Productivity Commission
Draft Report on Mental Health

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission in response to the Productivity Commission's Draft Report on Mental Health, released for public consultation in October 2019.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2019, there were approximately 22,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities (AHPRA 2019).

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 have a specific and well-established role in child and adolescent mental health services, adult services, and aged care services (Hitch et al, 2018; Occupational Therapy Australia 2019). Occupational therapists also provide services that may have traditionally been considered the domain of other professions, such as psychotherapy and counselling (Burson et al 2010; D'Amico, et al, 2018). Occupational therapists are accredited to provide services under the Commonwealth Government's *Better Access* initiative, with around 1,000 OTA members currently endorsed to work within this scheme.

OTA is also a member organisation of Mental Health Australia and is regularly represented at events such as Members' Policy Forums. We are strongly supportive of Mental Health Australia's efforts to promote closer collaboration within the sector.

OTA welcomed the release of the Productivity Commission's draft report and the recommendations contained therein. The commissioners have performed a valuable service in drawing the nation's attention to the extent and cost of mental illness in our community and, in particular, the prevalence of undiagnosed mental illness.

OTA offers the following observations in response to the draft report's findings and recommendations.

Valuing the role of occupational therapy

OTA is concerned by references in the report that suggest the commissioners have misunderstood and undervalued the role of occupational therapists in mental health care.

At volume 1, page 27, reference is made to occupational therapy having a more "general role" in the delivery of mental health care. This is questionable, given that the profession originated in mental health and approximately half of an occupational therapist's training is in mental health. Moreover, a large number of occupational therapists work exclusively in mental health. This is also true of many social workers and a small number of dieticians and physiotherapists.

It should have been noted by the commissioners that occupational therapists deliver mental health interventions under the Medicare Benefits Schedule's *Better Access* initiative.

While the draft report continually refers to psychologists delivering these services, it fails to recognise the important work done by occupational therapists, social workers and nurses under the *Better Access* initiative (as well as many others, including the National Disability Insurance Scheme).

One OTA member writes:

> *As a practitioner for over 20 years, it is disappointing and frustrating that our skill set and expertise is not acknowledged in these sort of reports. This seems to be the rule rather than the exception. Most of my career has been working as a mental health practitioner (including OT specific and case management responsibilities) in public community mental health settings. If OTs were not recognised and known for our specialist mental health skills, why would we be readily employed and in demand in these service settings?*
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> *The lack of acknowledgement of OT, and the persistent focus on psychology as the sole specialists in the delivery of psychological service means consumers have less personal choice with regard to access to suitable services. This undermines the tenet of person-centred care, which could have a detrimental impact on their recovery.*

One OTA member makes the following observation about the draft report's use of language with regard to the respective professions, and the misconceptions that such usage reflects:

> *There is over-emphasis on the need for psychologists, nurses and doctors. There should be a generic term used throughout – "Mental Health clinician" rather than "psychologist" or "specially trained nurses". This term should be included in the glossary, and it should be clearly articulated that the term covers allied health professionals trained and skilled in mental health service provision of all types in all areas of care – from acute inpatient services though to primary health care clinicians in private practice. Perhaps there could also be reference to the training one might expect from "suitably trained mental health professionals".*

At volume 1, page 14, it states:

> *Given the cultural diversity within Australia, the training of all clinicians should include measures that instill an understanding of how peoples' cultural background affects the way they describe their mental health and their compliance with treatment options.*

OTA notes that such training has been a core element of undergraduate occupational therapy courses since the 1990s and hopes that the commissioners have not overlooked the contribution occupational therapists make towards driving cultural awareness and greater equality in the system.

At volume 1, page 368, the definition of occupational therapy is too scant to be meaningful. OTA draws commissioners' attention to the World Federation of Occupational Therapists' definition of the profession:

> *Occupational therapy is a client-centred health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.* (WFOT 2012)

Of much greater concern is the fact that volume 2 of the draft report mentions occupational therapy just five times. Given that this volume addresses such topics as schooling and social participation and inclusion (including social prescribing) – areas in which occupational therapists are key clinicians – this represents a massive oversight on the part of the commissioners.

Early intervention and schooling

Schools

At a number of points in Part IV Chapter 17, *Interventions in early childhood and school education*, (e.g. at page 691), reference is made to "psychologists, social workers and mental health nurses" but not to occupational therapists. While there is a focus on increasing the diversity of the mental health workforce, there is a particular focus on nurses. There is no mention of occupational therapy.

OTA is concerned by the absence of references to neurodevelopmental disorder and the need for functional and modulation skills, something that only occupational therapists are able to provide. Furthermore, the sections of the draft report pertaining to school-based interventions and the engagement of wellbeing teachers and external providers again make no reference to the valuable work of occupational therapists.

Occupational therapists assist clients to develop some of the most important executive functioning skills, which are critical to the overall improvement of students' mental health. Developing and implementing strategies to address school related stress, and interventions aimed at developing students' resilience and wellbeing, are a core skill of the occupational therapist. OTA calls on the

commissioners to recognise this expertise and ensure it is more accessible in schools across Australia.

OTA is concerned about the possible "knock-on effects" of this oversight. The failure to recognise the benefits that occupational therapy brings to the classroom runs the risk of sidelining, or excluding altogether, the profession from any reform process in our schools.

It is imperative that occupational therapists be able to bring their core skills to bear in early intervention and school-based work.

While OTA welcomes the recommendation, at Volume 1, page 11, that all schools assign a teacher to be their mental health and wellbeing leader, we would recommend that occupational therapists be embedded in schools to provide pupil and teacher support and to link with the wellbeing teacher's role.

Within-school employment of occupational therapists is considered best practice by OTA as this facilitates occupational therapists being able to work as part of the school team, understand the environment and the school culture, and develop appropriate school-wide programs in response to the needs of the individual educational facility.

Occupational therapy supports for students are practically oriented and aligned to educational aims. Occupational therapists are trained and have expertise in supporting foundational skill development for children with a range of needs, be they physical, social or psychological. In the Australian and Victorian state curriculums, foundational skills are incorporated under 'General Capabilities'. These are regarded as 'first-order' areas of learning essential for effective functioning within and beyond school that contain discrete sets of knowledge and skills deemed to be of equal curriculum standing with all other subject areas. Although these skills are foundational, educators may experience difficulty teaching them because of other curriculum responsibilities and/or the extent to which these areas were covered in their pre-service teacher training.

An example of foundational skills for students with special needs includes personal and social skill development for children with social-emotional disorders, intellectual impairment, and learning difficulties. These core skills enable students to understand themselves and others, manage their relationships, recognise and regulate their emotions, work effectively with others, manage the requirements of learning, and handle challenges constructively. A further example of foundational skills includes fine and gross-motor skill development for children with motor-and sensory-related difficulties. These critical skills support learning and participation across the entire curriculum, not only in health and physical education subjects, as these skills underpin capabilities such as engagement in learning, applying knowledge and communicating with others, completion of classroom tasks and routines, and taking care for oneself and one's personal belongings.

Given their unique focus on addressing the barriers to participation, occupational therapists are ideally suited to provide support to students and educational staff to ensure inclusive education for students with special needs. The availability of appropriately trained and experienced occupational therapists within mainstream schools is a valuable resource that can facilitate participation and

inclusive education for students who may be experiencing mental health problems. Currently, there is great variability across schools, and across Australia, with respect to access to occupational therapy for students with special needs at school.

OTA recommends that the Productivity Commission give consideration to the benefits of creating dedicated roles for allied health professionals, including occupational therapists, within our educational systems and schools to help ensure that participation and inclusive education for all students is embedded as normative practice irrespective of school or jurisdiction.

Early intervention

As the number of struggling children and families continues to mount, so does the evidence pointing to the life-changing impact of effective early intervention. Greater attention needs to be paid to the lifelong impact of family/domestic violence on people's mental health. And it must be recognised that mental health providers are first responders in the many crises facing children and families today.

Studies have for decades proven that early intervention that supports a child's cognitive, social and emotional development will enhance that child's life outcomes. Intervention increases the probability of success at school and completion of higher education, while reducing the chance of drug usage, teen pregnancy and mental health concerns. Current research reinforces these findings, revealing that as much as 35 years later children who underwent early intervention have better overall health and are projected to be physically and mentally healthier over their entire lifetime. Early intervention is a social justice issue because the children most in need of mental health support tend to live where few if any supports are available. Ignoring the importance of this issue comes at great cost to society. The challenge is to train more practitioners who will work with at-risk populations, thereby increasing access to intervention.

OTA members working with children who have experienced trauma report favourably on the use of Theraplay as a model of intervention to strengthen attachment and safety (https://mailchi.mp/2ec9b6a43b48/your-july-theraplay-newsletter-12097581?e=4785c45f34).

The commissioners' attention is drawn to the Adverse Childhood Experiences (ACE) study. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html

It should also be noted that the "Trauma–informed care in child/family welfare services" published by Child Family Community Australia (CFCA 2016) references the United States Substance Abuse and Mental Health Services Administration (SAMHSA n.d) as well as the ACE study.

Some OTA members have called for greater flexibility in the delivery of services under Medicare Mental Health Care Plans. Specifically, they have questioned the requirement that the identified client be present for all Medicare appointments and have noted that when the identified client is a young child, there are some appointments where it would be more therapeutic to have only the parents present.

The requirement of a Mental Health Diagnosis can also prevent some GPs referring young children to a mental health professional. Some flexibility around the diagnosis of young children prior to a Mental Health Care Plan referral would enhance access to services.

National Psychosocial Support Measure (NPSM)

One OTA member writes:

> *I have worked in mental health for more than 16 years – in both community teams, and in community residential (Intermediate care unit where I currently work) and also in an inpatient unit. I note that one of the recommendations in the (Productivity Commission's] report included the provision of some support via the National Psychosocial Support Measure (NPSM) to those people who were either not applying for NDIS because they chose not to test their eligibility, or because they were determined to be ineligible for NDIS. I thoroughly support this recommendation – it is a recommendation that is very important and which needs to be adequately funded.*
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> *In 2019, fairly early in the year, I learnt about the NPSM which was a new service, and from that time I referred many clients to that avenue of support. It provided short term support to anyone with a mental health problem, and that enabled me in many cases to avoid referring those clients to the community mental health team for short term support following hospital admission. However, in October 2019, when I was following up one particular referral, I found out that they had a waiting list of over 100 people! As a result, I ceased referring people for that support, and had to go back to referring to the community mental health team for short term support. I wish to highlight that the community mental health teams are inundated with such referrals and cannot cope; they are unable to provide support to the many mental health clients who need it.*
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> *If the NPSM is adequately funded, it will definitely take pressure off the community mental health teams. I found the NPSM service was very good when they were able to cope with the numbers of people being referred to them. If a viable alternative to referring to the community team for short term support is readily available, and adequately funded, it will be welcomed by those working in mental health and address the current and extremely frustrating bottlenecks in mental health services and support.*

Bushfire affected communities

Since the release of the Commission's draft report, much of south eastern Australia has been devastated by bushfires. While OTA has gone on the record welcoming the Federal Government's initial investment of $76 million in additional mental health services for fire affected communities, we believe the Productivity Commission should take this opportunity to call for initiatives to ensure ongoing support for those traumatised by the experience of bushfire.

It should also be noted that the current fires can adversely affect those traumatised by earlier experience of bushfire. As one OTA member writes:

> *Climate emergency and the increasing frequency of bushfires has an impact on mental health. I have worked since the 2009 Victorian Bushfires with children and adults and the mental health impact continues. The current fires have the potential to evoke previous traumas.*

Conclusion

OTA thanks the Productivity Commission for this opportunity to respond to its Draft Report on Mental Health. It is to be hoped that the final report, and the recommendations arising from it, recognise and support the great work done by occupational therapists as members of multi-disciplinary teams working with those experiencing mental health problems.

Given the proven effectiveness of early intervention, it is also to be hoped that consideration will be given to removing the obstacles that currently stand between occupational therapists and young people experiencing mental health problems. In particular, allied health professionals, including occupational therapists, should have an established presence within educational systems and schools across Australia.

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