands the impact of low volition and begins developing experience in the use of the Re-motivation Process and associated strategic interventions that can enhance the motivation to engage in occupations. The practitioner develops skill using the Volitional Questionnaire (VQ) to assist individuals in planning intervention to support the re-motivation process.	The occupational therapist is skilled and experienced at enhancing participation in occupations through addressing challenges a client may have with motivation (values, interests, and personal causation).	The occupational therapist is experienced in working with complex clients/presentations in developing individualised programs to assist with overcoming low volition, understanding the barriers/challenges in working with uncertainty. This requires a high level of skill and experience to ensure activities are graded to specific skill level and engaging enough to support participation. The senior occupational therapist provides supervision to junior OTs in developing the specialist skills to support re-motivation.

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3.6 Working with groups The occupational therapist understands how to establish and facilitate group interventions, both as a means of implementing structured therapeutic techniques in a group setting, and as a deliberate therapeutic program that draws on interaction with peers to support recovery in mental health occupational therapy. *(National Standard 7.8)*	The occupational therapist is familiar with group work principles and how these can provide an opportunity to focus on occupational exploration and shared experiences with their peers. The occupational therapist works with more senior colleagues to plan and co-facilitate groups, and to co-develop programs for multiple participants to experience a range of occupations, to validate their experience and to encourage participation in activities. The practitioner develops familiarity with occupational therapy-based group approaches that incorporate education and participation in occupation.	The occupational therapist has sound knowledge of group principles and can independently develop group programs, including those based on occupational therapy principles, and facilitate group work. The practitioner is confident using group sessions to reinforce the individuals view of themselves as occupational beings – to shape their occupational identities and allow them to explore their interests, values, and beliefs.	The occupational therapist is experienced in facilitating groups with complex client groups, such as forensic consumers, consumers in high dependency units and consumers presenting with challenging behaviours. The senior occupational therapist provides education and training to junior occupational therapists in group facilitation skills and supports junior staff in planning, implementing, and reviewing groups, as well as overseeing or coordinating group programs.
Domain 4: Sensory modulation interventions	Sensory modulation interventions are a core component of contemporary mental health occupational therapy practice. Occupational therapists use their understanding of sensory inputs and their impact on the person's function and behaviour as a means of supporting the person to regulate their behaviour, function, and mood.		

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4.1 Sensory modulation interventions The occupational therapist understands how to support clients to implement sensory techniques to self-organise and regulate sensory input and to adapt these to environmental changes.	The occupational therapist develops their understanding of sensory modulation interventions and their use as coping strategies that promote emotional self-regulation, distress tolerance, and function. The practitioner can develop basic sensory plans such as weighted modality plans, based on assessment outcomes with the support of a senior practitioner.	The occupational therapist has a sound knowledge of how sensory modulation directly effects the autonomic nervous system (the fight or flight system) to quickly alter stress and arousal levels. The occupational therapist has the knowledge and experience to conduct risk assessments and prescribe weighted modalities.	The experienced occupational therapist can provide complex sensory interventions for the most complex client presentations. The practitioner contributes to the development and establishment of sensory spaces within units, services, and homes where appropriate. The practitioner can provide supervision and support to junior practitioners in relation to sensory interventions.
Domain 5: Structured therapeutic interventions	Structured therapeutic interventions provide additional tools to assist the occupational therapist to address the individual needs of the client and are used to support occupation-focused interventions. The occupational therapist can draw on a range of structured therapeutic tools and interventions in order to improve the mental health and wellbeing of the person seeking care, focusing on reducing the impact of clinical symptoms, improving the person's functional capacity and ability to pursue activities, occupations and goals and promote recovery.		
5.1 Psychotherapy – Motivational interviewing The occupational therapist understands the use of motivational	The occupational therapist develops an understanding of motivational interviewing as a means of supporting behaviour change and encouraging clients to take personal	The occupational therapist is confident working independently to use motivational interviewing with a wide range of clients. The practitioner understands the stages	The senior occupational therapist can work with all clients, including complex presentations, and individuals who struggle to change unproductive behaviours. The senior

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interviewing as a therapeutic technique and can utilise appropriate forms of therapeutic intervention.	responsibility for their health and recovery. The practitioner develops experience and capability in the use of motivational interviewing and tools such as MOHO and the Paediatric and Adult Volitional Questionnaires, with the support of a senior clinician.	of changes and can successfully design and implement treatment plans targeted at the specific stage that clients are at, to enable the individual to progress.	occupational therapist can coach junior occupational therapist to develop the knowledge and skills needed to implement motivational interviewing techniques with individuals.
5.2 Psychotherapy – Psychoeducation The occupational therapist understands how to provide education and information to clients, carers, and family members in relation to the person's mental illness and management of symptoms and psychological states.	The occupational therapist understands the foundations and benefits of psychoeducation in mental health occupational therapy and has the foundational knowledge required to implement this approach with individuals, carers, and family members, drawing on support from a senior colleague where needed.	The occupational therapist can work independently with a wide range of clients, carers, and family members, using psychoeducation to support recovery and management of the mental illness and its symptoms.	The occupational therapist is confident drawing on psychoeducation approaches alongside other interventions for all clients and presentations. The practitioner can support junior practitioner to develop capability in the use of psychoeducation.
5.3 Psychotherapy – Cognitive and behaviour therapy The occupational therapist understands how to use cognitive and behavioural therapies to support	The occupational therapist has a foundational understanding of cognitive and behavioural therapy approaches; however, has not yet developed the clinical application	The occupational therapist is familiar with the cognitive and behavioural therapy techniques including Occupational Self-Assessment, Cognitive Behavioural Therapy (CBT)	The occupational therapist has the advanced skills and experience to use cognitive and behaviour therapy approaches with highly complex presentations. The practitioner can

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clients to recognise and modify negative cognitive and behavioural patterns.	skills to work independently with clients using this approach. The developing practitioner might co-facilitate a group with an experienced practitioner or support an experienced practitioner to implement individualised therapy.	and Cognitive Remediation Therapy (CRT). The practitioner has engaged in additional learning and development opportunities to build on the foundational knowledge to implement these techniques independently with clients and continues to draw on supervision from a senior practitioner to expand their skills.	support the skill development of junior occupational therapists and provide supervision in this area of practice to intermediate level practitioners.
5.4 Psychotherapy – Dialectical Behaviour Therapy (DBT) The occupational therapist understands when and how to employ DBT to support clients with conditions such as borderline personality disorder (BPD), substance use, post-traumatic stress disorder (PTSD) and depression.	The occupational therapist has a foundational knowledge of DBT and when it is used. The practitioner is developing the clinical skills required to use DBT clinical interventions independently. The developing practitioner works with more experienced colleagues, with specific training in DBT, to build the clinical skills, knowledge and confidence required to implement the clinical approach independently.	The occupational therapist has undertaken learning and development opportunities to build on their foundational knowledge and develop the confidence and skill to work independently. The practitioner has undertaken specific mental health DBT training and has participated in clinical work and focused supervision with an appropriately experienced senior colleague.	The occupational therapist has the advanced skills and experience to utilise a DBT approach when working with all clients, including highly complex presentations. The practitioner can support the skill development of junior occupational therapists and provide supervision in this area of practice to intermediate level clinicians.

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5.5 Psychotherapy – Acceptance and Commitment Therapy (ACT) The occupational therapist understands how to use acceptance and commitment strategies to support increased psychological flexibility and behaviour change.	The occupational therapist has a foundational level of ACT knowledge and recognises when ACT may be appropriate. The practitioner works to develop the clinical skills required to work independently, working with more experienced colleagues, trained specifically in this therapeutic approach, to build the clinical skills, knowledge and confidence required.	The occupational therapist has undertaken focused development to increase their knowledge and build the confidence and skill to work independently. The practitioner has undertaken specific mental health ACT training and has participated in clinical work and focused supervision with an appropriately experienced senior colleague.	The occupational therapist has advanced knowledge and experience using an ACT approach and can work with all clients, including highly complex presentations. The practitioner can support the skill development of junior occupational therapists and provide supervision in this area of practice to intermediate level practitioners.
5.6 Psychotherapy – Narrative therapy The occupational therapist understands how and when to use narrative therapy with clients to externalise and recontextualise their experiences, including the importance of drawing on narrative therapy for some client groups such as Aboriginal and Torres Strait Islander clients.	The occupational therapist has foundational knowledge of narrative therapy and an understanding of when, and for which client groups, this approach is appropriate. The practitioner takes steps to develop the clinical skills required to work independently by working with experienced colleagues to participate in sessions and build the clinical skills, knowledge and confidence required.	The occupational therapist has the skills needed to work with clients independently using a narrative therapy approach. The practitioner has engaged in additional learning and development opportunities, attending narrative therapy specific training courses, and working with a range of clients using the approach. The occupational therapist draws on supervision with an experienced	The occupational therapist has advanced knowledge and experience using narrative therapy and its use with all client groups including Aboriginal and Torres Strait Islander clients and those with complex needs. The practitioner can support the skill development of junior occupational therapists and provide supervision in this area of practice to intermediate level practitioners.

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		senior practitioner to support their development.	
5.7 Coaching The occupational therapist understands the role of coaching as a means of helping clients, families, and carers to develop capacity and improve their skills in relation to the management of mental illness and its symptoms. The occupational therapist demonstrates capacity to integrate this with psychotherapeutic skills to understand the mental health needs of the client.	The occupational therapist understands coaching principles and uses coaching approaches to support clients, families, and carers, drawing on guidance from a senior colleague where needed. The practitioner practices instructing, demonstrating, guiding, and verbally or physically prompting when working with clients. The practitioner works with a senior colleague to understand integration of the wider mental health lens.	The occupational therapist has developed a strong understanding of coaching as a therapeutic tool to promote client-centeredness in their practice and can implement coaching techniques independently with a wide range of clients, families and carers and drawing on psychotherapeutic interventions such as family therapy, parent-child interventions when needed.	The occupational therapist draws on coaching techniques wherever appropriate, including with complex clients, drawing on psychotherapeutic interventions when needed. The senior practitioner can support other health and education professionals, such as less experienced occupational therapists, teachers, and speech therapists, to incorporate coaching practices integrated with a mental health lens into their work.
Domain 6: Client-Centred practice and continuous improvement	All occupational therapists working in mental health should seek to ensure that they are gathering feedback and input from clients and experienced mental health occupational therapists and other mental health professionals as part of their practice. Practitioners should also develop their own capacity to provide supervision and support to other mental health professionals.		

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6.1 Clinical supervision The occupational therapist understands the role of clinical supervision as a means of developing and enhancing their own practice and that of the occupational therapists they supervise, is familiar with professional models of supervision, and understands the role of reflective practice, evaluation, and feedback. The practitioner understands the value of lived experience supervision and actively seeks lived experience supervision where possible. *(National Standards 13.3, OT Competency Standards 1.12)*	The occupational therapist participates in supervision and begins to develop their understanding of supervision models and approaches. The practitioner uses supervision to support their professional development across all capability development areas.	The occupational therapist has expanded their understanding of supervision models and approaches and actively uses supervision as part of their own development and practice. The practitioner can supervise students or junior staff, implementing appropriate models and providing guidance to junior staff about how to use supervision in their own development.	The occupational therapist can provide supervision to intermediate and senior staff, drawing on extensive experience and supervision training. The practitioner supports occupational therapists requiring additional professional support and supervision. The senior occupational therapist also provides support and coaching to junior and intermediate clinicians to help them understand the most effective approach to discipline specific supervision as supervisees and supervisors.
6.2 Feedback informed practice The occupational therapist understands how to seek, measure, and respond to client feedback as part of their practice and focuses on using that feedback as the	The occupational therapist understands that seeking feedback from clients, based on set measures, is an important foundation for the therapeutic relationship and a means of ensuring that interventions are effective. The practitioner seeks	The occupational therapist is confident in the independent use of feedback informed practice, and in using measures that suit their practice. The practitioner actively encourages feedback as a	The occupational therapist is confident using feedback informed practice in their own practice, as well as supporting junior practitioners to reflect on, and respond to, client

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foundation for continuous quality improvement. (National Mental Health Standards 2.12. OT Competency Standards 4.10).	feedback and works with a more experienced colleagues to adjust their strategies appropriately.	foundation for therapeutic practice and overall quality improvement.	feedback through supervision and supported practice.
Domain 7: Care Coordination	Care coordination is a key area of mental health practice for many occupational therapists in public and non-government community mental health roles and a core component of occupational therapy practice. All practitioners should seek to gain experience in the use of care coordination principles as part of their practice and continue to build their experience in utilising care coordination strategies to support clients at all career stages.		
7.1 Care coordination or case management The occupational therapist is familiar with care coordination principles and is able to coordinate, facilitate and integrate mental health treatment, care and support based on the needs of the individual client and their knowledge of mental health systems and supports.	The occupational therapist understands the principles of care coordination and draws on their understanding of the mental health system and therapeutic strategies, with the support of senior colleagues, to assist clients to access supports and address barriers to recovery.	The occupational therapist can independently support a larger caseload of clients, drawing on sound knowledge of the mental health system to support clients. The practitioner actively seeks opportunities to develop relationships with other parts of the mental health and related service systems to support their care coordination role.	The occupational therapist has the skills and experience to manage multidisciplinary case management teams. The practitioner has the experience to act as the primary care coordinator of a complex case load that requires regular multidisciplinary complex case reviews and may include complex clients with forensic history and higher risk profiles.

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Domain 8: Working with other health professionals, carers, and families	At the core of occupational therapy practice is an understanding of the need to strengthen and draw on a wide range of supports to assist the client on their recovery journey. Occupational therapists understand the role and contribution of different mental health workforces, the vital role of families and carers, and the importance of other coordinator and intermediary roles. Practitioners will actively seek to develop their experience in working with others at all career stages and in all settings, basing capability not only on completion of training but also on proactively seeking opportunities to work with others.		
8.1 Working within a multidisciplinary team The occupational therapist understands how to work in a multidisciplinary mental health environment, and how to advocate for the mental health occupational therapy role within that team.	The occupational therapist understands the different mental health roles and how each profession, including their own, makes a unique contribution to client outcomes. The practitioner understands when to seek the expertise of, or refer to, other mental health professionals.	The occupational therapist has a sound understanding of the role and scope of other professions involved in multidisciplinary care and is confident in making independent decisions about how to work most effectively with other colleagues and how to ensure their role complements that of others involved in the person's care.	The occupational therapist proactively seeks opportunities to bring an occupation-focused lens to the multidisciplinary team and contributes to ensuring that the person is able to access the most appropriate supports. The practitioner supports junior occupational therapists to develop their understanding of mental health occupational therapy and its interaction with the work of other mental health and health professionals.

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8.2 Working with lived experience workforces The occupational therapist understands the contribution of lived experience workforces as part of the mental health team and how to support integration of lived experience approaches as part of therapeutic interventions and recovery planning.	The occupational therapist understands the role of lived experience in recovery-oriented practice and the unique contribution of lived experience workforces. The practitioner develops confidence in the integration of lived experience approaches as part of therapeutic interventions, with the support and guidance of senior occupational therapists.	The occupational therapist has a sound understanding of lived experience workforces and can make independent decisions about when and how to draw on lived experience workforces to complement their own therapeutic interventions and support recovery. The practitioner actively seeks to learn from those with lived experience through training and lived experience supervision	The occupational therapist proactively works to support and enhance the role of lived experience workforces in their service or organisation. The practitioner can support the education of junior occupational therapists in relation to how occupational therapists and lived experience roles work together and complement one another.
8.3 Working with families and carers The occupational therapist understands how to work with families and carers and the importance of considering the needs, capacity, and wellbeing of those in caring roles.	The occupational therapist understands the important role of family members and carers in the life of the client, particularly if those clients are still children, and how they can contribute to client recovery. The practitioner is aware of the impact of the caring role on the family member or carer and the importance of supporting access to carer support and wellbeing	The occupational therapist has a sound understanding of the role of family members and carers in supporting recovery and actively seeks to include family and carers in recovery planning and therapeutic interventions including family and dyadic therapies. The practitioner proactively supports carer wellbeing by supporting those in caring roles to	The occupational therapist is experienced at working with families and carers, including those where additional complexities may impact the caring role demonstrating skilled family therapy and dyadic interventions, when needed. The practitioner works with junior clinicians to develop their own understanding of and experience in working with families and carers.

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	services. The practitioner develops their confidence in working with families and carers using psychotherapeutic interventions by actively seeking opportunities to engage, supported by a senior occupational therapist.	understand and connect with supports and services.	
8.4 Working with care coordinators, recovery coaches and other intermediary roles The occupational therapist understands the role and purpose of support and intermediary roles and how to work with those roles when undertaking planning and implementing therapeutic interventions with clients.	The occupational therapist understands how care coordinators, recovery coaches and other intermediary roles support people with mental illnesses and how their roles intersect with that of the occupational therapist. Practitioners actively build relationships with others in these roles.	The occupational therapist actively identifies those in care coordination and other intermediary roles, recognising their role in supporting recovery. The occupational therapist plans interventions and programs to align with other supports being provided by intermediaries and seeks to share information about the client's needs, with their permission, to support others to work effectively.	The occupational therapist can take an active role in supporting a coordinated approach to client needs, even where the client has complex needs and a larger support network of care coordinators and other intermediaries. The practitioner supports junior clinicians to develop their knowledge of and experience in working with those in intermediary and coordination roles.

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