

Submission to the Royal Commission into Victoria's Mental Health System, on behalf of the discipline of Occupational Therapy at NorthWestern Mental Health, Melbourne Health

Current state of occupational therapy services at NorthWestern Mental Health (NWMH)

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists possess specialist skills in assessment and provision of individually tailored interventions that address functional capacity, motivation, environment, and barriers to participation.

At NWMH, occupational therapy is the smallest allied health workforce, with 90 EFT across the entire organisation, which employs 1800 staff. Occupational therapists work in inpatient units, emergency departments, rehabilitation settings (CCU, SECU), sub-acute prevention and recovery centres (PARC) and community teams. One third of the workforce are in occupational therapy-specific positions, with two thirds in generic mental health clinician positions, including a small number of team leaders/managers. In addition to strong generic skills in mental health assessment and intervention, key areas of focus for occupational therapists in the current system include:

Acute	Emotional regulation, distress reduction, practical individualised coping strategies, meaningful engagement in activities with the aim of promoting hope, empowerment, self-efficacy as well as reducing harm to self or others, and reducing the use of restrictive interventions.
Sub-Acute & Community	Capacity building in activities of everyday living including personal hygiene, domestic activities, leisure, managing money, using transport, driving, routines, roles such as parenting, volunteering or employment. Social and community participation and building a sense of identity and belonging within the community.

The occupational therapy workforce at NWMH have focussed on and provide organisational leadership in the following priority areas/interventions: sensory modulation; group work; driving; vocation; and functional assessment/intervention to support access to the National Disability Insurance Scheme (NDIS).

Mental illness can significantly impact a person's ability to complete everyday activities, participate socially and feel a sense of belonging as a contributing community member. Occupational therapists have specialist expertise and play a vital role in addressing these psychosocial support needs.

The following table outlines current issues and recommendations to address these issues.

Issues	Recommendations
<p>Occupational therapy workforce issues</p> <p>Smallest allied health workforce</p> <p>Difficulty recruiting experienced occupational therapists to Grade 2 and 3 positions, while there is a surplus of high quality</p>	<ul style="list-style-type: none"> Increased number of entry-level occupational therapist positions: minimum of one EFT per team; two year development plans; supported by on-site senior occupational therapist(s) Fund programs to support development of entry-level occupational therapists and occupational therapists transitioning from other areas of practice Ensure occupational therapists are represented in all multi-disciplinary teams of key clinicians Create positions that are attractive to senior occupational therapists (eg. Discipline-specific, flexible/part-time)

<p>entry-level candidates</p> <p>Often sole entry-level occupational therapists are working within large teams with clients experiencing complex clinical issues and needs</p> <p>Minimal peer support and role modelling from senior occupational therapists</p>	<ul style="list-style-type: none"> • Minimum ratios of 1 occupational therapist to 8 beds in acute and sub-acute settings and 1 occupational therapist to 6 participants in rehabilitation services (eg. CCU, SECU, outreach) across extended hours, 7 days/week • In key areas where an occupational therapist co-ordinates a group program, enhance services through collaboration with emerging disciplines (eg. lived experience workforce, music therapists, art therapists, exercise physiologists, allied health assistants) • Fund allied health clinical educator positions for each allied health discipline to support development of staff at all levels, to better align with workforce development structures for nursing staff • Provide ongoing funding to support occupational therapy research and translation activities • Fund full-time Chief Occupational Therapist positions across the Programs to provide leadership and support the discipline and provision of occupational therapy services
<p>Lack of support for functional recovery and psychosocial outcomes</p> <p>Difficulties accessing and navigating mental health system</p> <p>Unmet psychosocial needs of consumers; Heavy focus on risk and symptom management</p> <p>High rates of re-admissions, occupational violence, and use of seclusion and restraint</p> <p>De-funding of community-managed mental health support services</p> <p>Limited eligibility for NDIS and Early Intervention Psychosocial Support</p>	<ul style="list-style-type: none"> • Allocate additional EFT to occupational therapy-specific assessment and intervention across all teams • Provide every person experiencing an episode of care the option of referral to an occupational therapist and support outside of the clinic, in the context of their own environment and community • Increased options and rehabilitation service models (eg. CCU, SECU, Assertive Outreach) • Increase funding to support sensory modulation interventions to improve participation and reduce symptoms, risk, seclusion and restraint • Dedicate EFT for mental health specialist occupational therapy driver assessors to promote safe driving • Dedicated funding for Vocational Consultants to be integrated within each mental health community team • Fund additional EFT to support access to NDIS • Fund community-managed organisations to provide options for accessible and meaningful community participation (eg. Drop-in programs, day programs, programs that support education and employment) staffed by occupational therapists, people with lived experience of mental illness, and others with a strong focus on psychosocial rehabilitation and inclusion

The NWMH Occupational Therapy Leadership Group look forward to the occupational therapists being an integral part of the envisioned mental health system and models of care.